

Body image and low weight experiences of middle-aged Black women living in the UK: An
interpretative phenomenological analysis

by

Sophie Meakin

Supervised by Dr Amanda Visick

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Declaration

I hereby declare that the work submitted in this thesis is fully the result of my own investigation, except where otherwise stated.

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Abstract

Background: The majority of research conducted has focused on the negative effects of “fat shaming” on overweight women’s mental health. However, in recent years, thin women have shared their experiences of low weight commenting, which is often similar to the dialogue of teasing and negative comments received by their fellow full-figured peers. Thin, Black women who have experienced acculturation are particularly prone to this due to discrepancies between cultures. Additionally, the majority of this research has focused on young women, with middle-aged women’s experiences been overlooked. This study addresses the gap by looking at the experiences of middle-aged Black women in relation to low weight commenting and body image.

Design and method: Verbatim accounts of six semi-structured interviews with middle-aged Black women were analysed using Interpretive Phenomenological Analysis (IPA).

Findings: Three group experiential themes (GET) emerged: “*Navigating societal expectations - the burden of external judgements*”, “*Psychological resonance and adaptive strategies - coping with low weight commentary*”, and “*A desire for recognition and compassion - envisioning empathy and social support*”. There were nine personal experiential themes (PET), with three in each GET.

Conclusion: The study findings echo the findings of published literature on weightism and body image, while offering new insights into the overlooked impact of low weight-related comments on social behaviour and relationships. It underscores the need for culturally informed therapeutic approaches and calls for further research on acculturation and the long-term effects of low weight commenting to enhance interventions and support systems for affected individuals.

Chapter 1: Introduction and Literature Review

1.1 Introduction

This section will provide a critical review of the relevant literature. The review will start with a reflexive statement, which will be followed by an exploration of “weightism” and, more specifically, the current notion of “low weight commenting”. Following this, previous research findings in relation to weightism, Black culture and middle-age will be outlined. Subsequently, there will be critical evaluation throughout. Next, relevant theories will be outlined and explored in relation to low weight commenting. After acknowledgement of the current relevance to society and Counselling Psychology (CoP) as a discipline, the review will conclude with a rationale for the therapeutic bearing of the current research study.

1.2 Reflexive Statement

A key principle of research in the field of CoP is the importance placed on acknowledging and owning researcher subjectivity. Reflexivity involves the researcher's awareness of their presuppositions and personal experiences as these influence the creation of new knowledge. It is crucial to consider how the researcher's overall perspective, theoretical stance, and personal background interact in co-constructing the phenomena under study. Reflexivity holds particular significance in qualitative research, where the researcher and the research are deeply intertwined. Engaging with these influences enables a more nuanced interpretation of the research process. Such inquiry is needed from the earliest stages, as researchers should examine their connection to the research topic at its inception.

In order to obtain a detailed and meaningful exploration of the research topic, I aimed to approach the process with openness and critical curiosity. I remained aware that no research is truly objective, and my own experiences have significantly shaped my interest in body image and low weight commentary. As a White British woman, I have been the subject of numerous unsolicited comments about my body throughout my life. These have included remarks such as, "you look anorexic", "maybe if you ate more, you wouldn't get sick all the time" and "you weigh less than my 12-year-old son!" I heard these comments from many different sources, but it was especially evident from the source of my grandfather's (my mother's step-father) family. My grandfather immigrated to the UK from Jamaica in 1920, and his extended family followed shortly after. I would receive comments from his family regularly, and over time, the countless comments became normal to hear, however this did not mean that they were any easier to hear. The comments had become internalised, and I began to notice that the comments had led to my self-esteem plummeting. Hiding behind baggy jumpers became the new normal in order to avoid judgment regarding my small frame, but that did not stop the comments. People started to watch me at mealtimes and make comments if I left anything on the plate. I began to wonder whether people were aware of how their words, which may be deemed appropriate as they are not fat shaming which is more socially unacceptable, can have a detrimental effect on someone's mental health. As I grew older, I became the girl that everyone hated but wanted to be: the girl who could eat whatever she liked without putting on any weight; the girl who did not need to exercise because she was naturally thin.

Over time, I found the confidence to be open with the people in my life about how their words can and have affected me. These conversations were often met with confusion; for example, "but I was paying you a compliment?" Explaining why these comments do not always come across as a compliment was difficult, because I was not aware of the distinction myself. Was it in the words, the tone of voice, the body language?

Perhaps I was overthinking it and my perception was the problem. The questions I asked myself are what drove me towards the current research topic.

As a direct result of the various comments I had received over the years and the assumption people had come to that I must be thin because I have an eating disorder, I found myself interested in learning more about eating disorders. I think this was in part because I had begun to believe that if multiple people are telling me that I have an eating disorder, then they must be right. Why would so many different people say it otherwise? In 2020, I began working in an inpatient eating disorder unit and yes, I was asked on arrival if I was a new patient. Working in this field gave me new insight into how low weight commenting affects people. The patients had come from all walks of life and had experienced a spectrum of fat and low weight commenting both prior to and following the onset of their eating disorder. For me, it put into perspective that this is a problem that needs addressing on a societal level. Body shaming on any level can have a detrimental impact on an individual's life and requires exploration into why it occurs, the effects it does have, and how it can be prevented.

In approaching this topic, I was also drawn to the cultural context of low weight commenting, particularly through my early exposure to Jamaican cultural values around body size. While I do not identify as Black myself, the comments I received from my grandfather's family - who were of Jamaican heritage - introduced me to body ideals and beauty standards that were different from dominant Western ideals. This led me to reflect on how cultural values may influence both the intent and the impact of appearance-based comments. As I began reviewing the literature, it became clear that the experiences of Black women - particularly those in midlife - were largely absent in body image research, which continues to centre young, White, Western women. This gap, along with my own awareness of cultural nuance and my proximity to Caribbean influences through family, compelled me to focus my research on middle-aged Black women living in the UK. Their experiences are not only underrepresented but also shaped by the intersecting influences of race, gender, age, and cultural identity - all of which are important to understand in the context of CoP.

I am hopeful that this research will allow me to work effectively as a Counselling Psychologist (CP) with individuals that have been affected by such body-related comments. Listening to and understanding individuals' experiences first-hand may allow me to see past my own beliefs and assumptions relating to my negative experience, allowing me to work therapeutically with individuals without assuming they feel the way that I do.

In approaching the research topic, I was aware that my postulations may unintentionally influence the research process. For example, my own negative experiences and beliefs of low weight commenting may mean

that I seek data that aligns with my own experiences. In an attempt to bracket my own assumptions, I maintained a reflective journal as suggested by Kasket (2012), in order to try and ensure transparency. I also engaged in regular reflective practice groups with my peers, as well as personal therapy and supervision with my supervisory team where I had the opportunity to discuss my reflections. Such discussions gave me a space to openly talk about my biases with the aim of ensuring greater objectivity, self-awareness, and transparency. For example, in the early stages of this research, I wrote in my reflective journal *“I am finding no literature on skinny-shaming being a good thing, which makes me feel like it is perceived as universally bad. This is in line with my experiences, but that does not mean that my interviewees will have the same experience”*. Writing down my thoughts and reflections helped me to maintain transparency in regards to my thought processes and allowed me to identify which of my biases may be affecting the research.

1.3 Weightism Formation

With the rise of social media in recent years, weightism has become a social construction that women cannot escape. Women are constantly bombarded with images of what the “acceptable standard of beauty” is, and if you ask some women what that standard looks like, they might use words such as “thin” and “lean”. This ideal has pushed Western society to adopt weightism norms, such as body discrimination (Millard, 2020).

What constitutes the “perfect body” has not always been “thin” in Western culture. In the 1940s and 1950s, thin women were often depicted in the media as being hopeless in regards to finding and securing a romantic partner (Belinska, 2018). As a result, women were convinced that the only way to attract a potential mate was to gain weight. Additionally, the icon Marilyn Monroe was in the prime of her career at this time, and women often strived to match her hourglass figure. Very quickly into the 1960s, Western society began to embrace the thin ideal, which was often achieved through diet restriction. As rising stars such as Audrey Hepburn and Twiggy began to dominate the media, women found themselves striving to adopt their figures (Bushak, 2015).

Within this small time-frame, it becomes apparent that the notion of what people deem the perfect body type to be is constantly changing. Following the move into the 21st century, the media as well as Western society as a whole has begun to embrace the curvaceous figure. Many people believe that the American socialite Kim Kardashian West has had an impact on the social change towards acceptance of this body ideal (Howard, 2018).

As Western society has navigated through various cycles of the “perfect” body type, it begs the question of if and why people still experience body commenting to this day. Additionally, it is important to question why people feel the need to comment on the bodies of others. Though we can speculate the reasons, research is required to explore this matter further.

Years of research investigating social influence demonstrates that people are greatly attuned to the attitudes of others (Latané, 1981) and these attitudes can sometimes prove to be unhelpful and at times, detrimental. The majority of women will have experienced “weightism” at some stage in their lives, which is defined as discriminating a person based on their size, shape or weight (Arroyo & Andersen, 2017). This is linked to the widely known concept of “body shaming”. The term body shaming refers to the negative comments received from others in relation to a person’s body, weight or overall appearance (Gam et al., 2020). Body shaming may involve teasing, mocking, negative remarks, or a combination of these (Schwartz et al., 1999; Smolak et al., 2001).

Body shaming is essentially a form of bullying (Bunga, 2022), which can result in psychiatric outcomes including depression, anxiety, substance use, antisocial personality disorder, and suicidal ideation (Copeland et al., 2013). The experience of being bullied may be viewed as traumatic, as the experience can generate vulnerability that is capable of causing distress that can threaten the integrity of a person's psychophysical balance (Perrotta, 2019). Trauma can cause a range of outcomes within a person, including issues relating to psychiatric and physical health (Laugharne et al., 2010).

Weightism is associated with a wide range of adverse psychological outcomes, including poorer quality of life (Papadopoulos & Brennan, 2015), eating pathology and chronic dieting (Almeida et al., 2011; Simone & Lockhart, 2016), depression, and low self-esteem (Rubino et al., 2020). Despite the potential adverse effects, it has been suggested that social support acts as a "buffer" against distress, allowing people to develop resilience and empowering them to resist the harmful effects of weightism (Cohen & Wills, 1985; Puhl & Heuer, 2010).

Though the experience of weightism has negative implications, research suggests that internalising weightism may be even more dangerous (Latner et al., 2014; Pearl & Puhl, 2016), as it is often associated with disordered eating, emotional dysregulation, body dissatisfaction, and lower levels of physical activity (Pearl et al., 2015; Puhl et al., 2007; Webb & Hardin, 2016). These dire effects have an impact on the health system, and research has demonstrated that weightism internalisation predicts greater health care utilisation (Hilbert et al., 2014).

1.4 Weightism: Conceptualisations in Research

The majority of psychological research conducted in this research area has focused on the negative effects of "fat shaming" on overweight women's mental health (Allison & Lee, 2015). Stereotypes of overweight women have included perceptions of them as unattractive, lazy, and lacking in self-esteem, and research demonstrates that these stereotypes still exist to this day (Hunger et al., 2018; Van Amsterdam, & Van Eck, 2019).

These stereotypes are constantly reinforced in Western media, leaving little room for social change. For example, a recent study investigated the effect of celebrity fat shaming on implicit anti-fat attitudes in society (Ravary et al., 2019). In adopting the "copycat suicide" concept, researchers found that fat shaming celebrities in the media led to a spike in women's implicit anti-fat attitudes. However, they did not find that people's explicit attitudes increased. The researchers speculated that this may be due to the idea that implicit attitudes are harder to consciously control, whereas explicit attitudes are more controllable. This raises questions surrounding

the concept of shame. It becomes questionable whether shame is being experienced due to the comments of others, or experienced within the self in response to external factors that do not include direct commentary.

Despite incidences of fat-shaming in the media, there has been a shift in Westernised society towards acceptance of the full-figured female body (Kasardo & McHugh, 2015), and women identified as having a thin body have been subject to a comparable form of prejudice and judgement that is often referred to as “skinny shaming”. For the purpose of this research, “skinny shaming” will be replaced with the term “low weight commenting”, as “skinny” often has more negative connotations (Dreisbach, 2012; Islamiyah & Al Fajri, 2019). Additionally, the word “shaming” implies that all women will have felt shamed by comments they have received, however this may not be the case, as experiences can be perceived differently by different people.

As stated, some women have been subjected to prejudice; for example, some evidence has suggested that thin women are often labelled as self-centred, conceited, mean and vain (Dreisbach, 2012). Furthermore, thin women have shared their experiences of low weight commenting in recent years through various social media platforms (e.g., <https://vocal.media/viva/my-experience-with-skinny-shaming>). In their accounts, these women describe their experiences of been subjected to low weight commenting dialogue comprised of teasing and negative comments; similar to that experienced by their fellow full-figured peers.

It is possible that low weight commenting may be an extension or misinterpretation of “complimentary weightism”, which may include comments such as “You look like you have lost weight; well done!”, which is likely to lower positive body orientation due to perceived judgement. This may be harmful to women as they age and potentially gain weight (Augustus-Horvath & Tylka, 2011). Furthermore, it has been suggested by researchers that both criticisms and compliments related to weight may contribute to body image dissatisfaction (Mclaren et al., 2004). Calogero et al. (2009) study findings support this, as the researchers demonstrated the perceived impact of appearance criticisms and compliments was associated with higher levels of body dissatisfaction. A limitation of the study highlighted by the researchers was that they relied on retrospective self-reports. Therefore, it is possible that the participants inaccurately recalled how they perceived the commentary at the time it happened. Additionally, participants may have engaged in unconscious bias by self-reporting commentary and perceptions that were not necessarily true in order to please the researcher. Despite this limitation, the study raises important questions, such as whether complimentary weightism is perceived by some individuals as low weight commenting.

In a recent study conducted by Tiggemann & Barbato (2018), it was found that positive appearance commentary on social media led to greater body dissatisfaction. These findings demonstrate that conversations

with friends relating to appearance can play a pivotal role in the reinforcement of the ideal appearance (Jones et al., 2004). Notably, the researchers only investigated positive appearance commentary in their study. As positive comments can result in harmful effects, it begs the question of what impact negative comments can have.

