

Obesity, Lived Experience, and the Self: A Qualitative Study of Overweight People in Iran

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Abstract

Background: Obesity is an identity that is the result of the overweight person's experience and perception of this problem.

Objectives: The purpose of this study is to evaluate various aspects of the lived experience and changes in the self for 29 sleeve surgery patients from two hospitals in southern Iran.

Patients and Methods: After in-depth, open-ended interviews with 29 sleeve candidate patients (24 females and 5 males), their statements were analyzed through a thematic method.

Results: Findings revealed that obesity is a continually negative experience with four characteristics for participants: losses, limitations, psychological pressures, and social pressures. These experiences can lead to profound changes in the self and cause the patient to develop self-hatred, submissiveness, and passivity.

Conclusions: Obesity involves a diversity of negative experiences; more consideration should be given to overweight people, especially overweight women. Accordingly, social policymakers should help by desensitizing this problem in society through media, universities, and schools. Also, fostering a positive attitude in these individuals is important and would require paying attention to their individual, psychological, and social needs through teamwork.

Keywords: Obesity, Experiences, Self, Psychological and Social Problems

1. Background

Every human experience is meaningful (1). This means that an experience always involves specific understandings which present certain values and perceptions. As a social practice, a healthy life has its meanings, just as an unhealthy one does (2). Illness is a difficult problem which affects the normal cycle of life through negative experiences (3). Every illness has its specific experiences. Obesity as a phenomenon is meaningful and involves specific meanings and perceptions (4).

Obesity is an enormous public health threat (5, 6) that entails substantial health costs (7). It also leads to personal (6), sexual (8), medical (9), psychological (10), and social (11) problems. General health problems, mobility/functional disability, depression, and low self-esteem are commonly reported (12). Due to their different problems, some obese people try to control their obesity through bariatric surgical techniques such as gastric banding, gastric bypass, biliopancreatic diversion, and sleeve gastrectomy (13). Partial gastrectomy was devised to resect stomach cancers, but it has since become part of the bariatric arsenal (14) as a technique that is growing in popularity (15, 16).

2. Objectives

Many studies have evaluated the effects of obesity on the psychosocial conditions of obese women. This is a qualitative study to explore the quality of living with obesity. The main objective is to explore the experience of obesity and perception of self among obese women who are prepared to undergo sleeve surgery.

3. Patients and Methods

The study was conducted in 2014 at two hospitals: one state and another semiprivate, in Shiraz city, southern Iran. The participants were 5 males and 24 females who had been referred to the hospitals for pre-operative assessment with purposive sampling (17). The interviews were semi-structured and the interviewers' goal was to encourage patients to share their perception and experience of obesity through open-ended questions. The participants were aware of the interviews and, with a due consideration of ethical principles, their comments were recorded. Data gathering continued until enough feedback was confirmed. After the interviews were conducted, the data were

put on paper and accordingly analyzed. , with a final count of 29 participants: 24 females and 5 males (Table 1). In this study we used the six-stage thematic analysis developed by Fereday and Muir-Cochrane. The 6 stages were: developing codes, testing reliability, summarizing data and identifying initial themes, additional coding, connecting the codes and identifying themes, and corroborating the legitimately coded themes (18). It should be mentioned that all of these steps were done in the reflexive process of analysis. The present study also observed the codes of the declaration of Helsinki (19) and those of the American sociological association (20).

4. Results

Multiple readings of the narratives revealed that the lived experience of obesity in most of the participants had led to a denying, submissive, and passive self. Such an image of the self is associated with the challenging and tragic experiences that the overweight individuals had been going through since they gained weight. Although overweight individuals deny themselves psychologically, particularly in the case of body-image, this is a passive denial. The experience of confronting the uncontrollable biological growth renders their selves passive in such a way that an overweight individual, instead of developing an identity resistant to obesity, develops a submissive, passive identity. As a result, an obese body is a social and personal identity that, despite the person's hatred and denial, is a part of their existence. This identity cannot be simply overcome or ignored. In other words, it is a biological construct strongly attached to the self. The main themes and sub-themes found through this study's analysis are discussed below.

4.1. Losses

Losses is one of the themes with social and economic subthemes. Obesity is a loss experience. An overweight body hinders the person from many activities, which are not always associated with social life. For instance, they may include sitting down, standing up, or climbing the stairs. These activities are, in fact, related to personal physique and cannot be counted as opportunities, although they are considered limitations. Another aspect of such limitations involves loss of opportunities caused by having an overweight body.

