



The University of Rome "Foro Italico"
The German Sport University, Cologne
The University of Southern Denmark, Odense
The Norwegian School of Sport Sciences, Oslo
The University of Vienna

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"The body experience and stigmatizing experiences of two obese women"

Candidate
(Helene Haug Holen)

Supervisor
(Gunn Engelsrud)

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Abstract

This thesis addresses the themes body experiences in obese women and stigmatization of obesity. Both the prevalence of obesity and the prevalence of stigmatization of obesity is increasing. Also the amount of conducted bariatric surgeries is increasing. It has been shown in previous studies that stigmatization may affect obese people in negative manners. The objective of this thesis, is therefore to obtain an increased understanding of the bodily experiences in obese women, and to investigate what role stigmatization of obesity play.

In this thesis these topics are considered through an qualitative group interview with two obese women waiting for bariatric surgery, and the topics were considered through the participants own experiences. The theoretical approach in this thesis is Merleau-Ponty perspective on the body, which is a phenomenological perspective.

The findings of this thesis shows that the participants experience their bodies differently. However, they do also share many similar body experiences. One interesting observation was that the participants' often did not finish their sentences and that they changed topics several times in the interview. This may indicate that the topics of stigmatization and body experiences are not topics that raised often, at least not for the participants in this thesis. An other observation was that the choice of pronoun changed almost consistently from *I* to *one* regarding statements of personal failures and personal victories, respectively, which may indicate an impersonalization of personal victories.

Both of the participants expressed that they found it challenging to lose weight. One reason for this might be stigmatizing beliefs, and the idea that obese people are beyond treatment and that they lack self-discipline. The participants experience how other people approach bodily appearance and dieting differently. There are few statements in the interview that indicate that the participants hold stigmatizing beliefs of obese people themselves, even though this does often occur in obese people (Latner and Wilson, 2011).

Keywords: Body experience, obesity, stigmatization.

Preface

When I first started at this masters program, to get where I am today seemed like a dream to me.

To be given the opportunity to take part in the European Master in Health and Physical Activity was an eye opening experience. Looking back at this masters program now I realize how much I have learned both as a person and as student, which I do believe has enriched me. However, these two years have not gone by without complications, and especially not the last six months considering the master thesis. Together with the supervisor the project started to take form, and I started to write the thesis in January 2015. The first three months was used to acquire knowledge of the background literature and for a very long time it seemed to me that I would never be able to hand in my thesis in May 2015. However, after the easter break the inspiration got to me and my thesis started to take form and the last weeks have been very productive. To get where I am today, regarding the masters thesis, has been challenging and it feels good to take a long awaited vacation before I take on new challenges.

I would not have been able to this alone and I would therefore like to thank my supervisor Gunn Engelsrud for guiding me through this thesis. I will also thank the participants of this study for a copious conversation, which made this thesis possible. I would also like to thank Beate Rekve and Anita Monsen for being helpful study-buddies, and Sandra Fylkesnes and Bente Gunnarshaug for helping me with forming the thesis. I would also like to thank my cousin Elin Iversen for being encouraging and helpful.

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1.0. Introduction

Over the last decades the prevalence of overweight and obesity has increased largely all over the world (WHO, 2015). The World Health Organization (2015) states that from the 1980's until 2014 the prevalence has more than doubled. Obesity, classified as a Body Mass Index [BMI] greater than or equal to 30 kg/m^2 , is now considered a world health concern, where there are more deaths due to overweight in the world than there are due to underweight (ibid). In 2014 13 % of the adult population (over 18 years) of the world was considered obese. Like the prevalence of obesity, so is also the prevalence of stigmatization of obese people increasing (Puhl and Heuer, 2009). Obese people are often labelled as lazy, sloppy, thought to have lack of self-discipline and to be less competent than lean people (ibid; Puhl and Brownell, 2001; Brewis, 2011). Rebecca Puhl and Chelsea Heuer (2009) state that in the US context the prevalence of stigmatization of obesity increased by 66 % over the past 10 years, especially among women. Also in Norway Kirsti Malterud and Kjersti Ulriksen (2010) found that in Norwegian newspapers the messages regarding obesity were stigmatizing, and that obese people lack self-control and are ugly.

Stigmatization of overweight and obese is interesting, because, on one hand, the risk factors regarding obesity is poor health such as diabetes or coronary diseases (WHO, 2015). On the other hand, Puhl and Heuer (2009) showed in their review that weight stigmatization may lead to reduced motivation to lose weight, exercise avoidance, depression and low self-esteem.

According to the health complications associated with obesity, and according to the stigmatization they may experience, many obese individuals wish to lose weight (Sarwer, Wadden, Fabricatore, 2005). The most effective option to lose weight is bariatric surgery, and the treatment is increasingly popular. The surgery can be approved for those with a BMI greater than or equal to 35 kg/m^2 (ibid). It is likely that the negative health effects related to obesity is a motivation for people to pursue bariatric surgery. However, the anticipated effect on psychological effects is also contributing to the decision of bariatric surgery (ibid). Bariatric surgery patients report more

depression, than people who do not seek surgery, which in turn is associated with poorer quality of life (ibid). Stigmatization may contribute to psychosocial distress, such as depression and low self-esteem (Puhl and Heuer, 2009).

If bariatric surgery patients believe in these stigmas a question arises of how these people experience their bodies and whether their bodily experiences is affected by stigmatization. In order to investigate the issue of obesity and stigmatization this thesis ask the following question:

How do women, waiting for bariatric surgery, experience their bodies, and what role does stigmatization of obesity play in the body experiences?

The research question of this thesis is thought to provide knowledge within this research area of bodily experiences and stigmatization of obese women, waiting for bariatric surgery.

The basis of this thesis is the themes *body experience* in obese people and *stigmatization of obesity*. The term *body experience* is considered within the perspectives of the phenomenologist and philosopher Maurice Merleau-Ponty. The core concept of Merleau-Ponty is the term lived body, which refers to the idea that the world is experienced through and with the body, and that the experience of the body is the basis of interaction with other bodies (Morris; 2008; Engelsrud, 2006; Østerberg, 1994). This approach to body experience is used as an inspiration in the analysis of the interview of this thesis.

Stigmatization will be understood as the «... negative social attributions applied to individuals because they are labelled with a specific disease or illness.» (Brewis, 2011, pp. 116). According to Alexandra Brewis (2011) this also applies to obesity, and in line with this stigmatization of obesity can be understood as «... the negative social meanings attached to being overweight or obese» (Brewis, 2014, pp., 153). Other similar terms used in this thesis are *fat-stigma* and *weight stigma*, which also refers to the stigmatization of obesity.

1.1. Thesis outline

The introduction of this thesis is chapter 1. Here the motivation to write this thesis is described, and the research question is presented and the main concepts are explained.

Chapter 2 provides a description of theories of the body. First, the dualistic theory of Descartes is shortly explained, then, the general phenomenology is presented. Last in this chapter the phenomenological view of the body is explained with particular focus on Merleau-Ponty's theories of the body and bodily experiences. His theories are crucial for the analysis of the interview in this thesis.

Chapter 3 provides a review of recent literature on body experiences and obesity. First, there is a short presentation of how the body is experienced nowadays. Then, research on stigmatization of obesity, stigmatization in personal relationships and stigmatization in the media is presented. There is also provided a review of research on the experiences with stigmatization in bariatric surgery patients.

In chapter 4 the methodical approach used in this thesis is presented. First, there is a short description of the philosophy of science. First, there is a short description of the philosophy of science. After this there is an explanation of the literature used in this thesis, followed by an explanation of qualitative method. Then, there is a description of interview and group interview as qualitative method. In this chapter there is also provided an explanation of the preparation of the interview, which contains a description of the participants and a description of the interview guide. After this there is a description of the the implementation of the interview, where the recording of the interview and the set-up of the interview is described. In the end of this chapter there is a description of ethical consideration made in this thesis.

In chapter 5 the analysis method of this thesis is presented. First, there is a description of the procedure of the transcription and the analysis. Secondly, there is an explanation of the reliability, validity and generalizability of this thesis.

In chapter 6 the results presented, and this chapter provides a description of the participants.

Chapter 7 provides an analysis of the results of the interview. First, there is provided three excerpts of the interview. Secondly, the analysis of these three excerpts is to be found. The analysis is presented according to the categories; the manner of expression; choice of pronoun; experiences of a separated body and mind; weight loss experiences; experiences in social settings; experiences of being object of comments regarding bodily appearance; and experiences of stigmatizing. Finally, in this chapter it is provided a section of evaluation of the methods. This includes an evaluation of the literature; the preparations of the interview and the implementation of the interview.

In chapter 8 there is a summary and implementations, and the references are to be found in chapter 9.

2.0. Theories of the body

This chapter presents theories of the body, which are used as an inspiration in the analysis in this thesis. First, there is a short description of the Cartesian thought of the dualistic body, followed by the general phenomenology and, finally, the phenomenological perspectives of the body. The main focus of this chapter is the phenomenological interpretation of the body and Merleau-Ponty's theories of body experiences.

2.1. The dualistic thought of the body

According to Gunn Engelsrud (2006) the dualistic thoughts and theories by René Descartes' (1596-1650) is dominating in the western societies nowadays. Engelsrud (2006) and Morris (2008) state that Descartes drew a distinct line between the body and the mind, where he considered the body as something that could be measured quantitatively, like an object, and that the mind represented thoughts and reflection. More specifically, Engelsrud (2006) and David Morris (2008) argue that Descartes understood that the body should be seen as something apart from the mind, that is should be understood as a machine. The mind, on the other hand, was linked to man's mental capabilities, and had nothing to do with the bodily functions (ibid). According to Engelsrud (2006) the dualistic thought established the idea that one's thoughts can produce new knowledge, not the body.

2.2. The general phenomenology

Unlike dualistic thoughts, phenomenology emphasizes the importance of consciousness of man. Toadvine (2008) states that the German philosopher Edmund Husserl is considered as the founder of the phenomenological tradition. This is also confirmed by Rasmussen (1996), who adds that Husserl meant that man's experience of the world happens mainly through his consciousness, and that this consciousness is based on an interaction between the body and the mind. Ted Toadvine (2008) and Torben Rasmussen (1996) agree that Husserl also meant that man always acts intentionally, meaning that he therefore always is conscious *of* something.

According to Rasmussen (1996) Husserl sought to find how phenomena become meaningful for man's consciousness, because he believed that human beings perceive things differently. Rasmussen (1996) exemplifies Husserl's thought by using a table as an example, because it is possible to see a table either as a functional object or as a decorative object (ibid). One of Husserl's key concepts is «lifeworld». According to Rasmussen (1996) «life world» refers to that man is conscious of the world, where humans belong to the world through living together. It is through the living together that humans are conscious of the world. This means that the concept of «life world» is both of individual and of social nature (ibid). For example to do daily activities, like walking on a crowded sidewalk, the way other people are moving has an importance of how each individual experiences themselves.