1.5 Low Weight Commenting

The degree to which low weight commenting is comparable to fat shaming is difficult to establish given the scarcity of research exploring the psychological effects of low weight commenting (Lundgren et al., 2004; Tantleff-Dunn et al., 2009). Previous research has suggested that thinness equates to happiness, success and gain (Rodgers, 2016). Therefore, it is plausible that the lack of research devoted to understanding the psychological effects of low weight commenting may be rooted in the misconception that there are no negative consequences in such discourse; in addition to the notion that thin women are contented with their bodies.

However, research has demonstrated that internalising the thin ideal is a known risk factor for poor body image, low self-esteem, and depression (Bessenoff, 2006), as well as eating disturbances (Thompson & Stice, 2001). It is therefore conceivable that low weight commenting may give rise to the risk of internalisation and its negative effects. However, it is uncertain whether these outcomes are seen in middle-aged women, as the researchers cited only looked at outcomes in young women. Additionally, given the influence of internalisation of the thin-ideal in Western culture, it becomes questionable whether Black women living in the UK are also susceptible to this; or whether they are resistant. One review investigating acculturation and thin-ideal internalisation had conflicting and inconclusive findings (Warren & Akoury, 2020). The findings were particularly inconclusive due to the heterogeneity of acculturation measures, as well as largely being focused on assimilation rather than integration. Despite this, there was one consistent finding, which was a positive association between thin-ideal internalisation and acculturative stress.

As previously stated, Calogero et al. (2009) suggest that appearance-related criticisms and compliments can impact on body satisfaction negatively. These findings raise important issues in regards to the notion of low weight commenting. Firstly, it is questionable whether people are aware of their own discourse when commenting on a person's weight. Though the speaker may feel that what they are saying is complimentary, it cannot be known how the receiver will perceive the comment. Such comments may be taken as a negative and internalised to such a degree that it contributes to future difficulties.

Other researchers interviewed eighteen women and men in order to explore how thin individuals navigate a society where the attention they receive because of their thinness distresses them (Beggan &

DeAngelis, 2015). Findings indicated that thin individuals often receive unwanted comments about their size. Additionally, comments led individuals to feel unpleasantly self-conscious, and the expectation of receiving comments motivates thin individuals to avoid particular social situations.

In a study conducted by Anderson and Bresnahan (2013), 387 undergraduate students were asked to view photographic images of torsos of either five males wearing black shorts and no shirts or five females wearing a halter-type top and shorts. Each photo represented a different body size ranging from small, lean, muscular, medium, to large. After viewing one of the images, the participants were asked to provide a description of the image they had just seen. The researchers found that the very small female body was the second most stigmatised. Respondents used words that denoted severe labelling, including “disgusting”, “anorexic” and “sickening”. The findings of this study corroborate previous research conducted by Malloy et al. (2012), who found that both lower and higher weight bodies were rated most negatively.

There appears to be an incongruity in regards to thinness within society, as research both suggests a repulsion with the thin body alongside the wish to attain it in the hope for personal gain. The contradictory findings raise the question of why this is. Perhaps this variance is grounded in individualistic upbringings and experiences of thinness. Therefore, it may be of interest to consider how age and culture impacts on the experience and perception of low weight commenting, as this may mediate how thinness is perceived.

Previous research has compared women’s perceptions of hurtfulness and social acceptability of high and low weight commenting, as well as their experiences as perpetrators and victims of both types of body shaming (Carpino, 2017). 500 female students were recruited to read two vignettes; one of which depicted low weight commenting and one which depicted fat shaming. The participants also completed various measures which included how they perceived the vignettes, their own experiences, their body satisfaction and attitudes toward women of high and low weight. Findings suggested that participants viewed high weight shaming as more hurtful and unacceptable in comparison to low weight commenting. However, these findings were dependent upon the participants’ body satisfaction and attitudes towards thin women. Participants also reported perpetrating and experiencing low weight commenting more frequently than high weight shaming.

This research focused on young women’s perceptions due to convenience sampling. The researcher noted that as a result, the perceptions of middle-aged women were not explored and therefore cannot be understood. Previous research conducted by Pruis and Janowsky (2010) found that younger women tend to be more driven towards obtaining “thinness” when compared to older women. Other research has found that middle-aged women have more drive towards thinness and disinhibited eating (Lewis & Cachelin, 2001). This

highlights that there is perhaps a shift in women's attitudes across the lifespan whereby views of the shape and weight of the female body change.

Most recently, Davies et al. (2020) conducted a study in which they investigated anti-thin biases in young women. Participants were asked to read one of six vignettes about fictional women who differed by race and body mass index (BMI). The research findings suggested that young women with an under or overweight BMI experienced more stigmatisation for their body weight than women with average BMI's. Additionally, participants were more likely to attribute underweight women's weight to an eating disorder. As these findings demonstrate stigmatisation towards women who are perceived to be underweight, it raises the question of whether middle-aged women present with similar anti-thin biases. This highlights the scarcity of understanding in the perceptions and experiences of middle-aged women in regards to low weight commenting.

1.6 Acculturation and the Black Woman

Acculturation is defined as "those phenomena which result when groups of individuals having different cultures come into continuous first-hand contact, with subsequent changes in the original culture patterns of either or both groups" (Redfield, Linton & Herskovits, 1936, p.149). Research on acculturation shows that differences in beauty standards across cultures can intensify body image issues, especially for individuals trying to reconcile conflicting cultural expectations (Shekrladze & Tchanturia, 2016; Song et al., 2023).

As previously stated, body ideals have shifted in Western culture over the years towards acceptance of a full-figured body, which is comparable to other cultures. Black communities and their associated culture tend to be more accepting of the larger body size (Rucker III & Cash, 1992), as Black media culture portrays the "thick body" as the expectation. This is not a new trend, as it can be traced back to a time in African history where weight and shape was an indicator of women's level of authority and economic status (Ratner, 2002). Women of African descent had a preference for possessing a larger body as it symbolised wealth. However, women with a body perceived as slim were seen as poor, delicate, and inferior.

Though much of the research on body ideals focuses on the preference for a slim and lean body, studies have found that Black women often describe their ideal body as curvy and feminine (Davis et al., 2010; Hughes, 2021; Kelch-Oliver & Ancis, 2011). Recent research indicates that the curvy or hourglass body ideal is gaining prominence among women from diverse racial backgrounds (Hernández et al., 2021; Hunter et al., 2017; Hunter et al., 2021). While some studies show that women from various racial groups (Asian, Black, Hispanic, and White) report comparable levels of internalisation of the hourglass body ideal (Hernández et al., 2021), other

research suggests that Black women favour a larger and curvier body compared to White women (Hunter et al., 2021). Additionally, Overstreet et al. (2010) found that Black women tended to prefer larger buttocks and an average body size, whereas White women favoured smaller buttocks and an underweight body size. Although these research studies overgeneralise racial comparisons, these findings indicate that the curvy, hourglass ideal may be more prominent for Black women compared to the mainstream thin ideal.

However, the discourse that Black communities tend to be more accepting of the larger body type fails to recognise the social construction of body ideals, as well as the heightened risk of body image disturbance that individuals may experience during the process of acculturation. Individuals may be at risk due to discrepancies related to body ideals between the country of origin and the destination country. So, it may be questioned whether there are shifts in perceptions of body image when Black individuals are exposed to Western culture. Additionally, it has been suggested that a history of racial oppression may lead African Americans to construct a sense of self that deflects rather than reflects the appraisals of others (Crocker et al., 1994). This raises questions surrounding whether Black women living in the UK accept or deflect the evaluations from other people.

In a study conducted by Pace (2016), ten interviews were conducted with Black women who perceived themselves as thin. The findings indicated that the women experienced emotional disconnection and displacement from their Black culture as a direct result of not possessing the ideal “thick” body type. This study was conducted in Houston, Texas, which is a state embedded in Western culture. However, there is no indication within the study of whether the participants were born and raised in America, or whether they migrated there. Acculturation may have impacted on these findings in relation to cultural differences in body ideals, as there may be discrepancies, as previously discussed, between the Western culture and Black culture. This may be the case even if the person was born and raised in America, as research has suggested that certain social and cultural factors, such as social networks, influence the way in which Black women perceive their weight (Spinner, 2022).

Some research suggests that thin-ideal internalisation is culturally specific and may be less relevant for some women of colour (Capodilupo & Kim, 2014; Smolak & Striegel-Moore, 2001; Warren & Akoury, 2020). It has been proposed that Black women may not adopt these standards as readily and, in fact, tend to report lower levels of thin-ideal internalisation (Burke et al., 2021; Quick & Byrd-Bredbenner, 2014; Rakhkovskaya & Warren, 2016; White & Warren, 2013) and a reduced drive for thinness (Gordon et al., 2010; Kelly et al., 2012; Rothstein et al., 2017).

In a study conducted by Cameron et al. (2018), African American women overwhelmingly rejected the thin ideal, framing it as a White norm that is neither pertinent nor applicable to their ethnicities. Many African American women are less likely to endorse the thin ideal, and have a greater preference for heavier bodies when compared to White women. For example, two studies found participants to select ideal weights for themselves that were thinner than the recommended BMI (Allan et al., 1993; Lynch & Kane, 2014). However, participants also found these ideal weights humorous, and often went on to criticise the thin ideal as racist and oppressive; while Black celebrities with a larger body type were celebrated for their “opulence and power”. African American women appear to be aware of the thin-ideal that is promoted by White-dominated media, but also seem to be able to resist these ideals and associate larger bodies with their identity and culture.

1.7 Middle Age

Sociobiological theories suggest that when women’s biological usefulness has passed after the age of 40, their well-being starts to decline (Gergen, 1990), however other theorists suggest that middle-age may be women’s prime of life (Fodor & Franks, 1990). For many women, ageing is synonymous with becoming unattractive and unlovable (Rodeheaver & Stohs, 1991).

A review of empirical research investigating body image across the lifespan established three findings: as the body ages, women move away from the youthful and thin ideal; across the life span, body dissatisfaction remains relatively stable; and as age increases, the importance of body appearance appears to decrease (Tiggemann, 2004). In light of this review, it is plausible that middle-aged women may not perceive low weight commenting to be an issue, unless they attribute their experiences to something unrelated to body image; for example, health concerns. However, it is important to note that age may be confounded with historical events, as beauty ideals vary over time. For example, middle-aged and older women in the study grew up at a time when social media were in their infancy, and without the mass influence of the ideal body type, it is possible that weight may not have been of great importance to them. Thus, it is possible that young women today will experience more negative body image as they grow older due to the effects of mass media.

Additionally, one study explored the subjective meanings of body size in older women (Tunaley et al., 1999). The researchers found that body size is a complex phenomenon to older women, and more specifically, it held contradictory meanings to older women which appeared to be shaped by social discourses surrounding ideal beauty types, gender, and constructions of ageing. Many of the women in the study were dissatisfied with their body size and had a desire to be thinner, which emphasised the cross-generational impact of the “thin

ideal". However, the women also rejected the societal pressures around size, diet and weight control. Many of the women viewed weight gain as an inevitable part of ageing, which may have provided them with an opportunity of self-acceptance. In turn, it is possible that this may allow older women to feel less negatively if they were to receive weight-related comments. Though this study explored the experiences of older women, it again highlights the impact of ageing on body image. This is supported by research whereby body dissatisfaction was found to increase proportionally with age (Guaraldi et al., 1995). It raises the question of how middle-aged women experience their body image in relation to their age, as well as how this is affected by cultural and societal discourse.

Other research has suggested that women have a tendency to perceive age-related changes in their appearance negatively, as their identity and social value becomes threatened (Marshall et al., 2014). This is partly due to the societal pressures that women face to "fight" their ageing appearance. Though some, as seen in the previous study, experience self-acceptance, others turn to various forms of body work, including the use of make-up, hair dye and dieting, in order to maintain their perceived value within society. There appears to be contradictory evidence within the literature, and therefore it would be useful to explore middle-aged women's experiences of low weight commenting to gather a sense of what it actually means to them to have their weight commented on.

Research has shown that as some women age, they may experience increased body shame due to the physical characteristics that accompany aging, including increased weight (Andres, 2020). As these features present as inconsistent with the Westernised ideal body type (Kearney-Cooke & Isaacs, 2004), women may find themselves engaging in disordered eating practices. This may give rise to the prevalence of low weight commenting, as women may find themselves losing weight and receiving comments because of it.

1.8 Objectification Theory

Body image can be linked to objectification theory (Fredrickson & Roberts, 1997). Objectification theory provides a theoretical framework for investigating the lived experiences of living in a society that, often sexually, objectifies women. The theory posits that repeated experience of objectification causes women to view themselves as mere objects that are to be valued based on their appearance. Over time, this can result in self-objectification; a form of self-consciousness characterised by habitual checking of the body (Tiggemann, 2013). This may contribute to various negative psychological consequences, including depression and eating disorders (Slater & Tiggemann, 2015). As not only Western society considers the body as a symbol of personal success or

failure (Dakanalis & Riva, 2013), but also African ideals, it is deemed likely that women will be objectified and engage in self-objectification at some point.

Objectification theory poses risks for the concept of body image. Despite recent shifts in Western society, the thin body type is still celebrated to a degree, and women may be subject to objectification if people perceive them not to have the ideal body type. As women strive to meet the ideal, they may find themselves engaging in disordered eating behaviours. Alternatively, women may avoid objectification by presenting themselves as far away from the ideal as they can, which may come with its own negative effects.

Objectification theory predicts that how ageing effects impact a woman's mental health risk is dependent upon the extent to which she continues to internalise societal ideals and encounter contexts that objectify her body. One study, which incorporated objectification theory, investigated whether women's age mattered when predicting disordered eating (Augustus-Horvath & Tylka, 2009). The findings suggested that women between the ages of 25-68 had a stronger relationship between body shame and disordered eating in comparison to women between the ages of 18-24. This finding raises important questions in regards to the mediating factors of self-objectification, as one may speculate what acts as a preventor of self-objectification. It has been hypothesised that women with high levels of self-esteem independent of their positive coping skills, appearance, and/or life satisfaction may be less likely to self-objectify (Tylka & Wilcox, 2006). This may apply to the notion of body shaming, as women who engage in little to no self-objectification may share the same traits as those who resist body shaming. It would be of great importance to explore what individuals believe to be the reasons for not engaging in self-objectification, as it may lead psychologists to develop interventions to reduce disordered eating.