4.1.1. Social

An overweight body can affect the opportunities that a person can achieve in life. One of the subthemes in this study concerns the loss of social opportunities. Inability to

participate in competitive sports, losing marriage opportunities, and the loss of other advantages the person had before gaining weight are included in this subtheme. Here is an example narrative:

"I was formerly a member of the national karate team; even when I used to weigh 90 kg, I had a strong muscular power; I used to run faster than 60-km athletes in sprinting, but now I can't even move myself. I've lost the social status I used to have in sport" (27-year-old woman).

This statement shows that overweight people think they have lost important social opportunities. This limitation is associated with the living experience of obesity.

4.1.2. Economic

Every individual, in order to make a living, must at least have a job. An overweight body can be an obstacle to this opportunity. As a result, another negative aspect of obesity is the loss of work and economic advantages.

"I was really active and purposeful. But over the past years, I've almost put my work aside. I was employed and had a store; now that I'm fat I've given the responsibilities to my husband and I am not as active. Being fat made me lose my concentration on my work and colleagues. I feel I lost my job" (30-year-old woman).

Participant #4 was a 43-year-old woman who felt that obesity had taken all of opportunities from her life: "I've lost many good marriage and work chances. I'm a top-level referee in Iran, but because of obesity, I've lost international competitions".

4.2. Limitations

Limitations is another theme; it includes the painfulness, incapacity, and inactivity subthemes. An overweight body will make the person unable to accomplish their everyday personal tasks. As a result, the experience of obesity is associated with the perception of pain and continual incapacity.

4.2.1. Painfulness

The experience of physical problems that agitate the person due to obesity is normally chronic. Most of the participants complained of knee pain. Such experiences frustrate the overweight person more than any other experience. Inability to breathe properly while walking, inability to climb the stairs, backache, and knee pain are other physical incapacities. Participant #29 was a 57-year-old woman who stated: "I feel pain in my knees. I fear I become disabled. This nightmare haunts me every night".

Table 1. Descriptive Statistics of Participants^a

	Minimum	Maximum	Mean ± SD	Variance
Age	20	59	36.59 ± 9.394	88.251
Height	152	184	167.83 ± 8.388	70.362
Weight	84	156	122.55 ± 15.849	251.185
BMI	34.29	61.67	43.6972 ± 6.68137	44.641

^aN = 29.

4.2.2. Incapacity

Standing up, sitting down, lying down, walking, doing personal hygiene, and enjoying good nutrition are the everyday needs of every individual. An overweight body, exerting a biological pressure, affects all of these activities in such a way that an overweight person cannot do many or most everyday tasks. Participant #8 was a 34-year-old woman who could not perform her everyday tasks due to obesity. Participant #10 was a 42-year-old woman weighing 135 kg who described her obesity incapacities as follows: "I find it difficult to stand up and sit down, and do chores around the house; I feel intense foot pain while doing my everyday tasks".

4.2.3. Inactivity

Sometimes an overweight body is an obstacle to doing sports, going swimming, using entertainment tools, and so on. An interesting case in this regard was a 33-year-old young man from a high social class who described his limitations caused by obesity as follows:

"I always face problems when I buy clothes; I got on a roller coaster in the city park but couldn't fasten the seat belt, and they had me get off! I felt so awful! I don't fit into a Ferrari".

This type of limitation covers a wide spectrum that affects the person's personal interests and hobbies. For instance, a woman who is a housekeeper and has some other responsibilities at the same time would have such negative experiences. Also, those interested in sports may experience the most negative feelings associated with hobbies and interests. As well, women and men may face clothes size limitations. Most of those interviewed wish they could lose weight to fit into their favorite clothes.

"At parties and wedding ceremonies, I can't wear the dress I like, I can't dance" (33-year-old woman).

Of course, these concerns may vary according to the individual's age, social status, marital status, and lifestyle. Still, obesity deprives individuals of many entertainment opportunities.

"I feel ashamed of leaving the house looking the way I look! I can't make myself attend gyms because I'm always

the biggest, and I don't take part in team games" (27-year-old woman).

4.3. Psychological Pressures

Psychological pressures is another theme, and includes the subthemes of hatred of body-image, low self-esteem, and stressfulness. A major proportion of negative experiences associated with obesity is psychological. Looking down on an obese body, avoiding looking at one's self in the mirror, feeling alien to one's body and hating it, and other related concerns shape a large part of the experience. The statements of most of the patients indicated a negative psychological experience. Some sample propositions are: "I feel a pang of conscience, why can't I be willful? Why did I grow into this figure? I hate my belly more!"; "I can't even look at the mirror, I really feel bad"; "I really regret it that I have such a figure!"; "I feel abhorred", "I think my body looks very ugly!"; "My confidence has been bruised", "Recently I've found I'm too fat, I feel depressed, don't talk much"; "It was such a bad feeling, like suffocation, inability to move, I lost my confidence".