Toadvine (2008) reveals that Husserl's student, Maurice Merleau-Ponty was inspired by the work of Husserl. Merleau-Ponty was a thinker who was inspired by "... many disciplines and intellectual traditions..." such as psychology, psychoanalysis and biology (Toadvine, 2008, pp. 17). However, Toadvine (2008) states that it was the phenomenological traditions that inspired Merleau-Ponty's thoughts, and this is the tradition that he is mostly associated with (ibid). In his early work, in his main thesis, *Phenomenology of Perception* (1945), he identified his method and reflection as phenomenological, Toadvine (2008) expresses.

In Merleau-Ponty's thinking «... phenomenology becomes a general method for understanding the paradoxical link of the «objective» and the «subjective» dimensions of the perceived world...» (Toadvine, 2008, pp.18). Both of these two dimensions, the «objective» and the «subjective», is crucial in the perception of the world, where the «objective» refers to the scientific laws of nature and the «subjective» refers to consciousness (ibid). According to Toadvine (2008) Merleau-Ponty explained the relation between nature and consciousness by using behavior as an example, that is because behavior is neither situated in «... the external world, or the inner life of consciousness.» but an interaction between the two (Toadvine, 2008, pp. 19). However,

according to Toadvine (2008) Merleau-Ponty's meaning of phenomenology is of unfinished character, because it is a philosophical mindset, where «... a creative appropriation of its meaning and methods is required.» (Toadvine, 2008, pp 21).

2.3. Phenomenology and perspectives of the body

According to Morris (2008) in the work of Merleau-Ponty the *body* is a core concept, and therefore he is often referred to as the “the philosopher of the body”. This is confirmed by Engelsrud (2006) who also adds that this is because Merleau-Ponty was the first western philosopher who had a breakthrough with his theories of the body. Unlike the dualistic tradition, Merleau-Ponty stated that there is no ontological separation between «the experiencing «I» and the body as one lives it», because one *is* one's body (Morris, 2008, pp. 111).

Merleau-Ponty's theory of the intertwined body and mind also relates to the concept of «perceived world», which according to Toadvine (2008) is another of Merleau-Ponty's main concepts. Toadvine (2008) states that Merleau-Ponty expanded the concept of «perceived world» from Husserl's concept «lifeworld». The main difference between Husserl's theory and Merleau-Ponty's theory of «life world» is that Merleau-Ponty emphasized the significance of the body (ibid; Østerberg, 1996). According to Toadvine, (2008), Merleau-Ponty meant that consciousness is bodily, and not a matter of the mind, because consciousness is incorporated. Dag Østerberg (1996) elaborates this, the bodily consciousness, by explaining that according to Merleau-Ponty the body is conscious of the surroundings before there is any reflection involved. This is confirmed by Toadvine (2008), who adds that this is what Merleau-Ponty refers to as being pre-reflective. The pre-reflective consciousness can be exemplified by getting up from the bed in the morning and by drinking the morning coffee without planning every single bodily movement.

Merleau-Ponty emphasized the significance of the body in perceiving the world, and Morris (2008) states that Merleau-Ponty used the term «lived body» and which refers

to the «...bodily engagement with the intersubjective world...» (Morris, 2008, pp. 114). According to Morris (2008) Merleau-Ponty stated that the body is always in dialogue with other bodies, and it can not be considered as only flesh and blood. Merleau-Ponty (1994) emphasizes that the term “lived body” encompasses that the world is perceived with and through the body, and the body is in a dialectic relation to other bodies (Østerberg, 1994; Merleau-Ponty, 1994). The dialectic relationship is elaborated by Bush (2008) where Merleau-Ponty’s considered the body as neither subjective nor objective, but «... third genius of being. » (sited in Busch, 2008, pp. 38). Merleau-Ponty’s concept of lived body is elaborated by Bush (2008) where he explained that meeting other people is not matter of the mind, but simply one body meeting an other body. The body is both «... an object for others and a subject for myself», which is a dialectic relationship between the subject and the world (Merleau-Ponty, 1994, as sited in Busch, 2008, pp. 43). Bush (2008) explains this in other words; that the body is coexisting in the world with other bodies (ibid). Østerberg (1994) elaborates that according to Merleau-Ponty bodily experiences are created in communication with other bodies, *and* also through different processes within the body, such as self reflection. (Østerberg, 1994).

According to Bush (2008) in relation to other people, the body is affected and this is evident in the behavior. A person perceives its own intentions in its own body, and also other people’s body with its own. Thereby this person perceives other peoples intentions in its own body (Bush, 2008). An example of this is when people are standing on a crowded bus, everyone has different aims and different intentions. These individual intentions makes them able to also perceive other peoples intentions. Merleau-Ponty’s theory of coexisting in the world assumes that there is an open communication between bodies, where there are no clear distinction between oneself and others. This is also evident in an interview, where the interviewer is not concerned with only words and expressions but the situated intersubjective relation between the interviewer and the participants.

Even though the bodily experiences are created in relation to others, Bush (2008) states according to Merleau-Ponty that the body is indeed of a personal matter, and that one's own lived experience is precisely one's *own*. Engelsrud (2006) adds to this that everyone lives in the same world, but we experience it differently. Engelsrud (2006) uses the example of walking down the street, where the body is aiming towards the destination and directed towards a goal. According to Engelsrud (2006) and Cerbone (2008) the perception of things differs individually, and therefore the experience of the walk will also differ. Engelsrud (2006) elaborates that it is because of how the body moves and how it is perceived by others. This is also confirmed by David Cerbone (2008), who also states that each individual will perceive things differently, and that this will belie everything that is being said about perception. This in turn, according to Merleau-Ponty (1994) has to do with the norms and values that are intertwined with our personal bodily experiences, and he stated that humans are both creators and are being created in a culturally and in a historically context. For example, the idea of what an ideal body looks like differs worldwide (Tiggemann, 2011). Some people emphasizes the skinny body ideal, while others emphasizes the big body. The body ideal has also been changed through time, which is evident by for example looking at models portrayed in commercials today compared to fifty years ago (ibid).

In addition to bodily perceptions and experiences, Merleau-Ponty (1994) also emphasized the importance of expressions to understand human. This is confirmed by Harry Adams (2008) who also adds to this that for «... Merleau-Ponty, expression is not the intentional activity of disembodied minds or consciousness; rather, the body (...) becomes the medium of expression», because it makes no sense to talk about expressions without our bodies (Adams, 2008, pp, 153). Furthermore, Adams (2008) claims that Merleau-Ponty insists that «... bodies are not mere vessels of minds or vehicles of intellectual messages, but also actively evoke, interpret and transform meaning». (Adams, 2008, pp 153). For example, with a nod or a blink of the eye is an expression of a meaning and a message in itself. According to Adams (2008) the expressions it is constituted on a common ground and the expressions are created within the discussion, which means that the people who are talking together aim their

expression towards the other part. This is important to consider in the interview with the participants, because it contributes to understand the expressed experiences of the participants.

3.0. Literature review

This chapter provides a presentation of some recent literature. There is a review regarding research on body experiences; stigmatizing of obesity; stigma in interpersonal relationships; stigma in the media; experiences with losing weight after bariatric surgery; and experiences with stigma of patients waiting for bariatric surgery.

3.1. Body experiences

Nita Mary McKinley (2011) has written a chapter *Feminist perspective on Body image* in the book *Body image – a handbook of science, practice and prevention* about women's experiences of the body. McKinley (2011) states that in western societies there is a clear understanding of a separation between the body and the mind, where women are associated with the body, and men with the mind. Furthermore, this association of women and the body makes an objectification of women's bodies, which can be seen in relation to women's bodily experiences in western societies (ibid). According to McKinley (2011) bodily attractiveness differs due to different socio-cultural preferences of attractiveness, and this might affect women's bodily experiences. Marika Tiggemann (2011) wrote a chapter in the same book, *Body Image*, and she states that in the western societies the body ideal for women is, according to fashion magazines; thin, young and long-legged. These ideals are then, in turn, internalized by individuals and used to evaluate if the ideals are met or not (ibid). Tiggemann (2008) states that even though it is hard, and maybe even impossible, to achieve these ideals, they are often accepted and internalized. This might be basis for body dissatisfaction, which many girls and women experience, particularly the desire to be thinner (ibid).

3.2. Stigmatization of obesity

The strive for thinness has become so evident that we see a trend of fear of fat (ibid). A slim body is often associated with autonomy, being in control and strength of character. In 2011 Alexandra Brewis wrote the book *Obesity – Cultural and biocultural perspectives*, where she uses research to explain different perspectives affecting the experience of obesity. Brewis (2011) elaborates that there exists different cultural perceptions of obesity. In the western culture there are negative associations to obesity, whereas in other societies there are no negative values associated with obesity. A study

by Becker, 1995, showed that obese people are being stigmatized. Being lazy, morally weak, uncontrollable and indulgence are characteristics often associated with obesity. The stigmas are internalized by people, also by obese people (Latner and Wilson, 2011).

In a review about behaviors and attitudes against obese people written by Rebecca Puhl and Kelly Brownell in the *Obesity Research* in 2001 the authors try to investigate if, how and why there is stigmatization of obesity. The authors claim that there has been written some articles within this area, but no systematic reviews. Puhl and Brownell (2001) found that there, to a large extent, exists stigmatization of obesity and in some cases even discrimination. They investigated stigmatization within three domains; employment, education and health care. Also in media it is common to make “fat-jokes” and to portray individuals who are obese in a discriminating manner (ibid). According to Puhl and Brownell (2001), discrimination of obesity was first announced two decades ago, and since then obesity has been known as a burden to the western society (ibid). Fat stigma also exists in employment settings, where obese women get a lower salary than lean women for doing the same work (Brewis, 2011).

In addition to stigmatizing, Puhl and Brownell (2001) also found that obese people are often held responsible for their condition, and therefore that they get what they deserve. In one study from 1969 by Maddox and Liederman it was found, using self-reports, that common stigmatizing beliefs held by health practitioners regarding overweight and obese persons, were characteristics such as unintelligence, unsuccessfulness, inactivity and weak-willed (Puhl and Brownell, 2001). A study by Foster et. al. (2003), confirms the finding of Puhl and Brownell (2001), that physicians, who were working with obese people believed that the most important causes for overweight were overeating and food addiction.

3.3. Stigmatization in interpersonal relationships

In 2009 Puhl and Heuer wrote a review, *Obesity – A research journal*, about the stigma of obesity, which was a continuation of the review by Puhl and Brownell (2001).