In a recent study conducted by Niu et al., (2020), it was found that commentary posted on "selfies" on social networking sites was positively associated with diet restriction and self-objectification. As with the majority of studies into this area, the participants were young women, namely because it is mostly young women that use social media and, more explicitly in relation to this study, post selfies. However, this limits the generalisability of the research findings, as it cannot be assumed that the same association would be seen in middle-aged women. Additionally, the sample was limited to Chinese women, which limits generalisability in regards to race and culture. It would be of interest to explore whether verbal commentary (rather than commentary posted on social media) results in a similar association, especially as a wider age and cultural range are likely to experience this type of commentary on a day-to-day basis.

This study relates closely to research conducted by Butkowski et al. (2019). The researchers investigated the role of selfie feedback in young women's concerns relating to body image, and those who placed higher value on selfie feedback were more likely to express body dissatisfaction and a drive for thinness. Though the online commentary may not necessarily be defined as body shaming, it relates to the concept of weightism. It may be of interest to explore women's online lived experiences of weightism; especially as social media are in their prime. It may be speculated that weightism and body shaming actually take place online more often due to the fact that individuals can remain anonymous and comment anything they like without having to face any consequences. It would therefore be of interest to explore how women experience weightism online. Again, the sample in this research study mainly consisted of White participants, with only 21 Black respondents out of 177. It would be interesting to explore Black women's relationship with social media and weightism.

While objectification theory offers a significant and valuable perspective from which to explore issues relating to body image and disordered eating behaviours, it fails to capture all aspects of women's experiences in a Westernised culture where appearance is at the forefront. As exposure to images in the media or objectifying looks from others heightens women's self-awareness of their bodies, there is a possibility that it may lead to a focus on the bodies of others. Consistent with this hypothesis, one study found that the extent to which women engage in self-objectification was positively correlated with the objectification of other women (Strelan & Hargreaves, 2005), and both types of objectification resulted in body dissatisfaction. Based on these research findings, it appears that objectification of other women represents an integral role in women's experiences.

1.9 Social Comparison Theory

Social comparison theory (SCT), which was developed by Festinger (1954), has also been linked to the concept of body shaming. SCT suggests that people have an innate drive to assess how they are doing in a certain aspect of their lives and/or self, and often find themselves looking for comparison targets in their social environment. Given the fact that women are so often judged on their appearance, many women may engage in comparing their bodies to the bodies of others (Stice et al., 2001).

This theory has been researched in relation to self-discrepancy theory. In research conducted by Bessenoff (2006), body image self-discrepancy as a moderator was explored alongside social comparison as a mediator in the effects of women from thin-ideal images portrayed in the media. The findings suggested that exposure to the thin-ideal in the media increased body dissatisfaction, negative mood and lowered self-esteem.

Body image self-discrepancy however generally moderated these effects. Additionally, social comparison processes mediated the association between exposure to the thin-ideal and symptoms of depression and weight-related thoughts. The researcher recognised the limitation of recruiting young women in regards to generalisability. Expanding on this, it becomes a question of whether middle-aged women engage in social comparison at all, let alone alongside self-discrepancy. If so, it may be further questioned whether similar findings would be observed in middle-aged women. Additionally, the vast majority of the participants in this study were White European, meaning that generalisability is limited in terms of race and culture. Therefore, it becomes a questionable whether Black women also engage in social comparison, and whether this relates to acculturation.

Tiggemann et al., (2009) investigated the role of processing in women's responses to thin-idealised images of beauty. The findings suggested that when viewing thin-ideal images, social comparison led to increased low mood and body dissatisfaction. This is consistent with evidence that exposure to thin ideals results in negative effects (Groesz et al., (2002). The research was quantitative, which limits the depth of the findings, as the participants' thoughts, feelings and experiences cannot be explored in relation to the subject matter. It would have been useful for the researchers to conduct qualitative research as a follow-up or alongside the quantitative aspect of this study in order to understand further the reasons for social comparison leading to increased low mood and body dissatisfaction.

Body image comparisons on social media websites are associated with eating disorders among young women in Westernised culture (Jin et al., 2018; Walker et al., 2015). A study investigating body image comparisons on social media websites found that comparisons were positively associated with diet restriction, and body shame was found to mediate this link (Yao et al., 2021). Though this research was significant in identifying a positive relationship between body image comparisons on social media websites and disordered eating, it did not seek to explore the depth of this relationship. Questions regarding why young women felt ashamed of their bodies following comparisons and why they decided to engage in diet restriction were not considered. Further research may have considered exploring these questions from a qualitative perspective, as understanding "why" may be useful in supporting these women. Additionally, the participants in this study were relatively young and though it is known young women use social media regularly, we are living in an age where middle-aged and older women are also actively using social media (Bell et al., 2013). Whether these women are engaging in body comparisons is unknown, and therefore the effect on their psychological wellbeing if they are

is also unknown. It would be useful to explore whether middle-aged women are engaging in social comparison online and whether it is having any effects.

1.10 Self-Discrepancy Theory

Body shaming has also been attributed to the self-discrepancy theory (SDT), which was posited by Higgins (1987). Higgins suggested that individuals possess three different domains of the self. The “actual self” reflects an individual’s perceptions of their own characteristics or qualities. This focus on a person’s own perceptions is relevant to body shaming and image in particular, as it is widely known that people often misperceive the appearance of their body; a characteristic often associated with body dysmorphia (Vashi, 2016). Higgins also makes reference to the “ideal self”, which refers to characteristics that the individual would like to have or desires to achieve, for example, “I want to be a psychologist”. Lastly, Higgins discusses the “ought self”, which reflects the characteristics that the individual believes he or she has an obligation to have, for example, “my family expects me to go to university”. Additionally, the selves theorised by Higgins can be conceptualised from an individual’s own perception, but also from the perspective of others.

The bearing of SDT to body image and shaming is based on the fact that cultural norms determine particular standards of the ideal body type. Often these standards are difficult to accomplish without using extreme measures, such as diet restriction or cosmetic surgery. Thus, when comparing the actual self to the ideal self, it is likely that the individual will not be able to reach the standards posited by society. This can result in body-related self-discrepancy, which can have various emotional, psychological and behavioural consequences for the individual. It may be questioned whether Black women feel they reach the standards of Westernised society, and whether they experience discrepancies due to acculturation.

In a study conducted by Yu & Jung (2018), self-discrepancy was investigated in regards to its influence on the effects of exposure to thin vs. non-idealised model images on young women’s body dissatisfaction, body anxiety and self-esteem. The study findings suggested that participants with higher appearance self-discrepancy had greater body dissatisfaction and body anxiety when exposed to thin-idealised model images when compared to non-idealised model images. The researchers hypothesised that the images of the thin-idealised models may have triggered participants to make reference to greater self-discrepancy between the ideal and actual self. Yu & Jung noted that the results could not be generalised as the participants were young, White women. It raises the question of whether middle-aged women will experience similar self-discrepancies when exposed to images of the thin ideal. However, it is possible that middle-aged and older women’s experiences would be entirely

different, as they grew up at a time where the thin-ideal was not so explicitly presented in the media; rather, the full-figured body was often accepted as the standard for beauty. Additionally, it is possible that women of different cultural backgrounds would differ due to the culture positing dissimilar beauty standards.

Harrison (2001) investigated whether body-specific self-discrepancies would mediate the relationship between media exposure to the thin-ideal and disordered eating in adolescents. Not only did ought discrepancies mediate the relationship between observation of the thin-ideal in the media and eating disorder symptomology, but the thin-ideal also activated ideal but not ought discrepancies. It was highlighted that regular exposure to the idea that “fatness is bad” in the media may be related to disordered eating through ought discrepancies acting as mediators; similar to exposure to the thin-ideal. It is important to note that these findings arise from a quantitative research study, meaning that the results are limited by what the researchers set out to investigate. This leaves little room for exploration of internal processes in any great depth and therefore, it would be beneficial to explore self-discrepancies on a qualitative level.

SDT may relate to low weight commenting insofar as women who have experienced low weight commenting may feel that they ought to change their bodies appearance in some way. As previously stated, women may struggle to meet the ideal self, leading to negative effects.

1.11 The Present Research

The final section of this literature review aims to provide a rationale for the present study. How the present research is relevant to CoP is considered, and the research question is presented.

1.12 Relevance to Counselling Psychology

The British Psychological Society (BPS) defines CoP as “a distinctive profession...it pays particular attention to the meanings, beliefs, context and processes that are constructed both within and between people and which affect the psychological wellbeing of the person (Orlans & Van Scoyoc, 2009, p.18). CP’s are trained to work with individuals from all backgrounds with various presenting difficulties. However, individuals who have been targeted because of their low weight have not been prioritised, either in CoP or in applied Psychology as a whole. Recently, the BPS responded to the Health and Care Committee’s call for evidence on the impact of body image on physical and mental health (BPS, 2022). In their response, the BPS made reference to the evidence base that weightism can result in negative effects such as unhealthy eating patterns, though this was

primarily in relation to weight-based discrimination towards those who are obese. The response appears quite narrow in that it did not consider the detrimental effects that low weight commenting can have. There appears to be an assumption that weight-related shaming means fat shaming, and no one is really challenging this.

Weightism poses relevance to CoP. As previously stated, both weightism alone and the internalisation of weightism contributes to the rise in negative effects on psychological wellbeing, including disordered eating. In Western society, the prevalence of eating disorder symptomology dramatically rose in the three decades prior to 2007 (Park, 2007). More recently, the Covid-19 pandemic and associated lockdowns led to the worsening of eating disorders (Gao et al., 2022), and it is questionable whether such increases in symptomology are related to weightism. Some of the literature seeks to answer such questions; for example, it has been noted that weight stigma during quarantine may have contributed to increased body shame and levels of disordered eating (Robertson et al., 2021). As individuals struggle with the effects of weightism, they may find themselves seeking mental health services for disordered eating. As a result, it is of great importance that CP's are equipped to deal with these issues effectively, which would include having insight into weightism and the impact it can have on an individual, as well as eating disorders and the treatment of them (National Institute for Health and Care Excellence [NICE], 2017).

Given that weightism is a form of bullying, which can be viewed as a traumatic experience (Nielsen et al., 2015), it highlights the importance of exploring and understanding this issue from middle-aged women who have experienced it. Though not all of the women may have viewed their experiences as forms of bullying or traumatic, it is possible that some might have. If this is the case, it would be useful to understand what their experience was like for them, as well as how it affects them to this day, if at all. Gathering a more in-depth understanding would be useful in developing and implementing psychoeducation programmes in schools whereby children learn about the concept of bullying, including weightism, and the impact it can have.

How people communicate weightism, as explored by Anderson & Bresnahan (2013), proposes important implications for the field of CoP. Professionals may consider developing interventions developed using a psycholinguistic framework to help people communicate their perceptions of body size in a positive or neutral way. Additionally, if women have been subjected to low weight commenting and deemed it to have negatively affected them, an intervention of this nature may help them to understand and process their own experiences. Interventions of this type have previously shown some success (Irving, 2000), however may be deemed more appropriately delivered to children, as their brains are malleable (Johnston et al., 2009). It is also important that CP's are educated on how acculturation may affect women's experiences of their body image.

The discrepancies between cultural ideals may affect women's sense of self, which may result in mental health issues.

The phenomenon of low weight commenting raises important concerns within the field of CoP, particularly around the impact of language and interpretation. How people communicate, and how those messages are perceived, can shape psychological wellbeing - especially when comments are framed as compliments but received as judgment or critique. This risk is heightened when individuals live in societies with cultural standards that differ from their own. For Black women living in the UK, navigating body ideals that may conflict with those of their cultural background can contribute to distress. Accessing support may also be complicated by systemic and cultural barriers, including the risk of not being fully understood by professionals who lack cultural competence.

These concerns are particularly relevant in light of a societal shift toward greater openness in seeking mental health support (Henderson et al., 2020; Lien et al., 2019), which may lead to more middle-aged women engaging with services. However, without culturally attuned frameworks, CoP professionals may not be adequately equipped to address the specific experiences of racially minoritised women. This underscores the importance of language and context - seemingly benign comments about body size can function as unintentional stigmatisation, impacting self-esteem and identity.

There is also a clear gap in the literature regarding the body image experiences of middle-aged Black women, particularly in relation to low weight commentary. While body image research has predominantly focused on younger, White women, the experiences of older women - especially those from racially minoritised backgrounds - remain significantly underexplored. This is despite evidence that appearance-based stigma persists across the lifespan and that ageing women may experience an added layer of societal invisibility (Harrison, 1991; Menezes, 2023). By centring the voices of middle-aged Black women, this study highlights the ways in which intersecting racialised and gendered norms shape responses to weight-related comments - experiences that cannot be meaningfully understood through generalised findings from other demographic groups.

Additionally, cultural preferences for curvier body types among some Black communities may influence how mothers perceive and respond to their children's bodies. Where thinness is seen as undesirable, children perceived as too slim may be subject to appearance-related commentary that shapes their relationship with their bodies, potentially contributing to negative self-image and mental health difficulties. This

intergenerational transmission of body ideals could increase demand on mental health services and the CoP professionals working within them.

Exploring low weight commentary in middle-aged Black women is therefore not only necessary to address an existing gap in the literature, but also vital for informing culturally competent therapeutic practice. While research on younger women is extensive, work focusing on older women - particularly Black women - is limited. Their needs remain highly relevant, and centring their experiences enables more inclusive and effective responses within both research and practice.

1.13 Summary of Rationale

In conclusion, the limited existing knowledge of low weight commenting, in conjunction with the potential issues Black women may be facing such as body shaming and poor mental health outcomes, indicates the importance of gaining knowledge of the experiences of body image and low weight in middle-aged Black women. This will aid CP's and allied professionals to work with people who have been affected by low weight commenting therapeutically. Gaining insight into the individual experiences of low weight commenting could contribute to care that is well informed and potentially more effective, leading to improved mental and physical health outcomes. Therefore, the proposed research question is: How do middle-aged Black women living in the UK experience their body image and low weight?