4.3.1. Hatred of Body-Image

The first subtheme of psychological pressure is represented as hatred of body-image; that is, the person does not wish to see their self in the mirror: "I hate myself, I hate my belly and sides; it would be great if I were thin". Thus, the looking glass self (21) of body-image in overweight individuals is associated with a negative perception. Participants generally expressed their experience of seeing their obese body in the mirror this way: "I feel abhorred"; "I think my body looks very ugly!"; "I really feel bad".

These comments represent the experience of hatred and denial of the looking glass self: "I hate myself"; "I hate my belly more". Generally, the participants hated looking at their stomachs most. Participant #20, a 20-year-old woman, would not even look at the mirror: "I don't look at the mirror at all; I hate all of my body parts".

4.3.2. Low Self-Esteem

Overweight patients who hate their biological bodies and its image experience decreased self-esteem, which is an issue associated with all personal experiences (e.g., inability to do personal tasks) and social experiences (e.g., social pressures and stigmas). For instance, some participants who were married females experienced a negative perception and low self-esteem as they felt their body was deformed compared to their husband's.

Also, most of the participants complained about their having a hanging stomach. The utterance "I don't look at the mirror at all; it really feels bad!" shows a high degree of body-image dissatisfaction. That is, the patient tries to escape their self, making every attempt to deny their identity.

"My self-esteem was degraded. I was tired of life, facing many problems. It became very difficult for me to get out of home as I'd feel so bad. I couldn't find clothes that would fit me. My family were critical of my obesity. I can't go out with my friends anymore. If someone points out anything about the issue, I get so mad. It's really difficult for me to appear in public" (23-year-old woman).

4.3.3. Stressfulness

This category covers the fear of persistent obesity and personal and social problems associated with that fear. In addition, the relationship between obesity and health puts pressure on the patient. Participant #23 was a 38-year-old woman weighing 105 kg who expressed her experience of obesity as follows: "I was deeply depressed. My self-esteem was so low; I feared life, which devastated all of being; I started to suffer from stress and anxiety" (38-year-old woman). Clearly, the patient's overweight body had left intense psychological effects on her. In many of the collected statements, abdominal obesity is the first target of criticism and hatred. A hanging stomach was perceived as a negative experience involving denial, hatred, and low self-esteem. However, most of these psychological pressures are connected with socio-cultural expectations.

4.4. Social Pressures

The final theme is social pressures, with the subthemes of social stigma and men's abnormal behavior. As discussed above, psychological pressures caused by obesity are closely linked to social pressures. In this regard, worries about social limitations, discriminations, and social stigmas are the most serious issues. An overweight body is seen as a distinctively labeled body in society. Participants expressed their dissatisfaction with the way people had treated them in social settings. Contemptuous behaviors and sardonic statements as well as long stares at over-

weight bodies are among the social pressures exerted on overweight people.

4.4.1. Social Stigma

An overweight body is associated with a negative social experience, exerting psychological pressures on the person. Obese females are usually under more social pressure than obese males. For instance, Participant #12 was a 29-year-old woman who narrated the most bitter childhood and adolescence experiences, having a negative view about her present experience:

"Kids would make fun of me at school; no one was happy about my obesity and my family is really upset about it. They think I may fall ill. I hear sardonic comments out on streets; I'm stared at. People don't have the right to judge others' appearance. Obesity is an illness; it's not something indecent; [because of these reasons] fat people don't tend to appear in the society".

Some of the participants described this discrimination and label as being natural, but some found it inappropriate. Participant #15 is a 33-year-old woman who is a university professor. She believed that although she was respected at the university because of her position, she was under pressure in other social areas:

"Because I'm a university professor and because of my position in my workplace, no one mentioned my obesity. But those who don't know me accost me out on streets and humiliate me. They say, 'How much do you eat?', 'Are you pregnant?!'".

As an overweight person enters society, they face all kinds of pressures and social labels. The body in such cases feels like an unwanted object attached to the patient's soul, not leaving him or her alone. The experience of social stigma is mostly due to the fact that 'others' find the overweight person a criminal or at least one who deserves reproach.