This review confirms that obese people still are highly stigmatized, and that they experience prejudices and discrimination, and that the level of stigmatization has been

increasing over the past decade. Unlike the review by Puhl and Brownell (2001), this article, by Puhl and Heuer (2009) considers interpersonal relationships and stigmatization in the media, in addition to the conditions in employment and health care. Puhl and Heuer (2009) found that in close interpersonal relationships, with partners or within families, weight stigma and discrimination of obesity, particularly women, do occur. According to stigmatization in the media, like Tiggemann (2011), Puhl and Heuer (2009) also confirm that the way magazines emphasize the positive attitudes about being slim and the negative attitudes about gaining weight also contribute to the weight stigma. Furthermore, Puhl and Heuer (2009) state that in movies or TV-series obese people are underrepresented, and if they are present, they are shown in stigmatizing roles, for example by eating excessively unhealthy food. A study by Himes and Thompson (2007) proposed that the weight stigma in the media emphasize the social acceptance of stigmatization (Puhl and Heuer, 2009), and Puhl and Heuer (2009) suggest that that advertisement contribute to maintain the weight stigma by showing that weight is easily modifiable.

3.4. Experiences with losing weight after bariatric surgery

According to Puhl and Brownell (2003) there are different coping strategies in order to deal with stigmatization of obesity. One of these strategies is to lose weight and so remove the problem is surgery (ibid). David Sarwer, Rebecca Dilks and Jacqueline Spitzer (2011) who wrote the chapter *Weight loss and changes in body image* in *Body Image* explained that one motive to do a bariatric surgery is to improve psychosocial well-being. Linda Smolak and Thomas Cash (2011) and Brewis (2011) wrote that when a person loses much weight, and goes from being obese to less obese, it will affect the view they have on themselves. A study by Rand and McGregor (1990) showed that 100 % of morbidly obese people said that they felt unattractive preoperative, and post surgery 100 % say that they felt attractive (Brewis, 2011).

3.5. Experiences with stigma in patients waiting for bariatric surgery

David Sarwer, Anthony Fabricatore, Miriam Eisenberg, Laura Sywulak and Thomas Wadden (2008) wrote about stigmatization of people who are obese waiting for bariatric surgery. The study included 117 extremely obese participants, 93 were women. The

authors expressed that this is one of the first studies to use self report questionnaires to study the experience of stigma in very obese persons who were waiting for a bariatric surgery (ibid). The questionnaire consisted of 50 different stigmatizing situations related to obesity. On a 10-point scale the participants rated how often they had experienced the situations, where 0 represented never, and 9 would represent daily (ibid). There were for example questions about physical barriers, comments from children, comments from others and questions about being stared at. Sarwer et. al. (2008) found that the participants experienced little stigma. At the most some of the situations were experienced several times in life, which represents a 2 on the scale. Some of the situations could, however, be positively associated with BMI. These were; being stared at, comments from children, physical barriers and being embarrassed by loved ones (ibid). The participants who reported poorer weight related quality of life also experienced more stigma. These findings of bariatric patients experiencing low levels of stigma is consistent with a study by Anderson and Wadden (2004) (Sarwer, Fabricatore, Eisenberg, Sywulak and Wadden, 2008).

4.0. Method for Acquisition of Information

In this chapter there is a description of the method used in this thesis. First, there is a short description of the philosophy of science. Then, there is provided a description of the literature used in this thesis. After this there is an explanation of the literature used in this thesis, followed by an explanation of qualitative method. Then, there is a description of interview and group interview as qualitative method. In this chapter there is also provided an explanation of the preparation of the interview, which contains a description of the participants and a description of the interview guide. After this there is a description of the the implementation of the interview, where the recording of the interview and the set-up of the interview is described. In the end of this chapter there is a description of ethical consideration made in this thesis.

4.1. Philosophy of science

In science, the general aim is to develop certain, universal and well documented knowledge (Aadland, 2004). However, there are many ways to develop knowledge and there exist different forms of science. There are different paradigms in science, which means that there are different traditions in the method of acquiring new knowledge (Aadland, 2004). People who find themselves in these different traditions believe that what they know that this is the true knowledge. While quantitative science often can be placed under positivistic paradigm, qualitative science is often placed under the hermeneutic paradigm (ibid). Unlike the positivist, the hermeneutic scientists are concerned with other people's subjective experiences, and how they see and experience the world. The hermeneutic science and also the phenomenology are more concerned with the experiences of the participants and their understanding of the context (ibid). This thesis has a phenomenological perspective.

4.2. Literature

Steinar Kvale and Svend Brinkmann (2009) emphasize that an good interview requires that the researcher has a certain amount of knowledge in the field of research, and that it is important to understand the background literature properly (ibid).

In this thesis, in order to acquire new knowledge the main interest was to use review articles. In order to find these it was searched in databases, mainly PubMed, in the period of January 2015 to May 2015. Reference lists and the library at the Norwegian School of Sport Sciences [NIH], was used as well. As part of the process of searching for background literature, the authors and researchers of the studies and reviews were checked, as a part of the quality check of the studies. Only studies that were published in recognized research journals with specific requirements were used in this thesis.

The background literature used in this thesis was of two different categories: on one hand the literature to acquire knowledge about the theories of Merleau-Ponty, and on the other hand a review of recent studies on bodily experiences and experiences regarding stigmatization of obese people was conducted. The literature about Merleau-Ponty was found in Norwegian, Danish and English books, some written in the 1990ies and some more recent. In order to get a broad understanding of Merleau-Ponty's theories and to make sure that the literature was consistent several different sources were considered. Since the theories of Merleau-Ponty has not changed the recent years, both recent and less recent literature was considered to be relevant.

The literature used to acquire knowledge about bodily experiences and stigmatization was mostly found in recent research studies and reviews. The main reviews used in this thesis; Puhl and Brownell (2001); Puhl and Heuer (2009); and Sarwer, Wadden and Fabricatore (2005) were done in the US. According to the research articles, they were either from Norway or the US. To provide knowledge of obesity and body experiences it was also used books. The main books that were used were *Obesity* (Brewis, 2011), and *Body Image* (Smolak and Cash, 2011).

4.3. Qualitative method

Vilhelm Aubert defines method as a procedure to solve issues and thereby acquire new knowledge (Dalland, 2012). This is the aim of all methods (ibid). In a qualitative research the aim is to get knowledge about the opinions and the experiences of the people

who are involved in the research study (ibid; Kvale and Brinkmann, 2009). This thesis investigate personal experiences, and therefor a qualitative design is suitable.

4.3.1. Interview as method

As Kvale and Brinkmann (2009) explain in their book *Det kvalitative forskningsintervju (Interviews: Learning the craft of Qualitative Research Interviewing)* an interview is a conversation between two people. In the introduction of the book the authors ask rhetorically; “if you want to know how people perceive the world, why don’t you ask them?”

In an interview the participants answer the questions and thereby provide the information about their perception of the world. This was also what I wanted to get out of the interview in this thesis. Kvale and Brinkmann (2009) state that a common feature is that every research interview, is exactly that, an inter-view, which means that in a conversation the point of view is constantly exchanging. However, there are several different forms of research interviews and they have different aims in addition to producing knowledge. Group interview is one way to conduct an interview.

4.3.2. Group interview

Kvale and Brinkmann (2009) express that a group interview can be useful in sensitive and tabooed themes, because people seem to open up, and the group dynamic may make it easier for the participants to express themselves. The topic of the interview in this thesis was considered sensitive, because obesity is considered a personal issue and people who are obese are often held responsible for their excessive weight (Malterud and Ulriksen, 2010; Puhl and Heuer, 2009). This is why the topic is considered sensitive and this is why a group interview was chosen in this thesis.

According to Berit Brandth (2002), the aim of a group interview is to create a discussion between the participants within a topic, where the interviewer leads the participants through the themes. Brandth (2002) emphasizes that if the aim of the interview is to investigate questions of «what» and «why», and not to generalize, group interviews are suitable. Furthermore, Brandth (2002) states that there are different ways to conduct a

group interview, one example is the focus group interview. According to Brandth (2002) the characteristics of a focus group interview is limited to one theme within the interview. This is confirmed by Kvale and Brinkmann (2009). However, according to Morgan (1998a) the main difference between a group interview and a focus group interview is that in a focus group interview the participants are conversing with each other, while in a group interview the dialogue mainly happens between the interviewer and the participant.

According to what Morris (1998) states about groups and focus groups, in this thesis a group interview was conducted. Even though the participants at some points were talking to each other, the dialogue mainly happened between the interviewer and the participants.

Even though Kvale and Brinkmann (2009) state that a group interview often consists of six to eight participants, David Morgan (1998b) expresses that it is also possible to conduct smaller groups. Morgan (1998b) states that a smaller group is the safest approach when it comes to emotional topics, because the interviewer can give more attention to each participant and their needs, for example to express their feelings, without being interrupted or ignored. In the interview of this thesis there were two participants, and they were mostly able to express themselves clearly without being interrupted. However, even with only two participants, they did interrupt each other, which according to Morgan (1998b) often happens in topics where the participants are engaged. On one hand, with few participants I hoped that they would not interrupt each other, so that both of them would be able to express what was on their mind. On the other hand, I was pleased that they were engaged in the topic and that they had much to say.

4.4. The preparation of the interview

4.4.1. Participants

In an advance of an interview there are several preparations that needs to be considered. One of these preparations is the choice of participants. A participant is a person, who the researcher obtains knowledge from and who has inside information within the area of interest (Dalland, 2012). A «good» participant is a person who is cooperative, motivated

and a good talker (Kvale and Brinkmann, 2009). In this thesis the participants were two women waiting for a bariatric surgery.

To get in contact with possible participants for the interview a treatment center at a hospital in Norway was contacted. This is a hospital where different types of treatment for obesity, such as bariatric surgery is conducted. The hospital was contacted in advance of the thesis to make sure that the project was feasible, and that the hospital was willing to assist in getting in contact with possible participants. As soon as the treatment center had approved the interview guide, the interviewer was invited to an information meeting for people who had applied for the surgery, and were waiting for a consultation for a possible bariatric surgery to give information about this study. Five people had expressed an interest in participating, and they were invited to take part in the study by e-mail. Two out of the five accepted the invitation to participate in an interview.

4.4.2. Interview guide and case story

In a qualitative interview Kvale and Brinkmann (2009) state that for the participants to share their experiences it is important for them to trust the interviewer. Furthermore, Kvale and Brinkmann (2009) express that it is the interviewer who is responsible to establish this trust by being respectful, but also being aware of what he/she is searching in the interview. This awareness can be fulfilled by creating an interview guide.

