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A qualitative exploration of experiential stigmatisation within different groups living with obesity or being overweight.

Volume 1 of 1

by

Aysha Adrissi

ORCID ID: https://orcid.org/0000-0001-6424-9671

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Abstract

Faculty of Environmental and Life Sciences
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The Body Image journal was chosen as a reference for the preparation of chapter one, a systematic review exploring the experiences of weight stigma and body shame in men living with obesity or being overweight. The screening process resulted in 20 studies being included in the qualitative synthesis. Result sections of each included study were extracted and analysed following a thematic synthesis methodology. This produced three themes: living in a bigger body, safe vs unsafe spaces and changes in body size over time. The review highlighted the complexities of living with obesity or being overweight. Results indicated the need for additional research within this area; particularly focusing on the intersectionality of gender and weight stigma, increasing male participation in weight loss services and increasing awareness of male experiences from different ethnicities and cultures.

The Body Image journal was also chosen as a reference for the preparation of chapter two, an empirical study exploring the experiences of Black individuals living with obesity or being overweight within the United Kingdom. Within this qualitative study, 17 interviews were conducted and the data was analysed using reflexive thematic analysis. Three themes were identified through the analysis; cultural differences and perceptions of body size and weight gain, lived experience of stigma and experiences within healthcare. The results indicated important areas of direction for future research, such as the intersectionality of race and weight. Future research should also focus on understanding why Black individuals have limited representation within existing services designed to support individuals living with obesity or being overweight.

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List of Accompanying Materials

Research Thesis: Declaration of Authorship

Print name: AYSHA ADRISSI

Title of thesis: A qualitative exploration of stigmatisation experiences within different groups living with obesity or being overweight.

I declare that this thesis and the work presented in it are my own and has been generated by me as the result of my own original research.

I confirm that:

1. This work was done wholly or mainly while in candidature for a research degree at this University;
2. Where any part of this thesis has previously been submitted for a degree or any other qualification at this University or any other institution, this has been clearly stated;
3. Where I have consulted the published work of others, this is always clearly attributed;
4. Where I have quoted from the work of others, the source is always given. With the exception of such quotations, this thesis is entirely my own work;
5. I have acknowledged all main sources of help;
6. Where the thesis is based on work done by myself jointly with others, I have made clear exactly what was done by others and what I have contributed myself;
7. None of this work has been published before submission.

Signature: ..... Date: .....

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Chapter 1 A qualitative synthesis of the experiences of weight stigma and body shame within men living with obesity or being overweight.

1.1 Abstract

This qualitative synthesis aimed to explore and analyse literature focused on experiences of weight stigma and body shame within men living with obesity or being overweight. The screening process resulted in 20 studies being selected as part of the final qualitative synthesis. A thematic synthesis (Thomas & Harden, 2008) methodology was used to collect data and this involved extracting result sections of included studies. In order to appraise the quality of each paper, other data was extracted and reviewed following the critical appraisal skills programme (CASP, 2018) qualitative checklist. The analysis of the data produced three themes; living in a bigger body, safe vs unsafe spaces and changes in body size over time. The male participants highlighted experiences of body dissatisfaction, body shame and weight stigma. Experiences of feeling unsafe and unaccepted within specific spaces within society was also explored. Future research should explore ways to improve the engagement of men within research and weight loss services. There should also be more focus on understanding the experiences of living with obesity from men belonging to different cultures and ethnicities as this was not explored in detail within the included studies.

Keywords: Qualitative synthesis, weight stigma, body shame, obesity, overweight, men.

1.2 Introduction

Obesity is a complicated health condition which is associated with heightened levels of "fat deposits" in the body (World Health Organisation [WHO], 2024). Living with obesity or being overweight increases an individual's risk of different physical health conditions, such as Type 2 diabetes, hypertension, stroke, cardiovascular disease and cancer (Farrell et al., 2021; National Institute for Health and Care Excellence [NICE], 2014). Individuals are also vulnerable to negative impacts on their psychological health and wellbeing (Steptoe & Frank, 2023). Higher levels of anxiety, depression and stress have been found in individuals living with obesity (Jaison et al., 2024). Global rates of obesity have risen in the last four decades and within the male population, there has been an increase from 3% to 14% between 1975 and 2022 (Bentham et al., 2017; Robinson et al., 2024).

Theoretical models can provide insight into potential causes for the increase in global levels of obesity by exploring the complexities of this topic and considering the interactions between the individual, their health and society (Hummel et al., 2013). The homeostatic theory of obesity (Marks, 2015) is a psychological theory that outlines multiple potential causes for obesity. This theory stresses the importance of psychological homeostasis within the individual as it can support overall wellbeing (Marks, 2015). The four areas utilised within this theory are body dissatisfaction, negative affect, over-consumption and weight gain. These are linked together in a feedback loop system and when in balance are supportive of maintaining an individual's weight. An increase in one area impacts the balance and affects the psychological homeostasis and how the individual manages their weight (Marks, 2015). The biopsychosocial model also supports the suggestion that multiple factors should be considered when supporting an individual living with obesity, due to multiple factors being involved in the causation and maintenance of this condition (Flint & Batterham, 2023; Rubino, 2019).

Men have been found to have a higher prevalence for living with obesity or being overweight (Muscogiuri et al., 2024). Gender differences have been identified within the lived experience of obesity (Muscogiuri et al., 2023). These varying experiences may be linked with biological and sociocultural variations between men and women (Lee et al., 2019; Tsai et al., 2016). Understanding more about gender differences in terms of the lived experience may provide greater insight into the male experience of obesity. Male involvement in research and services designed to support those living with obesity has been consistently lower than women (Pagoto et al., 2012; Robertson et al., 2017). Men are therefore underrepresented, which means their voices and experiences are not captured in the same detail as women in this area (Kantowski et al., 2024). Improving male involvement in services is very important due to increasing rates of obesity within the male population. This qualitative synthesis aimed to bring together relevant research to explore weight stigma and body shame, which are two important psychological concepts that may provide further insight into the male experience of living with obesity.

Weight stigma is defined within research as negative and discriminatory misconceptions, stereotypes and ideologies that are associated with individuals living with obesity or being overweight (Fulton et al., 2023; Nutter et al., 2024). Men have been found to have multiple experiences of weight stigma throughout their lives and this has been linked to symptoms of depression, increased rates of dieting and binge eating behaviours (Himmelstein et al., 2019). Body shame is an overarching term that encompasses different negative experiences such as the personal experience of feeling shame about your body, but it also relates to negative comments, and attitudes towards an individual because of their physical appearance (Gilbert & Miles, 2014; Schlüter et al., 2021). Living with body shame and body image difficulties has been found to impact men's emotional and psychological wellbeing (O'Gorman et al., 2021).

Whilst reviewing relevant theories in this area, stigma theory (Goffman, 1963) was important to reflect upon whilst considering the male experience of living with obesity. This theory refers to stigmas as characteristics that can be viewed as unpleasant (Goffman, 1963). It also suggests that there are standards and expectations set within society and these indicate how individuals should look and behave (Bos et al., 2013; Goffman, 1963). Any individual who does not fit into these expectations is considered different and outside of the norm (Bos et al., 2013; Goffman, 1963). Men living with obesity or being overweight may be considered as acting outside of the expectations set in society and therefore are automatically 'othered' and stigmatised (Ueland, 2019). Stigma theory further outlines how differences that are visible and considered to be chosen by the individual are viewed negatively by others (Goffman, 1963). Men's body weight and size are visible differences and living with obesity or being overweight is often viewed as a choice by society (Grannell et al., 2021). This further highlights the critical, shaming experience from society towards men in living with obesity and heightens the experience of stigma and shame towards their bodies (Grannell et al., 2021; Ueland, 2019).

Another impactful theoretical consideration within this area focuses on the experience of masculinity. Hegemonic masculinity refers to the cultural and societal dominant ideals for masculinity and it draws attention to ideal traits for male behaviour, appearance and position in society (Connell & Messerschmidt, 2005). Nonhegemonic masculine traits do not align with cultural and societal ideals for masculinity and are viewed less favourably (Connell & Messerschmidt, 2005). Men living with obesity or being overweight frequently experience stigma (Grannell et al., 2021), this experience may be the result of their bigger body size not aligning with cultural and societal masculine ideals (Connell & Messerschmidt, 2005; Himmelstein et al., 2019). Further insight into the experiences of body shame and weight

stigma in men within this population could be developed by exploring how men living with obesity or being overweight engage with masculine ideals and norms.

The experience of conforming to masculine norms focuses on how men align themselves with masculine norms and ideals (Mahalik, 2003; O'Neil et al., 2017). Men have been found to engage less with physical health or psychological support due to not wanting to be perceived as being outside of the masculine norms (Hogg, 2016). This pattern of disengagement with health service may have potentially harmful consequences for men in this population as they have a higher risk for developing physical health conditions (Farrell et al., 2021). Alongside the desire to be in line with ideal male norms, it would be important to address the influence of previous negative experiences within healthcare for men living with obesity (Flint et al., 2021). Experiences of weight bias from professionals could be a significant deterrent for men engaging in healthcare and weight management services (Himmelstein et al., 2019). Understanding more about the experience of hegemonic masculinity and the need to confirm to masculine norms may be supportive in the exploration of male experiences of weight stigma and body shame.

Despite the high increase in men living with obesity or being overweight, there are limited qualitative explorations into their experiences (Bentham et al., 2017; Robinson et al., 2024). Initial scoping searches of existing literature in this area highlighted that the majority of research focused on quantitative studies with mixed samples of participants (Austen et al., 2020; Breland et al., 2019; Gerend et al., 2023; Ivezaj et al., 2020). This qualitative synthesis aimed to review relevant literature to explore the experiences of weight stigma and body shame in men living with obesity or being overweight. This had not been the focus of another qualitative synthesis and therefore was appropriate at this time (Duarte & Ferreira 2022; Helb & Turchin 2005; Himmelstein et al., 2019). A review of the literature may also provide an

important overview and insight into men's experiences and highlight focus for future research and clinical recommendations.

1.3 Method

1.3.1 Search Strategy

This systematic review was completed in line with the PRISMA systematic review guidelines (Page et al., 2021). A protocol was registered on PROSPERO on 1st December 2023 (PROSPERIO ID: CRD42023487684). The following electronic databases were used: APA PsycArticles, APA PsycINFO, CINAHL Plus, MEDLINE, AMED and Web of Science. The main search was conducted in December 2023 and the final search terms were;

(male* or men or man) AND (obes* OR overweight OR high body mass index OR "high BMI" OR bariatric OR unhealthy weight OR Fat) AND (experiences or perceptions or attitudes or views or feelings or qualitative or interview* or "focus group*" or "thematic analysis" or "grounded theory" or "Interpretative phenomenological analysis" OR "IPA") AND (stigma OR self-stigma OR shame OR discrimination OR body shame OR fat phobia or fat phobic or fat shaming or weightism OR weight stigma or obesity stigma or weight bias or weight self-stigma or internalised weight stigma).

Truncation was applied in the search strategy to expand the search and asterisks were used at the end of certain words to retrieve more articles with words that match the same letters (Aromataris et al., 2014).

Table 1

Inclusion and Exclusion criteria for search strategy

Inclusion	Exclusion
• Studies written in English. • Empirical research studies published in peer-reviewed journals and unpublished grey literature (dissertations or manuscripts). • Male participants aged 18 or older living with obesity or being overweight with BMI ≥ 25. • No restriction was placed on the dates of the search.	• Studies were excluded if participants were female. • Under the age of 18. • BMI less than 25, not classed as overweight or obese. • Studies using non-qualitative methodologies.

1.3.2 Screening

Included studies were imported into the referencing software EndNote and duplicates were automatically removed by the software. This was followed by a manual review of the studies by the primary researcher to check for any outstanding duplicates. A review of the inclusion and exclusion criteria took place before the screening stage to ensure they were clear to both reviewers. If there was a disagreement that could not be resolved between the two reviewers, the next step would have been to discuss this with the wider review team. No disagreements or concerns were raised about the inclusion and exclusion criteria.

The studies were then imported into the online system Rayyan (Ouzzani et al., 2016). The primary researcher and second reviewer used this to apply the inclusion and exclusion criteria when independently screening the titles and abstracts of studies. The primary researcher screened the titles and abstracts of all studies found in the initial search and the second reviewer screened 10%. During this stage, an inter-rater reliability score was established as this indicates the consistency and validity of the agreement between multiple reviewers (Landis & Koch, 1977; Mchugh, 2012). For the title and abstract screening stage, a

Kapper (K) score of .64 indicated moderate agreement between the primary researcher and the second reviewer (Landis & Koch, 1977). The reason for this score was due to 15 studies being rated as 'maybe' by either the primary researcher or the second reviewer. These studies did not outline the full abstract in the Rayyan software (Ouzzani et al., 2016) and therefore the decision to include or exclude was unclear.

Following this initial screening stage, the full texts of the studies that met the inclusion and exclusion criteria were again independently screened by the two reviewers. The primary researcher screened all studies and the second reviewer screened 10%. There was a Kapper (K) score of 1, which indicated agreement on all of the full texts screened by the two reviewers (Landis & Koch, 1977). This second screening identified the final number of studies that would be included in the final review.

1.3.3 Data Extraction and Synthesis

The methodology selected to extract the data and synthesise the findings was thematic synthesis (Thomas & Harden, 2008). This approach focuses on the researcher's interpretation of the data, and it has a three-step process which is based on thematic analysis (Braun & Clarke, 2006, 2019; Flemming & Noyes, 2021). Data extracted within this review included the study characteristics and all data within the results section. This methodology was chosen as it has a clear, structured procedure for synthesising different qualitative data (Thomas & Harden, 2008). The extracted data was then imported into a qualitative software programme (NVivo 14).

Within this methodology, an inductive approach was utilised whilst conducting the analysis as this places emphasis on understanding the meaning and content of the data (Flemming & Noyes, 2021; Thomas & Harden, 2008). A line-by-line coding of the data took place and initial codes were created and reviewed within supervision. The next stage of

thematic synthesis involved the clustering of similar codes to develop descriptive themes, these themes described the key messages raised in the included studies. The final stage focuses on taking the analysis further and generating new insights and understanding by applying the researcher's interpretations to the descriptive themes (Nicholson et al., 2016; Thomas & Harden, 2008). This process concluded with three final analytical themes and five subthemes (See Table 4 for a list of themes and Appendix D for a thematic map that demonstrates the process of how the themes were developed during the thematic synthesis).

1.3.4 Reflexivity

The researcher reflected on their role within the different stages of the systematic review. The researcher had a different gender, culture, sexuality and experience with weight than the men included in the studies. It was important to explore the role of the researcher in the development of the themes and conclusions made within this review. Thematic synthesis (Thomas & Harden, 2008) was selected as the methodology because it allows for a detailed, in depth analysis to take place and focuses on an inductive approach (Flemming & Noyes, 2021; Thomas & Harden, 2008). Therefore, despite several differences between the researcher and the participants, this method allows for the analysis to be based and focused on the data. The latter stages of the theme development focused on exploring underlying concepts within the data and these are drawn out through the researcher's interpretations (Campbell et al., 2021; Flemming & Noyes, 2021). The researcher's social graces (Burnham, 2018) and experiences would have played a significant role during this latter stage (Burnham, 2018; Campbell et al., 2021; Flemming & Noyes, 2021). This was explored within supervision and it was useful to have the support of a supervisory team that questioned and critiqued the researcher's interpretations. Following the thorough steps within the thematic synthesis methodology allowed the researcher to repeatedly review the initial coding and later analysis to focus on whether the experiences of the participants were captured. This was also

supportive in ensuring the final analytical themes were addressing the overall research question.

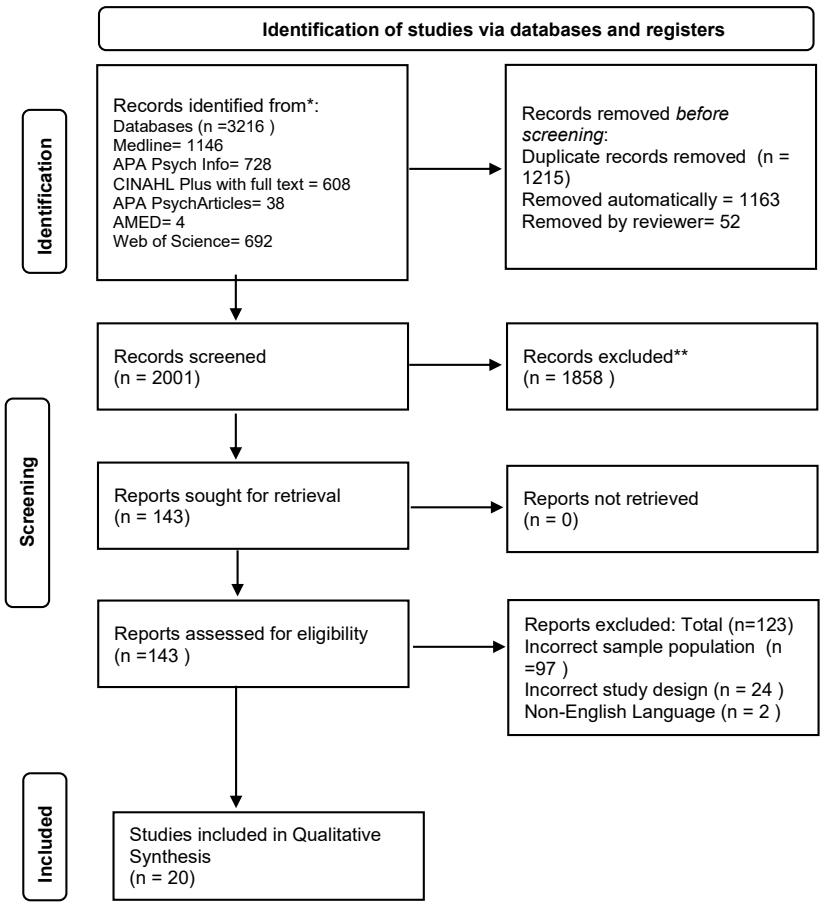
1.4 Results

1.4.1 Study Selection

The search strategy generated a total of 3216 records (2001 remained following the removal of 1215 duplicates). The remaining studies were screen for eligibility at the title and abstract stage, which excluded 1858 studies. Full text screening of the remaining 143 studies resulted in the exclusion of an additional 123 studies. Twenty studies were included within the final review, see figure 1 for the full outline of study selection.