Chapter 2: Methodology

2.1 Overview

The objective of this research was to explore how middle-aged Black women living in the UK experience their body image and low weight. This research employed the use of semi-structured interviewing practices and Interpretive Phenomenological Analysis (IPA). This chapter will begin by explaining the methodology; providing a rationale for the methodological choices, as driven by the stance of my epistemology. It will then offer a description of recruitment, data collection and analysis procedures. I will conclude this section with ethical considerations.

2.2 Epistemological Position

Epistemology concerns the nature of knowledge and how it is acquired (Carter & Little, 2007). This research adopts a critical realist epistemological stance, which recognises that while knowledge is inevitably influenced by social and cognitive processes, there is an underlying reality that exists independently of our perceptions (Willig & Stainton-Rogers, 2017). Critical realism acknowledges the complexity of experience, allowing for subjective meaning-making while maintaining that phenomena have real structures and mechanisms that can be explored.

As a trainee CP, this stance aligns with the aim to understand how individuals interpret their lived experiences while recognising that these experiences occur within broader social and material contexts. For example, one cannot fully know another person's experience, but through careful interpretative enquiry, it is possible to approach an understanding that reflects both the subjective meanings and the realities shaping those experiences, echoing Nagel's (1974) argument about "what it is like to be a bat."

Interpretative Phenomenological Analysis (IPA) fits well with this position, as it explores how people make sense of their experiences in relation to their environments (Smith et al., 1999). The current study uses IPA to extend knowledge by investigating how middle-aged Black women interpret low weight commenting and body image, recognising both the socially constructed nature of meaning and the real-world impact of these experiences.

This approach also resonates with the philosophy of CoP, which emphasises the importance of understanding subjective experiences while acknowledging the influence of social contexts (Strawbridge &

Woolfe, 2010; Woolfe et al., 2010). Davy's (2010) view that stories are a primary means of understanding experience aligns with the focus on narrative meaning-making within this framework.

By adopting critical realism, the research is positioned to navigate between purely relativist social constructivism and positivist realism, offering a balanced framework that values subjective insight alongside an understanding of external realities influencing those experiences.

2.3 Qualitative trustworthiness and rigour

Qualitative trustworthiness and rigour is the way in which integrity and credibility of the research process is upheld (Ryan et al., 2007). Quantitative research generally establishes trustworthiness by measuring reliability and validity (Morgan & Drury, 2003). However, qualitative approaches have different paradigmatic underpinnings, meaning that trustworthiness and rigour cannot be applied using the same strategies (Rolfe, 2006). Morrow (2005) outlines criteria which can be used to evaluate trustworthiness regardless of the research paradigm. The criteria include social validity, subjectivity and reflexivity, adequacy of data and adequacy of interpretations. I will consider how I addressed each of these points in the current research.

Social validity and adequacy of data

The focus of the current research ensures social validity as by understanding middle-aged Black women's experiences of low weight commenting and body image, we can hope to improve the practices of individuals working with this group. The analytic process has been clearly described (see 3.4.6 Data analysis) and highlights the adequacy of data. Additionally, the findings are described alongside supporting quotations, which aims to ensure that interpretations are reflective of participants accounts of their experiences (Eatough & Smith, 2017).

Subjectivity and reflexivity

In order to give the reader the full context to the study, the researcher's relationship to the research must be understood. I have demonstrated this within reflective accounts I have given throughout (see 1.2 Reflexive statement; 5.7 Post study reflexive statement). Within these accounts, I aimed to provide a transparent account of my assumptions, biases, and relationship to the research topic. As suggested by Kasket (2012), I also kept a reflective journal as a space to reflect on the data interpretation process, my assumptions and share my experiences (Mills, Bonner & Francis, 2006).

Adequacy of interpretation

It has been advised that in order to demonstrate trustworthiness, the findings must be as close to the participants' accounts as possible (Lincoln & Guba, 1985), which is consistent with the aim of IPA. However, IPA acknowledges the double hermeneutic, meaning that a first-person account can never truly be captured due to the researcher's interpretation of the data (Smith, 2008). Precautions were taken to limit the projection of my own assumptions and biases in order to achieve a close level of interpretation. I firstly engaged in member checking, which Guba and Lincoln (1994) have suggested to be the most effective strategy to achieve closeness of interpretation. However, other scholars have argued that member checking assumes there is one fixed reality, which may contradict the interpretative stance of IPA (Angen, 2000). Keeping these differing perspectives in mind, I aimed to check whether my interpretation fitted as closely to their reality as possible.

I attempted to demonstrate adequacy of interpretation through having regular meetings with my research supervisor. Meetings allowed me to consider several aspects of the research such as data analysis, research findings and discussions.

2.4 Design

2.4.1 Rationale for Qualitative Approach

The decision to adopt a qualitative approach was driven by the need to explore the complex and deeply personal experiences of low weight commentary and body image among middle-aged Black women - an area where existing research is limited and where individual meaning-making processes are central. Quantitative methods would have been insufficient for capturing the emotional nuance and contextual layers that shape how these women interpret and respond to weight-related comments. Qualitative inquiry thus provided the necessary flexibility to engage with participants' subjective perspectives and to generate rich, detailed insights that can inform both theory and practice.

The adoption of qualitative research methods allows researchers to access knowledge that is otherwise deemed unquantifiable; which allows for the exploration and understanding of how people prescribe meaning to their day-to-day lives (Lune & Berg, 2017). Rizq and Target (2008) advocate that qualitative research is appropriate when there is an interest in exploring a field that is "characterised by complexity, ambiguity and lack of prior theory and research" (p.67). In addition, it has been suggested that qualitative research is concerned with the overall quality and feel of experience (Willig, 2008). With these suggestions in mind, adopting a

qualitative methodology was considered to be suitable to the aims of the current research study; with the purpose of providing an exploratory method of investigation into a particular area of study.

Unlike quantitative research, assumptions of hypotheses are not made prior to conducting research, but rather aims to gather rich, detailed data from experiential perspectives and make sense of any novel and informative findings that transpire (Bazeley, 2020). The aim of qualitative analysis is to try to understand the content and complexity of the views, beliefs and constructs the participant has about their inner and external world (Smith, 1995). A qualitative approach was therefore chosen in order to enhance the meaning of women's experiences and help to develop a richer understanding about a phenomenon where little is known.

Qualitative methods provide a unique avenue to study and capture the individual experience. One approach to studying experience is phenomenology (Smith et al., 2009). Phenomenological approaches to research stem from philosophy, and was originally developed by Husserl in the 20th century. Husserl's philosophy involved rejecting the presupposition that there is something underlying the experience; rather, Husserl focused on what is been experienced by the participant. Husserl coined the term epoché, which explained the process by which the researcher attempts to bracket themselves from preconceived ideas about what they might discover during the research (Willig, 2008). Despite criticisms that this may never be achievable, hermeneutic phenomenologists recognise the role of the researcher in co-constructing findings. In conducting research from this position, the participant's account of their experience becomes the phenomenon that the researcher engages with; and in turn, the researcher's interpretation becomes a fundamental part of the analysis.

Willig (2008) has argued that phenomenological research methods are the most suitable for addressing research questions regarding the nature of experience. Phenomenological research aims to understand the subjective meanings attributed to first-person accounts of experiences (Smith et al., 2009). Additionally, it is important to aim to capture the way in which the phenomenon is experienced within the context in which it happened as closely as possible (Giorgi & Giorgi, 2008). One approach to this is Interpretive Phenomenological Analysis (IPA).

2.4.2 Rationale for IPA and Alternatives Discounted

The specific method utilised was Interpretive Phenomenological Analysis (IPA). Smith et al. (2009) describe IPA as 'an approach to qualitative, experiential and psychological research which has been informed by concepts and debates from three key areas of philosophy of knowledge: phenomenology, hermeneutics and

idiography' (p.11). IPA aims to interpret personal, experiential accounts, involving a detailed exploration of participants' experiences and how they make sense of those experiences. Within this process, the researcher's worldview and the nature of the interaction between researcher and participant is recognised (Willig, 2008).

IPA was chosen because the core research aim was to explore and understand the lived experiences of middle-aged Black women in relation to low weight commentary and its impact on their body image. This study sought to capture not only what these women experienced but how they interpreted and made sense of often complex, contradictory, and culturally nuanced messages about their bodies. A demographically specific sample is consistent with the idiographic commitment of IPA, which requires a shared social context in order to generate depth and nuance (Smith et al., 2009). Given the sensitive and deeply personal nature of body image and racialised experiences, IPA's focus on detailed, idiographic analysis allowed for rich, nuanced insights into the psychological and emotional dimensions of these experiences. Moreover, the shared social and cultural context of the participants was essential for generating depth and meaning, consistent with IPA's commitment to exploring how people interpret their worlds within their particular lifeworlds (Smith et al., 2009; Willig, 2008).

Alternative qualitative methods were considered but ultimately found less suitable for the research aims. Grounded Theory was explored but discounted because its primary purpose is to develop new theoretical frameworks from data (Charmaz, 2014). In contrast, this research was not focused on theory generation but aimed to deepen existing understanding of body image and weight-related stigma specifically as experienced by middle-aged Black women. The research required an approach that could accommodate the rich, subjective complexities of individual experience, rather than creating new abstract theory (Smith et al., 2009).

Thematic Analysis was also considered. While it can identify patterns across datasets, it lacks the idiographic depth and interpretative focus necessary to fully capture how individuals personally negotiate and ascribe meaning to their experiences of low weight commentary (Braun & Clarke, 2006). This study's aims centered on exploring the nuanced, context-dependent processes of meaning-making at the individual level, which Thematic Analysis does not prioritise as strongly as IPA.

Discourse Analysis was another method reviewed but deemed inappropriate as it emphasises the use of language and social construction through communication (Starks & Trinidad, 2007). The study's interest was not in how language functions socially or in power dynamics between commenters and recipients, but in the internal psychological and emotional impact of weight commentary on women's body image. IPA's psychological and phenomenological orientation offered a better framework to address these aims (Willig, 2008).

Finally, IPA's epistemological compatibility with a critical realist stance was important for this study. Critical realism acknowledges an external reality but also recognises the interpretative role of the researcher in co-constructing meaning with participants (Bhaskar, 1978; Willig, 2008). This philosophical position was essential in exploring sensitive topics such as race, body image, and social commentary, which are embedded in both individual psychology and broader social structures.

In summary, IPA was selected because it best enabled an in-depth exploration of how middle-aged Black women experience, interpret, and make sense of low weight commentary and its influence on their body image. Other qualitative approaches were discounted as they did not sufficiently align with the study's aim to generate rich, idiographic, and interpretative understandings within a culturally specific context.

2.4.3 Recruitment Procedures

Participants were recruited through advertisements placed in various spaces across North London and South Birmingham; for example, in cafes and shops. The recruiting advertisement indicated to participants that the study entailed an exploration of middle-aged Black women's experiences of body image and low weight commenting. Participants who responded to the advertisement were contacted on a first-come, first-served basis. On contact with the potential participants, the research aims were outlined. Participants who met the research requirements were then briefed on various aspects of the research process through the use of an information sheet (Appendix B). Once participants had agreed to take part in the research, semi-structured interviews were arranged via email.

In the recruitment materials, I used the term "Black women" to describe the target participant group. This terminology reflects common usage in UK-based psychological and sociological research, as well as many community settings. Although I considered alternatives such as "women of African or Caribbean heritage" or "women of African descent," I chose "Black" as an inclusive and political term that acknowledges shared experiences of racialisation. Importantly, this terminology aligned with how participants self-identified. Throughout the study, I checked with participants to ensure they were comfortable being identified using this term, respecting their preferences and affirming their agency in how they were described.

2.4.4 Sample Population

According to Turpin et al., (1997), clinical psychology doctoral programmes in the UK recommend that six to eight participants for an IPA study is appropriate, as the sample size gives the research an opportunity

to explore similarities and differences between the individuals. Therefore, I sought to recruit this number of participants, whilst being cautious of data saturation (Fusch & Ness, 2015).

In regards to inclusion criteria, all participants were emailed following response to the advertisement to ask whether they met the inclusion criteria. Potential participants were required to meet the following criteria:

- Female.
- Identify as Black.
- Aged 50 or over.
- Must have personally experienced low weight commenting.
- Proficient in English language.
- No history of an eating disorder.

Two potential participants did not meet the criteria as they were under the age of 50, and one participant had a history of Bulimia Nervosa.

Table 1: Summary of Participant Demographic Information

(Pseudonyms have been used to ensure anonymity)

Name	Age	Self-Described Ethnicity
Sharon	60	Black
Jane	52	Black American
Holly	53	Black American
Eve	57	Black American
Anne	52	Black British
Beth	51	Black American

2.4.5 Data Collection

Data was collected via a semi-structured interviews lasting between 60 and 80 minutes. Willig (2013) recommends semi-structured interviews as a data collection method for IPA due to the loose structure it offers, as well as the development of novel themes that may not have been anticipated by the researcher. In line with the phenomenological nature of IPA (Smith, 1996), the semi-structured interview allowed for participants to explore their experiences in depth, and the researcher to fulfil the aim of capturing their detailed subjective

experiences. Structured interviews were considered to be less suitable, as questions had the potential to constrain the participants' opportunity to explore their experience (Willig, 2013).

The interview schedule was developed through compiling questions from various studies (Gallagher, 2020; Murphy, 2018), which have explored individuals' experiences of body shaming. These studies and their interview schedules were chosen as the basis of the current interview questions due to the similar nature of exploration; though the current study is not exploring the concept of body shaming specifically, it is similar in that women can often feel shame when their bodies are commented on.

2.4.6 Data Analysis

The analytical method of IPA was guided by the suggestions put forward by Smith et al., (2009). Sizable margins were left on either side of the text for commentary. I immersed myself in the transcript by continuously reading the transcript to ascertain that the voices of the participants had been heard and remain central to the analysis. In the margin to the left of the transcript, preliminary descriptions were documented using the participants' own discourse.

Next, all of the emergent themes were noted in the transcript's right-hand margin. By going back to the preliminary notes in the left-hand margin, these emergent themes were further developed (Smith & Osborn, 2008). This analytical stage involved a hermeneutic process, as I interpreted what the participants' said. Moreover, I sought to understand how participants rationalised their lived experiences (Rizq & Target, 2008). Thereafter, notes from the left-hand margin were interpreted further in the right-hand margin (Smith & Eatough, 2006).