"My coworkers have several servings in the workplace every day but order me not to eat! Although they indulge in eating, they never gain weight. It really makes me feel bad! When I take a taxi, I always sit on the front seat; cab-drivers make fun of me; I don't ever go to fashion and clothing shops because whenever I do, the salesperson turns her back to me" (59-year-old woman).

4.4.2. Men's Abnormal Behaviors

One of the tragic experiences, especially for women, is the abnormal behaviors that society shows toward overweight people. In the following case, the aberrant conduct of men made the overweight woman have a negative experience:

"I've had arguments with people in taxis several times. I even once gave a punch to someone who touched my

thighs and made a scene. Men touch women a lot these days on streets and rub themselves against me; all because I'm fat" (24-year-old woman).

This utterance clearly shows how overweight bodies may be abused. Because of their feminine body structure and the patriarchal culture, women are more exposed to social abnormal behaviors.

5. Discussion

The results show that the overweight people interviewed had a continual negative lived experience which affected the quality of their lives. The negative experiences were physical limitations, loss of opportunities, social pressures, and psychological pressures. The comprehensive understanding of the issue at hand revealed that obesity is associated with negative experiences. Limitations to everyday activities and challenges in doing personal tasks are just parts of this experience, which is, in fact, an experience of incapacity. Other aspects of this experience are physical pain, loss of social and economic opportunities, and socio-psychological pressures. Viewing obesity as an emergent modern phenomenon and considering the personal experiences of overweight people, one can learn that overweight people normally go through two stages in dealing with the problem. The first stage involves them actively combating obesity by taking remedial measures and getting involved in sports. The self of the overweight person, at this stage, is resistant and strong. During the second stage, however, as the person does not find any favorable results, their self becomes passive, and in the self-versus-biology conflict, the biological aspect is the final winner.

Overweight individuals who accept obesity as a definite and mostly unchangeable condition come to believe that all they have gone through has simply been a natural process. The self in such a case has become passive toward any negative experience. The four types of challenging and frustrating experiences that surround the self in the case of obesity are associated with and have mutual effects on each other. For instance, physical limitations or loss of opportunities are a kind of psychological pressure that intensifies social stigma. Similarly, social stigma may force a person to be isolated, taking potential opportunities from them. Still, these are mostly hypotheses that should be empirically tested. [Figure 1](#) represents a general model of the four major experiences of overweight people and their relationship to the self.

As [Figure 1](#) shows, the "overweight self" is the identity constituted after the appearance of the overweight body and all of the associated negative experiences. As a result, this identity is itself a secondary phenomenon. The self,

under such circumstances, is not an indicator, but it is determined by different factors. Because of this, the curves returning from the self are not continuous, although the curves leading to the self are all continuous; that is, they all can determine the self.

The passage of time is another effective factor; the more time passes, the more adapted the overweight person will become to his new identity. On the other hand, an overweight body, as an objective and everyday experience, directly affects the self. This body, in every moment of life, is in connection with the overweight person, and his self-experiences. This is exactly the effect of the overweight body represented as curves leading from the body to the self, and the non-continuous lines connecting the self to the body.

An overweight body engenders an identity inflicted with self-hatred and passivity. First, it is a direct phenomenon experienced by the person every moment. Second, it represents indirect personal, psychological, and social structures that are associated with obesity and the identity.

The results of this study are in line with many other studies. For example, as far as social stigma is concerned, many studies confirm this phenomenon in overweight people (22, 23). The study by Forsberg et al. showed that participants before surgery felt inferiority and shame related to their obesity (24). Stigmatization is a general experience in overweight people, especially in women. Weight-related stigmatization and societal pressure on women to be thin causes gender disparity in body image dissatisfaction (12). Stigmatization of obesity is also active on the Internet. It was shown that the obesity stigma was pervasive throughout the data set, evident at both the manifest and latent levels in the online discourse (22).

From a psychological perspective, as mentioned earlier, the participants showed a high rate of self-disregard, especially in body image. This correlates with the results of other studies on body-image dissatisfaction (BID) (10, 12). It can be argued that negative body-image and self-disregard lead to a range of depressive tendencies in overweight people, especially in women.

On the other hand, social and psychological problems affect the quality of life. Numerous studies have demonstrated that overweight persons experience significant impairments in quality of life as a result of their obesity, with greater impairments associated with greater degrees of obesity (25). This is due to the negative psychosocial experiences in obesity that were discussed in this study.