Figure 1

Flow Chart of Study Selection



1.4.2. Study Characteristics

The included studies were published between 2009 and 2023. The twenty papers came from six different countries; Australia (Couch et al., 2019; Edward et al., 2018; Lewis et al., 2011;), New Zealand (Doolan-Noble et al., 2019), Spain (Granero-Molina et al., 2020), Turkey (Guven et al.,2022), United kingdom (Day & Krauze, 2023; Elliott et al., 2020; Lozano-Sufrategui et al., 2016; McGlynn, 2023; Monaghan & Hardey, 2009) and the United States (Edmonds & Zieff, 2015; Enam, 2015; McDonald, 2012; McGrady, 2016; Moore & Cooper, 2016; Neff, 2011; SturtzStreetharan et al., 2018; Turner, 2019; Whitesel & Shuman, 2016).

The age of the men varied from 18-75 and all were described as living with obesity or being overweight (BMIs ranged from 25-66). See tables 3 and 4 for full study characteristics and participant demographics. The topics of the studies included living with obesity, weight loss experiences, weight loss surgery, weight loss programmes, impacts on sexuality, heterosexual and gay men's experiences and experiences in 'bear' spaces.

Table 2

Study Characteristics

Author (Year, country)	Aim/s	Method/Sample Size	Data analysis	Setting /recruitment	Reflect on role of the researcher	Key Findings
Couch et al., (2019), Australia	To explore and "provide a detailed sociological understanding" of men's weight loss stories.	Existing interviews from a men's health magazine were extracted and analysed, n=47	Inductive thematic analysis	Data was already available from existing interviews	The authors didn't comment, or reflect on their role as researchers.	The men's stories supporting in understanding their experiences with weight and body size. It also highlighted the increased focus and pressure for men to conform to body ideals and achieve the socially acceptable body type.
Day & Krauze (2023), United Kingdom	Aim to understand experiences of living with obesity. To also understand experiences of losing and gaining weight.	Interviews with men currently taking part in a football weight management programme, n=14	"Interpretive philosophy of translations between particular experiences and a whole understanding of the phenomenon under investigation"	Football WMP, worked with those running the WMP to recruit	The authors didn't comment, or reflect on their role as researchers (But did invite readers to critique the quality of their analysis/judgments).	Attending a male-only weight management programme focused on physical activity provided a sense of unity amongst the male participants. They also formed a collective action against stigmas directed towards men living with obesity attending weight loss services. These were supportive of their mental health and became men's main reason for attending the programme.
Doolan-Noble et al., (2019),	Aim to explore and compare experiences within weight management	Semi-structured interviews, n=14	Thematic analysis	Generic purposive sampling/recruitment – word of mouth,	The authors didn't comment, or reflect on their role as researchers.	Findings focused on the lived experience of life as a "big man". Reflections around transitions in their life (jobs, moving house etc.) occurring at the same time as weight gain. Negative

New Zealand	services and their daily experiences.			community advertising		experiences with healthcare professions, men felt these were unhelpful and unsatisfactory. Men also shared feeling judged and stigmatised in their lives and this caused them to feel ashamed, embarrassed and angry.
Edmonds & Zieff (2015), United States	Aim to explore experiences of men who identify as 'Bears' in bear spaces, and communities.	In-depth interviews and participant observation, n=7	Inductive constructivist framework, grounded theory approach	Snowball recruitment strategies, public adverts, spending time in the bear spaces	The lead researcher reflected on his role. Commented on differences & similarities with the sample and grew a beard to gain more acceptance, and spent 2 years in bear spaces/events.	Participants' stories and observations of bear spaces and communities highlighted varied experiences of living with obesity. Bear communities provided a space for resistance against weight stigma experiences. Findings demonstrated a complex relationship between the men's weight, body image and their sexuality.
Edward et al., (2018), Australia	Aim to understand experiences of men's life before and after surgery. Exploring themes such as body image, changes in lifestyle, and difficulties with receiving help.	Semi-structured interviews, n=6	Thematic analysis	Recruited from advertisements in weight loss surgery clinics	The authors didn't comment, or reflect on their role as researchers.	Life prior to surgery was difficult for all of the men interviewed. They reported experiencing shame and stigma because of their body size. Majority of men were reluctant to share the decision to have surgery due to concerns of stigma and judgement from others. Following surgery and weight loss the men found positive changes to their overall health, body image and self-esteem.
Elliott et al., (2020), United Kingdom	Aimed to understand reasons/barriers for men attending WLS.	Semi-structured interviews, n=18	Thematic analysis	Recruited from a healthy lifestyle clinic	The researcher does reflect on the role of researcher, being a white woman who isn't overweight or obese.	Different reasons were found for engagement with services. A medical diagnosis or referral from a professional acted as a motivator for engagement with services, due to fear, anxiety of the consequences if they do not lose the weight. Men expressed feeling out of place and not belonging, this impacted

						attendance and engagement with services.
Enam (2015), United States	Aim to focus on the experience of Black, gay men living with obesity or being overweight.	Interviews, n=6	Phenomenological Data Analysis	Social media recruitment	The researcher does reflect on their role and the shared experiences he has as a gay Black man with experiences of obesity.	The findings provided insights into the experiences of Black, gay men living with obesity. Key areas of focus were experiences with body image, self-esteem and acceptance vs body rejection. The research also explored the interconnection between race, body size and sexuality on emotional wellbeing and personal relationships.
Granero-Molina et al., (2020), Spain	Aim to explore, and understand sexuality experiences of heterosexual men within a bariatric surgery programme.	Interviews, n=24	Colaizzi's discourse analysis	Recruited from bariatric surgery programme	Researchers do reflect on their role in the research. Two women were interviewing men regarding experiences of sexuality and experiences of living with obesity.	The male participants shared their disdain and rejection of their body weight and size. Living with obesity impacted and limited their social, physical and sexual life. The participants felt their body didn't align with traditional masculine ideals which impacted their self-worth and body image. Support from significant others in their life was viewed as essential for their overall wellbeing.
Guven et al., (2022), Turkey	To explore the sexual experience of men who have undertaken bariatric surgery.	Semi-structured interviews, n=12	Colaizzi's seven step phenomenological data analysis method	General outpatient clinic	Doesn't specify, or reflect on the impact or role of the researcher.	Before bariatric surgery, men expressed difficulties with personal relationships and sexual dysfunction. This significantly impacted the men's self-esteem and self-worth. Living with obesity also caused implications to their physical health. Following surgery, the male participants' felt their intimate

						sexual relationships had improved and they more satisfaction in their life.
Lewis et al., (2011), Australia	Aim is to explore the beliefs and attitudes about causes of weight gain and losing weight in men living with obesity or overweight.	Interviews, n=36	Grounded theory	Different recruitment method: social media, community places, handing out flyers.	Doesn't specify, reflect on the impact or role of the researcher.	Three different types of stigma experiences were explored: direct, environmental and indirect. Findings indicated that indirect, subtle stigma experiences were most impactful to their overall wellbeing. The interaction between the three types was found to act as a barrier to engaging with services that promote or support with weight management. Experiences of stigma caused participants' to self-blame and avoid potentially stigmatising situations.
Lozano-Sufrategui et al.,(2016), United Kingdom	To explore the experience of weight stigma, bias in men living with obesity or overweight.	Focus groups, n=14	Thematic analysis	Recruited through male only weight management programme	Doesn't specify, reflect on the impact or role of the researcher.	The male participants' masculine values and self-esteem were all undermined and threatened by experiences of weight stigma. These experiences also impacted engagement within weight loss services. Male only spaces were perceived differently by the participants', and they engaged in the programmes due to feeling safe and accepted.
MacDonald (2012), United States	To explore the different factors which could impact men's engagement in weight management programs, exercise and healthy eating.	Focus groups, n=42	Ethnographic content analysis	Multiple recruitment method	Does reflect on the role of the researcher in the study. Descriptions of strategies used to minimise researcher bias.	Important factors were identified that are influential for the participation and engagement in weight management programmes. Connection to masculine ideals and experiences of stigma influenced weight related health behaviours and engagement with programmes. Practical factors such as time and location of the programme were also influential. Findings support the need for more gender focused weight interventions.

McGlynn (2023), United Kingdom	Aim to explore the experience of attending bear spaces for overweight, obese men.	Focus groups, interviews, n=32	Reflexive thematic analysis	Recruited from a potential 64 bear spaces, 5 spaces were used	Researcher reflects and discuss his role and 'experiences as a fat gay man and as a member of bear communities".	Gay, bisexual and queer men living with obesity or overweight described their experiences within bear spaces as comfortable compared to mainstream LGBTQ spaces. Findings highlighted the negative experiences of standing out and not fitting in with the majority. Although, some participants' did note that stigma experiences also occurred in bear spaces.
McGrady (2016), United States	Aim to examine and explore the experience of being gay and overweight within bear subcultures.	Semi-structured interviews, n=21	Content analysis of bear themed media and interviews with men who identify as bears	Recruitment from bear communities	Doesn't specify or reflect on the impact or role of the researcher.	Being part of the bear subculture did not remove difficult interpersonal emotions related to their weight and appearance. Experiences of stigma were present in these environments and over time certain larger body types are becoming more preferable. The findings indicate that subcultures can play a dual role in both supporting but also affecting the resistance against stigmatising behaviours and attitudes.
Monaghan & Hardey (2009), United Kingdom	Aims to understand and explore men's interpretation and response to the 'masculine body aesthetic'. To also explore issues related to 'weight or fatness'.	In-depth interviews, n=37	Thematic analysis	Recruited during a slimming club ethnography	Does reflect on the role of the researcher in the study and addresses potential influence on data collection and analysis.	A four-fold typology is presented within the findings and highlights the language, and vocabulary associated with the ideal male aesthetic and the language associated with the body of those living with obesity. Findings indicated the complex "cultural milieu" and the stigma that men in this population must navigate within their daily lives.

Moore & Cooper (2016), United States	Explore the experience of men who have had weight loss surgery, specifically focusing on the impact of the intimate relationship.	Interviews, n=20	Critical line by line analysis of transcripts	Social media and in person recruitment	Does reflect on the role of the researcher in the study, the researcher is also a man with experience of obesity.	Life after bariatric surgery was explored with a specific focus on intimate relationships with their partners. Following surgery, there was an increase in levels of intimacy but findings indicate that the men desired more from their partners. Stronger emotional intimacy was found through improved communication with partners. Social support following surgery was very important although responses indicated this was often inconsistent.
Neff (2011), United States	Aim to understand more about the experience of men within the homosexual community who live with obesity or are overweight.	Interviews, n=9	Phenomenological analysis	Convenience sampling-websites, flyers	Does address the role of the researcher, and identifies with the sample as he is a gay man with lived experience of obesity.	Men shared experiences of discriminatory treatment because of their weight. Participants noted being treated differently than men with thinner bodies. Reactions to stigmatising actions resulted in external responses such as anger towards others. Internal reactions focused on withdrawing, feeling sad and self-hatred. Not belonging was also expressed, men felt they didn't meet ideal masculine ideals or ideals set within the homosexual community.
SturtzSreetharan et al., (2018), United States	Exploring male experiences of bariatric surgery.	Interviews, n=8	Interactionist constructivist narrative analytic approach	Recruited from medical clinics	Does address the role of the researcher, highlighting the desire to be different from medical professionals the participants had interacted with during their surgery.	Living with obesity or being overweight is frequently associated with a lack of control over behaviours. This research explored the different ways men can retake control of their relationship with food and their bodies. Men adapted their thinking and relationship to eating and food to begin feeling more in control.

Turner (2019), United States	To explore the experiences of sizeism within “fat and big men”.	Interviews, n=10	Thematic analysis	Purposeful sampling, online adverts, flyers	Does address the role of research in the study, addressing researcher reflexivity, and reflections of their own lived experiences.	Men in this study reflected on their larger bodies influencing their relationship and connection with masculinity. Thin privilege was explored and highlighted the different privileges awarded to those with thinner, socially accepted bodies. Decreased sexual desirability was also explored. The participants also reported an impact on their self-esteem and self-worth with increased body weight.
Whitesel & Shuman (2016), United States	Exploring thoughts, and discussions regarding weight loss surgery in Girths and Mirthers (social club of gay men).	Interviews and observations, n=10	Critical discourse analysis	Researcher spending time in the space/club	Researcher reflects on their role and the experiences they share with the participants taking part in the research.	Different and conflicting opinions towards weight loss surgery were shared and reflected upon within this study. The conflicting nature of this topic is due to ‘Girths and Mirthers’ group being opposed to surgery for weight loss. But due to the groups' central ethos being focused on choice, acceptance and tolerance of personal decisions. A combination of acceptance and criticism was found, and the group suggested the ‘live-and-let-live-approach’ to those wanting to undertake weight loss surgery.

Table 3

Participant Demographics from included studies.

Author (Year)	Age range (Mean if given)	BMI Range (Mean if given)	Ethnicity	Sexual Orientation
Couch et al., (2019)	Age range=20-43 (Mean=28.6)	Mean BMI =39.11	Did not specify ethnicity of men including.	Did not specify sexual orientation
Day & Krauze, (2023)	Age range 20-59	Men were purposively recruited with BMIs of 30	White British (n=12), Gypsy/Irish Traveller n=1, White Irish n=1	Did not specify sexual orientation (but referenced wife/partner)
Doolan-Noble et al., (2019)	Age range=18-75	BMI range=31-52	Māori, Pacifica, non-Mauri, non-Pacifica	Did not specify sexual orientation (but referenced wife/partner)
Edmonds & Zieff (2015)	Age range=28-50	BMI range=31.9-42.8	Did not specify ethnicity	All identified as Gay men

Edward et al., 2018	Age range=27-69	Didn't specify BMI, all men identified as being 'morbidly obese or obese'.	Did not specify ethnicity	Did not specify sexual orientation (but referenced wife/partner)
Elliott et al., (2020)	Age range=35-75	All men had BMI over 25, majority over 30.	17 White British, 1 Arabic	Did not specify sexual orientation
Enam (2015)	Age range=22-50	BMI range=25-40	Black men of African descent	All identified as Gay men
Granero-Molina et al., (2020)	Age range=18-50	BMI range=35-66	Did not specify ethnicity apart from indicating all men are from the South of Spain	All identified as Heterosexual men

Guven et al., (2022)	Age range=32-50	BMI average mean=40-45	Described as Turkish men	All identified as Heterosexual men
Lewis et al., (2011)	Age range=21-69	BMI range=30-60,	Did not specify ethnicity	Did not specify sexual orientation
Lozano-Sufrategui et al.,(2016)	Described as majority middle aged	BMI mean=32.8	White British	In relationships, but did not specify sexual orientation
MacDonald (2012)	Age range=19-61	BMI range=25-48	83% European American, 5%hispanic, 5% Asian, 2% African American, 5% multiethnic	In relationships, but did not specify sexual orientation
McGlynn (2023)	Doesn't specify age apart from being over 18 (attending bars, clubs)	Doesn't specify BMI, but indicates that all men living with obesity or are overweight	Did not specify ethnicity	All identified as Gay men

McGrady (2016)	Age range=23-55	Doesn't specify BMI, but indicates men are living with obesity or overweight	4 Black men, 2 Latino men, 15 white men	All identified as Gay men
Monaghan & Hardey (2009)	Mean age of 43	Doesn't specify BMI, men self-reported as overweight or obese.	Describes the majority of men taking part as being from White ethnicity	36 identified as heterosexual men, 1- did not disclose orientation
Moore & Cooper (2016)	Age range=29-64	Average weight in pounds 363.03 (indicates the men are living with obesity)	2 Hispanic males, 2 Biracial males, 16 Caucasian males	All identified as Heterosexual men
Neff, (2011)	Age range=19-54	BMI range=36.6-57.4	Did not specify ethnicity	All identified as Gay men
SturtzSreetharan et al., (2018)	Age range=30-70	BMI range=35-40	Did not specify ethnicity	Did not specify sexual orientation

Turner, (2019)	Age range=25-44	Weight in pounds range=210-518 pounds	Chicano, Hispanic/white, Hispanic, Afro-Dominican, Hispanic/Latino, Afro-Latino/Black, Black, Latinx, Mexican American	Five men identified as Heterosexual and five men identified as gay
Whitesel & Shuman (2016)	Aged 18 and over but did not specify	Doesn't specify weight but identifies the men as living with obesity or being overweight	Did not specify ethnicity	All identified as gay men

1.4.3 Quality Assessment

The critical appraisal skills programme (CASP, 2018) guidelines for qualitative research were used to appraise the studies in this review (See Appendix B for full details of the CASP (2018) checklist used for each of the included studies). The primary researcher used this checklist for all the included studies. The second reviewer also applied the checklist to a percentage (10%) of the included studies. This checklist does not apply a numerical score but indicates that a 'no' or 'can't tell' response within the first three questions indicates poor quality evidence in a study (CASP, 2018). These first three questions address the aims, methodology and design of a qualitative study. Within this review, these areas were all consistently well reported in the included studies.

Areas that were not reported on in the same standard were the relationship between participant and researcher, eight of the studies did not report or reflect on the role of the researcher (Couch et al., 2019; Doolan-Noble et al., 2019; Day & Krauze, 2023; Edwards et al., 2018; Guven et al., 2022; Lewis et al., 2011; Lozano-Sufrategui et al., 2016; McGlynn, 2023). This is an important omission due to the potential biases and judgments that the researcher can bring into the research. There was also poor reporting on ethical issues within ten of the studies and it was not clear if this had been taken into consideration during the different stages of the research (Couch et al., 2019; Edmonds & Zieff, 2015; Edwards et al., 2018; Guven et al., 2022; Macdonald, 2013; McGrady 2016; Monaghan & Hardey, 2009; Moore & Cooper, 2016; SturtzSreetharan, 2018; Whitesel & Shuman, 2016).