Following this, associations amongst the emerging themes were explored. The themes were then clustered together based on their conceptual similarities. As themes started to transpire, I moved between the transcript and the emerging themes to check that the participants' narratives were closely conserved to what they voiced (Smith, 2004). The themes were named, and a file summarising the themes was created; annotated with the participants' verbatim quotations.

Following this, I looked for patterns across the developing themes in order to create a table of group experiential themes (GETs). Smith et al., (2009) suggest that the richness of the themes should regulate whether they are chosen, irrespective of whether these themes add novelty to the current literature.

Finally, I looked for associations, similarities, and contrasts amid the participants' transcripts. Personal experiential themes (PETs) were then constructed, and these were grouped into GETs. Quotes from the

transcripts were referenced to support the themes in attempt to preserve an interpretive foundation in the participants' language (Smith & Eatough, 2016). As my interpretations comprise a substantial role in IPA, it was important for me to bracket my own assumptions. This was done by keeping a reflective diary during the research process in order ensure transparency in interpreting the data, as suggested by Kasket (2013).

2.4.7 Ethical Considerations

Preceding data collection, ethical approval was sought from the Research Ethics Committee of London Metropolitan University (Appendix G). The British Psychological Society Code of Ethics and Conduct (2018) and the Code of Human Research Ethics (2021) was also closely adhered to, meaning that principles of respect, guidance on risk assessment, informed consent, and confidentiality were applied to this research, which are aligned with the values of CoP. Additionally, it was deemed that there would be no sociological risk, as I aimed to respect the participants cultural and individual differences, including sexuality, disability, ethnicity and religion, meaning that no participant would be discriminated against in any way. Participants were thoroughly briefed on various aspects of the research process via an information sheet (Appendix B) by email prior to the interview.

Individuals were invited to take part in an online semi-structured interview via Zoom lasting approximately one hour. I recognised the possibility that interviewing participants via video may have some effect on the study when compared to face-to-face interviewing, however researchers have generally demonstrated good outcomes. For example, research has found that participants feel more comfortable in speaking about personal topics in a space of their own choosing (Gray et al., 2020). Though some research suggests difficulty in building rapport with participants (Cater, 2011), others have found this not to be the case (Archibald et al., 2019). It was not anticipated that there would be any physical risk to participants. In terms of financial risk, all of the participants were given a £10 Amazon gift voucher as incentive for participating in this research. This was deemed reasonable and proportionate with participation in the study (BPS, 2021).

A consent form (Appendix C) detailing the importance of confidentiality was also emailed to participants prior to interviews. In accordance with the BPS Code of Ethics and Conduct (2018), the limits of confidentiality were addressed. It was clearly communicated to all participants that a pseudonym would be used to ensure anonymity. Any information that could lead to the identification of participants, such as names, were altered in the transcripts and throughout the thesis (Bond, 2010). Participants were also advised that

confidentiality could not be guaranteed if they disclosed harm towards themselves or others during the interview.

At the interview stage, individuals were offered a verbal summary of the rationale behind the study and what participation would involve. The limits of confidentiality were also verbally addressed before participants were offered the opportunity to ask any questions that they may have. As data analysis commenced shortly after the interviews, participants were given up to two weeks to withdraw their data from the research project. This was in line with the BPS Code of Ethics and Conduct (2018).

It was deemed that this research could evoke emotional responses in participants due to the nature of discussing personal details regarding body appearance and lived experiences. Therefore, I assessed psychological risk throughout the interview process by looking out for signs of distress highlighted in the distress protocol. During data collection, no participants displayed signs of distress, however if it were to have happened, the interview would have been stopped and the distress protocol would have been followed.

Following data collection, the participants were verbally debriefed and were given the opportunity to ask any further questions that they may have. A debrief form (Appendix E) was emailed after the interview concluded, which thanked for the participants for their time. The participants were also provided with the details of who to contact if they wished to make a complaint, as well as the details of who they should contact if they happen to experience any distress following their contribution to the research.

All of the data collected was accessible only to myself, and was kept on a secure, password-protected computer in line with the Data Protection Act (2012) and BPS guidance (2021). Data will be stored only for as long as necessary (a maximum of five years for publication purposes), and will then be destroyed by myself as per university guidelines (<https://student.londonmet.ac.uk/media/london-metropolitan-university/london-met-photos/faculty-photos/the-cass/short-course-images/short-courses-images-2/2019/London-Met-Code-of-Good-Research-Practice.pdf>).

Participants were informed that the findings of the study will be disseminated via publication once the research is completed. Participants were reminded that if the research is published, no identifiable markers will be included.

Chapter 3: Analysis

3.1 Overview

Following an analysis of the interviews using IPA, three group experiential themes (GET) emerged: “*Navigating societal expectations - the burden of external judgements*”, “*Psychological resonance and adaptive strategies - coping with low weight commentary*”, and “*A desire for recognition and compassion - envisioning empathy and social support*”. There were nine personal experiential themes (PET), with three in each GET. Between four and six participants featured in each PET. Key quotes from participant accounts are also included, which aim to illustrate the essence of the themes captured.

In this chapter, findings which emerged from six in-depth interview transcripts will be analysed. Themes will be explored in detail, and quotations from the transcripts have been included in both the theme table and narrative analysis. This aims to aid understanding, as well as maintain sensitivity to the context (Smith et al., 2009).

It is deemed appropriate to note that the outcomes of this analysis reflect my personal interpretation of the participants’ accounts. Bearing this in mind, it is possible that another researcher would interpret the accounts differently, which could lead to a presentation of different themes.

Table 2: Group Experiential Themes and Personal Experiential Themes with Illustrative Quotations, Pseudonyms, and Line Numbers

Group Experiential Theme 1: Navigating Societal Expectations - The Burden of External Judgements		
Personal Experiential Theme	Quotations	Pseudonym and Line Number
Types of Comments Received	<i>“Earlier this year, we were having a family event, so we actually took a family picture and I loved the picture. So, I decided to post it on social media. And one of, one of, one person actually, okay, it was a friend actually who commented and asked me whether I’m sick and what’s up because I’m really underweight. When they said that, I remember, I actually went and looked at myself in the mirror and actually asked my child whether I’m okay and he told me that I’m okay.”</i>	Jane, 95-100
Interpretations of Comments Received	<i>“At the beginning, it felt bad. It felt bad, because everyone was saying I’m</i>	Eve, 95-98

	<i>sick, I'm really sick, I have HIV, I must have HIV and that I should go and get checked. I think maybe they said that because I'm African American and HIV is common in those groups. They also say maybe I have anaemia because I'm so thin. Yeah, things like that"</i>	
Stereotypes Assumed and Inflicted	<i>"Black women are supposed to be curvy but I've just never been like that. I eat but my low weight stays. I have some family in Africa and whenever I visit, people give me looks like I'm sick and it makes me feel so bad because I'm not sick, I'm just small and can't change it. I think it's a bit different in the UK because there are lots of different types of people, but that doesn't stop me getting criticised. But it's mainly from other Black people so it makes some sense but it still hurts."</i>	<i>Anne, 156-161</i>
Group Experiential Theme 2: Psychological Resonance and Adaptive Strategies - Coping with Low Weight Commentary		
Personal Experiential Theme	Quotations	Pseudonym and Line Number
Avoidance Behaviours	<i>"Like I said with the clothes, I will put baggy clothes on so that people can't see the shape of my body, because I worry that if they see it they will comment on my weight again. And like I will ask for reassurance from family and avoid people who have made hurtful comments because they might make them again. I find going to work hard because I worry what people will say to me, so I just get on with my work and avoid talking to people now so they don't say anything to me."</i>	<i>Jane, 159-164</i>
Impact on Self-Esteem	<i>"So, when people keep, keep on commenting about that, then each time you look at yourself in the mirror, you feel like oh they're right. Like look at how my neck looks, look at how my arms look and look at how my legs look, you see? So, you start been insecure, and there's that feeling like you're not enough or yeah, you just, you just keep on having negative thoughts about yourself each time."</i>	<i>Holly, 152-156</i>
Impact on Relationships	<i>"I think the experiences have made me to feel like even I don't want to meet with people because I have that perception that they will say that my weight is too low, like I'd rather just be alone so they have made me not be sociable, interactive with other people."</i>	<i>Beth, 209-211</i>
Group Experiential Theme 3: A Desire for Recognition and Compassion - Envisioning Empathy and Social Support		

Personal Experiential Theme	Quotations	Pseudonym and Line Number
Advocacy Against Comments	<i>"Like a community is supposed to, like, help each other and maybe encourage each other and maybe try to find, to find out what the, like the main cause of the problem is, and not just study them and talk bad about them without knowing what someone is going through. You just can't see someone for the first time or meet with someone and just start talking bad about him or her and you don't know him or her. You see? So, people should, like, somehow try to understand it and know that the same thing could happen to them."</i>	Sharon, 201-207
Importance of Social Support Systems	<i>"They supported me in every situation. My husband was always there for me when I'm broken. He was always there for me during my dark times. Even now he is there for me. He has made me become the strong woman that I am right now. I can just talk about this and I don't break down. And my boss because I spoke to him about what happened and he reassured me that I was a good policewoman and to not let this one experience define my career."</i>	Anne, 165-170
Moving On from the Experiences	<i>"I feel I have a mission, maybe to help others who are going through the same things. I think for me, my weight is not even a concern now. I just let it be because I can't change it. I have tried in the past to put weight on but my body just doesn't do that so I accepted that I need to let it be. Yeah, so I have learned to accept myself and ignore what people say about my weight."</i>	Sharon, 265-269

3.2 Group Experiential Theme 1: Navigating Societal Expectations - The Burden of External Judgements

This GET emerged as a pervasive and dominant thread across all participant accounts. Each woman shared detailed and poignant narratives reflecting the profound influence of societal expectations and judgements on their lived experiences. The ways in which these external pressures were internalised, negotiated, and contested varied among individuals, revealing the complex and multifaceted impact of societal norms on body image and self-perception. The following analysis explores the nuanced ways participants understood and experienced these societal forces, highlighting both the overt and subtle mechanisms through which they shaped meaning and emotional responses.

3.2.1 Types of Comments Received

This PET encapsulates the various types of comments received regarding participants' low weight.

“Earlier this year, we were having a family event, so we actually took a family picture and I loved the picture. So, I decided to post it on social media. And one of, one of, one person actually, okay, it was a friend actually who commented and asked me whether I'm sick and what's up because I'm really underweight. When they said that, I remember, I actually went and looked at myself in the mirror and actually asked my child whether I'm okay and he told me that I'm okay.” (Jane, 95-100)

Jane discusses her experience of posting a family picture on social media and receiving a comment from a friend about their appearance. Jane's decision to share the picture reflects a desire for social connection and validation, but the friend's comment prompts Jane to question her body image and health. Being asked whether she is sick highlights the role of societal standards in shaping her self-worth, as well as the emotional consequences of appearing to fail at meeting those standards. Seeking validation from others, particularly her child, reflects Jane's reliance on external affirmation to counteract negative feedback. The emotional impact of the friend's comment emphasises the vulnerability of individuals to online interactions, and the importance of support networks in coping with criticism. In regards to interpersonal dynamics between Jane and her friend, this excerpt reveals the complexities of online relationships and the potential for unintended harm. Overall, Jane's experience sheds light on the nuanced ways in which individuals navigate social media, self-image, and interpersonal relationships, emphasising the emotional and psychological effects of online interactions.

“First, being a police officer, it has been so difficult. Because you know you have to be tough, you know you have to be tough and so tough, I mean so tough and in that process. So, about two years ago I was helping out with some argument on the street between some men and women. They were a lot younger and kind of in a gang, like a group of people. Then erm I found myself being a victim of that argument because of my low weight, so yeah. The tension was so high and everyone was throwing words at me. I remember they were criticising me for my low weight, that I cannot be a good policewoman.” (Anne, 78-84)

In this excerpt, Anne discusses the challenges of her profession, emphasising the need to be "so tough." She recounts an incident from two years ago involving a street argument with a younger group, described as a

gang, where she found herself victimised due to her low weight. This situation led to criticism from the individuals involved, who claimed her low weight made her ineffective as a policewoman. This experience highlights the vulnerability and emotional impact of such criticism, challenging Anne's self-perception and professional identity. The account underscores the broader issues of social and professional stigma related to body image, revealing how societal standards and professional expectations can marginalise individuals and affect their well-being.

All six participants spoke of experiences where individuals commented on their health status, indicating that some form of sickness may be present. Below, the excerpt from Sharon highlights her experience of individuals from Church commenting that she may be suffering from HIV.

“Okay, first of all, like, mostly the first, the first, like let me just give the first time it happened was at the Church a year ago, like, you just see, you just see people saying that you are, like, maybe you are somehow sick, that I might be having, like, maybe HIV and AIDS because of the way I am. Yeah, because of the, the way I looked, the way I was thin. Yeah, so that was my first experience and that was at Church. I have had, like, more than ten experiences like this since it started.” (Sharon, 169-174)

Sharon recounts her experiences of stigma and judgment based on her appearance, particularly her thinness, which she first encountered at a Church. Sharon describes being labelled as sick or possibly HIV-positive due to her physical appearance, highlighting the societal tendency to make assumptions about health based on outward characteristics. Sharon also mentions that these experiences have recurred more than ten times since the initial incident, which indicates the pervasiveness of stigma in her life. Such recurrent experiences contribute to feelings of shame, inadequacy, worry, and self-doubt, shaping Sharon's self-perception and social interactions. The initial incident at the Church suggests that religious or communal settings serve as contexts where stigma is encountered, highlighting the influence of contextual factors on experiences of stigma. It also appears that the individuals who made these comments are misguidedly trying to be helpful, which again, can result in unintended harm.

Beth recounts a similar experience to Sharon.

“My friends complain and say things like there might be something that I might be suffering from, maybe a disease. One of the experiences that I can remember is when my friends told me that maybe I could be suffering from HIV.” (Beth, 178-181)

Beth describes her experience of friends speculating about her health, with one memorable instance being a comment made of possibly having HIV. These health-related comments, though potentially intended as concern, strain relationships and reflect a lack of sensitivity and understanding. Beth has been subjected to societal misconceptions and stigma in regards to body image and disease.

In a similar vein, comments were made to three participants that suggested that an eating disorder may be present.