An interview guide is a manuscript in which the interview is structured. Some interview guides are very strict, with specific questions and a strict time schedule. Other interview guides are looser, only consisting of a few themes that should be covered in the interview at any time (Kvale and Brinkmann, 2009). The design of the interview guide is determined by the topic and the aim of the interview (ibid). According to Kvale and Brinkmann (2009), it is important that the interviewer has a thorough understanding of the background literature in advance of creating the interview guide, because this is necessary in order to design relevant questions which are in line with the research question. In this thesis it was therefore done a review on existing literature on body experi-

ences, and an extensive review of the theories of Merleau-Ponty in advance of making the interview guide.

In this thesis, after acquiring adequate background literature the interview guide was made. According to Kvale and Brinkmann (2009) there are different types of questions that can be asked and different techniques that can be used by the interviewer. Since body experiences is considered to be a sensitive and a private topic for the participants in this thesis, and since, according to Kvale and Brinkmann (2009) sensitive topics can be difficult to talk about, the interview questions were closely considered. In this thesis a semi-structured interview guide was made (Appendix 1), which means that it was made categories which should be covered in the interview, and questions within each category (ibid). The interview guide was not followed strictly, but the questions were used when they were considered appropriate in the conversation.

In addition to the questions in the interview guide a case story was created to be used in the interview. The main reason for this was because of Kvale and Brinkmann's (2009) statement regarding sensitive topics. In the research for qualitative studies, the different studies on body experience and stigmatization provided vivid and thorough descriptions of the participants, for example in Gro Rugseth's article (2006). According to Kvale and Brinkmann (2009) this is often considered to be an important part of the analysis of qualitative interviews. It was these thorough descriptions were the main inspiration to make a case story to be used in the interview.

The case story (Appendix 2) was portraying a young obese woman in her twenties. In this case story there was given information about her likes and dislikes, as well as her bodily experiences. The main reason why a case story was conducted was because of Kvale and Brinkmann's (2009) statement that sensitive topics are difficult to talk about. Therefore, in this thesis, the case story was used in order to make the themes of body experiences and stigmatization less difficult to talk about, because it would give the participants the opportunity to use the case story in order to answer the questions of the interview. An other reason to use the case story was to perceive the participants reactions

to it according to their opinions of other obese individuals and their opinions of stigmatization. In a study investigating stigmatization, by Michelle Hebl and Robert Kleck (2002), a videotape of an employment interview was shown to investigate the participants stigmatization of different groups, including obese people. Showing this video is considered as to be similar to the case story used in this thesis. Like the case story in this thesis, Hebl and Kleck (2002) also used the video to investigate stigmatization, which was shown to be effective in this study. The successful use of the videotape in Hebl and Kleck's (2002) study, was an other reason why the case story was considered in this thesis.

In advance of the interview the interview guide together was reviewed together with the supervisor of this thesis to get a second opinion of the questions. The case and the interview guide were tested in a pilot interview, and then corrected ahead of the interview.

4.5. The implementation of the interview

4.5.1. Recording the interview

In addition to things that need to be considered in the preparations of the interview, also in the implementation of the interview there are different concerns that need to be considered. One of these concerns are whether to record the interview or not. In the interview of this thesis a tape recorder was used. According to Kvale and Brinkmann (2009) it is important that the interviewer is able to ask follow-up questions, which would have been more difficult while making notes. This is the main reason why a tape recorder was used. However, as Kvale and Brinkmann (2009) also state, a tape recorder may also affect the participants in their answering, because they would feel more exposed. By explaining in advance of the interview about anonymity and confidentiality the participants concerns about the tape recorder was reduced. Within the interview the participants did not seem to be affected by the tape recorder, because they seemed relaxed and talked freely. In the interview of this thesis it seemed, however, that the opposite was the problem, because in the transcription of the interview there were segments that were difficult to interpret, because they were talking at the same time.

4.5.2. The set-up of the interview

In addition to tape recording, also the set-up of the interview is important; the interviewer has to create a calm atmosphere where there is mutual respect and trust, in order to get the participants to explain their experiences (Kvale and Brinkmann, 2009). This is important in order for the researcher to get what is needed regarding the research. It is also important that the interviewer is aware of the manner in which the participants express themselves, the body language and the tone of the voice (ibid). Kvale and Brinkmann (2009) emphasize that these immediate impressions can play an important role in the analysis of the interview.

The interview was conducted in a small group -/meeting room at the NIH an evening in March 2015. The reason for this was to conduct the interview in a neutral room, were it was possible to speak freely without any interruptions. Another reason for this choice of venue was to achieve an adequate quality of the recording, which required that the surroundings were silent. The two participants were sitting at one side of the table, and the interviewer on the other side. To conduct the interview at NIH was not considered to be neutral, because it is a place where a large amount of people is concerned with health and fitness, which was considered to possibly affect the participants of the interview. However, the participants did not seem to be affected by this.

4.6. Ethical considerations

In qualitative research involving participants, there will always be an interaction between the interviewer and the person being interviewed that will affect everyone that are involved in the interview (Kvale and Brinkmann, 2009). This is why it is important to follow certain ethical guidelines (ibid). In some studies it is obligatory to write a plan for the project and use this to apply to a Committee of Ethics prior to the research. This oblige the researcher think of possible ethical dilemmas that might occur in the research project (ibid). Regional Committees for Medical and Health Research Ethics [REK] (n.d.) does an assessment of all medical and health research to check if they are ethically justifiable. They consider the risks versus benefits of the study, and if the data protection is assured (ibid). Norwegian Social Science Data Service [NSSD] is the data protection official for research done at Norwegian universities and university colleges

(Kvale and Brinkmann, 2009). There is a notification requirement for all research projects that are collecting information about individuals (ibid). In January 2015 the applications regarding this thesis were sent to REK and NSSD. Both replied that a formal notification of this thesis project was not required (Appendix 4; Appendix 5).

One of the ethical guidelines is confidentiality, which implies that no private data about the participants are disclosed without permission (Kvale and Brinkmann, 2009). This might be an issue during the different stages in the research project, for example; who should be able to read the transcription of the interviews (ibid)? Compared to studies using questionnaires, studies that are conducting interviews might experience greater ethical issues concerning confidentiality because personal experiences are of greater interest, which make the participants more recognizable (ibid). To protect the participants' confidentiality, they were given fictive names; Lilly and Sophia.

Another ethical guideline is the informed consent. Informed consent consists of two parts, information about the purpose of the study and a consent form. In the informed consent the participants are also given information about the possible risks and benefits of participating in research study and that it is voluntary and that they can withdraw from the project at any point without any further consequences (Kvale and Brinkmann, 2009). However, the researcher should be aware of how much information is given to participants, because the interviewer should not lead the participants to specific answers (ibid). In advance of the interview in this thesis an informed consent was given to the participants (Appendix 3). In the informed consent, and also in the beginning of the interview, it was made sure that the participants understood that all the information they provided would also be anonymous, and that the information would remain unidentifiable.

A third topic within the ethical guidelines is the consequences of participation in a qualitative interview. Kvale and Brinkmann (2009) state that the benefits of the study should be greater than the deficits and the risks of participating in the study. In qualitative studies it is possible that personal topics may give the feeling of a quasi-therapeutic conver-

sation, rather than an interview, by which the interviewer is qualified and educated to do (ibid). This situation was thought to be prevented by being aware that this could happen. However, within the interview there were no situations or topics that occurred that were of a therapeutic art.

The fourth topic within the ethical guidelines is the role of the researcher. For example, the interviewer has a moral responsibility for the participants (Kvale and Brinkmann, 2009). The moral integrity or the interviewer's ability to be sensitive and engaged in moral questions is of great importance here (ibid). In this thesis the interviewer appeared as empathic and aware of the participants' experiences.

5.0 Analysis Method

In this chapter there is a description of the method used to analyze the interviews. The validity, generality and reliability will also be explained here.

5.1. Transcription and analysis

In a qualitative study, the first part of the analysis occurs when the researcher decides which results that are going to be presented in the study (Kvale and Brinkman, 2009). In this thesis the results that are shown, are those of importance regarding the research question. The results are presented according to topics to provide the reader with an adequate overview and understanding.

The results that are presented in chapter 6 (Interview Results) and in chapter 7 (Analysis and Discussion) are chosen because of the importance regarding the research question. The analysis was done by using a phenomenological meaning condensation (Kvale and Brinkmann, 2009). Kvale and Brinkmann (2009) state that the analysis of the interview starts in the process of transcription. In this thesis the transcription implied to transform the interview from audio to writing, which was considered necessary because it made it possible to acquire an adequate overview of the interview.

Subsequent to the transcription of the interview, the entire interview was read, and the main themes and topics were highlighted. This made it less complicated to categorize the different topics of interview. In order to perform a thorough analysis it was necessary to categorize the findings, since some of the topics were mentioned several times. The categories that were chosen were;

- the participants experience of the body;
- the experience of social settings, and
- stigmatization.

The topics which were important for the research question are discussed and analyzed in chapter 6, Interview Results. According to Kvale and Brinkmann (2009) analyzing the *linguistics* and *grammar*, and analyzing *meaning* are often used together because the two analyzing methods merge into each other. Therefore, in addition to analyze the meaning, also linguistics were considered in the analysis of this thesis. This was done

by for example analyzing the use of different expressions in the interview, like the use of personal pronoun and the tone of voice. To do this a discourse analysis was conducted, which is an analyzing method used to identify the meaning of statements made by participants in an interview (Thagaard, 2013). Tove Thagaard (2013) writes that when a discourse analysis is conducted, the spoken words are analyzed according to the cultural manner of speaking.

5.2. Validity, reliability and generality

According to Kvale and Brinkmann (2009) the question of verification is often raised within social sciences, because reliability and validity are considered as positivistic concepts. This positivistic manner of considering reliability and validity makes them hard to relate to qualitative research. However, Kvale and Brinkmann (2009) have provided a description of how the concepts can be considered in qualitative research using interview as method.

5.2.1. Reliability

Reliability refers to the credibility of the research (Kvale and Brinkmann, 2009; Laake, Olsen and Benestad, 2013). Often reliability is related to reproducibility, which Petter Laake, Bjørn Olsen and Haakon Benestad (2013) explain as; to what extent the research can be done and still give the same results at an other time. This is a thesis with a phenomenological perspective, where the aim is to investigate bodily experiences through interview as method. A phenomenological study like this is difficult to reproduce and to get the same results at an other time, because people respond differently in different contexts (Kvale and Brinkmann, 2009). The question of reliability is also raised within the interview situations, and there are different challenges that can occur regarding reliability. One challenge with the reliability of a research study occurs if the researcher/interviewer not intentionally asks leading questions. In this thesis this may have been an issue because the case story was presented to the participants in advance of the interview. This is discussed further in chapter 7 in the evaluation of methods. Another challenge which can occur regarding the reliability is regarding the accuracy of the transcription (ibid). According to Kvale and Brinkmann (2009) this is mostly an issue in

studies where there are several people who are transcribing the interview and where the interviews are transcribed and coded differently. In this thesis the same person interviewed, transcribed and analyzed, which minimized this issue.