1.4.4 Findings

> "*…weight discrimination remains one of the few remaining forms of acceptable social bias" (Author quote, Page 418, Edmonds & Zieff, 2015).*

The perception that it is acceptable to shame and stigmatise individuals living with obesity or being overweight is extremely detrimental (Puhl & Heuer, 2010). The analysis of the data produced three themes and maintained the focus on understanding the experiences of stigma and body shame within men living with obesity or being overweight.

Table 4

Table of themes

Theme	**Subtheme**
Living in a bigger body	Intimacy and body dissatisfaction 'Masculine' ideal body vs 'Feminine' male body Experience of weight loss surgery
Safe vs Unsafe spaces	Women's vs Men's spaces Gay Culture
Changes in body size over time	

Theme 1: living in a bigger body.

Subtheme: intimacy and body dissatisfaction

Living in a bigger body was associated with negative experiences within intimate relationships and body dissatisfaction. Men reflected on the impact of their body on their sexuality and intimacy with partners (Guven et al 2022; Granero-Molina et al.,2020; Moore & Cooper 2016).

> *"I often think that she (wife) will leave me, she will look for a normal man, with a normal body and have normal sex"* (IDI1, married, 43years old, participant quote, Granero-Molina et al., 2020).

Men reported finding it difficult to meet women due to their body size and appearance.

> *"I know that my body does not meet the ideal conditions, I've suffered rejections".* (IDI3, single, 43years old, participant quote, Granero-Molina et al., 2020).

> *"Very often for the opposite sex the fat lad is the one who will have the fun stories; he's a good laugh and a joke, but as a partner, you are not a serious prospect. You're just perceived as less attractive to the opposite sex; the one who never gets a chance with the girls. It's always the good looking and skinny ones would get the girl, and the fat lad always ends up going home on his own"* (participant quote, Lozano-Sufrategui et al., 2016).

Men's experience of intimacy with their partners changed over time as their body size increased. Men reported not enjoying sex in the same way due to their weight and body dissatisfaction. There was particular focus on how the appearance of their penis has changed with additional weight and this was particularly challenging for the men.

> *"Fat deposition in the inguinal region is another problem. With that much fat and weight, your sexual organ looks as if it is buried in the fat. This also affects you psychologically"* (P9, participant quote, Guven et al., 2022).

The authors' reflections of participants' comments highlighted that these men not only expressed dissatisfaction with their bodies in intimate relationships but within other experiences in society.

> *"Doing any physical activity, it's not something to look forward to, it's putting myself out there to be ridiculed again"* (Aged 55, BMI 61, participant quote, Lewis et al., 2011).

The authors explored wider societal perceptions that *"larger bodies are perceived as a moral "failure" that are "displaying low personal efficacy, social value, and weakness"* (Author quote, Edmonds & Zieff 2015). It would be important to note whether we truly know the cause of this dissatisfaction. Do the men feel this way because of their body weight and size or because of how society views their bodies?

Another consideration within this subtheme of intimacy and body dissatisfaction was the experience of increased satisfaction with their bodies following weight loss surgery.

> "*Participants were generally happy with their smaller size and how that affected their body image"* (author quote Edward et al., 2018).

Improvements were also experienced in their intimate relationships after weight loss surgery.

> *"Most individuals reported an increase in both emotional and sexual intimacy"* (author quote, Moor & Cooper 2016).
>
> *"Before surgery our sex life was very infrequent. Our sex life started increasing relatively soon after surgery...we actually talk now*" (participant quote, Moor & Cooper 2016).

Researchers' reflections on the findings of male experiences of intimacy before and after surgery, highlight the significant meaning men place on their sexual relationships (Guven et al., 2022). Improvements in men's body satisfaction may have also supported better communication between partners, which then appeared to be supportive of the couples' sexual and emotional relationships (Wallwork et al., 2017).

Subtheme: 'masculine' ideal body vs 'feminine' male body

Living with a bigger body was associated with moving away from a masculine ideal body and towards a feminine male body.

> *"Distance from femininity. Many of the participants described how their bodies dictated their access to masculinity within society. For these participants, having a masculine body often meant having a body that was specifically distant from the female body in appearance, such as not having breasts"* (Author quote, Turner, 2019).

The experience of hearing other people compare their male body to a female body was difficult and unpleasant.

> *"I was in middle school. I was a heavier set boy, and I had a chest. It wasn't formed. It was like breasts and my middle school teacher was talking to my mom and she was like well he needs to go work out. He's starting to get little boobies and you know it's always been things like that."* (participant quote, Enam, 2012).

Men reflected on the ideal male body type being associated with muscular, athletic bodies rather than bigger male bodies.

> *"Men don't want to be thin. Our goal is to have low body fat, to be muscular. The ideal body shape for men is quite a muscular one in men's minds"* (Aged 26, BMI 33, Lewis et al., 2011).

> *"It was common for men to share that they were aware of a hierarchy of size. Most of the men expressed the nuance of being large or big versus appearing fat. For many of the men, size was often desired, but in the "correct way," namely appearing stronger, healthier and/or more muscular as opposed to fatter. Stronger bodies were often described as being more "athletic" and thus equating strength with athleticism"* (Author quote, Turner, 2019).

The findings within this theme have highlighted the 'nuanced' nature of the ideal masculine body. There is a "correct way" to have a bigger body as long as it isn't too "fat" or too feminine (Turner, 2019*)*. The experiences of being distant from an ideal masculine body and feeling more "effeminate" led the men to feel stigmatised, shamed and "inadequate". This led to increased experiences of emotional eating, low mood and isolating themselves from others (Olivardia et al., 2004; Turner, 2019*)*.

Subtheme: experience of weight loss surgery

Understanding the reasons for undertaking weight loss surgery and how life resumed after the operation may support the broader exploration of men's experiences of living with obesity or being overweight.

> *"Heterosexual men see in bariatric surgery the hope to redirect their lives on a social, work, sexual and relationship level"* (author quote, Granero-molina et al., 2020).

Men felt that deciding to have weight loss surgery was a necessity to address all of the key areas in their lives which have been impacted by their weight. Health in particular was a significant motivator for choosing surgery. Participants had reached points in their life where they felt other options would not be as effective and *"something dramatic"* was required. Feelings of wanting to address these concerns and be in control were important motivators.

> *"I realise I had come to a crossroads in my life and had to do something dramatic . . . otherwise I was heading into heart attack and stroke territory … I would rather take control of the situation" (P4* participant quote, Edward et al., 2018).

Experiences after the surgery were largely positive and they experienced more benefits from the surgery, which made managing lifestyle changes a lot easier.

> *"Just the whole way you look and stuff, you feel different, basically you feel skinnier. You feel more accepted, society is so judging"* (P3, participant quote, Edward et al., 2018).

Participants reflected on the changes in how they viewed themselves and how others in society viewed them. This reinforced the existence and experience of stigma and body shame for men living with obesity or being overweight (Himmelstein et al., 2019; Puhl & Heuer 2010). With a changed body that is now smaller and "more accepted" the men feel different and more positive about their body and how society views them. Experiences of intimacy and body dissatisfaction, distance from an ideal masculine body and decisions for weight loss surgery were important reflections from the included studies. These reflections were supportive in developing a better understanding of the experiences of stigma and body shame in men living with obesity or being overweight.

Theme 2: safe vs unsafe spaces

Subtheme: women's vs men's spaces

This theme focused on exploring the experiences of men living with obesity or being overweight navigating spaces that they felt were safe versus unsafe. The included studies reflected on men's experiences within commercial weight loss services and the men's responses indicated an overwhelmingly negative experience. Male participants reported an imbalance between male and female attendance. The experience of being a minority was *"off putting"* for men wanting to receive support for their weight.

> *"Men found themselves in the minority when attending weight loss services, particularly commercial services and this was perceived negatively"* (author quote, Elliott et al., 2020).

> *"Some men who had attended nutrition or weight loss groups recalled feeling uncomfortable because they were outnumbered by women"* (author quote, MacDonald,2012).

This imbalance of gender meant men did not feel comfortable disclosing or sharing information within the group. This reluctance to be open within these spaces appeared to be related to concerns regarding how the majority of female group members may perceive them.

> *"I went to a Taking Off Pounds Sensibly (TOPS) group but there was all women so I was a little uncomfortable...it wasn't the thing for me"* (participant quote, MacDonald, 2012).

The design and structure of the existing commercial weight loss services were experienced as unsuitable for the male attendees. The focus on talking and group discussions did not appeal to the men and acted as a deterrent for them to participate.

> *"Men were eager to differentiate themselves from' other people', particularly women, who they believed were better suited and more receptive to weight management sessions framed around group discussion"* (author quote, Day & Krauze, 2023).

The experience of multiple stigmas and shame (Makowski et al., 2019) may have been present for men in the existing weight loss services. *"I'd be embarrassed to tell somebody I was going to Weight Watchers. That I have to stoop to such a level, that I couldn't do it myself."* (participant quote, Macdonald, 2012*).* The multiple stigmas of living with obesity and being the minority gender in a service may have added to the experience of feeling unsafe and out of place. These experiences of stigma and body shame are associated with negative implications for men's physical and mental health (Duarte & Ferreia 2022; Himmelstein et al., 2019).

> *"It's really tough walking into a female environment, like a weight loss environment, because you feel like a failure...you shouldn't be there...like a women's club, that's what it's like...it doesn't feel good really*" (P13, repeater, commercial, Elliott et al., 2020).

A significant part of these existing services is the disclosure and sharing of information with others (Elliott et al., 2020). Men felt this to be a shameful experience and did not want to share their feelings and emotions. The issue of vulnerability and whether men felt comfortable expressing their emotions to others, particularly to women in these services was an important point of reflection. *"Sharing and being vulnerable was viewed as a more feminine than masculine trait"* (Day & Krauze, 2023). Asking for help and needing support did not align with how the men viewed their masculinity. This highlights societal norms of masculinity and how men may be negatively affected by them (Staiger et al.,2020).

> *"Many men discussed this point in detail. Some felt that it would be disempowering to ask for help. Others said that asking for help or relying on commercial products would make them appear "helpless" and "weak." A few stated that asking for help would signal to others that they had "failed," "given up," or "not tried hard enough"* (author quote, Lewis et al., 2011).

Having a ‘safe space’ that differed from previous experiences of weight loss services seemed extremely important.

> *“Weight loss services tailored for men were described as a “safe haven from stigma*”(Glenn, participant and author quote, Lozano-Sufrategui et al, 2016).

This type of social support has been found to support the quality of life of men living with obesity or being overweight (Lozano-Sufrategui et al, 2016). Men taking part in these services felt supported and part of a community of other men with shared experiences.

> *“Social support from others was often central to getting the men to join the WMP [Weight Management Programme]”* (author quote, Lozano-Sufrategui et al, 2016).

Finding a shared interest such as physical activity is a successful strategy to engage men and support them to succeed in weight loss services (Broughton et al., 2023; Robertson et al.,2014).

> *“Applying a “masculine hook to spark men’s interest was described as a ‘no brainer’”* (author quote, Day & Krauze, 2023).

Having a service that the men experienced as more authentic to their needs enabled them to feel safe and comfortable in the environment. An interesting strategy utilised by men attending the groups was the use of ‘banter’ and ‘joking’ as a way to help them connect and bond.

> *“There's always a little bit of banter going on there which takes you away from why you're really there” (Participant quote, Day & Krause, 2023).*

> *“Participants also highlighted the value of male-orientated ‘banter’ and being able to talk openly and honestly with other men”* (P14, non-engager, Elliott et al 2020).

These tailored spaces moved away from the previous experiences of female designed weight loss services and towards a space that was more suited to meet the needs of the men attending. Whilst reviewing the authors' reflections on the participants’ experiences, it

appears that the author identified the importance of masculine identities in these services (Day & Krauze, 2023; Elliott et al., 2020). Designing an approach with the inclusion of the cultural ideas of masculinity being opposite to femininity (Lozano-Sufrategui et al.,2020; Mallyon et al., 2010) seems to have been helpful for the men who attended. The participants felt safe in their masculinity and engaged within the service. The groups identified that men and women have different needs when it comes to support with weight loss and working with this rather than against was helpful for engagement and participation in the services (Broughton et al., 2022).

Subtheme: gay culture

The experience of safe spaces versus unsafe spaces was also highlighted within studies exploring gay culture. These studies specifically focused on the experience of mainstream gay spaces and gay men's experience of participating in alternative bear spaces. The bear community is a subculture within the gay community, it is regarded as an accepting and welcoming group for gay men living with larger bodies (Quidley-Rodriguez & De Santis, 2017). Research in this area indicates that men who identify as bears self-report to be heavier, bigger, and hairier than other men in gay culture (Moskowitz et al., 2013). Bear spaces include bars and clubs that are spaces for gay men with larger bodies, or for men who are attracted to men with larger bodies.

> *"While being overweight is stigmatized in Western culture, being overweight is especially devalued in mainstream gay culture, as evidenced by other gay men's critiques on larger bodies"* (author quote, McGrady, 2016).

Within gay culture, it has been found that being overweight or obese is viewed negatively and can lead to stigma and body shaming from others in the community (Edmonds & Zieff, 2015; McGrady, 2016; McGlyn, 2023). This leads to mainstream gay spaces being experienced as

unsafe, where men living with obesity or being overweight may encounter negative experiences.

> *"In the mainstream community, I feel like I am invisible or reviled by those within the community"* (participant quote, Neff, 2011).

Gay men living with obesity or being overweight experienced being out of place and not accepted in mainstream spaces. As with men's experience of existing weight loss services, the needs of gay men attending mainstream spaces were not being met and they experienced feeling like the minority and were not able to fit in within these environments.

> *"If you don't fit into the mold, you are rejected because of your size"* (participant quote, Neff, 2011).

Bear spaces are a community of gay men that *"resist stereotypes of being overweight and gay"* (Author quote, McGrady, 2016). These spaces were viewed by those attending as safe and accepting compared to the negative experiences within mainstream gay spaces. It allowed men living with larger bodies who identified as bears to feel accepted. These spaces may begin to support the men to manage the negative effects of stigma and body shame they have experienced due to their weight. (Edmonds & Zieff, 2015; McGrady, 2016).

> *"But I think in general, that a bear bar is more accepting and loving as a community"* (participant quote, McGrady, 2016).

> *"The Bear community provides a space of resistance and support for larger gay men from the stigmatizing effects of their larger size"* (author quote, Edmonds & Zieff, 2015).

> *"When you come into a Bear space or just being around Bear people... I'm not the big fat hairy one, I fit in just like everyone else".* (participant quote, McGlynn, 2023).

Bear spaces compared to mainstream gay spaces offered a safe environment and enabled the men to feel less alone. These spaces also allowed them to be part of a community of other

men who have a shared understanding of the stigma and body shaming that often occurs when living with a bigger body.

Other research exploring men's experiences of living with obesity or being overweight, found some men would demonstrate a proudness of their bodies together as a group.

> *"A football match was being screened and spirits were high. Three of the men loudly identified each other and themselves as fat and joked about it. There was some ambivalence, but also subsequent declarations of pride. Two of them bantered together: 'You're a fat bastard you are,' 'Well I'm not as fat a bastard as you!"* (author and participant quote, Monaghan & Hardey, 2009).

Amongst friends in a safe environment, the men were able to embrace and perhaps enjoy the experience of discussing their body weight and size. The researchers made an interesting reflection regarding the men's acceptance of their bodies.

> *"The negative interpretations attached to the fat male body are inverted so that the biomedically classified 'unhealthy' becomes 'healthy', the socially defined 'unacceptable' becomes 'acceptable' and so forth"* (author quote, Monaghan & Hardey, 2009).

The researcher is correlating the body pride the men demonstrated as a move against the stereotypes and negative views of those living with obesity or being overweight.

This theme identified the importance of feeling safe and accepted with others and this was the experience of men attending weight loss services, those amongst like-minded friends and men within gay culture. Earlier encounters within previous unsafe spaces reinforced negative experiences of weight stigma and body shaming from others. Men's experiences in these spaces highlight the value of finding a supportive space away from stigmatising and

shameful ideologies within society regarding men living with obesity or being overweight (Himmelstein et al., 2019).

Theme 3: changes in body size over time

Another theme that was highlighted within the included studies was the changes that occurred in men's bodies over time. There was a focus on unhelpful health behaviours (Couch et al., 2019) being a cause of weight gain.

> *"Most (39) of the stories detailed individual-focused poor health behaviours such as excessive eating, high consumption of fast or junk foods, excessive drinking and high levels of sedentary behaviours such as watching television"* (author quote, Couch et al., 2019).

> *"Overeating and inactivity were considered to be by far the most common cause of weight gain" (author quote, Doolan-Noble, 2019).*

Participants also reflected on changes in their lifestyle that had caused increases in weight over time.

> *"I was very active prior to getting married. I played soccer a lot, tennis and swimming, and then when I got married I basically stopped being active to spend more time with the missus. I felt that it would have been selfish if I went training every single night"* (Aged 41, BMI 31, participant quote, Lewis et al., 2011).

> *"It was easier when I was in college and focusing on school. I had a lot of free time so it was easier to go to the gym. Then you get out and you start working and it's time management"* (participant quote, Macdonald, 2012).

These reflections provide insight and awareness into understanding more about the experience of weight gain. For the men included it was an almost passive experience with weight gain occurring slowly and gradually due to changes in lifestyles and priorities (Lewis et al., 2011; Mozaffarian et al 2011; Seaman, 2013). Life changes led the men to focus on

external factors such as work and to prioritise time with family and partners. These findings also provided insight into men's behaviour toward their health and wellbeing.

Some of the participants ignored changes in their body size and took active steps to try and avoid acknowledging the difference.