Although the present results are confirmed by other studies, everything discussed here regarding changes in the self and the experiences it has undergone since the perception of obesity are the contributions of the present

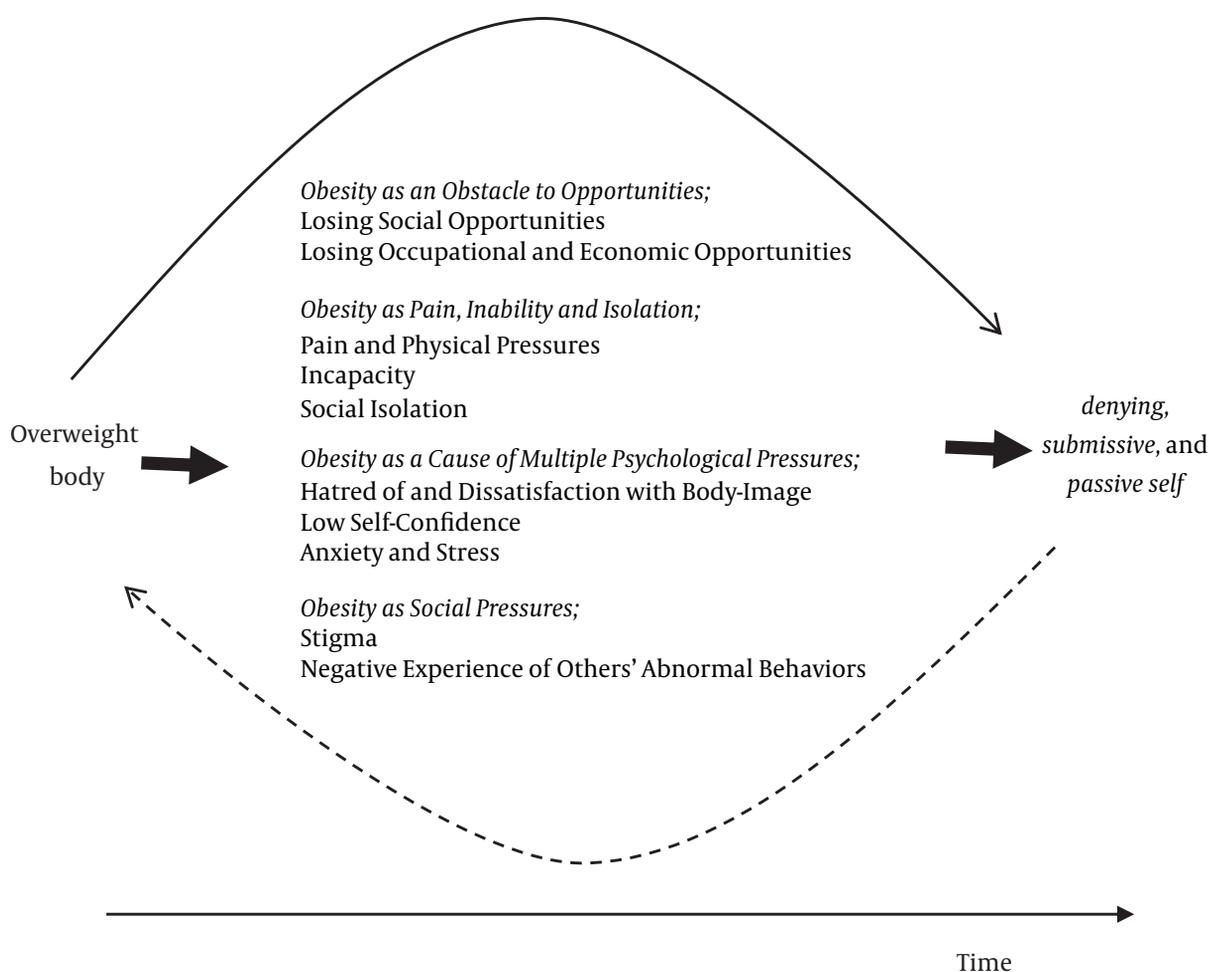


Figure 1. Overweight Body, Experiences, and Self

study that should be further researched.

Results of this study can be used by policymakers at all levels (26). They should consider the needs of this marginalized group. Promotion of coping strategies with cognitive therapy on one hand and social desensitization for obese women on the other are two main approaches that are proposed to decrease the social pressures that threaten obese people.

5.1. Conclusion

This study showed that obese people face many problems, some of them psychological and others social. Because of an obese body they are limited in personal activities and sometimes have difficulty with parts of everyday life. They also experience a major shift in their perceptions of themselves that is related to personal limitations and psychological and social problems. The study

also showed that obese women experience specific social pressures such as being touched by other men. In general, obese women are suppressed by many psychosocial problems.

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