“And when I was growing up in America and in school, people just kept commenting about weight. They would say that I was so thin, and I’m Anorexic which I’m not. I’ve never had an issue with eating... because I heard, don’t you, like, eat enough or are you having some trouble eating.” (Holly, 112-114...165)

Holly reflects on her experience of persistent weight-related comments during her school years in America. She recalls being repeatedly labelled as Anorexic, despite having no issues with eating, which led to frustration and a need to assert the truth about her eating habits. These accusations and intrusive questions about her weight and eating behaviours have impacted upon her self-perception and confidence, which is highlighted in her other assertion e.g., *“people would say things and the more it happened, the more I thought they were right and something was wrong with my body. I felt so insecure and bad about myself” (160-162)*. Holly’s experience highlights the broader cultural context of body image in America, where thinness is both idealised and pathologized, creating a challenging environment for developing a healthy body image.

“Most people just talk weird and bad about me, about how ugly I look. Yeah, most of them say I am ugly, but it’s okay, I know I’m ugly and now I tell them that. I think maybe they say I’m ugly because I’m really thin, and my boobs are small. I’m old right now so my face has wrinkles, so, yeah. I’ve had lots of experiences and they have been mostly bad. It was especially bad when I was younger, but maybe I just cared more about how I looked then. I now have children that are more important to me than my body.” (Eve, 102-108)

Eve reflects on her experiences of negative comments about her appearance and her resulting negative self-perception. Eve describes a resigned acceptance of being considered ugly, indicating a significant impact on her self-esteem and self-concept. Eve attributes these negative comments to factors such as her thinness, small breasts, and aging-related changes in her appearance. She suggests that concerns about appearance were more pronounced when she was younger, but have become less important with the prioritisation of her role as a parent. Eve implies that her children now hold greater significance in her life than concerns about her body, which highlights a shift in values and priorities.

3.2.2 Interpretations of Comments Received

This PET captures the various ways in which the participants interpreted the comments that were made to them.

"At the beginning, it felt bad. It felt bad, because everyone was saying I'm sick, I'm really sick, I have HIV, I must have HIV and that I should go and get checked. I think maybe they said that because I'm African American and HIV is common in those groups. They also say maybe I have anaemia because I'm so thin. Yeah, things like that." (Eve, 95-98)

Eve describes initially feeling bad in response to comments made to her, highlighting a negative emotional reaction. Eve reflects on possible reasons for these comments, attributing them to assumptions based on her race and physical appearance, particularly regarding the prevalence of HIV in African American communities. This highlights the influence of sociocultural factors on interpersonal interactions and perceptions of health. Eve expresses concerns about being labelled as sick and the impact of stigmatisation on her self-perception and identity. These experiences emphasise the psychological and emotional effects of negative stereotypes and prejudices on individuals' well-being. Exploring Eve's lived experiences within her cultural context provides insights into how societal norms shape individuals' sense of self and interactions with others.

"One of the experiences that I can remember is when my friends told me that maybe I could be suffering from HIV. Actually, I felt so agitated worrying that I had this disease, like I felt so low and felt like even I don't have a reason to live anymore." (Beth, 179-182)

Beth recounts feeling profoundly distressed when her friends suggested she might be suffering from HIV. This emotional response reflects a significant impact on her well-being, leading to feelings of agitation, worry, and low mood. Beth's existential concerns are evident in her mention of questioning her reason to live, indicating a profound cognitive and emotional struggle. The influence of social interactions on Beth's distress highlights the role of peer dynamics in shaping individuals' perceptions of health and self-worth. Comments such as these and subsequent interpretations can lead to devastating effects, where individuals are left psychologically impacted.

“When I’m hanging out with my friends, some of them make comments that actually hurt me because of my weight. They’re quite hurtful because actually it’s like I’m being judged for my weight and maybe it’s something that I’m trying to, okay, make better by eating and exercising, so it actually makes me feel like I’m not making an effort to put weight on. Because I’m really trying to put weight on since receiving hurtful comments, so I feel judged at times by my friends who are perhaps not as slim.” (Jane, 125-130)

Here, Jane describes the emotional impact of hurtful comments made by her friends about her weight. These comments make Jane feel judged and inadequate, despite her efforts to gain weight through eating and exercising. The social comparison with friends who are not as slim serve to exacerbate feelings of exclusion and stigmatisation. This recurring judgment affects Jane's self-esteem, and highlights the internalisation of societal pressures to conform to certain body ideals.

“The first time I wasn’t told directly by the person saying I looked sick. I heard him telling his friends and I think he was ashamed of me been there. So yeah, he was just telling his friends about the way I look, like I look like maybe I have some diseases, and I struggled to know who to talk to about it.” (Sharon, 185-188)

Sharon describes the emotional impact of overhearing someone make negative comments about her appearance, suggesting that she looked sick and possibly had a disease. Sharon interprets the individual's comment as reflecting shame and rejection, which contributes to feelings of distress and isolation. Sharon speaks of struggling to find someone to talk to about the situation, highlighting a need for support and validation.

3.2.3 Stereotypes Assumed and Inflicted

This PET summarises the different stereotypes assumed by participants, as well as inflicted upon them by others.

"Black women are supposed to be curvy but I've just never been like that. I eat but my low weight stays. I have some family in Africa and whenever I visit, people give me looks like I'm sick and it makes me feel so bad because I'm not sick, I'm just small and can't change it. I think it's a bit different in the UK because there are lots of different types of people, but that doesn't stop me getting criticised. But it's mainly from other Black people so it makes some sense but it still hurts." (Anne, 156-161)

Here, Anne discusses her experience of navigating societal beauty standards and cultural expectations regarding body size. Anne expresses feeling conflicted between societal norms dictating that Black women should be curvy and her own naturally thin body. Anne describes feeling judged and misunderstood when visiting family in Africa, where her thinness is perceived as sickness. This suggests an impact of social comparison on her self-esteem and self-worth. Despite noting differences in cultural attitudes toward body size between the UK and Africa, Anne still experiences criticism, primarily from other Black people. This highlights intra-group dynamics and the internalisation of societal beauty standards within her own community. Anne expresses feeling hurt by the criticism received, which is indicative of the emotional toll of societal judgment and stigma.

Holly's account also references stereotypes in regards to how Black women's bodies should look. It may be important to note that Holly was born and raised in America before moving to the UK at the age of 43, whilst Anne was born and raised in the UK. The stereotypes discussed are present in both Westernised countries.

"I'm pretty tall, but I'm so skinny. And when you're a Black woman, that's very different from how other Black women look, because they are meant to be curvy, you know?" (Holly, 105-107)

Holly reflects on her body image and describes herself as a tall and skinny Black woman, highlighting a significant deviation from the cultural expectation that Black women are "meant to be curvy." This awareness of physical difference fosters a sense of otherness and not belonging within her racial community, which

contributes to feelings of inadequacy or self-consciousness. Holly's internalisation of societal and cultural standards emphasises the pressure to conform to specific body ideals, which have the potential to impact upon self-esteem and identity. Navigating the dual identities of being both tall and skinny whilst also being a Black woman reveals the complex intersectionality of body image issues, with the potential for social and psychological implications.

Sharon discusses how the majority of comments she has received have come from other Black people, and the potential reason for this.

“And a lot of the people who have commented on my weight have been Black like me so I think that changes how you are seen. Yeah, because Black culture revolves around food, like we cook and eat a lot, so maybe they see someone of low weight and think they are maybe sick with HIV and AIDS or on drugs.” (Sharon, 269-272)

Sharon notes that many of the comments she has received come from individuals who share her racial background, which suggests a cultural sensitivity and awareness to how body image is perceived. Sharon attributes these comments to cultural norms around food and communal eating practices within Black culture, which may influence perceptions of body weight. There is an acknowledgment that being underweight in this context can lead to assumptions about health issues like HIV/AIDS or drug use, which reflects internalised assumptions.

“My children, when they went to school, some other children talked rude about me, saying I look like I've got HIV to them and they have to come tell me, cry, you know? They have asked me before if I'm going to die because other children at school have said I'm sick and will die.” (Eve, 121-124).

In this excerpt, Eve recounts the distressing impact of her children experiencing hurtful comments from peers at school, who liken her appearance to someone with HIV. This has deeply affected her children, causing them to express fear and concern about their mother's health and mortality. Eve's account highlights the pervasive stigma and misconceptions surrounding HIV/AIDS, reflected in the remarks made by other children. This extract emphasises the emotional strain on familial dynamics, with Eve navigating her role as a parent in comforting and reassuring her children amidst societal judgments.

“That I’m an embarrassment to the force. That I’m weak and can’t handle the situation. I mean, it’s not in my personality to be bad at my job, that’s not who I am. And I was easily carried and thrown to the ground. It was so painful and I remember my colleague trying to help me as they are stronger. So, it was a really, really bad and embarrassing situation. It was the worst experience I’ve ever had, the most embarrassing. I was everywhere. I was called the weak policeman. Policewoman sorry. It was so embarrassing for the police sector so I was at risk of getting fired. But it wasn’t my intention, I was just trying to help the argument. But everyone saw me as weak after that. I was so in shock when it happened because I saw myself as a good policewoman, but that experience was just awful. I never experienced anything like it. So, it was so, so bad, so very bad.” (Anne, 84-94).

This experience highlights Anne's struggle to reconcile societal expectations and stereotypes of toughness with her own physical limitations, leading to feelings of inadequacy and vulnerability. Anne describes feeling stigmatised and humiliated during an incident she was intervening in, as she was criticised for her perceived weakness and incompetence by the individuals involved. Anne describes this perception of weakness as tarnishing her reputation within the police sector and left her at risk of losing her job. Despite her dedication to her role as a police officer and her commitment to helping others, Anne’s sense of self-worth and professional integrity were challenged by the incident, leading to a re-evaluation of her role within the police force.

Jane speaks of similar experiences relating to weight-related comments and the link to the perception of strength and weakness.

“Okay, like if I’m given maybe some heavy tasks at work, some of them will ask whether I’ll be able to manage to do the work or ask if I’m too weak to do the work, which made me feel maybe I’m not suitable for some work, maybe heavy loads are for someone that’s maybe strong, and maybe they have an added advantage because of their weight.” (Jane, 132-136).

Jane reflects on her experiences in the workplace where she has faced questioning regarding her ability to handle heavy tasks due to her perceived physical strength, which appears to be influenced by her body weight. This highlights a workplace environment where physical capabilities are stereotypically linked to body size, impacting Jane’s sense of suitability and competence for certain responsibilities. Jane expresses feelings of

inadequacy, and compares herself unfavourably to colleagues perceived as stronger, suggesting a struggle with professional identity and self-esteem.

3.3 Group Experiential Theme 2: Psychological Resonance and Adaptive Strategies - Coping with Low Weight Commentary

This GET captures the multifaceted psychological impact of low weight comments on participants, alongside the diverse coping strategies they employed. Participants described emotional responses such as distress and anxiety, with notable effects on their self-esteem and sense of identity. The theme also encompasses avoidance behaviours - such as withdrawing from social situations or conversations - that participants used to protect themselves from further negative commentary. Additionally, the impact extended to relationships, influencing how participants interacted with family, friends, and wider social networks. Through these accounts, the theme highlights the complex ways psychological vulnerability and resilience coexist in navigating appearance-related experiences.

3.3.1 Avoidance Behaviours

This PET aims to capture the various avoidance behaviours that participants engage in as a way to avoid repeating painful experiences to various degrees.

"Like I said with the clothes, I will put baggy clothes on so that people can't see the shape of my body, because I worry that if they see it they will comment on my weight again. And like I will ask for reassurance from family and avoid people who have made hurtful comments because they might make them again. I find going to work hard because I worry what people will say to me, so I just get on with my work and avoid talking to people now so they don't say anything to me." (Jane, 159-164)

Jane describes engaging in protective behaviours and coping strategies in response to concerns about her low weight and potential comments from others. Jane mentions wearing baggy clothes to conceal her body shape and seeking reassurance from family members while avoiding individuals who have made hurtful comments in the past. Her reassurance-seeking from family members serves to keep her occupied with the comments regarding her low weight. Jane also expresses difficulty in navigating social interactions at work due to fears of judgment about her weight, leading her to avoid engaging with colleagues to pre-emptively prevent

negative comments. Her avoidance speaks from a place of potential isolation, as her behaviours limit contact with various people. Her way of coping via avoidance negatively impacts upon her psychological functioning. These coping mechanisms highlight Jane's reliance on social support and avoidance as strategies to manage anxiety and protect her self-esteem. Concerns about weight significantly impact Jane's daily functioning and social interactions, underscoring the pervasive nature of her worries.

In contrast to hiding their bodies, three participants described their attempts to gain weight in order to avoid further comments.

"I thought if I gained a little weight, people would stop commenting. But I tried by eating more and I'm still skinny, kind of like, underweight for my height and my age, and I guess that's why people keep on commenting about my weight a lot" (Holly, 119-121)

Holly describes her struggle to conform to societal expectations by attempting to gain weight to stop negative comments about her body size. Despite her efforts, she talks of remaining underweight for her height and age, which may have led to feelings of frustration and helplessness.

Sharon describes a similar experience.

"I have tried in the past to put weight on but my body just doesn't do that so I accepted that I need to let it be." (Sharon, 267-268)

Sharon recounts her past efforts to gain weight, which reflects a struggle to conform to societal or personal standards regarding body size. Despite these efforts, Sharon has come to the conclusion that her body cannot achieve that, and has transitioned to a state of acceptance. This shift from active striving to acceptance highlights a coping mechanism of adaptation, reducing emotional distress and fostering peace with her natural body weight.

"It was so, so bad at the time, and made me not want to leave the house in case it happened again. Like, I was scared to go to work, scared to face people because they saw me as weak, and so yeah, that hit me hard. I became a shell of a person that couldn't leave the house without fearing what might be said to me. I got

so used to hiding and did that for a while. I didn't even want family to see me in case they criticised me as my body is different from my family's." (Anne, 147-153)

Anne recounts the impact of her experiences on her daily life, leading to a pervasive fear of leaving the house and going to work. Anne described being perceived as weak, which resulted in a heightened sense of vulnerability and anxiety, prompting her to adopt avoidance behaviours and withdraw from social interactions. This fear extended to facing family members, as Anne was concerned about potential criticism due to her body being different from her family's. The internalisation of negative judgments from others has significantly diminished Anne's self-worth, leading her to describe herself as "a shell of a person." The fear of judgment and criticism, combined with body image concerns and familial comparisons, has contributed to Anne's social isolation and retreat into hiding.