> *"There was a really long period where I quite easily ignored my weight. I'm not quite entirely sure how I managed to do it because I know it's always been there, but it was just the thing where you almost—you see it, but you don't see it. You block it out. You don't acknowledge it" (Aged 33, BMI 37, participant quote Lewis et al., 2011).*

However, some men took an alternative approach in emphasising their responsibility for the increase in weight. Finding it was important to hold themselves accountable for the changes in their body size.

> *"Men spoke of responsibility in relation to their weight. Some staunchly considered it was their personal responsibility… "Hey the fact that I am where I am at, I have got no-one else to blame because I am the one that did it, um and it is a cop out to try and blame, use media and advertising"* (author and participant 7 quote, Doolan-Noble et al., 2019).

Exploring this theme within the included studies helped in understanding men's experiences of weight gain but also their thoughts regarding the changes that occurred in their body over time. These findings have highlighted useful information regarding how men perceive the importance of their health. Most men in the studies placed others in their personal lives and their professional responsibilities above their health. The tendency to not prioritise their own health highlights the importance of finding ways to engage men in focusing on their physical and mental health (Abotsie et al., 2020; Lefkowich et al. 2017). Participants' quotes reinforced the use of physical activity as a motivator for engagement and

participation in services focused on supporting men's health and wellbeing (Broughton et al., 2023; Robertson et al.,2014).

1.5 Discussion

This systematic review identified relevant qualitative literature and found twenty studies that met the inclusion criteria. Thematic synthesis was utilised in order to synthesise the results and three final analytical themes were produced: 'living in a bigger body', 'safe vs unsafe spaces' and 'changes in body size over time'.

The homeostatic theory of obesity (Marks, 2015) outlines four key areas that when in balance are supportive of an individual's psychological homeostasis and maintenance of their weight. Body dissatisfaction, negative affect, overconsumption and weight gain all interact and impact one another within this theory (Marks, 2015). The results of the qualitative synthesis support this theory, as findings indicate that with an increase in body weight men expressed more body dissatisfaction and this negatively affected their self-affect (Edmonds & Zieff, 2015; Lewis et al., 2011; Lozano-Sufrategui et al., 2016).

The initial theme developed from the analysis was 'living in a bigger body' and this highlighted that men living with obesity or being overweight report high levels of body dissatisfaction, body shame and other psychological consequences such as anxiety and low mood (Himmelstein et al., 2019; Jaison et al., 2024; O'Gorman et al., 2021). Men's negative self-affect and body dissatisfaction were also found to impact their experiences of intimacy with their partners (Granero-Molina et al.,2020; Guven et al., 2022; Moore & Cooper 2016). It also negatively impacted the men's experiences of dating and meeting new people (Granero-Molina et al., 2020; Lozano-Sufrategui et al.,2016).

This theme also highlighted that men felt stigmatised and judged because of their body size. Men reflected on having negative self-affect and not feeling good enough in various aspects of their life because of their appearance (Edmonds & Zieff 2015; Lewis et al., 2011; Lozano-Sufrategui et al.,2016). This finding was in line with stigma theory (Goffman, 1963), which suggests that those with visible differences such as having a larger body size will experience stigmatisation from other people (Grannell et al., 2021). These experiences caused the male participants to internalise external weight stigmas (Bidstrup et al., 2022).

Poor communication in participants' relationships was also found to be a significant factor impacting intimacy with their partners (Moor & Cooper, 2016; Wallwork et al., 2017). The findings demonstrated that men had difficulties asking for help and expressing their emotions as it was not considered a masculine trait to possess, which links to hegemonic masculinity theory (Connell & Messerschmidt, 2005; Day & Krauze, 2023; MacDonald, 2012). These findings support other literature which found men to be less likely to engage with behaviours that do not align with their masculinity (Connell & Messerschmidt, 2005; O'Neil et al., 2017).

Some of the included studies specifically reflected on experiences of sexual dysfunction and the male participants felt this was due to their body size (Guven et al, 2022; Moore & Cooper 2016). This negatively impacted their self-worth and intimate experiences with their partners (Granero-Molina et al.,2020). Men did not feel that their appearance enabled them to meet societal and cultural ideals for male bodies (Edmonds & Zieff, 2015; Lewis et al., 2011; Lozano-Sufrategui et al., 2016). This finding also aligned with hegemonic masculinity in which there are preferred male norms and traits that are considered desirable (Connell, 1995; Connell & Messerschmidt, 2005). Men also shared experiences of their body being associated with female features such as having breast (Enam, 2012; Turner, 2019). This

was extremely difficult for them as it moved them further away from masculine ideals and norms (Lewis et al., 2011; O'Neil et al., 2017).

Another important theme established from the findings was the experience of 'safe vs unsafe spaces'. The participants expressed that within certain environments they experienced more stigmatisation and less acceptance from others. Within commercial weight loss services, male attendees felt that these services were female spaces tailored for female attendees (Elliott et al., 2020; MacDonald, 2012). The design of commercial weight loss services did not feel suitable for some men and negatively impacted engagement and participation (Day & Krauze, 2023). Mainstream gay spaces such as bars or clubs were found to be another environment that men experienced as unwelcoming and stigmatising (Edmonds & Zieff, 2015; McGrady 2016; McGlyn, 2023).

Within stigma theory, it is suggested that if an individual does not fit the societal standards and expectations for how someone 'should look' they are considered different (Bos et al., 2013; Goffman, 1963). In commercial weight loss services, the men taking part experienced feeling different from the majority in attendance (Elliott et al., 2020). This was a powerful and influential experience that impacted their sense of belonging and ability to express themselves (Lewis et al., 2011). Displaying emotions and being vulnerable in these spaces did not align with their masculine norms and they chose to not engage (Mahalik, 2003; O'Neil et al., 2017; Thedinga et al.,2021). These findings also demonstrated that there are spaces that were experienced as more accepting and less stigmatising. These environments included tailored male only weight management programmes (Day & Krauze, 2023; Lozano-Sufrategui et al, 2016) and bear spaces which are environments which are accepting and welcoming of gay men living with obesity or being overweight (Edmonds & Zieff, 2015; McGrady, 2016; McGlynn, 2023).

The weight management programme focused on physical activity, which the male participants felt met their needs more appropriately (Broughton et al., 2023; Day & Krauze, 2023; Robertson et al.,2014). Having their needs met enabled them to feel more supported and they engaged within the service (Elliott et al., 2020). Bear spaces were focused on being environments that work towards reducing the stigmatisation of bigger bodies (Edmonds & Zieff, 2015; McGrady, 2016). Both spaces enabled important social support and connection from others who were similar to the men. This type of support was not present within the participants' experiences of environments they felt were unsafe and more stigmatising (Lozano-Sufrategui et al, 2016; McGlynn, 2023).

Exploring the changes that can occur in men's bodies over time presented useful details into causes of weight gain and barriers to losing weight. Men were found to prioritise other aspects of their life such as work and family as they got older, which caused a gradual increase in weight (Lewis et al., 2011; Macdonald, 2012). Literature in this area has explored the role of masculinity in men's health behaviours (Mahalik et al., 2007; O'Neil et al., 2017). In the findings, men felt that living with obesity or being overweight was not in line with traditional hegemonic masculine ideals (Connell & Messerschmidt, 2005; Turner, 2019). Therefore, to work towards conforming to masculine ideals and norms, the men may have chosen to prioritise other masculine ideals in their roles at work and as a partner in their personal lives. Within the findings, men focused their attention on these roles and less emphasis was placed on their health (Connell & Messerschmidt, 2005; Lewis et al., 2011; Macdonald, 2012).

How men perceive and view what is masculine is also influenced by the behaviours of others and these perceptions can impact health behaviours (Mahalik et al., 2007). The participants' responses highlighted a shift in priorities over time and if this was also found in other men around them it may influence how masculinity is perceived and reinforce the focus

on these behaviours (Connell & Messerschmidt, 2005). This further signifies the importance of meaningful social support for men participating in health behaviours (Broughton et al., 2023; McKenzie et al., 2018; Robertson et al.,2014).

1.5.1 Clinical Implications and Future Research

Different clinical implications could be developed from the findings of this systematic review. Men in the included studies expressed dissatisfaction of their own bodies but also reported stigma and shame from others (Granero-Molina et al., 2020; Lewis et al., 2011; Lozano-Sufrategui et al.,2016). Weight biases and stigmas are frequently viewed as acceptable in wider society and within healthcare (Edmonds & Zieff, 2015; Talumaa et al., 2022). Negative experiences in healthcare may be particularly detrimental to this population due to their heightened risk of physical health conditions (Farrell et al., 2021).

An important clinical recommendation to suggest from the findings of this review would be training for healthcare professionals (Chadwick et al., 2019). This training should specifically focus on weight stigmas, biases and the impacts they can present for individuals living with obesity (Chadwick et al., 2019). The findings of the qualitative studies included in the review have provided male experiences and highlighted the negative consequences of weight stigma and body shame. An important part of the healthcare training could be the inclusion of people who have experience using healthcare services, who would be identified as experts by experience (Winn & Lindqvist, 2019). This would be an opportunity to share their experiences of weight stigma and the impact it has had on their life. The use of videos in healthcare training has helped reduce negative biases to those living with obesity (Burmeister et al., 2017). Experts by experience may provide more personal, detailed insight into the complexities in the causation and maintenance of obesity (Flint & Batterham, 2023; Rubino, 2019). Understanding more about the complex nature of obesity is supportive in improving

biases and stigmas in professionals (Kushner et al., 2014). Understanding how to appropriately integrate the experiences of men living with obesity into training for healthcare professionals would be an important focus of future research.

Findings within this review also demonstrated that the design of existing weight management services was not appropriate for most men interested in getting support for their weight (Elliott et al., 2020; MacDonald,2012). Adapting and tailoring the design of services toward men had positive results, with increased engagement from male attendees (Day & Krauze, 2023; Lozano-Sufrategui et al., 2016). These results were from qualitative studies and therefore are specific to the men taking part but do highlight promising results from tailoring services to meet men's needs (Lozano-Sufrategui et al.,2020; Mallyon et al. 2010). A systematic review that evaluated randomized control trials focused on investigating weight management interventions for men highlighted the importance of tailoring services to encourage men to participate (Robertson et al., 2017). Therefore, this review and relevant literature support the importance of making interventions and services attractive for men in this population. This review found that services which focused on physical activity and interaction with other men were more likely to engage men than the traditional design of existing services (Broughton et al., 2022).

There continues to be limited psychological input within services designed to support those living with obesity (Dandgey & Patten, 2023) and this review has highlighted the complexities associated with living with obesity. A clinical psychologist could support staff delivering services to men by providing training on different mental health conditions and sociocultural influences which could affect attendance or engagement in services (Marwood et al., 2023).

Social support from other men was found to be useful and helped men navigate the challenges of weight stigma and body shame within their experiences of living with obesity (Day & Krauze, 2023; Elliott et al., 2020; McGlynn, 2023). A meta-analysis investigating the effectiveness of peer support on individuals living with obesity found that support from peers was associated with weight loss and decreased BMI levels (Chen et al., 2021). These findings suggest that it could be helpful to integrate male peer support into clinical settings for weight management, in the form of peer support groups or 1:1 peer support with another man in the service.

Alongside these clinical implications, future research should focus on exploring the experiences of men from different ethnicities who live with obesity (Keller et al., 2019). The included studies did not take a lifespan approach in their explorations of male experiences. Understanding more about earlier life experiences could be an important area to focus on for understanding more about their relationship with health and wellbeing. Specific focus could be placed on exploring earlier experiences with food, physical activity and body image (Cooper et al., 2021).

1.5.2 Strengths and Limitations of the studies reviewed

The critical appraisal skills programme (CASP, 2018) checklist was used to appraise the quality of the included studies. There were several strengths of the evidence used; the studies clearly outlined the aims of the research and appropriately justified the choice of key areas such as methodology, design, recruitment, data collection and analysis. The review included both published empirical studies and unpublished grey literature from university dissertations. Another strength of the evidence used was the inclusion of studies exploring the experiences of men from different sexual orientations and studies from different countries.

Despite the inclusion of studies from different countries, there was a lack of diversity within the included studies and the majority of participants were from White backgrounds. The participant demographics within the included studies highlight a need for more insight into experiences of men from different cultures and ethnicities. Some of the included studies did not include reflexivity or discuss their role as the researcher in the study (See appendix B for CASP (2018) checklist table). Reflexivity has been demonstrated as an important part of qualitative research as it highlights the impact of the researcher on the different aspects of the research process (Finlay & Gough, 2003). By omitting this information, important reflections and insights into the research may have been unexplored.

1.5.3 Limitations of the review process

Evaluations into single verses double reviewer screening within systematic reviews has found that more studies are missed in single screening compared to when two reviewers screen the studies (Waffenschmidt et al., 2019). The use of two reviewers throughout the screening process has been found to increase the number of studies identified (Stoll et al., 2019). Within this review, the second reviewer screened 10 % during each screening stage but due to the high number of studies that met the inclusion criteria, a large proportion were only reviewed by the primary researcher. The limited number of studies screened by the second reviewer may have increased the risk of bias from the primary researcher and increased the risk of relevant studies being missed. This experience highlighted the importance of two reviewers being involved throughout the majority of the screening process (Stoll et al., 2019; Waffenschmidt et al., 2019).

1.5.4 Conclusion

Men expressed feeling dissatisfied with their bigger bodies and their appearance distanced them from their ideal masculine body type. This distance from male ideals caused

more dissatisfaction, shame and feelings of inadequacy. Men did not feel safe or accepted in existing weight loss services and the experience of finding a space that made them feel accepted was important. Participating in a group amongst other men with similar experiences and engaging in physical activity was also found to be supportive. GBQ men in bear spaces also experienced the same acceptance in an environment amongst similar men with less focus on stigmatising and shaming their bigger bodies. Men shared how their body size gradually changed over time and they reflected on changes in their priorities, with more focus on work and family. This redirection of priorities often resulted in less physical activity and more unhelpful eating behaviours. Men who took part in weight loss procedures such as surgery identified this as a way to regain control over their life. Results of surgery were positive for those who took part and men felt more satisfied with their smaller body. Men also felt others preferred the change in their body size and it was viewed positively by others around them.

The findings within this qualitative synthesis emphasise the complexities and nuances of this topic. The participants' experiences highlighted the implications of weight stigma and body shame in their lives and interactions with others. There should be continued focus on developing inclusive and holistic services for men wanting support with their weight. Social support from other men living with obesity had meaningful contributions to the participants' journey with their weight. Existing clinical services should explore more ways to integrate this type of support into the structure and running of the service. This review has explored the relevance of key theoretical considerations such as the homeostatic theory of obesity, stigma theory and hegemonic masculinity. These could be used to further inform and develop the understanding of weight stigma and body shame within the male experience of obesity. More research is needed to continue working towards engaging more men in research and weight management services.

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Chapter 2 Exploring experiences of Black individuals living with obesity or being overweight.

2.1 Abstract

Living with obesity or being overweight has been found to have numerous physical and psychological implications. Within Black, Asian and other ethnic backgrounds in the United Kingdom, Black individuals have been found to have the highest rates of living with obesity or being overweight. There is limited qualitative research exploring the experiences of this population. Participants were recruited from different sources such as charities, weight loss services and online via social media. Semi-structured interviews were conducted online and 17 participants took part (10 women & 7 men). A reflexive thematic analysis (Braun & Clarke, 2019) was used to analyse the interview transcripts. The analysis highlighted key areas within the lived experience of Black individuals living with obesity or being overweight in the UK. Three themes were developed; 1) cultural differences and perceptions of body size and weight gain, 2) lived experiences of stigma 3) experiences within healthcare. These themes highlighted areas of meaning and significance. The recruitment process highlighted that services designed to support individuals living with obesity or being overweight have limited participation from Black individuals. This needs to be further explored to address the perpetuating factors and make improvements. Understanding of the intersectionality between race and weight is another significant finding and should be the focus of future research in this area.

Keywords: Qualitative, Black Individuals, Obesity, Overweight, Weight stigma, Intersectionality.

2.2 Introduction

Rates of individuals living with obesity or being overweight are continuing to increase within the United Kingdom (Keaver et al., 2020). Therefore, the associated physical and psychological conditions may also increase and significantly affect an individual's quality of life (Bidstrup et al., 2022). Surveys completed between 2015-2022 with individuals living with obesity or being overweight from different ethnicities within the UK found that Black individuals had the highest percentage of obesity at 70.5% (GOV.UK, 2024). Individuals from Black, Asian and other ethnic backgrounds are at higher risk of developing excessive weight around their abdomen (central adiposity) and ill health at lower BMI levels (National Institute for Health and Care Excellence [NICE], 2014). Therefore, individuals from Black backgrounds may be at higher risk of poor physical health when living with obesity or being overweight (NICE, 2014). Limited research has specifically explored the experiences of Black individuals in the United Kingdom (Maynard et al., 2023; Washington et al., 2023). Gaining more insight and knowledge of Black individuals' experiences may be supportive in addressing potential perpetuating factors of obesity within this population.

The health belief model (Rosenstock, 1974) suggests that there are specific constructs that are predictive of health behaviours, such as perceived barriers, benefits, self-efficacy and threats (Champion & Skinner, 2008; Rosenstock, 1974). This model highlights the complex processes involved in predicting and changing health behaviours. This suggests that for changes in health behaviours to be successful for Black individuals living with obesity or being overweight multiple factors may need to be considered (Byrd et al., 2018; Champion & Skinner, 2008).