5.2.2. Validity

In addition to the reliability of the study, the validity must also be considered. Validity is connected to the truth and the strength of the statements made in an interview (Kvale and Brinkmann, 2009; Laake, Olsen and Benestad, 2013). According to Kvale and Brinkmann (2009) the validity of the research should be apparent in all stages of the research. The validity of qualitative interviews is a matter of the moral integrity of the researcher. It is necessary that the researcher reflects on the results, that he/she remain a critical view on the analysis and, that he/she expresses what type of perspective that is used in the study (ibid). In this thesis the validity was considered to be of good quality because the student remained critical to the findings and the methods used.

5.2.3. Generalizability

The generalizability of a research rises the question if the results are referable to other interview participants and other situations (Kvale and Brinkmann, 2009). Kvale and Brinkmann (2009) express that in the phenomenology every situation is unique and different, which makes it difficult to generalize these findings. The findings of this thesis is therefore not meant to be generalized.

6.0. Interview Results

In the following chapter the results of the interview is presented. First, a description of the participants of the interview is provided, then, three excerpts of the interview is presented. The findings that are presented here are those of importance according to the research question. The themes that are identified are;

- the participants experience of the body;
- the experience of social settings and;
- stigmatization.

6.1. Presentations of participants

Both of the participants have a BMI beyond 35 kg/m². The general practitioner [GP] referred them to an evaluation by a specialist according to their own wishes regarding bariatric surgery. The names of the participants used in this thesis are fictive in order to protect their anonymity, they will be called Sophia and Lilly. In the following there is provided a presentation of each of the participants to give the reader an impression of what they are like, and so make the reader able to read experts in chapter 6 not just as statements, but as meanings and opinions by these two persons.

6.1.1. *Sophia*

Sophia is a woman in her forties. She works in a kindergarten and she likes her job, and to spend time with the children. She would rather spend more time with them, than to study in order to increase her salary. In her spare time she likes to play handball, and she plays on a team with considerably younger women than herself. Handball was also a significant part of her life growing up. Her main focus then was to do well on the handball court, and she explains that she was not so concerned about her appearance. Starting school she remembers that her mother used to sew her clothes. Sophia became overweight when she gave birth to her child, and not in her childhood.

6.1.2. *Lilly*

Lilly is a woman in the beginning of her fifties. She just started in a new job, from one office job to an other, but she explains that the change was not motivated by higher

salary. In her spare time she mentions that she does strength training, and that she started a walking group for obese people in her neighborhood. Growing up she experienced being bullied, but she also experienced being part of the “cool kids”, where she wore expensive branded clothes. Lilly explains that she became overweight as an adult, and that she was “skinny and popular” in her younger years.

7.0. Analysis and Discussion

This chapter provides the analysis of the results and an evaluation of the methods used in this thesis. First, in this chapter there is three excerpts from the interview, each followed by a short description to clarify the excerpt for the reader. Secondly, the analysis of these three excerpts is to be found. The analysis is presented according to categories. Finally, in this chapter it is provided a section of evaluation of the methods. This includes an evaluation of the literature; the preparations of the interview and the implementation of the interview.

7.1. Interview excerpts

In the following there is presented three different excerpts of the interview. These excerpts are chosen because they are thought to provide rich information regarding the research question, but also because they are thought to represent the meanings and opinions of the participants in an adequate manner. The first and the second excerpt clarifies the participant's experiences of losing weight; the third excerpt shows the experiences of obesity within social settings. The excerpts are translated from Norwegian to English. However, they are not translated word by word, but in a manner that brings out the meaning of the statements in a adequate way. Words that are underlined in the excerpts are those that are emphasized by the participants, and the words in brackets are clarifications that are provided in order to make sense to the expressions of the participants.

7.1.1. The participants experience of losing weight

This first excerpt provides statements about the participants experiences regarding weight loss.

Sophia: *«I am not strong enough to manage the process of losing weight. Because if one loses 10 kg, then one is not even able to drink [alcohol] for one weekend, without gaining two [kg] again. It is not that I eat according to my feelings, it is just that I get so sad when I am not able to keep it [the diet and exercise] long enough to continue the process [of losing weight]. Because you [the weight] can stand still for three or four months, and still nothing happens. Even if you exercise, nothing happens. And then you lose faith in yourself, and you lose the focus. And then you gain weight again. [Even if]*

you are strong. It is just that you have to be so much stronger than your body, which is working against you.»

Interviewer: *«Because it does feel that way? Like the body is working against you?»*

Sophia: *«Yes, because you are a complete human being... but your head is working at a mechanism that...»* She is not able to finish her sentence because she is being interrupted by Lilly.

Lilly: *«It is not that it feels that way, it is like that. The fat cells are working against you all the time.»*

Later in the interview the interviewer asks the participants if they have tried different methods in order to lose weight.

Interviewer: *“Have you tried many different things to lose weight?”*

Lilly: *“I have tried everything. It isn't hard to loose weight. The hard part is to keep it down [the weight], when the fat cells are screaming.”*

Interviewer: *“It does feel like that?”*

Lilly: *“It is like that!”*

In the interview the topic about losing weight emerged several times. Lilly and Sophia were both talking fast and showed great enthusiasm within this topic. Especially Sophia has a lot to say here, even if she does not complete all of her sentences. Both of the participants reveals that they do have much experience with losing and gaining weight. They have a clear understanding of how they experience weight loss, and how their body experiences the process of losing weight. As well as in the first excerpt, also in the second excerpt of the interview Lilly answers fast to the question if she has tried many different methods to lose weight, which shows that she is certain of her answer. In her opinion she has tried *everything* there is to try.

7.2.2. Social settings

The third excerpt provides statements about how they experience themselves in social settings.

Sophia: *“I feel that I am more affected in new social settings when I meet other people who talk about other things. The people who are around you every day know how you look. But in new social settings, where they talk about how dissatisfied they are with their bodies, I get really affected, because then I do not manage to accept myself. I get stressed and I think 'maybe I have to do something with myself, because I weigh 40-50 kg more than they do. It does not necessarily have to be new social settings, I can guarantee you that in every social setting people talk about physical appearance... then I get affected and when I get home I study myself, because I think of what they were saying.”*

Interviewer: *“Do you feel the same? That in some social settings people talks a lot about their appearance?”* Directing the question to Lilly.

Lilly: *“No, I have not experienced that people talk annoyingly much about that. I think that I am not capable of losing 50 kg just like that anyway. I am like this now, and you should look past that, and rather listen to what I am saying. When I am walking down the main street and school girls in their matching outfits are looking at me, I do imagine that they think something like 'Oh, look at that fat woman'. But then I think 'what's your problem?', because everyone has their own problems. My issue is weight, they've got something else. But it does also hit me as well, after experiencing 15 of these glances, I get sick of it”.*

Interviewer: *“Do you ever hear other people talk about it (body appearance)?”*

Lilly: *“No”*

Sophia: *“I feel more that people are more into talking about accepting themselves. But in the end they do not accept themselves. For example me and my friends, who are lean women, travel every year together. One year I had to tell them that 'this year we will*

talk about body appearance'. Because we sunbathe in bikinis and they are so full of complexes, even though they are so perfect. And then it is so much talk about accepting oneself, but then they have to judge themselves. Even though they do not like obese people, which it appears that they do not."

In this excerpt of the interview the main topic is how the participants perceive themselves in social settings. Sophia expresses that she does experience that people talk a lot about body and diet, while Lilly states that she does not experience that. Sophia means that she gets more affected by other people's opinions in «new» social settings, than in familiar ones. Lilly expresses that when people are starrng or saying discriminating things, then she thinks that they have their own problems.

7.2. Analysis of the main findings

This section provides the analysis of the different excerpts presented above. The first section is regarding the manner of expression, followed by the choice of pronoun. After this it is provided analysis regarding participants' experiences of a separated body and mind; weight loss experiences; experiences in social settings; experiences of being object of comments regarding bodily appearance; and experiences of stigmatizing. A summary of the analysis is provided in chapter 8.

7.2.1. Manner of expression

In the interview the participants were talking fast, and they seemed engaged in the topics. However, it often appeared that when they were talking they did not finish their sentences, and it was like they were interrupting themselves. The interviewer also experienced that the answers from the participants often contained much information, like they were trying to express everything that came to their mind at once. According to Kvale and Brinkmann (2009) sensitive topics may be difficult to talk about, and the topics in this thesis are considered to be sensitive. According to Morris (2008) Merleau-Ponty expressed that the body has a pre-reflective not verbalized relation to it's surroundings. In this sense it is possible to understand that even though Lilly and Sophia have an understanding of their bodies, it is also possible that it has not been expressed in

words before, and it is therefore an unknown territory. When the participants then talk about their experiences, they are experiencing the topics in a new manner.

In addition to talking fast, Sophia and Lilly also often express themselves in a manner that suggests strong feelings. The answers are quick and, they are expressed with great confidence. For example, in two of the excerpts Lilly states that it is not a *feeling* when the fat cells are working against her, it *is* like that. Instead of talking about how it feels like for her, she is explaining to the interviewer how it is, with no nuances or filters. By expressing her statements as facts, and not as her feelings, she is distancing herself from what she is saying (Langacker, 2007). This way of speaking gives an impression that what she is saying is true for everyone, and not that it is a matter of her own experiences. When it is true for everyone, and not only for her, it is a matter of generality which makes it possible for her to distance herself from the feelings which she is expressing. Strong feelings, such as vulnerability and shame, are more easily expressed that way, because then it is not of a personal matter (ibid).

7.2.2. Choice of pronoun

In addition to talk fast and express themselves in a manner that suggest strong feelings it was also found that there is a change in the pronoun when they are talking. In the first excerpt of the interview Sophia changes her use of pronoun. Sometimes she uses *I*, sometimes *one*, and sometimes *you*. She says “*I* am not strong enough...”, but then in the next sentence she says “... if *one* loses 10 kg, then *one* is not even able to drink [alcohol] for one weekend, without gaining two [kg] again...”. The pronoun is changed through the entire interview. Here, in these two examples she uses *I* when she is talking about personal failures, when she mentions the ability to lose 10 kg, which is seen as a victory for her, she uses *one*. This also continues later in the interview, when she states that “in some periods *I* felt like a failure”, and then she adds “... when *you* are able to eat under 1400 kcal every day...”. This emphasizes that she uses *I* when it is about personal failure, but *one* or *you* when it is about things that she considers as positive.