Eve reports being able to socialise following her experiences, however, she discusses a period of avoidance by actively running away from people who commented on her weight.

"I would stand there and feel like crying, but since I wouldn't want to show my weakness around people, I would run away, run really fast. I almost wanted to avoid what was been said to me because, of course, I tend to overthink what people say... because I would run away from people and sometimes not go back to what I was doing. Like if I was shopping and someone said something to me, I would just run and not go back." (Eve, 162-164...169-171)

Eve experiences emotional vulnerability when confronted with negative comments, feeling an urge to cry but suppressing these emotions to avoid showing perceived weakness. Eve's way of coping by physically fleeing the situation symbolises a desire to escape both immediate distress and overthinking that amplifies her pain. This flight response leads to significant disruption in her daily activities and an apparent pattern of social withdrawal, resulting in practical challenges and increased isolation.

3.3.2 Impact on Self-Esteem

This PET encapsulates the impact that comments regarding low weight have had on the participants' self-esteem.

"So, when people keep, keep on commenting about that, then each time you look at yourself in the mirror, you feel like oh they're right. Like look at how my neck looks, look at how my arms look and look at how my legs look, you see? So, you start been insecure, and there's that feeling like you're not enough or yeah, you just, you just keep on having negative thoughts about yourself each time." (Holly, 152-156)

In this excerpt, Holly is referring to the impact of weight-related comments on her self-esteem. Her account is an illusory truth insofar as the more comments she receives about her shape and weight, the more she believes them. Holly experienced a gradual decline in self-esteem as she says "you start being insecure". Her commentary also highlights a connection to core beliefs, as she speaks of feeling like she is not enough. Use of the words "just" and "each time" in the context of the last sentence suggests a frustration with the negative thoughts she has, which are result of her low self-esteem.

"Yeah, the comments felt so bad that I thought about quitting, because I felt so judged by my colleagues. I think my colleagues thought this person isn't good looking, this person is weak, and this person is fragile because of my weight, yeah." (Jane, 174-177)

Jane describes the emotional impact of negative comments about her weight from colleagues, which made her consider quitting her job. Jane felt quite judged, and internalised perceptions of being "not good looking," "weak," and "fragile." This judgment has affected her self-esteem and professional identity, which highlights the effect of workplace biases that equate physical appearance with competence.

Two participants discuss how their experiences impacted on their self-esteem to such a degree that they considered suicide.

"the comments make me feel sad, awful. At some point, years ago when I was young, I thought about killing myself, committing suicide to say" (Eve, 142-143)

Eve reports the deep emotional distress caused by negative comments about her weight, using words like "sad" and "awful" to convey the intensity of her feelings. Recalling a time when she was younger, she reveals that these comments led her to consider suicide, highlighting the severe impact on her mental health and self-worth. Eve's experience demonstrates the effects of societal judgment and the critical need to address

harmful comments to support individuals' mental well-being, in order to prevent such extreme emotional distress.

Beth reports a similar experience after a friend told her that she may be suffering from HIV.

“Actually, I felt so agitated worrying that I had this disease, like I felt so low and felt like even I don't have a reason to live anymore. I didn't really have any thoughts come to mind at the time as I just felt so low. But afterwards when I started thinking about what they said, I thought about maybe not living anymore because I felt like no one cares about me.” (Beth, 181-185)

Beth describes the emotional turmoil and agitation caused by worrying about having HIV, which left her feeling extremely low and without a reason to live. Initially, her distress appears to be so overwhelming that she couldn't think clearly. However, after reflecting on the hurtful comments made by others, she experienced suicidal ideation, and felt like no one cared about her. This highlights a sense of social isolation, demonstrating how negative social interactions can lead to severe emotional and cognitive consequences.

In contrast, one participant reflected on how their experiences led to an apparent increase in their confidence.

“I think without the comments, I couldn't be the woman I am right now. I don't think I would have learned to accept and love myself without that experience.” (Anne, 146-147)

Anne reflects on the negative comments about her weight as a transformative experience that shaped her current identity. Despite the initial pain, these comments led to significant personal growth, teaching her to accept and love herself. The journey from external judgment to self-acceptance highlights her resilience and strength, showing how adversity contributed to self-assurance and confidence. By reframing these negative experiences as necessary for her development, Anne expresses a sense of gratitude, acknowledging that without these challenges, she wouldn't have become the woman she is today.

3.3.3 Impact on Relationships

This PET summarises the varying ways in which low weight-related comments have impacted upon the participants' relationships.

“I think the experiences have made me to feel like even I don't want to meet with people because I have that perception that they will say that my weight is too low, like I'd rather just be alone so they have made me not be sociable, interactive with other people.” (Beth, 209-211)

In this excerpt, Beth discusses how experiences of receiving comments about her weight impacted her social behaviour and well-being. Beth expresses a reluctance to engage with others, which is due to the fear of being judged or criticised for her low weight, leading to feelings of self-consciousness and insecurity in social situations. Beth's perception that others will comment on her weight reflects an internalised belief about how she is perceived, influencing her self-concept and social interactions. This has resulted in a pattern of social withdrawal and isolation, where Beth feels more comfortable being alone rather than risking further criticism. The extract highlights the cyclical nature of this withdrawal, wherein experiences of weight-related criticism reinforce social avoidance, further perpetuating feelings of isolation and reluctance to engage with others.

Jane also discussed her experience in regards to her social interactions.

“Okay, like when I'm with my friends, sometimes they make comments or make a joke about my weight, saying the weight might end up blowing you away in the wind. Others asking whether you are okay. When I'm hanging out with my friends, some of them make comments that actually hurt me because of my weight.” (Jane, 123-126)

Jane describes how her friends' comments and jokes about her weight, such as suggesting she might be blown away in the wind, have a hurtful impact on her. Although these remarks may be intended as humour, they cause her emotional pain and may contribute to feelings of being judged and misunderstood. This leads to a sense of social isolation, and serves to diminish her enjoyment of social interactions, creating tension within her friendships. The recurring scrutiny of her weight heightens her self-consciousness, which induces social anxiety. This affects the quality of her relationships, and highlights the need for empathy and sensitivity from her friends.

“like I remember my husband, like, started approaching me, my god, I used to, I wanted to overcompensate like why does he like me out of all the people? What, what has he seen in me? People see my body first, like how tall and skinny I am. You see? Why is he approaching me? So, I have to overcompensate,

maybe personality wise. Maybe like to try to stay in a relationship, in a toxic relationship because, oh, they chose me, I will not find someone else when he leaves me because of my body” (Holly, 200-205)

Holly reflects on her relationship with her husband, and grapples with deep-seated insecurities about her self-worth. She expresses surprise and disbelief that he chose her, attributing this to her physical appearance, and speaks of feeling that others primarily notice how “tall and skinny” she is. This perception fuels her sense of inadequacy, leading her to believe she must "overcompensate" with her personality to maintain the relationship. Holly also alludes to either currently or previously being in a toxic relationship, and suggests that her fear of not finding someone else if a partner was to leave her is linked to her body image. This fear reinforces a negative cycle where she anticipates rejection based on her physical appearance, influencing her decisions to stay in an unhealthy relationship.

“I was so used to being judged by everyone that I didn’t realise people could not judge you, and I think that helped me to see that I was maybe surrounding myself with the wrong people. There are people out there who will not comment on your weight or say you are sick.” (Eve, 189-192)

In this excerpt, Eve reflects on a shift in her perception of social judgment and relationships. Eve recounts a history of feeling constantly judged by others, and later realised that she was surrounded by the wrong people. Through this experience, Eve discovers that not everyone criticises or comments negatively on other people’s appearance or health. This realisation marks a pivotal moment of self-awareness and growth, as she begins to understand the importance of surrounding herself with supportive individuals who do not perpetuate judgment. The extract captures a journey of evolving perspective and the recognition of the impact of social environment on well-being.

“But it was really bad and you try to like, mingle with people but they, somehow, they don’t want a relationship, they don’t want you near them.” (Sharon, 192-193)

Here, Sharon speaks of her experiences of attempting to connect with others in social settings. She describes encountering a challenging situation where her efforts to engage with people were met with apparent rejection or indifference. The phrase "it was really bad" highlights a significant emotional impact, which

indicates disappointment or frustration resulting from her perceived inability to form relationships. Despite trying to mingle with others, Sharon perceives a reluctance from them to establish connections or allow closeness. This perception of rejection evokes feelings of being unwanted or excluded, highlighting the emotional complexities of seeking social interaction for Sharon.

3.4 Group Experiential Theme 3: A Desire for Recognition and Compassion - Envisioning Empathy and Social Support

This GET reflects a shared call among participants for greater empathy and understanding from society regarding experiences of low weight. Participants advocated against unsolicited comments, highlighting the harm these can cause and the need for increased sensitivity. The importance of supportive social networks - family, friends, and community - was also emphasised as a vital resource in mitigating the negative effects of low weight commentary. Furthermore, participants spoke about the process of moving forward from these experiences, underscoring the need for societal change alongside personal resilience. This theme captures a collective desire for a more compassionate social environment that acknowledges and respects individual experiences without judgment.

3.4.1 Advocacy Against Comments

This PET aims to explore the varying ways in which participants respond to comments through advocacy.

"Like a community is supposed to, like, help each other and maybe encourage each other and maybe try to find, to find out what the, like the main cause of the problem is, and not just study them and talk bad about them without knowing what someone is going through. You just can't see someone for the first time or meet with someone and just start talking bad about him or her and you don't know him or her. You see? So, people should, like, somehow try to understand it and know that the same thing could happen to them." (Sharon, 201-207)

Sharon emphasises the importance of community support, empathy, and understanding in fostering resilience and well-being. Sharon advocates for a community approach that focuses on helping and empowering individuals rather than judging or criticising them. Sharon critiques the tendency to make assumptions about others' lives without understanding their experiences, highlighting the value of empathy in fostering connection

and reducing stigma. In addition, Sharon recognises the universality of human experiences and vulnerabilities, suggesting that individuals should acknowledge their own potential for facing similar challenges. Advocating against comments with a call for empathy and understanding is a call for social change towards a more compassionate and inclusive society.

“You never know their life story so never judge. It can really hurt a person and ruin their life, so just don't do it.” (Eve 209-210)

Eve advocates against judging others, emphasising that such comments can cause profound harm and potentially ruin someone's life. Eve highlights the importance of empathy and understanding, noting that without knowing someone's life story, it can be damaging to make judgments. Eve's stance follows her personal experience with the negative effects of judgment, which informs a perspective that prioritises kindness and compassion.

“I would like to tell them that being underweight, maybe someone like me, it's not something that maybe someone wants to be. It may be circumstances that force someone to be that weight. And I have been saying those harsh comments actually destroy the person instead of actually building or encouraging the person to get better or something.” (Jane, 212-215)

In this excerpt, Jane discusses her experience with being underweight, emphasising that it can be due to uncontrollable circumstances rather than personal choice. Jane highlights the damaging impact of harsh comments, noting that such remarks can emotionally destroy rather than encourage someone. Jane advocates for empathy and understanding, stressing the importance of supportive communication over criticism. By sharing her perspective, Jane's experience can help to educate others about the realities of being underweight, and promote a more compassionate and informed approach to interactions.

“I do not know what they're going through in their lives. I do not know why they are insecure or what their insecurities are about, but I would just tell them to heal. Whatever I say, I feel like whatever thing I say will not bring back the time, like, it would not change anything. Time has passed. They've been saying these things for years. If I say anything negative, it won't change that, it won't change how I felt in that particular

situation, on that particular date or in that particular location that they commented about it. So, maybe if they healed, you know, they would not comment anymore. They would not hurt other people with the same negative comments.” (Holly, 282-290)

Here, Holly reflects on the impact of negative comments that she has endured over the years, acknowledging her lack of knowledge about the insecurities driving such behaviour in others. Holly expresses a sense of powerlessness over the past, recognising that no response can alter previous experiences or emotions. Emphasising the importance of healing, Holly suggests that if those who made hurtful comments addressed their own insecurities, they would be less likely to project negativity onto others. Therefore, in advocating against such comments, Holly recommends commentators to heal themselves.

3.4.2 Importance of Social Support Systems

This PET captures the importance of social support systems for participants in varying parts of their journey.

“They supported me in every situation. My husband was always there for me when I'm broken. He was always there for me during my dark times. Even now he is there for me. He has made me become the strong woman that I am right now. I can just talk about this and I don't break down. And my boss because I spoke to him about what happened and he reassured me that I was a good policewoman and to not let this one experience define my career.” (Anne, 165-170)

Anne highlights the significant role of supportive relationships, particularly with her husband and boss, in navigating challenges and fostering resilience. Anne attributes her strength and emotional stability to the unwavering support of her husband during difficult times, acknowledging his influence in shaping her into the strong person she is today. Similarly, Anne emphasises the positive impact of her boss's reassurance and validation on her professional identity and confidence as a policewoman, highlighting the importance of professional support in career development. I believe that Anne's emphasis on the value of significant relationships is important, as other participants spoke of avoiding numerous people as a way to cope with the comments received. There therefore appear to be differences in the participants ways of coping with their experiences.

“But, after talking to my parents, my mom actually, she told me it's something in the family. I should not get worried. So, yeah, I accepted the condition.” (Eve, 138-140)

Eve recounts a pivotal conversation with her mother about the weight-related comments she was receiving. Her mother's reassurance that the condition is a familial trait helped normalise the experience and alleviate Eve's worry. This interaction highlights the importance of familial support, as Eve's mother's words significantly impacted upon her emotional response, leading to acceptance.

“And also, to find a friend who can support you because some people just need someone to encourage them and give them hope... Yeah, so it's made me only go to places with my friend who understands and maybe has had similar experiences. That's the only place I feel safe.” (Sharon, 243-244...250-251)

In this excerpt, Sharon emphasises the importance of having a supportive friend who can provide encouragement and hope. Sharon highlights that finding someone who understands and shares similar experiences has been crucial in helping her to feel safe. This need for safety has led Sharon to selectively engage in social interactions, choosing only to go to places with her friend. Sharon's experience demonstrates her reliance on trusted relationships to navigate her emotional well-being. It also reveals the significant role of empathy, shared experiences, and positive reinforcement in fostering her sense of security.