Important psychological concepts within this area are weight stigma and internalised weight stigma. Weight biases are caused by negative beliefs and prejudices about obesity within society (Fruh et al., 2016). Biases can cause weight stigmas to develop which can take the form of negative comments or behaviours towards those living with obesity or being overweight (Puhl et al., 2020). The theoretical model of weight stigma (Tylka et al., 2014) places weight stigma as the starting and central sociocultural influence for negative physical and psychological health. This model highlights the pivotal role weight stigma plays in the development of internalised weight stigma (Bidstrup et al.,2022; Tylka et al., 2014). Internalised weight stigma occurs when an individual living with obesity internalises negative biases and stigmas from others (Morse et al., 2024). It is associated with increases in anxiety, depression, self-criticism, body-image concerns and emotional eating behaviours (Morse et al., 2024). The psychological distress caused by these experiences is extremely detrimental to an individual's overall wellbeing (Himmelstein et al., 2022). These negative experiences may act as a barrier and inhibit an individual's ability to address their weight and potentially exacerbate existing complications with their physical health (Kim, 2020; Mauro et al., 2008).

Alongside the physiological and psychological consequences associated with living with obesity (Bidstrup et al., 2022, Morse et al., 2024), it was important to consider the different sociocultural factors that are relevant to Black individuals' experiences. Systemic racism has been found to contribute to widespread disparities in health and socioeconomic status for individuals from Black backgrounds (Lofton et al., 2023). Racial stigma and biases within healthcare have also been found to negatively impact Black individuals (Maina et al., 2018; Williams & Wyatt, 2015).

Understanding more about the interaction and relationship between race and living with obesity may provide meaningful details about the experiences of individuals in this population. Intersectionality (Crenshaw, 1989) suggests that different social roles and

identities can interact with each other and can lead to experiences of privilege or discrimination (Anker et al., 2024; Cho et al., 2013). Within the population of those living with obesity, Black individuals with darker skin tones reported fewer stigmatising experiences compared to those with lighter skin tones (Reece, 2019). Perceptions of ideal body weight varied amongst people from different races, Black individuals reported a higher ideal body weight than White individuals (Himmelstein et al., 2017). Perceived attractiveness also differed by race, with Black individuals reporting a smaller decrease in self-reports of attractiveness with increases in weight compared to White individuals' who reported much greater decreases (Fletcher, 2014). These findings demonstrate an interconnection between race and weight, which is evident in how other people view Black individuals' body size but also in how Black individuals view their own body (Fletcher, 2014; Reece, 2019).

Stigma theory (Goffman, 1963) outlines that visible differences such as a bigger body size could increase experiences of stigmatisation. Skin colour is another visible difference and has been linked to experiences of stigmatisation and prejudice from others (Bos et al., 2013; Goffman, 1963). Are Black individuals living with obesity vulnerable to multiple stigmatising experiences? This is an important area to explore and Black individuals' experiences of weight stigma and internalised weight stigma are a central focus of this research.

Relevant theories that have been considered in this study have outlined important factors that are meaningful to this population, such as the experience of weight stigma, intersectionality of race and weight and the impact of sociocultural experiences on Black individuals' health behaviours (Crenshaw, 1989; Goffman, 1963; Rosenstock, 1974; Tylka et al., 2014). These factors warranted further exploration and understanding from the perspective of Black individuals living with obesity in the United Kingdom. There was insufficient insight and understanding of the experiences of this population within the United Kingdom as the

majority of work has been conducted within the United States (Washington et al., 2023). This study aimed to address this by conducting an in-depth qualitative exploration which allows for detailed exploration of participants' experiences (Fossey et al., 2002; Papadopoulos & Brennan, 2015; Stutterheim & Ratcliffe, 2021). Therefore, this research focused on addressing a meaningful gap within existing literature by tailoring the focus of this study to the qualitative exploration of Black individuals' experiences of living with obesity or being overweight within the United Kingdom.

2.3 Method

2.3.1 Design

A qualitative design was selected using semi-structured interviews for data collection. This is a structured but flexible design that allows for a rich amount of data to be collected (Adeoye-Olatunde et al., 2021). A topic guide (See Appendix E) was developed, and key areas of focus were weight stigmatisation, cultural experiences, healthcare and thoughts regarding the use of language in this area.

2.3.2 Public and Patient Involvement (PPI)

PPI is an important part of research (Holmes et al., 2019), it helps ensure the population being investigated or explored are involved in the development of the study (Robinson, 2014). In this research study, the most appropriate stage for this involvement was the development of the topic guide. The primary researcher worked with an organisation to obtain PPI and two individuals with lived experience reviewed the topic guide and provided feedback. The feedback indicated that the questions within the topic guide were relevant to the focus of the research and the use of language was deemed appropriate and accessible. Both PPI participants also felt it was important to provide contact details of services that could provide support if anyone became upset or distressed from taking part in the research.

Information of support services was already going to be used within the participant information sheet and the debrief form, this PPI feedback supported the inclusion of this information in the participant handouts.

2.3.3. Ethical Considerations

Ethical approval was gained from the University of Southampton ethics committee.

2.3.4 Recruitment and Procedures

Participants were recruited from different sources such as charities supporting people living with obesity or being overweight, weight loss services, community centres, LinkedIn and social media. A poster was used to advertise the study which asked interested individuals to contact the researcher (See Appendix F). After receiving an initial email expressing interest in taking part in the study, the participant was sent the participant information sheet (See Appendix G) and response form (See Appendix H) to complete and return via email. The response form asked for details about the participant to ensure they meet the inclusion criteria. This criteria outlined that to take part in the research, individuals had to be aged 18 or older, from Black African, Black Caribbean or other Black background with a BMI of 25 or over and living in the United Kingdom. If the participant met the inclusion criteria they were sent an online consent form (See Appendix I). Once consent was obtained, a convenient date and time was arranged for the online interview. A Microsoft Teams link was sent to the participant confirming the details of the interview. Prior to interviews, plans were made to ensure appropriate action could be taken if a participant became distressed during the interview. If this were to happen the interview would be paused or stopped completely depending on how they wanted to proceed. The researcher had the email address of each participant, and this would allow them to check in with the participant if they became distressed and no longer wanted to continue. Details of appropriate resources were also sent on the participant information sheet, so these would be accessible to the participant. At the

start of the interview, the researcher confirmed verbal consent to participate in the study. The interview was semi-structured and participants were asked questions from the topic guide. Participants were also asked additional prompts and where relevant were asked to elaborate on certain answers. The participants were reminded to share only what they felt comfortable disclosing. After the interview, participants were sent a debrief form (See Appendix K) and emailed the £25 Love2Shop voucher.

Table 5

Participant Demographics and recruitment detail

Participants	Ethnicity	Age	BMI	Recruitment
Male Participants n=7	Black African n=5 Black Caribbean n=2	Age range= 25- 34 Mean= 29.14	BMI range= 29.2-44.8 Mean= 32.77	Social media via Facebook, n=4 From a friend/word of mouth, n=1 Social media via Twitter, n=2
Female Participants n=10	Black African n=7 Black Caribbean n=3	Age range= 20- 64 Mean = 34.6	BMI range= 27.3-55 Mean= 37.99	Social media via Facebook, n=3 Social media via twitter, n=1 LinkedIn, n=4 Weight loss service, n=2

2.3.5 Sample

Establishing an appropriate sample size was needed prior to data collection, Braun & Clarke (2021) suggested implementing a provisional sample size with an upper and lower limit. Within this study, the initial provisional sample size was set at 15-20 participants. Twenty participants reached out to participate in the study, although 3 didn't communicate further after initial correspondence. Throughout the data collection process, the appropriateness of the sample size was revisited multiple times by the primary researcher and discussed in supervision meetings. Data saturation was monitored throughout the interviewing and transcription process (Saunders et al., 2018). Another helpful approach used to ascertain the appropriate sample size was to explore the potential information power within the sample (Malterud et al., 2016). Higher information power indicates fewer participants are needed and this is established by assessing the key aspects of the study (Malterud et al., 2016). Following this process, sufficient information power was found in the sample and data collection concluded after the 17th interview.

2.3.6 Data collection

Data was collected through online interviews conducted on Microsoft Teams and lasted up to one hour in length. The interviews were recorded and then transcribed verbatim into interview transcripts.

2.3.7 Data analysis

The interview transcripts were uploaded to a qualitative analysis software (NVivo 14) to be analysed. Reflexive thematic analysis (Braun & Clarke, 2019) was used to analyse the interview transcripts. This involved several different stages which were focused around; familiarisation with the data, coding of the data, development of initial theme idea and final theme generation (Braun et al., 2023). During each stage, the researcher met with their

supervisors in regular meetings to discuss and reflect on familiarisation of the data, initial coding and the development of themes. This research aimed to explore the specific experiences of the participants taking part, therefore the researcher felt it was appropriate to conduct the analysis from an inductive approach (Flemming & Noyes, 2021). Inductive analysis helped ensure that the codes and final themes were derived from the data itself, therefore based on the experiences of the participants (Braun & Clarke, 2019; Braun et al., 2023).

2.3.8 Reflexivity

Acknowledgement of the important role the researcher has within the analysis is a key aspect of reflexive thematic analysis (Braun & Clarke, 2019; Braun et al., 2023). The researcher plays an active part, and their experiences will form and decide how they view and experience the data (Finlay, 2003). The researcher reflected on their own background and social graces (Burnham, 2018) along with similarities or differences they shared with the participants. The researcher is from a dual heritage background and their father is Black African, it was important to recognise this similarity with the participants. The female researcher found themselves being able to connect and resonate with some of the stories and experiences of the female participants. A reflective log was used during the interview process and these reflections were discussed within supervision (See Appendix L for an extract from the reflective log). Having regular opportunities to discuss and reflect on the different experiences that occurred throughout the research supported the researcher in being able to be open and reflexive.

2.3.9 Epistemological approach

A critical realist epistemological approach was taken by the primary researcher and this approach highlights the complexities that exist within the social world (Bhasker, 1975).

Critical realisms indicates that there are different layers of reality that influence our understanding of social interactions and behaviours. Certain un-observable influences can be responsible for observable events within our social reality (Easton, 2010). The psychological concept of weight stigma and the biases and prejudices that cause this concept are not directly observable. But we understand stigma based on our observable experiences and perspectives (Fruh et al., 2016). The observable impact of weight stigma is experienced by those living with obesity and has both physical and psychological consequences (Bidstrup et al., 2022; Morse et al., 2023). This epistemological approach works well alongside a qualitative study and supports the reflexive, critical nature of thematic analysis (Easton, 2010; Sayer, 1992). The lead researcher's understanding of their own world would have also been founded within their experiences. Following each interview, the researcher reflected on the experience in a reflective log and discussed these reflections within regular supervision sessions. Being aware and reflective is a key part of the qualitative research process (Braun & Clarke, 2019).

2.4 Results

Table 6

Table of themes

Theme	Subtheme
Cultural differences and perceptions of body size and weight gain	- Experience of living in a bigger body - Weight gain experiences
Lived experience of stigma	- Weight stigma experiences - Intersectionality of race and weight in experiences of weight stigma - Impact and use of language
Experiences within healthcare	- Overshowed by their weight - Intersectionality of race and weight within healthcare experiences

Three themes were developed from the analysis of the participants' experiences and these themes highlight key areas within the lived experience of Black individuals living with obesity or being overweight in the United Kingdom.

Theme One: Cultural differences and perceptions of body size and weight gain

Subtheme: experience of living in a bigger body

Participants reflected on living with a bigger body and the cultural differences of this experience. The majority of participants noted that their body size was more widely accepted within their culture and ethnicity.

> ***"****I think some of that is my upbringing in so I'm from …(African background)... so there's a very different narrative around what it means to have a bigger body and so I didn't necessarily grow up in a household or grow up in a community where that was a bad thing or where and that was unattractive. In fact, it might have been the other side of the spectrum. I might have been more attractive by my peers or people from my community"* ***(P11)***

> *"Of course, coming from Caribbean background, the weight that I am for them is healthy.. I'm healthy as opposed to somebody that's a size 8 or size 10 or even the size 12 in some cases"* ***(P14)***

Participants reported more positive experiences regarding their body size from people within their own culture and ethnicity.

Differences were identified in how participants' body weight and size were viewed within their own culture and ethnicity compared to the wider Western perspective.

> ***"****I definitely think it's more accepted in comparison to sort of Westernized or European beauty standards"* ***(P15).***

> ***"****I live in England where weight is not seen as attractive as in …. and other countries in the Caribbean. Big … is always been a positive things, it always has been. When you are a child they accept you being smaller, when you are an adult especially after having children they expect you to be bigger. Yeah they see it that way" (****P14)****.*

Participants were presented with different and contrasting messages regarding their appearance and how acceptable it is to live within a bigger body.

Stigma theory (Goffaman, 1963) indicated that there are different types or levels of stigmatisation because of visible differences. Stigmatising experiences can be subtle and one participant reflecting on being treated differently and not receiving the same amount of attention as friends with smaller body sizes.

> *"Like if you go out with a group of friends, it's like the bigger girls will be not left behind because friends don't leave friends behind. But you'll be like left behind if guys were coming up to us because the smaller girls got the more attention or sometimes some places, some clubs will not let you in if you look too big" (P17).*

Different forms of weight stigma can be detrimental to the individual in receipt of these experiences and can negatively impact their wellbeing (Himmelstein et al., 2022).

The different cultural perceptions and experiences of body size and weight were important findings in the participants' responses as they provided insight into the experience of being a Black individual living with obesity or being overweight in the United Kingdom.

Subtheme: weight gain experiences

Participants also shared their thoughts on different cultural experiences of weight gain. In some of the responses gaining weight was viewed positively, it meant you were healthier and looked better to others.

> ***"****I was born and raised in this country. And so it wasn't until I went to..(Caribbean country) at the age of 14, been stick thin and that you would hear people saying no,*

> *you need to put a bit more meat on your body. No, it is too thin and they say it's when you put on weight you are seen as healthy because here it's not in the Western world it's not seen that way you know ohh that you're happy as well when you gain weight"**(P14)***

> ***"**Yeah, I think that stems from the fact that when my mum was alive, there was a point when she was really sick and she lost a shedload of weight. And so gradually she started to put on that weight and she just looked so well just for having put on a little bit more weight. I think myself and my younger brother, we've always got that in the back of our minds about, yeah we might put on a bit of weight but having a little bit of weight is helpful for fighting off those illnesses that you might get"**(P8).***

These experiences contrast to Western cultural perspectives of weight gain in which it is viewed more negatively (Puhl et al., 2021). Participants shared that being too thin was associated with being unhealthy, this highlighted a connection between body size and health. Weight gain and having a bigger body size did not correlate with being unhealthy and unattractive amongst the experiences of the participants (Cameron et al., 2018).

Theme two: lived experience of stigma

Subtheme: weight stigma experiences

Understanding more about the lived experiences of weight stigma and internalised stigma was a meaningful focus of this research. The majority of participants shared stories and insights into their experiences with weight stigma.

> *"I guess there's still a very huge stigma against people that are overweight"**(P13)**.*

> *"That's actually an experience I want to share, you know how we feel about being obese or overweight. You know most people, they tend to look down or they call you fat, they call you chubby, they call you kind of mean nicknames"**(P1)**.*

> *"So it takes me to a place of, I guess, thinking about how others have tried to shame people who are overweight"**(P15)**.*

Participants reflected on experiences of feeling shamed, looked down upon and stigmatised by others because of their body size and weight. Some of the participants noted that these experiences impacted their mental health and how they felt about themselves.

> *"Yeah a lot, especially before I went to counselling, it was tough because at some point I started believing that maybe I shouldn't look like this. Then started not eating and trying to cut down and reduce my weight. It became bad and I wasn't very well and got sick"**(P9)**.*
>
> *"This is something I have lived with for a long time and it has affected my mental health and how I feel about myself"**(P4)**.*
>
> *"Yeah it is something I have experienced because you know when people say things towards you, it definitely resonates with you maybe at the end of the day when you are trying to sleep"**(P5)**.*

The participants' responses about their experiences of weight stigma indicate it has had a significant impact within their daily life and overall wellbeing.

Subtheme: intersectionality of race and weight in experiences of weight stigma

The intersectionality between race and weight was presented within a few participants' lived experience of stigma. Reflections were made regarding differences in how society views Black individuals' body shape and bone structure compared to White individuals.

> *"...it's really tricky because you've got the Black Caribbean or Black African people the bone structure and our bodies are very different to our White European peers, so at times my weight or my body is viewed negatively on me as a black person, but if this was on White person then it might be viewed different. And because the beauty standards that I feel white European people are praised for are negative on Black people on a whole"**(P15)**.*

This participant shared that they felt their body as a Black person was viewed negatively by others. This is an important finding within the responses and it highlights the lived experience of "Blackness" (P11) within society.

Another participant reflected on wider considerations regarding who in society hold the power and influence over how Black individuals live and exist within their bodies.

> *"I think my cultural background, racial background makes a huge difference, but also interestingly, I think my kind of sense of body neutrality comes from, like an antiracist lens. So thinking about the kind of the intersection between Blackness and fatness, and who decides what and like a fetishization of black bodies and but also kind of stuff around If I dislike myself or I want to harm myself in some way, who benefits? And almost always, it's a rich white man somewhere at the top...Me having all of these ideas about what I should look like has a function. Has a capitalist function, has a racist function as a, so I almost feel like being a social activist and doing a lot of this work. Has changed the way I think about certain things and think about kind of, you know, also things around being like an intersectional feminist and thinking about how and the way that we are talked to view our bodies is essentially we are talked into internalize the anger that we feel about how the world treats us and then ourselves, rather than externalizing this anger. Actually, why do I have to live in a system that polices my body?"* ***(P11)***.

These responses highlight an important focus within the lived experience of stigma theme and indicate that more understanding is needed regarding assumptions held in society about the relationship between race and weight.

Subtheme: impact and use of language

The use of language was another meaningful aspect of the lived experience of stigma. Exploring the participants' thoughts and emotions associated with the words obesity and overweight provided further insights into their experiences of living with obesity or being overweight. The word obesity was especially impactful for all of the participants and elicited

strong reactions. A few of the participants had a physical reaction to hearing this word by closing their eyes or shaking their heads. These participants may have been physically trying to distance themselves from the word obesity and not wanting to be associated with it due to its many negative connotations.