On one hand, I believe that it is normal to change the language in different settings, and that this also applies to the use of personal pronoun. This is emphasized by the findings of the study by Siri Steine, Arnstein Finset and Even Lærum (2000), where they investigated the use of language expressions when patients described their last consultation with a GP. It was found that the participants changed their use of pronouns, almost consistently, from the personal forms *I*, *he* or *she*, to the general forms *it* or *one*, when they talked about positive and negative experiences of the GP, respectively. By using the general form *it* was easier to express the negative experiences of the general practitioner, because the statements seem more general (ibid). This is the opposite of what the findings in this thesis indicate, where the participants used general forms when they talked about positive experiences or victories. However, this thesis considers how the participants experience of themselves, while Steine, Finset and Lærum (2000) considered the participants experiences of a different person, namely the GP. This may indicate the different use in this thesis compared to the study by Steine, Finset and Lærum (2000). Ronald Langacker (2007), who wrote a chapter in the book *Aspects of meaning construction*, emphasizes that the use of personal pronoun often is used as an act of impersonalization. Langacker (2007) states that this impersonalization is done by using the words *it* or *one*.

Considering that the choice of pronoun is a choice regarding impersonalization, this choice could be understood as a coping strategy for dealing with prejudice of obesity. According to Puhl and Brownell (2003) there are different types of strategies, and one of them is self-protection. Self-protection is used by people who are obese to protect themselves from prejudice and discrimination (ibid). Both by using the impersonalized form *one*, and also when the participants talked about their body they referred to their body as «the body» and «the mind» and not «my body» and «my mind», are strategies to impersonalize the topic. By talking about «the body» instead of «my body» Sophia and Lilly are detaching themselves from the body by using the term *one*, which represents an impersonalization of the body (Langacker, 2007). The impersonalization could represent a coping strategy in both of the participants, to protect themselves from prejudice. The objectification of women's bodies is also confirmed by McKinely (2011) who

wrote that women in the western societies often are associated with the body, in an objectifying manner, while men are associated with the mind.

7.2.3. Experiences of separated body and mind

This objectifying manner of the body was also revealed within in the topic regarding weight loss experiences. However, this topic did also reveal an understanding of complete body, which indicate an ambivalence in relation to losing and gaining weight. First, Sophia uses an expression that she has to be «so much stronger than her body», which indicate that to place the will over her body is something that feels familiar to her. Later, in the interview she says that «one is actually a complete person». The first expression shows an experience of the body being separated from the mind, which represents a dualistic point of view (Toadvine, 2008). The second expression indicates how she understands and interprets the body as complete. In the end of this excerpt, Sophia expresses that her head uses different mechanisms than her body, which could be representing an understanding of the body and the mind as separate, and not as complete. Her expressions show, on one hand the understanding of a separated body and mind, and on the other hand, it shows an understanding and experience of a complete body. This ambivalence can be due to several things. First, as also Engelsrud (2006) and McKinley (2011) mention, the dualistic mindset is well established in the western society and it does affect the way we are speaking. So, even if Sophia might experience her body as a «whole», she still expresses the body and mind as separated, because that is a normal way to express it (Engelsrud, 2006).

These “dualistic” expressions in the language are also evident within the medicine (Duesund, 1995; Engelsrud, 2006), and since both participants are seeking medically help to deal with the obesity, this is also an arena where they are affected by the dualistic mindset and manner of speaking. According to Adams (2008), in the theory of Merleau-Ponty, he expresses that our spoken words are not a reflection of our minds, but that words are formed as we speak. Considering the ambivalence within this interview, in the light of this theory it seems that since it is common to express oneself by using terms that have a basis of dualistic theory, the way people are expressing themselves are

not always a reflection of their minds. This type of expressions is a cultural accepted manner of speaking (Engelsrud, 2006). Furthermore, these language expressions are incorporated, and they are often used without assigning any further thought to the original meaning of the expression (ibid). When Sophia and Lilly says, on one hand, that their bodies and minds are working in separate directions and, on the other hand, that they feel like complete persons, the expressed ambivalence could be because of a very incorporated manner of speaking. In this it could be interpreted that the individual bodily experiences of having a complete body is discarded in favor of the cultural understanding, or at least the cultural manner of speaking, of a dualistic body.

This approach to express experiences in this manner of the body was also found by Rugseth (2006), who states in her article where she presents two obese women, that the women compare their bodies with other normal-weighted people's bodies and that this represents a way of objectifying their bodies. Karen Groven and Engelsrud (2014) also found that for women who had chosen bariatric surgery the body was considered a problematic and unwanted object. Also McKinley (2011) confirm that the body of women often are objectified.

7.2.4. Weight loss experiences

The experiences of having a separated body and mind was mostly expressed within the topic of weight loss. Regarding weight loss, Lilly explains that it is not hard to lose weight, but that it is hard to keep the weight down. In other words; she has tried many things in order to lose weight, and some times she was able to do it, but, in the end, she would gain weight again. This is similar to what Sophia states, that it possible to be strict with diet and exercise, but at one point she loses faith and then gain weight again. This is also consistent with the findings of Groven and Engelsrud (2014), who also found that many of the obese people in their study had experienced many attempts to lose weight, without any success in the long term.

According to Brewis (2011) the basic reason why people, in general, are gaining weight is that we live in a society where food is easily available, but that our lifestyles are high-

ly obesogenic (fat promoting), which makes it hard to lose weight. However, as Brewis (2011) also states, the picture is more nuanced than this, as for example attitudes like fat-stigma and discrimination of obesity, also contribute to challenge weight loss in obese people. Also physicians hold stigmatizing beliefs, for example by considering obese people as beyond treatment (Puhl and Heuer, 2009), which contribute to the ability to lose weight. This might also affect Sophia and Lilly in their struggle with losing weight, according to what extent they hold and internalize fat-stigma.

7.2.5. Experiences in social settings

Regarding stigmatizing, in last excerpt of the interview Sophia explains that in “new social settings” she experiences that she is more affected by how other, unknown people, approach the topic of bodily appearance than she is in known social settings. However, this is followed by her stating that it is not only in new social setting that she is affected. Further in the interview, she explains that once had to tell her friends to not talk about body appearance. This reveals an ambivalence, which could be explained in different manners. First, according to the theory of Merleau-Ponty, expressions are not pure reflections of intellectually processes, because the body actively transform and interpret meaning (Adams, 2008). In the light of this theory this issue can be interpreted that Sophia forms her meanings as she speaks, and it is possible to see her explanation as a journey starting at one point and ending at another.

Lilly and Sophia express that when meeting new people they are more concerned with what values and norms they have, than how they look. For example Lilly says she is not able to lose weight in the blink of an eye, and therefore people should rather listen to what she has to say, which emphasizes the importance of values to her. This could be a coping strategy, because according to Puhl and Brownell (2003) a coping strategy to deal with stigmatizing of obesity is to compensate, and one way of compensating is to be more assertive and outgoing in social settings.

7.2.6. Being an object of comments regarding bodily appearance.

In the last excerpt of the interview it is revealed that Sophia means that people talk a lot about dieting and about bodily appearance, and Lilly means that people do not “talk annoyingly much about it”. Lilly’s statement is in line with the findings of Sarwer, Fabricatore, Eisenberg, Sywulak and Wadden’s study (2008), where they found that obese patients waiting for bariatric surgery did not experience much stigmatizing behavior. According to Merleau-Ponty, the world is experienced differently (Engelsrud, 2006). In the light of this theory it is possible to understand that Sophia and Lilly experience the talk about dieting and bodily appearance differently. According to existing literature it has also been shown that there are different experiences of stigmatization (Sarwer, Fabricatore, Eisenberg, Sywulak and Wadden, 2008; Puhl and Brownell, 2003; Sarwer, Dilks, Spitzer, 2011), and McKinely (2011) also confirms that body experiences differs due to different socio-cultural preferences of bodily attractiveness.

However, it was found an ambivalence in Lilly’s expressions, because later in the interview she states that she is bothered by the glances of other people. One way to interpret this ambivalence is to consider it in the light of Merleau-Ponty’s theory, where it is claimed that the personal body experiences are affected by individuals norms and values (Cerbone, 2008). By using this theoretical approach, it is apparent that Lilly do not experiences much body-related talking, which could be because of her norms and values, namely, that this type of topic is not of her interest. This means that even though she does not experience that people do not talk a lot about body-related topics, she does experience that people are looking at her.

7.2.7. Experiences of stigmatizing

In one of the interview excerpts Lilly claims that when people look at her “It is obvious that I use food to comfort myself”. This statement reveals what she believes that other people think of her. On one hand, in the light of Merleau-Ponty’s theory about experiencing the world through, and with the body, Lilly’s statement of what other people think could represent her own thoughts as well. And so, the statement could represent the stigmatizing belief that obese people eat excessively (Puhl and Brownell, 2001), which is also emphasized in media, where overweight characters often are shown think-

ing about or eating food (ibid). On the other hand, this statement could be a reflection of her own experiences, and that based on these experiences she draws a causal relationship between obesity and eating behavior.

According to Latner and Wilson (2011) unlike other groups, obese people do stigmatize other obese people. However, this belief does not emerge clearly in the interview with Sophia and Lilly.

7.3. Evaluation of methods

The last section of this analysis provides a critically evaluation of the methods used in this thesis. First, there is an evaluation of the background literature. Secondly, some issues considering the preparations and within the interview is raised.

7.3.1. Literature

Most of the background literature used in this thesis is written in the US. The research that is done in the US could show different results than the research done elsewhere, because of different culture and different norms and values in the population compared to the Norwegian population, in which the participants of this study were a part of. However, even though the reviews were written in the US, they did also include studies from other countries, which indicate an increased generalizability. This in turn indicate that the findings may also be true for the Norwegian women in this thesis.

In this thesis it was a desire to include recent research studies within the area of obesity, body experience and stigmatization, not older than 10 years, because the research within this area is increasing, and so is also the prevalence of weight discrimination and obesity (Puhl and Heuer, 2009; WHO, 2015). However, some of the studies included are more than 10 years old. regarding the reviews, two were done in advance of 2005. The review by Puhl and Brownell (2001) regarding discrimination of obesity was included because the review by Puhl and Heuer (2009) was written as a continuation of this review, and therefor it provided some information which was not included in the second review. The review regarding coping strategies by Puhl and Brownell (2003) was in-

cluded because it was considered to provide an adequate overview of different coping strategies, which was not found in more recent reviews.

7.3.2. Preparations of the interview

In the preparations of the interview there were some issues that could have been executed differently. For example, it was found difficult to find participants who were willing to participate in the group interview. Originally there were five women who were interested in participating in the interview, but three of them dropped out. The drop-out was understood as an issue concerning the time and place to conduct the interview, which was not suitable to everyone. To organize the interview at a time and place which was suitable to all of the participants, and the interviewer was difficult. Therefore, the interview was done with only two participants. The interview was originally planned to be a group interview with five or six participants, and the question remains if two people can be considered a group. However, in this thesis the interview is referred to as a group interview, because most of the merits of larger group were still achieved.