> *"I feel obesity is a very difficult, harsh word and it is something that deeply affects me and makes me feel very bad. It has made me feel scared to hear that word"* ***(P4)***.
>
> *"…there's a lot of negativity around the word obesity, Yeah, shame and disgust come up, I think, from an emotional perspective"* ***(P15)***.
>
> *"I get angry, I get really sad, it reminds me of the dozens of times I have been referred to as that obese girl, so yeah its sad"* ***(P9)***.

Use of language in research and within clinical settings can be stigmatizing and blaming towards the individual living with obesity or being overweight (Fearon et al., 2022). This was found to be the experience of the participants in this research.

In comparison for the majority of participants, the use of the word overweight did not resonate with them in the same way and it impacted them differently. Most did not hold the same strong emotions that were attached to experiences with the word obesity.

> *"I don't like it but it doesn't activate me in the same way that the word obesity does. But maybe that's because it feels more descriptive"* ***(P11)***.
>
> *"I don't know there's something about the word obese, it just sounds…. It's such an ugly, ugly word. Whereas when your overweight, you could just be, you know, could be kind of about a stone overweight. You know that's manageable, I suppose if you're a stone or so. I've probably find it's easier with me being overweight as opposed to being obese"* ***(P8)***.
>
> *"Overweight isn't the same as obesity, it doesn't feel as bad. There isn't the same shame associated with the word overweight"* ***(P4)***.

Participants appeared to treat this as the preferred use of language and found it to be more descriptive and less stigmatising. The differences between participants' experiences of the words obesity and overweight highlight the importance and influence of the language used towards this population. The use of effective, less stigmatising language is needed in wider society and within healthcare services (Auckburally et al., 2021).

Theme three: experiences within healthcare

Subtheme: overshadowed by their weight

There were mixed experiences shared by the participants regarding their interactions with healthcare professionals. The majority felt their experiences were negative and found the healthcare professionals' main focus was on their weight regardless of the other reasons for the appointment. The participants who reported this experience found it very difficult as they didn't feel heard, understood or validated by the healthcare professional.

> *"Yeah it has been an experience for me because navigating healthcare with obesity you know they usually put everything of your health condition along the path that you being overweight. every medical condition, every sickness"* ***(P12)****.*
>
> *"The first thing she said to me was you need to lose weight"****(P10).***

The majority of participants also reported feeling judged and stigmatised because of their weight when they received care from healthcare professionals.

> *"It has depended on the person, but often I have found that they look at you in certain ways and may judge you. They often focus on the obesity and do not listen. Again it's how someone looks at you, it can tell a lot. So a lot of difficult experiences and it is hard to know how to do anything about that"****(P4)****.*
>
> *"It feels like there's a lot of judgement and preconceived judgement before they even know the persons story"****(P15)****.*

These insights into healthcare encounters shared by the participants reflect existing findings that indicate that individuals living with obesity or being overweight report lower quality of effective treatment and emotional support from experiences in healthcare (Flint et al., 2021).

A few participants felt differently about their healthcare experiences and generally found interactions to be both helpful and supportive.

> *"Very helpful experiences I've had because I've been able to meet diverse practitioners that come from different backgrounds, different training, different experiences. So I think so far, I haven't had any negative experiences from healthcare providers"**(P7)***
>
> *"Well, my interactions with healthcare professions in the past was quite good, it was okay. I got good treatment in a professional way"**(P2)**.*
>
> *"Um, the doctors have been really supportive about the whole thing. It has helped me accept myself"**(P9)**.*

Positive interactions with healthcare were found to revolve around supportive, respectful and professional engagement from the healthcare professional. These findings have also been shown in other work focused on emphasising the importance of supportive but effective engagement and communication with individuals living with obesity or being overweight (Auckburally et al., 2021).

Subtheme: intersectionality of race and weight within healthcare

The intersectionality of race and weight was also present within healthcare experiences and was an important finding in a few participants' responses. They indicated a heightened awareness of their race within healthcare consultations. These participants wanted to specifically discuss the impact of being Black as well as their weight during these interactions.

> *"I think that's just down to assumptions around my race and ethnicity and the foods that people perceive me maybe eating. Yeah, there was definitely a lots of assumptions around that"* ***(P15)****.*

> *"Yeah, and but also they're not even seeing their own evidence. So I'm thinking about like examples of where perhaps I have had a period of high blood pressure which was related to stress, and I think racism, like racism of working in ... and being black and being offered appointments consistently with a diabetes nurse when I don't have diabetes but and saying you've just told me that all of my tests have come clear come back fine, that the there aren't any underlying health concerns. Why do you want me in with the diabetes nurse or what? You might be at risk of developing diabetes, so not only are you not listening to me and what I'm saying, but not even trusting their own evidence, almost like the idea that the fatness, like either way, it's like is, is. Like it makes me think of like. Biases and stereotypes being stronger than evidence on what we know"* ***(P11)****.*

Participants reflected on experiences where assumptions were made by healthcare professionals because of their race. Frustrations were experienced by the participants as the assumptions continued the negative patterns of being judged and stigmatised but within healthcare.

> *"Let me talk about obesity individually, yeah because of the discriminatory aspects towards Black people in healthcare sector. I'm very impacted because I also face discrimination in the healthcare system. It always affects me getting appropriate care and support from the healthcare system. Because of past experiences I always have the thought I'm getting discriminated anytime I visit the healthcare sector and you know these negative experiences didn't allow me to seek healthcare as soon as I'm supposed to and this actually led to a delayed diagnosis"* ***(P5).***

The participant's experiences of discrimination because of their weight and race were so closely linked it heightened the intensity and negativity involved within interactions in healthcare settings. Experiences of discrimination and prejudice in healthcare settings due to

race could have detrimental impacts on future health seeking behaviour (Ben et al., 2017; Williams et al, 2013).

The importance of healthcare professionals having more insight and awareness of patients from different cultural backgrounds was discussed by one of the participants.

> *"I think we just need more GPs and doctors and whatever to understand other factors and what ties into that is to understand different backgrounds. Like when a doctor is looking at a patient, they're probably been educated in a way that's very Eurocentric. And normally, white British people don't have, they may not have certain traits or genes that can contribute to certain illnesses and diseases, whereas Black people or Asian people may be higher in a certain vitamin or level in a certain vitamin, which is what causes certain problems. So I think they need to have more awareness about where people are coming from being born and raised here doesn't mean that it takes away the genetics that we have"* ***(P17)****.*

This participant has reflected on the importance of inclusive and holistic approaches from healthcare professionals as this could be supportive in considering the whole person not just their weight or race.

2.5 Discussion

The seventeen participants recruited in this study were from Black African and Black Caribbean backgrounds. Participants shared that they received less negativity and more acceptance of their body size within their own culture and amongst people from the same race and ethnicity. There are high prevalence rates of obesity or overweight amongst Black individuals in the UK (GOV.UK, 2024) and existing research supports the findings of this study in there being more acceptance towards a bigger body size within different Black cultures (Naigaga et al., 2018).

Weight gain is frequently viewed negatively within western cultural perspectives and norms (Puhl et al., 2021). The findings in this study illustrated different perspectives towards

gaining weight and some of the participants reported more acceptance from those within their own culture and ethnicity. Having "a bit more meat on your body" (P14) was viewed positively and perceived as better than being too thin. The health belief model (Rosenstock, 1974) indicates that when adopting certain health behaviours such as losing weight, certain factors need to be considered. It would be important to explore how much threat the individual perceives from living in a bigger body and what benefits they would gain from trying to lose weight (Rosenstock, 1974). If participants did not experience any threat from living with obesity, this may hold implications for the uptake of health behaviours. Understanding more about beliefs around body size and weight gain within Black individuals may be supportive in addressing health behaviours linked to living with obesity and being overweight.

Stigma theory (Goffman, 1963) puts forth that individuals with visible differences are frequently viewed negatively within society. Participants shared experiences when others viewed their body size and weight negatively, this made them feel different from the majority around them (Ueland, 2019). However, if an individual's body size is not viewed negatively by others and they are around people with similar attributes, this may reduce the likelihood of them experiencing stigma (Naigaga et al., 2018; Ueland, 2019).

Participants reflected on a clash of cultures and they experienced different narratives around body size and weight gain. All of the Participants were born or currently live in the United Kingdom but their family cultures were Black African or Black Caribbean. Western ideals and norms for body size tend to focus on more slender appearances (Puhl et al., 2021) and this was not found to be in line with the ideals for body shape within participants' culture and race.

Intersectionality of the participants' race, ethnicity and experience of living with obesity in the UK was an important finding throughout all of the themes in this study. Intersectionality supports the understanding of how different social identities interact and can either cause empowering or disempowering experiences (Crenshaw, 1989). A few of the participants reflected on feeling attractive and empowered by their appearance when amongst people from the same ethnicity and race. This highlights a positive and supportive interaction between their race and weight. In contrast, other participants had disempowering and stigmatising interactions due to experiences of racism and weight stigma. Participants felt that their race did impact their interactions and experiences in society. They felt that their body as a Black person living with obesity or being overweight was viewed differently and inferior to a White person living with obesity.

It was important to consider the wider contextual considerations for the Black participants in this study. Experiences of systemic racism and prejudice are significant factors that can impact daily encounters and interactions for Black individuals in society (Lofton et al., 2023). One female participant also explored what power they hold over their own body and how their body as Black woman living with obesity is perceived by others. Existing literature has frequently placed Black individuals and in particular Black women at the centre of the concern regarding obesity (Sanders, 2017). This association and racialisation of obesity have been found to reinforce negative stereotypes of Black people (Dean & Liebow, 2022). The participants' responses indicate the importance of the intersectionality (Crenshaw, 1989) of their race and weight in their experience of living with obesity or being overweight.

All participants were able to demonstrate experiences of weight stigma from other people because of their body size. Participants also reported on the negative impact stigmatisation had on their mental health. Both subtle and more abrupt forms of weight stigma were discussed within participants' responses and these were both found to be

detrimental (Puhl et al., 2020; Ryan et al.,2023). Despite more accepting experiences within their families participants still experienced internalised weight stigma. These findings align with the theoretical model of weight stigma (Tylka et al., 2014) as it suggests that weight stigma has a central role in influencing negative psychological health in individuals living with obesity.

The use and impact of the language within this area was a meaningful finding within the responses. Participants felt the word obesity and obese were particularly harmful and noted that this language elicited feelings of shame, disgust and blame. The findings of this study support other research exploring the impact of language within this population. Negative and stigmatising language such as the word obese can further reinforce social differences and cause harm to those in receipt of these labels (SturtzSreetharan et al., 2022). The word overweight did not have the same associations for the majority of participants and was a less harmful use of language. The use of more neutral language that focuses less on stigmatising, negative terms is preferred by those in this population (Auckburally et al., 2021). Moving away from condition focused language and person first language has also been found to have positive outcomes with fewer negative associations (Kirk et al., 2022).

Experiences with healthcare professionals were viewed as negative and unhelpful by the majority of the participants. Their weight often overshadowed encounters with healthcare professionals and participants did not feel that their needs were met. In line with participants' other stigmatising experiences in society, findings indicated that they felt judged and discriminated against because of their weight when interacting with healthcare professionals. The intersectionality of race and weight was also found within participant healthcare experiences. Participants reflected on feelings of frustration when healthcare professionals made assumptions about them because of their race. Experiences of racial and weight biases from healthcare professionals have been found to negatively impact the quality and

effectiveness of care provided to patients (Ben et al., 2017; Okoro et al., 2022; Williams et al, 2013; Williams & Wyatt, 2015).

Findings also suggested that if healthcare professionals took a more integrated approach it could have a positive impact on healthcare experiences for those living with obesity (Luig et al., 2023; Small, 2014). The participants' experiences may impact future health seeking behaviours and negatively affect willingness to engage in services (Ben et al., 2017; Farrell et al., 2021; Williams et al, 2013). This is a population with higher risk of chronic health conditions (GOV.UK, 2024; NICE, 2014), therefore it would be important to address these negative experiences of bias and discrimination in healthcare.

2.5.1 Clinical implications and future research

The findings from this study have identified relevant clinical recommendations and suggestions for future research. The participant's responses provided more insight into the experiences of Black individuals living with obesity. Within this study, participants were recruited from multiple sources nationwide and this was important in attempting to capture a representative participant sample. Unfortunately, services indicated that they have very limited participation of individuals from Black backgrounds (Maynard et al., 2023; Teke et al., 2024). There has also been little research exploring or examining experiences of weight management services within Black populations (Maynard et al., 2023).

Different cultural beliefs regarding bigger body sizes and negative experiences of weight stigma within society and healthcare were important findings in this study. These findings may support an understanding of why there are limited numbers of Black individuals engaged with services and organisations designed to support those living with obesity or being overweight.

The importance of diversifying methods of recruitment to different clinical services and support groups for those living with obesity is a meaningful clinical recommendation. Individuals from Black backgrounds have been labelled as hard to reach, which further emphasises differences and distances them from the rest of society (Darko, 2021). Services need to do more to reach out to these populations to facilitate participation within services (Darko, 2021). Multilevel interventions could be supportive of strategies aimed at engaging more Black individuals in services. These types of interventions consider the individual and their social, physical and community environments (Stevens et al., 2017). Targeting more than just the individual and considering their interaction with the world around them (Pratt et al., 2013) could be meaningful in developing interventions and increasing engagement in services. There are existing community organisations and services that specifically support the Black community across the United Kingdom (Manful & Willis, 2024). Utilising these existing services could enable multilevel interventions to take place and allow direct work with the individual but also enable access to other influential parts of their life (Maynard et al., 2023; Stevens et al., 2017).

Recent research exploring this area has suggested the importance of tailoring existing services and taking a more culturally inclusive approach to begin improving participation and uptake of services by individuals from Black backgrounds (Maynard et al., 2023; Teke et al., 2024). The use of PPI in this research highlighted meaningful insights of those with lived experience in the design and development process (Holmes et al., 2019; Robinson, 2014). Therefore, a more culturally inclusive approach to tailoring services could begin with the involvement of individuals from Black backgrounds living with obesity in the design and development of services.

Negative healthcare encounters that included stigmatising and shameful experiences was another important finding within this study. The participants' race and weight were found

to be interconnected with their healthcare experiences. The participants' experiences highlight the need to provide more training for healthcare professionals on relevant topics that can impact the experience of patients living with obesity from different cultural and racial backgrounds (Blair et al., 2011; Marcelin et al., 2019). Training on implicit biases and microaggressions with healthcare professionals has found positive results such as an increase in knowledge and cultural awareness (Fricke et al., 2024; Okorie-Awé et al., 2021). Cultural humility training has also been found to be helpful and beneficial for developing cultural self-awareness within healthcare professionals (Lekas et al., 2020). Cultural humility encourages self-reflection and open conversations with patients regarding positions of power. It also emphasises the importance of validating the person's values and beliefs (Stubbe, 2020).

Specific training on weight stigma would also be beneficial for healthcare professionals and this should take place early on in professionals training with regular updates over time (Talumaa et al., 2022). Clinical psychologists could also support training to highlight the psychological implications of weight stigmatisation. Clinical psychologists could also provide supervision and training on different mental health conditions that may impact how an individual living with obesity or being overweight engages with health related behaviours (British Psychological Society [BPS], 2019).

The development of more culturally inclusive services for those living with obesity or being overweight from Black backgrounds should be the focus of future research. This could involve the inclusion of those with lived experience to support in the development and design of services. Future research should also examine the effectiveness of different healthcare training that is focused on education and developing personal awareness of different cultures. This could be helpful in establishing what type of training is most beneficial in supporting healthcare professionals working with Black individuals living with obesity or being overweight.

2.5.2 Strengths and limitations

This study reached out to different services and organisations across the United Kingdom to obtain a diverse sample of participants. There was a positive representation of both male and female participants, which was a strength of this study due to men being underrepresented in research in this area (Rounds & Harvey, 2019). There was also a range of ages included, meaning different experiences and lifestyles were explored in the responses. Seventeen participants were recruited which was in line with the target sample size of 15-20. This was an appropriate sample size given that qualitative research is focused on the quality of the data collected from homogenous participant samples (Fossey et al., 2002; Stutterheim & Ratcliffe 2021). The use of Patient and Public Involvement (PPI) meant that the population being researched was involved in the development of the study (Holmes et al., 2019; Robinson, 2014).

The majority of recruitment and advertisement of this study was conducted online via social media and other online sites, although attempts were made to have organisations print out information and hand out the recruitment poster. The data collection took place via online interviews which were done to support the option of nationwide recruitment. The use of online resources throughout this study may have limited participation from those who do not use social media and do not have access to equipment that could enable them to take part.

2.5.3 Conclusion

This study addressed an underexplored area by exploring the experiences of Black individuals living with obesity or being overweight in the UK. Three final themes were developed from the findings of this study; ‘cultural differences and perceptions of body size and weight gain’, ‘lived experience of stigma’ and ‘experiences within healthcare’. These findings reflected the participants' experiences and highlighted the influence of culture,

ethnicity and race in their experiences of living with obesity. Weight stigma was present throughout the participants' experiences in their daily lives and within the language used to address those in this population. Negative healthcare experiences were also found in the majority of the participants' responses. These findings have been supportive in considering the potential clinical implications that could be derived from this study.

Implications such as highlighting the importance of diversifying the recruitment methods of services that support those living with obesity, to improve engagement of individuals from Black backgrounds. Another key implication from this study is the need for further training of staff within healthcare, specifically focusing on education and guidance on implicit biases, cultural humility, weight stigma and the use of language used towards those in this population. More research and focus are needed with this population to capture their lived experiences and work towards improving services and clinical practice.

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Appendix A

Letter confirming ethical approval

University of Southampton

Date: 2nd August 2024

To whom it may concern,

ERGO Ref. 79487.A2 – **"Exploring experiences of internalised weight stigma within Black individuals living with obesity or being overweight: A qualitative study."**

This letter is to confirm that the above named research project and the subsequent amendments (ERGO Ref. 79487.A1 and 79487.A2) undertaken by Aysha Adrissi was reviewed and approved through the University of Southampton, Faculty of Environmental and Life Ethics Committee on the 22nd May 2023, 1st August 2023 and 1st November 2023.

Should you require any further information please contact risethic@soton.ac.uk

Kind regards,

Research Ethics and Governance Team
Research and Innovation Services
University of Southampton
Building 37, Room 4057
University Road
Highfield
Southampton
SO17 1BJ

Research & Innovation Services, University of Southampton, Highfield Campus, Southampton SO17 1BJ United Kingdom
Tel: +44 (0)23 8059 5058 www.southampton.ac.uk

Appendix B

Critical Appraisal Skills Programme (CASP, 2018) Checklist Table

Title, Author	Was there a clear statement of the aims of the research?	Is a qualitative methodology appropriate?	Was the research design appropriate to address the aims of the research?	Was the recruitment strategy appropriate to the aims of the research?	Was the data collected in a way that addressed the research issue?	Has the relationship between researcher and participants been adequately considered?	Have ethical issues been taken into consideration?	Was the data analysis sufficiently rigorous?	Is there a clear statement of findings?	How valuable is the research?
Men's weight loss stories: How personal confession, responsibility and transformation work as social control (Couch et al., 2019)	Yes	Yes	Yes	Yes	Yes	No	Can't tell	Yes	Yes	A sociological analysis of men's weight loss experience was explored, highlighting the role of media in representing men's bodies and body ideals.
Valued tactics: Men's reframing of participation in football-based weight management programmes as a working utopia of collective action (Day & Krauze 2023)	Yes	Yes	Yes	Yes	Yes	Can't tell/ No	Yes	Yes	Yes	Providing new insight into a different weight loss approach targeted towards men and exploring its impact, effectiveness.
Men living with obesity in New Zealand: What does this mean for healthcare in general practice? (Doolan-Noble et al.,2019)	Yes	Yes	Yes	Yes	Yes	Can't tell/ No	Yes	Yes	Yes	This research highlighted key areas that need addressing such as interactions from healthcare professionals, effective strategies to support weight gain and to address the widespread nature of stigma found within healthcare settings.

Bearing Bodies: Physical Acitivity, Obesity Stigma, and Sexuality in the Bear Community (Edmonds & Zieff 2015)	Yes	Yes	Yes	Yes	Yes	Yes	Can't tell/ No	Yes	Yes	Providing insight and knowledge that may not be known without this type of exploration and understanding into the participants experiences.
Personal Descriptions of Life Before and After Bariatric Surgery From Overweight or Obese Men (Edward et al., 208)	Yes	Yes	Yes	Yes	Yes	Can't tell/ No	Can't tell/ No	Yes	Yes	Providing an understanding of the changes, impact the surgery has had for the men who took part in the research.
Exploring the influences on men's engagement with weight loss services: a qualitative study (Elliott et al., 2020)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Research in this area is providing understanding regarding reasons why men may/may not participate in services.
Tongues Untied Truth Revealed: Body Image, Social Media, Identity Development, and Meaning-Making in Overweight and Obese Black Gay MSM (Enam 2015)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Providing information and insight into multiple areas such as race, sexuality and living with obesity. exploring the intersectionality of these in a qualitative approach to obtain an in depth understanding of the men in this study.
Sexuality amongst heterosexual men with morbid obesity in a bariatric surgery programme: A qualitative study (Granero-Molina et al., 2020)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Providing insight into the experiences of men living with obesity and the effect this has on their sexuality.
The Effects of Bariatric Surgery on Sexuality: Experiences of Obese Men in Turkey (Guven et al., 2022)	Yes	Yes	Yes	Yes	Yes	Can't tell/ No	Can't tell/ No	Yes	Yes	Provided insight into the male experience of living with obesity, its impacts in daily life such as its impact on sexuality.

A Qualitative Investigation of Obese Men's Experiences with their weight (Lewis et al., 2011)	Yes	Yes	Yes	Yes	Yes	Can't tell/ No	Yes	Yes	Yes	Provides insight into the male experience of living with obesity,
Sorry mate, you're probably a bit too fat to be able to do any of these': Men's experiences of weight stigma (Lozano-sufrategui et al., 2016)	Yes	Yes	Yes	Yes	Yes	Can't tell/ No	Yes	Yes	Yes	Since weight stigma can delay and prevent men from attending WMPs, practical im-plications for the design and implementation of weight management programmes can be drawn from this study
Factors that influence overweight and obese men's participation in healthy eating, exercise, and weight management programs (MacDonald 2013)	Yes	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	First known study to examine men's participation in healthy eating, exercise and weight management programmes.
Fat boys make you feel thinner!': fat GBQ men's comfort and stgma in UK bear spaces(McGlynn 2023)	Yes	Yes	Yes	Yes	Yes	Can't tell/ No	Yes	Yes	Yes	One of the first studies in the UK to explore GBQ men's experience in Bear spaces
"Grow the Beard, Wear the Costume": Resisting Weight and Sexual Orientation Stigmas in the Bear Subculture (McGrady 2016)	Yes	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Exploration of the intersectionality between weight and sexual orientation and the experiences of stigma.
Bodily sensibility: vocabularies of the discredited male body (Monaghan & Hardey 2009)	Yes	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Exploring and understanding "how men might interpret and respond to a masculine bodily aesthetic in the wake of the putative obesity epidemic that reportedly affects most men in Western nations".

Life After Bariatric Surgery: Perceptions of Male Patients and Their Intimate Relationships (Moore & Cooper 2016)	Yes	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Adding information to the understanding of the experience of living with obesity, deciding to undertake bariatric surgery and life after..
The lived experiences of obese gay men with weight stigma within the homosexual community: A phenomological study (Neff 2011)	Yes	Yes	yes	yes	yes	yes	yes	yes	yes	Contributing to the knowledge and understanding of the experiences of gay men who are living with obesity or being overweight.
Moral Biocitizenship: Discursively Managing Food and the Body after Bariatric Surgery (SturtzSreetharan 2018)	Yes	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Contributing to the knowledge and understanding of the experiences of men with lived experience of obesity and bariatric surgery..
Experiences of sizeism among fat and big men: A phenomenological approach (Turner 2020)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Adding to the area of research exploring lived experiences of individuals living with obesity or being overweight. Specifically exploring male experiences of sizeism. Indicating more research and exploration is needed in this area.
Discursive entanglements, diffractive readings: Weight-loss- surgery narratives of Girths & Mirthers (Whitesel & Shuman 2016)	Yes	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Adding to the area of research exploring lived experiences of individuals living with obesity or being overweight. Focusing on experiences of gay men who are members of Girths and Mirth's social clubs.

Appendix C

Excerpt of Coding manual for Qualitative Synthesis

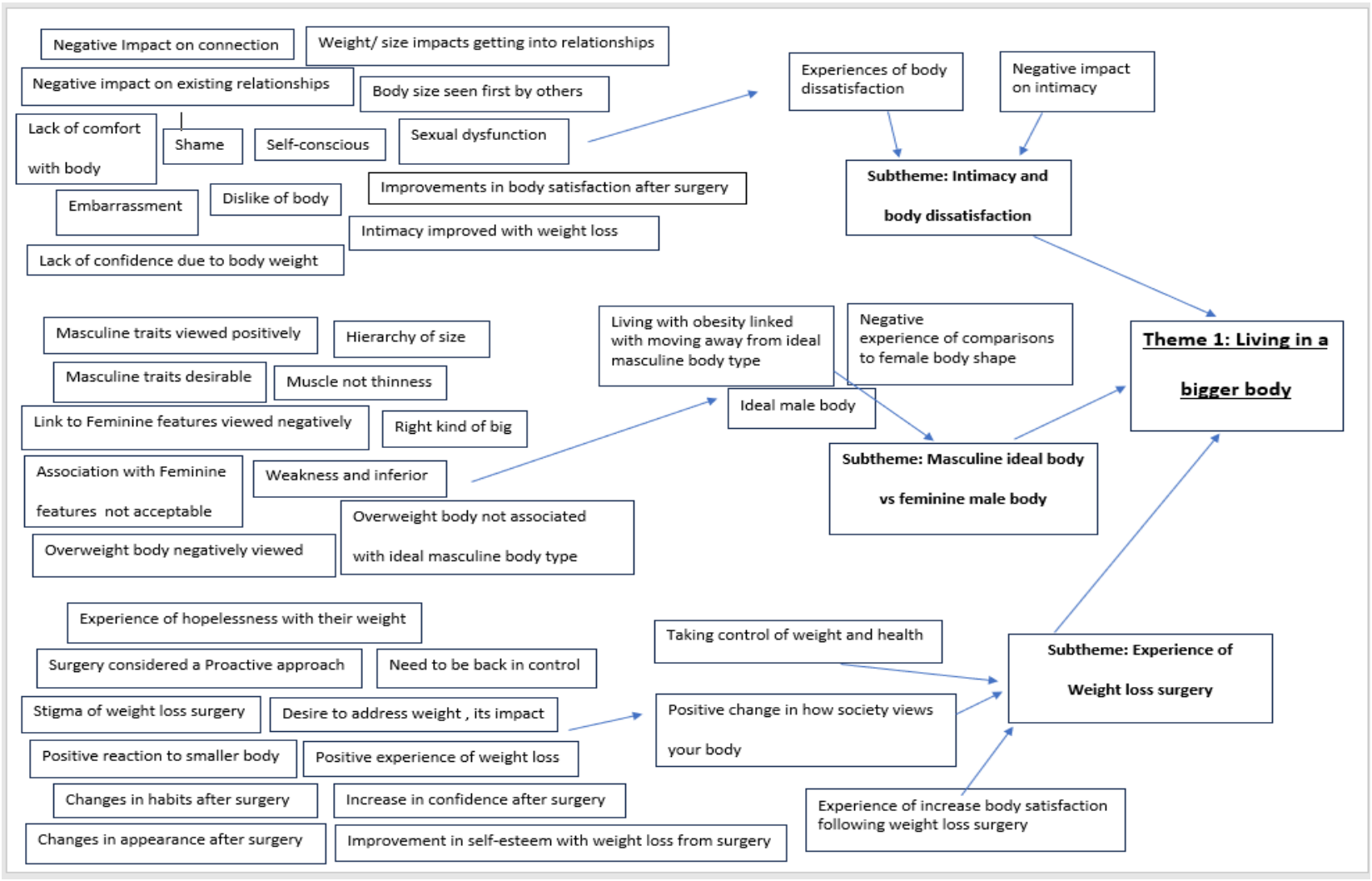
Theme	Subtheme (if relevant)	Description of theme	Codes included	Example quotes
Living in a bigger body	Intimacy and body dissatisfaction	Exploring the male experience of living within a bigger body	- Negative impact on connection - Negative impact on existing relationships	"I often think that she (wife) will leave me, she will look for a normal man, with a normal body and have normal sex" (IDI1, married, 43years old, Participant quote, Granero-Molina et al., 2020). "I know that my body does not meet the ideal conditions, I've suffered rejections". (IDI3, single, 43years old, Participant quote, Granero-Molina et al., 2020). "Very often for the opposite sex the fat lad is the one who will have the fun stories; he's a good laugh and a joke, but as a partner, you are not a serious prospect, you're just perceived as less attractive to the opposite sex; the one who never gets a chance with the girls. It's always the good looking and skinny ones would get the girl, and the fat lad always ends up going home on his own" (participant quote, Lozano-Sufrategui et al.,2016). "Fat deposition in the inguinal region is another problem. With that much fat and weight, your sexual organ looks as if it is buried in the fat. This also affects you psychologically" (P9, participant quote, Guven et al., 2022). "Doing any physical activity, it's not something to look forward to, it's putting myself out there to be ridiculed again" (Aged 55, BMI 61, Participant quote, Lewis et al., 2011). "I'm very ashamed of my chest because I have man-boobs, and so it's like, to me that's very shameful" (Participant quote, Turner, 2019). "larger bodies are perceived as a moral "failure" that are "displaying low personal efficacy, social value, and weakness" (Author quote, Edmonds & Zieff 2015).

	- Experiences of body dissatisfaction - Shame - Embarrassment - Increase body satisfaction following weight loss surgery - Intimacy improved with weight loss	"Participants were generally happy with their smaller size and how that affected their body image" (author quote Edward et al., 2018). "Most individuals reported an increase in both emotional and sexual intimacy" (author quote, Moor & Cooper 2016). "Before surgery our sex life was very infrequent. Our sex life started increasing relatively soon after surgery...we actually talk now" (participant quote, Moor & Cooper 2016).
Masculine ideal body vs feminine male body	- Moving away from ideal masculine body type - Link to feminine features viewed negatively - Ideal male body - Right kind of big - Muscle not thinness - Hierarchy of size	"Distance from femininity. Many of the participants described how their bodies dictated their access to masculinity within society. For these participants, having a masculine body often meant having a body that was specifically distant from the female body in appearance, such as not having breasts" (Author quote, Turner, 2019). "I was in middle school. I was a heavier set boy and I had a chest. It wasn't formed. It was like breasts and my middle school teacher was talking to my mom and she was like well he needs to go work out. He's starting to get little boobies and you know it's always been things like that." (participant quote, Enam, 2012). "Men don't want to be thin. Our goal is to have low body fat, to be muscular. The ideal body shape for men is quite a muscular one in men's minds" (Aged 26, BMI 33, Lewis et al., 2011). "It was common for men to share that they were aware of a hierarchy of size. Most of the men expressed the nuance of being large or big versus appearing fat. For many of the men, size was often desired, but in the "correct way," namely appearing stronger, healthier and/or more muscular as opposed to fatter. Stronger bodies were often described as being more "athletic" and thus equating strength with athleticism". (Author quote, Turner,2019)

Experience of weight loss surgery	- Taking control of weight and health by choosing WLS - Experience of hopelessness with their weight - Surgery considered a proactive approach - Positive change in how society views your body following surgery - Positive experience of weight loss	"Heterosexual men see in bariatric surgery the hope to redirect their lives on a social, work, sexual and relationship level" (author quote, Granero-molina et al., 2020). "I realise I had come to a crossroads in my life and had to do something dramatic . . . otherwise I was heading into heart attack and stroke territory … I would rather take control of the situation (P4 participant quote, Edward et al., 2018). Just the whole way you look and stuff, you feel different, basically you feel skinnier. You feel more accepted, society is so judging. (P3, Participant quote, Edward et al., 2018).

Appendix D

Example of Thematic Map used to develop themes



Appendix E *Topic Guide for Empirical Paper*

03.04.2023 Version 2 ERGO Number 79487

Topic Guide

1) I would like to focus on and hear your views about your experience of living with obesity or being overweight? These are some questions specifically regarding the words obesity and overweight.
    - What do you think when you hear the word obesity? And how does this make you feel?
    - What do you think when you hear the word overweight? And how does this make you feel?
    - How do you think other people think and feel about the words obesity and overweight?
2) Can you tell me about your experience of how others view your weight and your body size?
    - Has your experience varied depending on the person (Partner, family, friends, work colleagues, healthcare professionals, strangers)?
    - Can you tell me about why you think there are differences?
3) How have experiences with other people affected how you feel about your weight and your appearance?
    - Can you tell me about your relationship with your body?
    - What things impact how you feel, view your body shape?
    - How have your experiences affected your (self) identity?
4) How is living with obesity or being overweight viewed within your culture?
    - Can you tell me about how weight, body size is viewed within your culture?

- How do you view the weight, body size of other people within and outside of your culture?
- Have you experienced any differences in how your weight is viewed by others within your culture compared to outside of your culture?

5) Weight stigma is defined as "discriminatory acts and ideologies targeted towards individuals because of their weight and size. It is the result of weight bias which refers to negative ideologies associated with obesity".
   - What does weight stigma mean to you? Or what does this mean to you?
   - How do you feel living with obesity or being overweight is viewed or portrayed in society?
6) Internalised weight stigma refers to when individuals internalise the stigmas regarding their weight and size from others. Does this feel like something you have experienced?
   - Can you tell me a bit more about your experience?
7) What have your experiences been seeking help and support from healthcare professionals?
   - For general health concerns?
   - For concerns specifically related to your weight?
   - Would you change anything about your experiences with healthcare professionals?
8) Was there anything else you would like mention about your experiences or anything you feel would be important to discuss regarding living with obesity or being overweight?

Appendix F *Poster for Empirical study*

Version 2, 06.05.23 ERGO no. 79487

Exploring experiences of Black individuals living with obesity or being overweight.

We are interested in finding out more about the experiences of Black individuals living with obesity or being overweight in the UK. This would be an opportunity for you to share your experiences. We value your insights and would welcome your participation in this study.

What's involved and what you will receive for taking part?

You would take part in an online interview (up to 1 hour in length) and then receive a £25 online Love2Shop voucher.

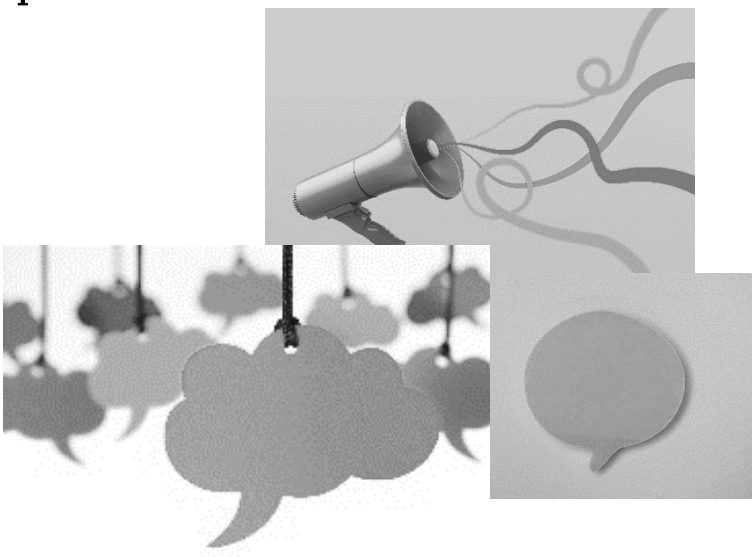
If this feels like something you would be interested in, please contact Aysha Adrissi on A.Adrissi@soton.ac.uk and additional information will be provided.