One other issue that could have been considered differently is the application to the NSSD and REK (Appendix 4; Appendix 5). For example both NSSD and REK could have been contacted much earlier. However, after waiting for the applications to go through for a long time (three months), the answers were that this research project did not need approval from REK or NSSD. This delay also led to a delay of the interview, which affected the entire research process.

In the preparation of the interview guide (Appendix 1) it was searched through other interview guides in order to gain knowledge about what other people had asked. Most qualitative studies of interest did not provide this information. The questions in the interview of this thesis were therefore made with an inspiration of background literature of Merleau-Ponty and body experiences and stigma, using literature regarding interview guides. Even though knowledge about conducting an interview guide was acquired, it was considered as disadvantage to not be able to use other interview guides as an inspiration. This led to some uncertainty and could have caused the research to include irrel-

evant questions. However, the supervisor reviewed the questions ahead of the interview, which led to a reduced uncertainty.

The case included in the interview (Appendix 2) was also reviewed and approved by the supervisor. Even though the case was included in the interview with good intentions, there were some issues that could have been handled differently. For example, the person presented in the case was much younger than the participants of the interview, which made it difficult for them to relate to it. Also in the case the person who was presented was obese as a child as well, which was not true for any of the participants. The case could also have been used differently in the interview. It was only considered in the onset of the interview, and two additional occasions after this. The reason why it was not used to a greater extent than this was because the participants were very engaged in the topic without having to relate to the case history. Therefore it was considered as unnecessary to consider it several times in the interview.

7.3.3. The implementation of the interview

The interview of this thesis was considered to be an informative interview. However, the transcriptions revealed that the interviewer could have been talking less and rather been more patient and given the participants more time to think about their answers, instead of trying to clarify the questions if they were not answered at once. This is in line with what Kvale and Brinkmann (200) recommend regarding the interviewer. According to Kvale and Brinkmann (2009) the questions should not contain academic language and be easy to understand. The transcription of the interview of this thesis revealed that forming questions of high quality was challenging for the interviewer. Kvale and Brinkmann (2009) also claim that in qualitative interviews it is possible that the answers stated by the participants are given according to leading questions. Using the case in this thesis this could have been an issue. However, since the case was little used during the interview, this was not considered to be a problem.

7.3.4. The analysis

According to the analysis of the interview there are also some limitations. The process of analysis was a new experience for the student, and it was challenging to do. In the phenomenological perspective of Merleau-Ponty it is emphasized that human live in an intersubjective world in constant relation to others. In this thesis it was expressed that this should also be evident in an interview process, where the interviewer is not only concerned with the words and expressions of the participants, but also the situated intersubjective relation between the interviewer and the participants. However, it seems as the results of this theses shows an interpretation of the participants expressions, more that the intersubjective bodily experiences. Moreover, this thesis used a phenomenological theory to approach obesity to investigate bodily experiences. Other studies, on the other hand, are only concerned the biological perspectives of obesity. However, investigating the body should not be matter of either-or, but as one constant interplay. Because both of the approaches are important mechanisms within the body (Warin, 2014)

8.0. Summary and Implementations

The research question of this thesis is:

How do women, waiting for bariatric surgery, experience their bodies, and what role does stigmatization of obesity play in the body experiences?

The objective of this thesis was to use this research question to increase the understanding of how the participants experience their «lived bodies» in relation to being obese, and their experiences regarding stigmatization of obesity. An understanding of how obese women waiting for a bariatric surgery experience their bodies, and how they experience stigmatization may increase insight in how the stigmatization may affect their experiences of themselves. And so it may also provide insight regarding the participants decision to conduct a bariatric surgery.

The thesis is based on the phenomenological theories of body experiences by Merleau-Ponty. This has been crucial for understanding of how people live together and how they are affected by each others presence. A qualitative group interview was conducted to collect data about body experiences. Two women were participants in the interview, and the intention was to get knowledge regarding their «lived bodies».

There results of this thesis showed some interesting findings. One interesting observation was that the participants' often did not finish their sentences and that they changed topics several times in the interview. This could be interpreted in a manner that the participants do have a pre-reflective knowledge of their bodies. This may indicate that the topics of stigmatization and body experiences are not topics that raised often, at least not for the participants in this thesis. An other observation was that the choice of pronoun changed almost consistently from *I* to *one* regarding statements of personal failures and personal victories, respectively. This may indicate an impersonalization of personal victories and that they are detaching themselves from the body, which could represent a coping strategy regarding stigmatization. It was also found that the participants used expressions which indicated that they experienced their body as separated from their minds, and that they were objectifying their bodies. However,

considering this more closely, this could also represent a cultural accepted manner of speaking, and not a manner of body experience.

Both of the participants expressed that they found it challenging to lose weight. There are many possible reasons for this. One reason might be stigmatizing beliefs, and the idea that obese people are beyond treatment and that they lack self-discipline. The participants experience how other people approach bodily appearance and dieting differently. This is in line with Merleau-Ponty's theory, that even though the world is experienced through the body and in interaction with other bodies, because of norms and values the world is experienced differently. There are few statements in the interview that indicate that the participants hold stigmatizing beliefs of obese people themselves, even though this does often occur in obese people (Latner and Wilson, 2011).

This thesis has highlighted how two women experience their bodies and how they experience stigmatization. In the introduction it is stated that both the prevalence of obesity, and the prevalence of stigmatization of obesity is increasing. I believe that an increased knowledge and understanding of body experiences and stigmatizing experiences in obese people is the first step towards decreasing this stigmatization, because of an increased awareness of what is experienced as stigmatizing. I also believe that if the stigmatizing is reduced, this may also reduce the obese people's internalization of stigmatizing, which may decrease the negative consequences of stigmatization, like for example reduced motivation to lose weight, exercise avoidance, depression and low self-esteem.

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Appendix 1 - Interview Guide - Questions

Interview guide

Spørsmål:

Generelle spørsmål/introduksjon

Hva er det første du tenker etter å lest denne teksten? Følelser? Tanker? Vekker det følelser?

Hvem blir hun for deg?

Hva legger du spesielt merke til? Hva er interessant?

Opplevelse av kropp

Utseende

Hvordan vil du beskrive henne mtp utseende? Ser du henne for deg?

Hvordan beskriver/ser hun seg selv? (former, enkelte områder på kroppen)?

Hvordan vil du beskrive deg selv? På samme måte?

Noe du legger mer merke til enn andre ting?

Opplevelser

Hva tenker du på når jeg sier **kropp og opplevelser**? Hvordan forstår du det?

Hanne forteller bla. om **lesing og fysisk aktivitet**. Hvordan vil du si at hun opplever kroppen i ulike ting hun gjør? dvs dagligdagse aktiviteter/sysler?

Vekker det tanker eller **følelser**? feks: Kan du kjenne deg igjen i det? eller blir du irritert/glad? Er du enig/uenig osv.

Er hennes oppfatning av kropp **annerledes** enn andre sin oppfatning av sin kropp, enn din kropp?

Når **oppleves** kroppen bra og når oppleves den ikke så bra (for Hanne og for deg)?

Har det sammenheng med hvordan den **fungerer** i ulike situasjoner? Er det deler av kroppen din som fungerer bedre enn andre deler av kroppen din? I hvilke tilfeller er den en **resurs** og i hvilke tilfeller er den **utfordring**? Er det følelser forbundet med det?

Sosiale settinger

Hanne beskriver ulike situasjoner der hun er sammen med andre mennesker, altså i sosiale settinger. Feks på stranda eller på trening. Hva tenker du når du når leser dette om Hanne, dvs disse avsnittene? Vekkes det følelser, tanker?

Har du vært borti lignende situasjoner og kjent på lignende følelser? Feks på stranda? På trening?

Kjenner du på ulike følelser ved ulike sosiale sammenkomster? Når kjenner du deg vel og når kjenner du deg utilpass?

Tenker andre noe spesielt om henne, eller om deg (dvs mennesker du ikke kjenner)? Hva vil du egentlig at andre skal tenke om deg? Hvordan ønsker du å fremstå?

Oppvekst

I teksten får vi et lite innblikk i hvordan Hanne hadde det på skolen. Hun nevner gymtimene og skolegården. Hva tenker/føler du om dette? Er det mange som har det sånn, tror du? Hvordan hadde du det? Har det hatt noe å si for den du er i dag? Har det preget deg?

Kroppsidealer

Til slutt i teksten blir det også snakket om **kroppsidealer**. Hva legger du i et kroppsideal? Hva er kroppsidealet i samfunnet nå? Hva er ditt kroppsideal?

Hva tenker du når jeg sier **den kulturelle forståelsen av kropp**? Vil du si at vår kultur oppfatter kropp på en spesiell måte, annerledes enn andre kulturer, feks en stamme i Afrika eller feks i andre land i Europa?

Det er mye **stigmatisering** av kropp i samfunnet, ikke minst overvektige kropper. Det kommer også fram i teksten. Stigma - negative sosiale meninger knyttet til overvekt.

Hva tenker du om det? Finnes det mye stigmatisering i samfunnet?

Kan du relatere deg til hvordan Hanne mener at media legger fram kvinnekroppen.

Til slutt

Hva om vi bytter ut Hanne med Petter? Oppfatter du henne annerledes? (stigmatisering-kjønn)

Litteratur:

Merleau-Ponty., M. (1994) Kroppens fenomenologi. Pax forlag: Oslo

Rugseth, G. (2006) Når perspektivet endres – fra fett til erfaring. *Fysioterapeuten* 8(2006) 17 – 21

Schwartz, M.; Brownwell, K. (2004) Obesity and body image. *Body Image*. 1 43 - 56

Fokusgruppeintervju

Case:

Hanne er ei jente i starten av 20 årene. Hun liker å lese bøker. Aller best liker hun krim. Jo Nesbø er favorittforfatteren. Når hun setter seg ned med en bok forsvinner verden rundt henne og hun blir slukt inn historien. Hun kan sitte å lese i timesvis og glemme helt tid og sted.

Det hun derimot ikke er så glad i er fysisk aktivitet. Hun har vært overvektig så lenge hun kan huske og utfordringene det har medført. Da hun gikk på skolen kan hun huske at det var vanskelig å «holde tritt» med de andre, og hun har følt seg som en sinke. Det var ikke noe artig når hun ikke mestret de aktivitetene og øvelsene som de andre gjorde. Det var så mye fokus på prestasjon og på alltid å være best, men såvidt hun husker var hun ikke alene om å tenke dette. Hun kan huske at hun ikke var alene om å falle utenfor i gymtimene, likevel følte hun seg veldig eksponert. Da hun forsøkte å være med på aktivitetene kunne hun kjenne de andres blick i nakken, og kunne ikke unngå å høre kommentarer i bakgrunnen.