Aysha Adrissi

Trainee Clinical Psychologist

A.Adrissi@soton.ac.uk

University of Southampton



Version 2, 06.05.23 ERGO no. 79487

Appendix G

Participant Information Sheet

Participant Information Sheet

Study Title: Exploring experiences of Black individuals living with obesity or being overweight.

Researcher: Aysha Adrissi

ERGO number: 79487

[29.03.23] [Version number 4]

You are being invited to take part in the above research study. To help you decide whether you would like to take part or not, it is important that you understand why the research is being done and what it will involve. Please read the information below carefully and ask questions if anything is not clear or you would like more information before you decide to take part in this research. You may like to discuss it with others but it is up to you to decide whether or not to take part. If you are happy to participate you will be asked to sign a consent form.

What is the research about?

This is a research study that is part of the Clinical Psychology Doctorate course at the University of Southampton. It is focused on exploring the experiences of Black individuals in the UK who are living with obesity or being overweight.

Recent research has found that there are social and psychological difficulties associated with living with obesity or being overweight. An important focus of this research study is weight bias and weight stigma. Weight biases are attitudes and beliefs towards individuals because of their weight or body size. Weight stigma is the judgement and labelling of individuals due to weight and body size. These experiences could cause individuals to focus and internalise stigmas from other people. Which has been found to negatively impact both physical and mental health.

Current research tells us that there has been little attention paid to exploring the experiences of individuals from the Global Majority. NICE (National Institute of Clinical Excellence, 2022) found that people from 'Black, Asian and other ethnic family backgrounds' have more risk of long-term health conditions that are associated with obesity or being overweight.

In this study, we are hoping to focus on and address this gap in the research by exploring the experiences of Black individuals in the UK living with obesity or being overweight.

<u>This study aims to explore the following:</u>

- Experiences of Black individuals living with obesity or being overweight.
- The impact and experience of weight stigma.
- The impact of weight stigma on health seeking behaviours.
- Interactions with healthcare professionals.
-

Why have I been asked to participate?

You have been asked to participate in this research study due to meeting the requirements of participation:

- Completed the attached response form.
- Being aged 18 or over and living in the UK.
- Being from a Black background (Black African, Black Caribbean or other Black background).
- That you identify as someone who lives with obesity or being overweight.

What will happen to me if I take part?

The research study involves taking part in an online interview.

If you meet the participation requirements of the study and agree to taking part, the following steps will occur:

- You will be sent an online consent form to complete by email.
- A convenient date and time will be organised by email (or phone) for the online interview and you will be sent a Microsoft Teams meeting link by the researcher.
- The interview will take up to 1 hour and will be recorded.
- After the interview you will be sent a debrief form, which provides an overview of the research study.
- You will receive a £25 voucher for participating in the research and this will be emailed to you as soon as possible after the interview.

Are there any benefits in my taking part?

The research team hope that from participating you may have a useful and beneficial time exploring your experiences in this area. You will also be reimbursed with a £25 love2shop voucher.

Are there any risks involved?

There is no anticipated risk involved in this research study. We will be exploring some personal issues and experiences that could cause some psychological discomfort. During the interview, if you were to feel distressed we will try our best to manage this by either taking a break or stopping the interview. Following this, we can either resume the interview or find another time to continue. Or the process can be concluded if you no longer wish to continue with the interview. You will receive a debrief form over email providing an overview of the research.

If you do experience any discomfort or distress, please see below contact details of some services that you can contact.

Mental health support by text message

Text SHOUT to 85258 for free (from all major UK mobile networks) You'll then be connected to a volunteer for an anonymous conversation by text message. This isn't an NHS service, it is a free and confidential 24/7 text messaging mental health support service.

Samaritans

- Call 24/7 on 116 123
- https://www.samaritans.org/

MIND

Mental health information

- https://www.mind.org.uk/
- https://www.mind.org.uk/information-support/

Obesity UK charity: support groups

- https://www.obesityuk.org.uk/support-groups

What data will be collected?

The research study will be collecting identifiable information from you as part of the recruitment process and consent form. This information will be stored separately and securely in a password protected online file. The interview will collect information about your experiences, which will be anonymised and the interview transcript will also be stored securely in a separate password protected online file.

Will my participation be confidential?

Your participation and the information we collect about you during the course of the research will be kept strictly confidential. Only members of the research team and responsible members of the University of Southampton may be given access to data about you for monitoring purposes and/or to carry out an audit of the study to ensure that the research is complying with applicable regulations. Individuals from regulatory authorities (people who check that we are carrying out the study correctly) may require access to your data. All of these people have a duty to keep your information, as a research participant, strictly confidential. Once the recordings have been reviewed by the researcher and transcribed they will be destroyed in order to ensure your confidentiality. The anonymised interview transcripts will be saved under an anonymous ID number in a password protected file and this ID number will be used to connect your anonymised transcript to your consent form, which will also be saved in a separate password protected file.

Do I have to take part?

No, it is entirely up to you to decide whether or not to take part. If you decide you want to take part, you will need to sign a consent form to show you have agreed to take part in the research study.

What happens if I change my mind?

You have the right to change your mind and after taking part in the study, a two-week time limit will be given in which your data can be withdrawn without giving a reason or your participant rights being affected. After this time period it will not be possible to withdraw your data from the research study.

What will happen to the results of the research?

Your personal details will remain strictly confidential. Research findings will be written up during the later stages of the project and submitted to the University of Southampton as a Doctoral Thesis in 2024. After the submission of the final report, the research team may attempt to publish the report in a relevant journal. The final report and any potential publications may include anonymised extracts of quotes used in the interview. But will not include any information that can directly identify you without your explicit and specific consent.

Where can I get more information?

If you require any further information please contact the research team.

Research Team

Aysha Adrissi, Principal Investigator

a.adrissi@soton.ac.uk

Supervisors

Dr Lisa Cant, Senior Teaching Fellow

l.a.cant@soton.ac.uk

Dr Katy Sivyer, Lecturer

k.a.j.sivyer@soton.ac.uk

What happens if there is a problem?

If you have a concern about any aspect of this study, you should speak to the researchers who will do their best to answer your questions. If you remain unhappy or have a complaint about any aspect of this study, please contact the University of Southampton Research Integrity and Governance Manager (023 8059 5058, rgoinfo@soton.ac.uk).

Data Protection Privacy Notice

The University of Southampton conducts research to the highest standards of research integrity. As a publicly-funded organisation, the University has to ensure that it is in the public interest when we use personally-identifiable information about people who have agreed to take part in research. This means that when you agree to take part in a research study, we will use information about you in the ways needed, and for the purposes specified, to conduct and complete the research project. Under data protection law, 'Personal data' means any information that relates to and is capable of identifying a living individual. The University's data protection policy governing the use of personal data by the University can

be found on its website (https://www.southampton.ac.uk/legalservices/what-we-do/data-protection-and-foi.page).

This Participant Information Sheet tells you what data will be collected for this project and whether this includes any personal data. Please ask the research team if you have any questions or are unclear what data is being collected about you.

Our privacy notice for research participants provides more information on how the University of Southampton collects and uses your personal data when you take part in one of our research projects and can be found at http://www.southampton.ac.uk/assets/sharepoint/intranet/ls/Public/Research%20and%20Integrity%20Privacy%20Notice/Privacy%20Notice%20for%20Research%20Participants.pdf

Any personal data we collect in this study will be used only for the purposes of carrying out our research and will be handled according to the University's policies in line with data protection law. If any personal data is used from which you can be identified directly, it will not be disclosed to anyone else without your consent unless the University of Southampton is required by law to disclose it.

Data protection law requires us to have a valid legal reason ('lawful basis') to process and use your Personal data. The lawful basis for processing personal information in this research study is for the performance of a task carried out in the public interest. Personal data collected for research will not be used for any other purpose.

For the purposes of data protection law, the University of Southampton is the 'Data Controller' for this study, which means that we are responsible for looking after your information and using it properly. The University of Southampton will store anonymised research data for 10 years after the study has finished.

To safeguard your rights, we will use the minimum personal data necessary to achieve our research study objectives. Your data protection rights – such as to access, change, or transfer such information - may be limited, however, in order for the research output to be reliable and accurate. The University will not do anything with your personal data that you would not reasonably expect.

If you have any questions about how your personal data is used, or wish to exercise any of your rights, please consult the University's data protection webpage (https://www.southampton.ac.uk/legalservices/what-we-do/data-protection-and-foi.page) where you can make a request using our online form. If you need further assistance, please contact the University's Data Protection Officer (data.protection@soton.ac.uk).

Thank you for taking the time to read the information sheet and considering taking part in the research.

Appendix H

Participant Response form

To be completed by researcher

Participant Number: …….

Response form

Thank you for taking the time to complete the following information.

Name:

DOB:

Age:

Gender (please circle): Female / Male / Non-Binary / Prefer not to answer

Other (Please specify…….)

Please circle which applies to you:

Black African / Black Caribbean/ Other black background (Please specify……)

Weight (in stone or Kg): ……..

Height (ft/inches or cm): ……

Confirm preferred email address (this will be where the Interview Link will be sent)

Tel Number (In case researcher needs to contact you regarding the study)

…….

Appendix I

Consent form

University of Southampton

CONSENT FORM

Study title:

Exploring experiences of Black individuals living with obesity or being overweight.

Researcher name: Aysha Adrissi

ERGO number: 79487

Participant Identification Number (if applicable*):*

Please initial the box(es) if you agree with the statement(s):

I have read and understood the Participant Information Sheet (29.03.23/version no.4) and have had the opportunity to ask questions about the study.	
I agree to take part in this research project and agree for my data to be used only for the purpose of this study.	
I understand that my participation is voluntary and I can withdraw for any reason. I also understand that there will be a two-week period following the interview that I can withdraw my data from the study. Following this period it will not be possible to withdraw my data from the research.	
I agree to be recorded on Microsoft Teams as part of the research, this interview will be transcribed and anonymised. I understand that the interview recording will be saved in a password protected file and destroyed at the end of the research study. Identifiable information will be removed from these transcripts.	
I agree and understand that anonymised extracts of quotes used in the interview may be used in the final report or potential future publications.	
I understand that I will not be directly identified in any reports of the research.	

Name of participant (print name)……

Signature of participant……

Date……..

Name of researcher (print name)……

Signature of researcher ……

Date……..

[29.03.2023 [Version Number 4] [ERGO Number 79487*)*]

Appendix J

Gatekeeper Letter

Gatekeeper Letter

Dear….

My name is Aysha Adrissi and I am a Trainee Clinical Psychologist enrolled on the Doctorate in Clinical Psychology course at the University of Southampton.

As part of the course, I am conducting a doctoral thesis research project that is focused on exploring experiences of living with obesity or being overweight within a Black UK population. This is an important area due to the social and psychological difficulties associated with living with obesity or being overweight. There has also been limited research focused on individuals from Black backgrounds within the UK. The research project involves participants taking part in an online interview.

I am writing to enquire if …… would advertise the research project within your organisation.

Yours Sincerely

Aysha Adrissi

Trainee Clinical Psychologist

Southampton University

a.adrissi@soton.ac.uk

Appendix K

Debrief form

Debriefing Form

Study Title: Exploring experiences of Black individuals living with obesity or being overweight.

Ethics/ERGO number: *79487*

Researcher(s): Aysha Adrissi, Lisa Cant, Katy Sivyer, Catherine Brignell

University email(s): a.adrissi@soton.ac.uk , l.a.cant@soton.ac.uk, k.a.j.sivyer@soton.ac.uk

Version and date: 03.04.23 Version 3

Thank you for taking part in our research project. Your contribution is very valuable and greatly appreciated.

Purpose of the study

The aim of this research was to explore the experiences of Black individuals who live with obesity or being overweight. The research aimed to do this by understanding more about the participants' experiences of weight stigma and weight biases. Weight biases are attitudes and beliefs towards individuals because of their weight or body size. Weight stigma is the judgement and labelling of individuals due to weight and body size. Internalised weight stigma refers to when individuals internalise the stigmas regarding their weight and size from others. Which has been found to negatively impact both physical and mental health.

The research also aimed to understand more about the impact of internalised weight stigma on participants' health seeking behaviours. Another important focus was to learn more about participants' experiences of interacting with healthcare professionals.

It is expected that the results of this study will provide more understanding about the experiences of individuals who live with obesity or being overweight. Your data will help our understanding of the experiences of Black individuals in the UK as this was an underrepresented focus of research within this area.

Confidentiality

The interview transcript will be anonymised and you will not be directly referenced in the research results.

Study results

If you would like to receive a copy of the final report when it is completed, please let us know by using the contact details provided on this form.

Further support

If taking part in this study has caused you discomfort or distress, you can contact the following organisations for support:

Mental health support by text message

- Text SHOUT to 85258 for free (from all major UK mobile networks) You'll then be connected to a volunteer for an anonymous conversation by text message. This isn't an NHS service, it is a free and confidential 24/7 text messaging mental health support service.

Samaritans

- Call 24/7 on 116 123
- https://www.samaritans.org/

MIND

Mental health information

- https://www.mind.org.uk/
- https://www.mind.org.uk/information-support/

Obesity UK charity: support groups

- https://www.obesityuk.org.uk/support-groups
-

Further information

If you have any concerns or questions about this study, please contact Aysha Adrissi at a.adrissi@soton.ac.uk who will do their best to help.

If you remain unhappy or would like to make a formal complaint, please contact the Head of Research Integrity and Governance, University of Southampton, by emailing: rgoinfo@soton.ac.uk, or calling: + 44 2380 595058. Please quote the Ethics/ERGO number which can be found at the top of this form. Please note that if you participated in an anonymous survey, by making a complaint, you might be no longer anonymous.

Thank you again for your participation in this research.

Appendix L

Researchers reflection following interview in empirical paper

"Initial reflections from this interview being that I noted myself related to some of their experiences. I have a parent from the same background and have similar experiences regarding having different cultures in your household growing up. Being a similar age and gender may have also played a part in me recognising myself in some of her experiences regarding societies impact on how you view your body, comparisons to friends bodies, shopping and focusing on the number on the label. I found it interesting that they reflected a lot on this research being one of the only they have seen that wanted to know about the experiences of people from black backgrounds. It also made me feel a bit sad to hear that perhaps there isn't much research out there or that she hasn't been exposed to it? I also noted some frustrations in myself hearing about difficult experiences within healthcare and how they didn't feel listened to in that encounter"

Appendix M

Excerpt of coding manual for empirical paper

Theme	Description	Codes	Participant Quotes
Experiences within Healthcare.	Exploration of the participants' encounters within healthcare.	Overshowed by weight	*P12- Yeah it has been an experience for me because navigating healthcare with obesity you know they usually put everything of your health condition along the path that you being overweight. every medical condition, every sickness.* *P10- the first thing she said to me was you need to lose weight* *P17- when I went to the GP once to get checked out…the GP just was like, OK, so you're getting leg pain and back pain whenever you walk. And I was like, yeah. And then she's like, OK, I think what we have to do is just stretch and lose some weight. And I was like, OK, but like, I wanna be like checked, I wanna just make sure it could be like whatever it could be like, sciatic or whatever.*
		Judgement and stigma	*P10-"I could tell it was more of a situation where they didn't actually care and would say rude words to me and they didn't care. It was more so like they had that stigma of, well, when you're big, you're gonna have much more issues.."* *P15- it feels like there's a lot of judgement and preconceived judgement before they even know the persons story.* *P4- It has depended on the person, but often I have found that they look at you in certain ways and may judge you. They often focus on the obesity and do not listen. Again its how someone looks at you, it can tell a lot. So a lot of difficult experiences and it is hard to know how to do anything about that.*

	Assumptions from healthcare professionals Intersectionality of race and weight	*P15- I think that's just down to assumptions around my race and ethnicity and the foods that people perceive me maybe eating. Yeah, there was definitely a lots of assumptions around that.* *P11- Yeah, and but also they're not even seeing their own evidence. So I'm thinking about like examples of where perhaps I have had a period of high blood pressure which was related to stress, and I think racism, like racism of working in ... and being black and being offered appointments consistently with a diabetes nurse when I don't have diabetes but and saying you've just told me that all of my tests have come clear come back fine, that the there aren't any underlying health concerns. Why do you want me in with the diabetes nurse or what? You might be at risk of developing diabetes, so not only are you not listening to me and what I'm saying, but not even trusting their own evidence, almost like the idea that the fatness, like either way, it's like is, is. Like it makes me think of like. Biases and stereotypes being stronger than evidence on what we know.* *P5- Let me talk about obesity individually, yeah because of the discriminatory aspects towards Black people in healthcare sector. I'm very impacted because I also face discrimination in the healthcare system. It always affects me getting appropriate care and support from the healthcare system. Because of past experiences I always have the thought I'm getting discriminated anytime I visit the healthcare sector and you know these negative experiences didn't allow me to seek healthcare as soon as I'm supposed to and this actually led to a delayed diagnosis.* *P17- I think we just need more GPS and doctors and whatever to understand other factors and what ties into that is to understand different backgrounds. Like when a doctor is looking at a patient, they're probably been educated in a way that's very Eurocentric. And normally, white British people don't have, they may not have certain traits or genes that can contribute to certain illnesses and diseases, whereas Black people or Asian people may be higher in a certain vitamin or*

	level in a certain vitamin, which is what causes certain problems. So I think they need to have more awareness about where people are coming from being born and raised here doesn't mean that it takes away the genetics that we have"
Helpful experiences	*P7- Very helpful experiences I've had because I've been able to meet diverse practitioners that come from different backgrounds, different training, different experiences. So I think so far, I haven't had any negative experiences from healthcare providers* *P2: Well, my interactions with healthcare professions in the past was quite good, it was okay. I got good treatment in a professional way.* *P9- Um, the doctors have been really supportive about the whole thing. It has helped me accept myself.*