Å være i aktivitet var ikke noe for Hanne, det er det fortsatt ikke. Hun kjenner på at hun burde være i mer aktivitet, og kjenner at samvittigheten gnager. Når hun er i fysisk aktivitet er det fordi hun føler at hun må. Ofte er det kun tanken om hva konsekvensene er dersom hun ikke er aktiv som får henne på trening. Når hun kan trene med andre overvektige synes hun faktisk det kan være ganske artig. Da føler hun liksom at alle er i samme situasjon, og at hun ikke trenger å bekymre seg for hvordan hun ser ut eller hvordan hun ter seg.

For å beskrive seg selv bruker hun ord som tjukk, mislykket og klumsete. Det er langt i fra sånn som jenter og kvinner er på TV. I media er den perfekte jentekroppen ung, høy, slank og med relativt store bryster. De får det til å virke som om denne kroppen er lett oppnåelig for alle og de framstår som sunne og friske jenter og kvinner. Det er visst sånn man skal se ut.

Når Hanne tenker på sommeren og på å gå i bikini på stranda får hun frysninger. Hun gruer seg til å måtte vise seg foran så mange mennesker og oppleve alle blickene og kommentarene. Det virker som om andre mennesker dømmer henne, selv før de har utvekslet så mye som ett ord med henne.

Appendix 3 - Informed Consent

Erfaringer og opplevelser med kropp hos overvektige

Forespørsel om deltakelse i forskningsprosjektet

”Opplevelser og erfaringer med kropp, og kroppsideal hos overvektige”

Bakgrunn og hensikt

Formålet med studien er å få kunnskap om overvektige pasienter ved Senter for sykkelig overvekt ved Oslo Universitetssykehus opplevelser og erfaringer med kropp. Gjennom fokusgruppeintervju er målet å få innsikt i deltakernes tanker og meninger om og rundt temaene kropp og kroppsideal.

Problemstillingen til forskningsprosjektet er «*Hvordan opplever overvektige kvinner sin egen kropp og hvilke kroppsidealer har de?*». Dette er et spørsmål til deg om å delta i denne forskningsstudien for å bidra med dine opplevelser, tanker og erfaringer til å finne svar på dette.

Hva innebærer studien?

Som deltaker innebærer studien et fokusgruppeintervju med 6-8 deltakere, som alle er kvinner i alderen 18 til 25 år. Et fokusgruppeintervju er et gruppeintervju, der deltakerne diskuterer ulike tema for å få fram ulike meninger og synspunkter om emnet. Målet er ikke nødvendigvis å komme til enighet, men å få fram de ulike synspunktene. Tema for dette fokusgruppeintervjuet er opplevelser av kropp og kroppsidealer. Intervjuet blir tatt opp på bånd.

Hva skjer med informasjonen om deg?

Informasjonen som registreres om deg skal kun brukes slik som beskrevet i hensikten med studien. Alle opplysningene vil bli behandlet uten navn og fødselsnummer eller andre direkte gjenkjennende opplysninger. Det vil bli benyttet fiktive navn gjennom hele prosjektet. Informasjon om deg vil slettes ved studiens ende. Det vil ikke være mulig å identifisere deg i resultatene av studien når disse publiseres eller underveis i prosjektet.

Frivillig deltakelse

Det er frivillig å delta i studien. Du kan når som helst og uten å oppgi noen grunn trekke ditt samtykke til å delta i studien. Dette vil ikke få konsekvenser for din videre behandling. Dersom du ønsker å delta, undertegner du samtykkeerklæringen på siste side. Om du nå sier ja til å delta, kan du senere trekke tilbake ditt samtykke uten at det påvirker din øvrige behandling. Dersom du senere ønsker å trekke deg eller har spørsmål til studien, kan du kontakte Helene Haug Holen (tlf 97136680).

Samtykkeerklæring følger på neste side.

Samtykke til deltakelse i studien

Jeg er villig til å delta i studien

(Signert av prosjektdeltaker, dato)

Jeg bekrefter å ha gitt informasjon om studien

(Signert, rolle i studien, dato)



Harald Hårfagres gate 29
N-5007 Bergen
Norway
Tel: +47-55 58 21 17
Fax: +47-55 58 96 50
nsd@nsd.uib.no
www.nsd.uib.no
Org.nr. 985 321 884

Gunn Engelsrud

Seksjon for kroppsøving og pedagogikk Norges idrettshøgskole

Postboks 4042, Ullevål stadion

0806 OSLO

Vår dato: 23.01.2015

Vår ref: 41532 / 3 / SSA

Deres dato:

Deres ref:

TILBAKEMELDING PÅ MELDING OM BEHANDLING AV PERSONOPPLYSNINGER

Vi viser til melding om behandling av personopplysninger, mottatt 09.01.2015. Meldingen gjelder prosjektet:

<i>41532</i>	<i>Kroppsbilde hos overvektige</i>
<i>Behandlingsansvarlig</i>	<i>Norges idrettshøgskole, ved institusjonens øverste leder</i>
<i>Daglig ansvarlig</i>	<i>Gunn Engelsrud</i>
<i>Student</i>	<i>Helene Haug Holen</i>

Etter gjennomgang av opplysninger gitt i meldeskjemaet og øvrig dokumentasjon, finner vi at prosjektet ikke medfører meldeplikt eller konsesjonsplikt etter personopplysningslovens §§ 31 og 33.

Dersom prosjektopplegget endres i forhold til de opplysninger som ligger til grunn for vår vurdering, skal prosjektet meldes på nytt. Endringsmeldinger gis via et eget skjema, <http://www.nsd.uib.no/personvern/meldeplikt/skjema.html>.

Vedlagt følger vår begrunnelse for hvorfor prosjektet ikke er meldepliktig.

Vennlig hilsen

Vigdis Namtvedt Kvalheim

Sondre S. Arnesen

Kontaktperson: Sondre S. Arnesen tlf: 55 58 33 48

Vedlegg: Prosjektvurdering

Kopi: Helene Haug Holen heleneholen89@gmail.com

Dokumentet er elektronisk produsert og godkjent ved NSDs rutiner for elektronisk godkjenning.

Avdelingskontorer / District Offices:

OSLO: NSD, Universitetet i Oslo, Postboks 1055 Blindern, 0316 Oslo. Tel: +47-22 85 52 11. nsd@uio.no

TRONDHEIM: NSD, Norges teknisk-naturvitenskapelige universitet, 7491 Trondheim. Tel: +47-73 59 19 07. kyrre.svarva@svt.ntnu.no

TROMSØ: NSD, SVF, Universitetet i Tromsø, 9037 Tromsø. Tel: +47-77 64 43 36. nsdmaa@sv.uit.no



Viser til telefonsamtale den 22.01.2014. Prosjektet vil bli gjennomført ved å kun registrere anonyme data.

Vi legger derfor til grunn at det ikke behandles personopplysninger med elektroniske hjelpemidler, eller at det opprettes manuelt personregister som inneholder sensitive personopplysninger. Prosjektet vil dermed ikke omfattes av meldeplikten etter personopplysningsloven.

Det ligger til grunn for vår vurdering at alle opplysninger som behandles elektronisk i forbindelse med prosjektet er anonyme.

Med anonyme opplysninger forstås opplysninger som ikke på noe vis kan identifisere enkeltpersoner i et datamateriale, verken:

- direkte via personentydige kjennetegn (som navn, personnummer, epostadresse e.l.)
- indirekte via kombinasjon av bakgrunnsvariabler (som bosted/institusjon, kjønn, alder osv.)
- via kode og koblingsnøkkel som viser til personopplysninger (f.eks. en navneliste)
- eller via gjenkjennelige ansikter e.l. på bilde eller videoopptak.

Personvernombudet legger videre til grunn at navn/samtykkeerklæringer ikke knyttes til sensitive opplysninger.

Appendix 5 - Response on application from REK



Region: REK sør-øst	Saksbehandler: Silje U. Lauvrak	Telefon: 22845520	Vår dato: 19.03.2015	Vår referanse: 2015/93 REK sør-øst D
			Deres dato: 20.01.2015	Deres referanse:

Vår referanse må oppgis ved alle henvendelser

Helene Haug Holen
Norges Idrettshøgskole

2015/93 Kroppsbilde hos overvektige

Vi viser til søknad om forhåndsgodkjenning av ovennevnte forskningsprosjekt. Søknaden ble behandlet av Regional komité for medisinsk og helsefaglig forskningsetikk (REK sør-øst D) i møtet 25.02.2015. Vurderingen er gjort med hjemmel i helseforskningsloven § 10, jf. forskningsetikkloven § 4.

Forskningsansvarlig: Norges Idrettshøgskole
Prosjektleder: Helene Haug Holen

Prosjektleders prosjektbeskrivelse

Forskningsspørsmål som skal vurderes er "Hvordan overvektige kvinner i alderen 18- 25 opplever og tenker om sin egen kropp og sitt eget kroppsbilde, og hvordan dette kroppsbilde blir påvirket av media".

Vurdering

Formålet med prosjektet er å få innsikt i overvektige kvinners tanker og meninger om kroppsbildeideal og hvordan de opplever at media påvirker deres kroppsbildeideal. Komiteen vurderer at prosjektet, slik det er presentert i søknad og protokoll, ikke vil gi ny kunnskap om helse og sykdom som sådan, men snarere om erfaringer og idealer i lys av begrepet «kroppsbilde». Prosjektet faller derfor utenfor REKs mandat etter helseforskningsloven, som forutsetter at formålet med prosjektet er å skaffe til veie ny kunnskap om helse og sykdom.

Det kreves ikke godkjenning fra REK for å gjennomføre prosjektet. Prosjektet kommer inn under de interne regler som gjelder ved forskningsansvarlig virksomhet.

Vedtak

Prosjektet faller utenfor helseforskningslovens virkeområde, jf. § 2 og § 4 bokstav a). Det kreves ikke godkjenning fra REK for å gjennomføre prosjektet.

Klageadgang

REKs vedtak kan påklages, jf. forvaltningslovens § 28 flg. Klagen sendes til REK sør-øst D. Klagefristen er tre uker fra du mottar dette brevet. Dersom vedtaket opprettholdes av REK sør-øst D, sendes klagen videre til Den nasjonale forskningsetiske komité for medisin og helsefag for endelig vurdering.

Vi ber om at alle henvendelser sendes inn på korrekt skjema via vår saksportal: <http://helseforskning.etikkom.no>. Dersom det ikke finnes passende skjema kan henvendelsen rettes på e-post til: post@helseforskning.etikkom.no.

Vennligst oppgi vårt referansenummer i korrespondansen.

Med vennlig hilsen

Finn Wisløff
Professor em. dr. med.
Leder

Silje U. Lauvrak
Rådgiver

Kopi til: gunn.engelsrud@nih.no

Norges idrettshøgskole ved øverste administrative ledelse: postmottak@nih.no