Holly also describes the impact her friends have had in relation to her experiences.

“I think the people in my life, I think the friends that I have are not really, um, they are good friends. They don't make comments about my body, but they are not experienced enough to give me like, advice on how to deal with the issue. All they can do is just like make me feel good about yourself, hanging out with me or telling me, you know, it doesn't matter what people say about you, what matters is what you feel about yourself. So that's the best they can do because they're not doctors, they're not therapists or such, but they have played a huge role in encouraging me to seek therapy and to seek help.” (Holly, 232-238)

Holly reflects on the supportive yet limited role of her friends in dealing with her issues relating to the comments she has received. While these friends do not make negative comments and do provide emotional

validation, Holly describes them as lacking the expertise to offer specific advice on managing the problem. However, their encouragement has been crucial, as they have played a significant role in motivating Holly to seek professional support.

“I went to a counsellor, a work counsellor to be able to get help also. It actually helped me out talking to the counsellor because there was a time, like I said earlier I was actually thinking of quitting the job, but it made me stay and continue working there... But my counsellor helped me accept myself despite my low weight.”
(Jane, 171-174...177)

Jane discusses a transformative impact of visiting a work counsellor. Initially contemplating quitting her job, Jane found that talking to the counsellor provided significant emotional support and guidance, ultimately helping her decide to stay at their job. A significant outcome of the counselling has been Jane’s journey toward self-acceptance, particularly regarding her low weight. This experience demonstrates how therapeutic interventions can support individuals to foster resilience and acceptance, positively influencing both work and personal life.

Beth describes a similar experience in seeking support from a therapist, and the importance of that.

“I think my therapist really helped me resist what people say to me and see it differently. I’m not sure how I resist them, but I just don’t let them get to me as much, I just let them go. I think accepting that I am strong because of the comments makes me able to resist them, because they can’t really hurt me anymore, you know? I know me, I know who I am, I know that I’m not sick, so I can let go.” (Beth, 246-250)

Beth describes how her therapist significantly helped her reinterpret and resist negative comments from others. The therapy facilitated a cognitive shift, enabling Beth to detach emotionally from harmful remarks and develop resilience. This newfound strength is rooted in self-acceptance and a deepened self-awareness, as Beth confidently asserts her identity and health status. By recognising her own inner strength and knowing who she is, Beth feels empowered to let go of negative perceptions, which illustrates the impact of therapeutic support on her personal growth and emotional well-being.

3.4.3 Moving On from the Experiences

This PET encapsulates the ways in which participants are moving on from their experiences of low weight commenting.

"I feel I have a mission, maybe to help others who are going through the same things. I think for me, my weight is not even a concern now. I just let it be because I can't change it. I have tried in the past to put weight on but my body just doesn't do that so I accepted that I need to let it be. Yeah, so I have learned to accept myself and ignore what people say about my weight." (Sharon, 265-269)

This excerpt reflects Sharon's journey towards self-acceptance and empowerment in relation to her low weight and body image. Sharon expresses a sense of purpose and mission to help others going through similar struggles, indicating a desire to use her experiences as a source of support and connection. Sharon describes a shift in perspective from striving to change her body to accepting it as it is, acknowledging that attempts to alter her weight have been unsuccessful. Sharon developed resilience and coping strategies to navigate societal judgment and criticism, reaching a point where external opinions about her weight no longer affect her self-worth. This journey reflects a transformation of identity and self-concept, with Sharon embracing her body and cultivating a positive sense of self.

"I used to be really depressed about it because my career was at stake and it felt like my world had ended. I was so sad all the time and I would cry and wish I was normal. But now I'm okay. I love my weight, I love me, I love my body. I'm happy. I can see my body does amazing things, like it gave me my children which I always wanted. I have a family that supports me and loves me. And I'm not going to try and change my body because of some people's perceptions of me." (Anne, 132-137)

Anne reflects on her emotional journey from depression to self-acceptance and happiness. Initially, Anne experienced intense sadness due to concerns about her career and the feeling that her world had ended after her experience. This period was marked by a desire to be "normal", presumably like other policewomen. However, over time, Anne underwent a significant transformation, moving towards a positive self-perception and self-love. Anne now appreciates her body's capabilities, particularly in giving her children, and expresses love for her weight and body. The support and love from her family played a crucial role in this journey, which

is in line with the previous PET. Anne's rejection of external judgments and commitment to not changing her body for others highlights her empowered and resilient mindset.

"When I went for therapy, the therapist told me that I have to accept what they tell me in order to live well, because if I keep resisting, it's going to hurt my feelings, lower my self-esteem." (Eve, 156-158)

In this excerpt, Eve recounts her therapist's suggestion to accept external comments in order to protect her emotional well-being. The therapist suggests that resisting these comments can lead to hurt feelings and lower self-esteem, implying that acceptance is a strategy to live well and maintain emotional resilience. Eve recognises that this acceptance is not about internalising negativity, but about acknowledging comments without letting them cause emotional harm. This therapeutic guidance highlights the importance of balancing external perceptions with internal well-being to foster a healthier self-image and emotional state.

Beth describes a similar experience with therapy.

"I think I've gotten better at letting comments go, but I think that comes with time and getting used to it. Also, I had a good therapist who helped me talk about my experiences and let go." (Beth, 219-221)

Beth describes her journey towards better handling comments, attributing this improvement to time and the support of a good therapist. Beth highlights that emotional resilience and the ability to let go of hurtful remarks are learned skills that develop gradually. The therapist played a crucial role by providing a safe space to discuss experiences, which facilitated the process of letting go. This narrative underscores the combined importance of personal adaptation over time and professional therapeutic support in moving on from experiences.

Chapter 4: Discussion

4.1 Overview

The following discussion will explore the findings from each superordinate theme in relation to the existing literature. Possible limitations will also be explored, as well as recommendations for how the findings may be applied to practice and future research. The chapter ends with the researcher's reflexive statement, which aims to consider the potential impact of their own personal experiences on the research process. Following this, final conclusions are made.

4.2 Group Experiential Theme 1: Navigating Societal Expectations - The Burden of External Judgements

4.2.1 Types of Comments Received

The analysis of this personal experiential theme (PET) focusing on societal expectations and judgments, offers a comprehensive view of the various ways in which individuals experience and internalise external perceptions about their body weight and appearance. This theme emerged as a dominant narrative across all participant interviews, revealing the pervasive nature of societal scrutiny and its profound impact on self-esteem, self-perception, and mental well-being.

The narratives illustrate how societal expectations about body image are communicated through various channels, including direct comments from acquaintances, professional interactions, and community settings, such as religious institutions. These expectations often reflect a narrow standard of beauty and health, which individuals feel pressured to conform to, regardless of personal context or background. The participants' stories highlight a recurring theme: societal norms not only set unrealistic standards but also lead to negative judgment and stigma when these standards are not met.

The comments received by the participants, whether about potential illnesses, such as HIV or Anorexia Nervosa, or general criticism of their appearance, had significant emotional and psychological consequences. Jane's experience, where a friend's comment led her to question her health and seek reassurance from her child, underscores the emotional vulnerability that arises from societal scrutiny. Similarly, Anne's account of facing criticism in her professional role as a police officer due to her low weight illustrates the additional layer of professional pressure and self-doubt imposed by such judgments.

Sharon and Beth's experiences with being stigmatised as potentially HIV-positive due to their thinness reveal a troubling association between body size and health assumptions, leading to feelings of shame and social isolation. This association also underscores the role of misinformation and stereotypes in perpetuating stigma, which can be particularly damaging in communal or religious settings where individuals seek support and belonging.

The analysis also highlights how body image issues intersect with broader aspects of identity, including professional roles and personal values. Anne's narrative indicates that societal expectations can challenge one's professional identity, as her ability to perform as a police officer was questioned due to her appearance. This reflects a societal bias that equates physical size with strength and competence, particularly in traditionally male-dominated fields.

Eve's reflection on her journey from prioritising her appearance to focusing on her children illustrates a significant shift in identity and values. Her acceptance of being considered "ugly" and the shift in focus to her role as a mother suggests a form of resilience and re-prioritisation of what she finds meaningful in life. This shift can be seen as a coping mechanism or a way to navigate and resist societal pressures, highlighting the dynamic nature of self-concept over time.

Holly's experiences point to the broader cultural context, particularly in America, where thinness is both idealised and pathologized. This duality creates a challenging environment for developing a healthy self-image, as individuals navigate conflicting messages about beauty and health. The participants' accounts collectively suggest that societal expectations are not uniform, but vary across different contexts and cultures, affecting how individuals experience and respond to judgments about their appearance.

These findings are concordant with the findings of one study where the very small female body was found to be the second most stigmatised (Anderson & Bresnahan, 2013). Respondents in the 2013 study labelled the very small female body as "disgusting", "anorexic" and "sickening". Participants in the present study made reference to comments of similar nature; for example, Holly stated that individuals at school would tell her that she was anorexic.

The findings also align with objectification theory, which explains how societal judgments and expectations about appearance lead individuals, particularly women, to internalise these external evaluations, resulting in self-objectification and body surveillance. Participants in the study experienced emotional distress, shame, and stigmatisation due to societal pressure to conform to particular beauty standards, with some participants being labelled as "anorexic" based on their thinness. This objectification extended beyond physical

appearance, affecting professional identity and mental well-being, as seen in the examples of participants facing criticism in professional roles. Cultural contexts also influenced these experiences, with the dual idealisation and pathologisation of thinness further complicating body image.

Overall, the discussion of this GET reveals the complex and often harmful impact of societal expectations and judgments on individuals. It emphasises the need for greater awareness and sensitivity in addressing body image issues and the importance of supportive environments that validate diverse body types and resist harmful stereotypes. As society continues to grapple with issues of body image and health, these narratives underscore the critical need for compassion and understanding in our interactions with others.

4.2.2 Interpretations of Comments Received

The analysis of this PET sheds light on the profound psychological and emotional impact of such remarks on individuals. These interpretations reveal how societal stereotypes, peer dynamics, and internal struggles shape individuals' responses to external feedback about their appearance, particularly in relation to weight and health.

The participants' experiences highlight the significant role of societal stereotypes and prejudices in shaping the interpretations and emotional responses to comments about their health and appearance. For instance, Eve's reflection on being told she might have HIV or anaemia because of her race and thinness underscores the intersection of racial stereotypes with health perceptions. This indicates a broader societal issue where certain racial groups are unfairly associated with specific health conditions. Such assumptions not only perpetuate stigma but also have a detrimental effect on individuals' self-perception and well-being. Eve's experience reveals the harmful impact of these stereotypes, which can lead to feelings of shame, stigmatisation, and a questioning of one's identity within the sociocultural context.

Beth's account of feeling "so agitated" and questioning her reason to live after being told she might have HIV illustrates the severe psychological distress that can arise from such comments. This reaction indicates a deep internalisation of fear and stigma associated with the disease, further exacerbated by the negative connotations attached to it. Beth's narrative highlights how comments, even from friends, can trigger profound emotional turmoil and existential despair, demonstrating the critical need for sensitivity and empathy in social interactions.

Similarly, Jane describes feeling judged and inadequate despite her efforts to conform to societal ideals of body weight. Her experience emphasises the pervasive nature of societal pressures and the internal conflict

they generate. Jane's struggle to gain weight in response to hurtful comments from friends highlights the damaging effect of external judgments on self-esteem and self-worth. The pressure to meet certain body standards, even when physically challenging or impossible, reflects the powerful influence of societal norms on individual behaviour and self-concept.

In line with SCT, comparison and peer dynamics play a significant role in shaping the participants' interpretations of comments. Jane's feeling of exclusion and stigmatisation is exacerbated by comparing herself with friends who are "perhaps not as slim." This indicates that societal pressures regarding body image are not only internalised but also reinforced through peer interactions, leading to a heightened sense of inadequacy and exclusion.

Sharon's experience of overhearing derogatory comments about her appearance, and the subsequent interpretation of these remarks as indicating shame and rejection, highlights the complexities of indirect communication. The emotional impact is intensified by the lack of direct confrontation, leaving Sharon feeling isolated and unsure of how to address the situation. This underscores the importance of open and supportive communication in mitigating the negative effects of such experiences.

A recurring theme across the participants' narratives is the need for support and validation. Sharon's difficulty in finding someone to confide in after overhearing negative comments about her appearance points to a lack of adequate support systems. The participants' experiences underscore the necessity of having trusted individuals or communities to turn to in times of distress. Given that a therapist's personal attributes and techniques, such as trustworthiness (Horvath & Greenberg, 1989), have been reported to be imperative in the development and maintenance of a strong alliance (Ackerman & Hilsenroth, 2003), therapeutic intervention would be of value here. This need for validation and reassurance is crucial in helping individuals navigate and cope with the negative impact of societal judgments and personal insecurities.

The findings from this PET illustrate the deep-seated impact of societal expectations, stereotypes, and peer interactions on individual well-being. The interpretations of comments received reveal the emotional and psychological struggles faced by those who do not conform to societal ideals of health and appearance. This discussion emphasises the importance of promoting a more inclusive and empathetic society, where diversity in body types and health conditions is accepted and respected. It also highlights the critical need for supportive networks to help individuals cope with the pressures of societal judgments and maintain positive self-esteem. In line with suggestions and dependent upon the interpretation, both criticisms and compliments related to weight

may contribute to body image dissatisfaction (Calogero et al., 2009; McLaren et al., 2004), which is evident in the participants' narratives.

4.2.3 Stereotypes Assumed and Inflicted

The participants' experiences reveal the deep-seated impact of stereotypes on personal identity and social interactions, particularly regarding body image, health, and professional competence. These narratives underscore how stereotypes, both assumed by individuals and inflicted by others, can shape self-perception and contribute to psychological distress. This finding is in line with research conducted by Pace (2016), where women experienced emotional disconnection and displacement from their Black culture due to not possessing the ideal “thick” body type.

The theme consistently highlights the pressure to conform to specific body image ideals, particularly within the Black community. Both Anne and Holly articulate a struggle with the stereotype that Black women are expected to be curvy. This is in line with research by Hunter et al., (2021), which found that Black women endorsed curvy body ideals. Anne's account, in particular, reveals the emotional toll of not fitting into this norm, especially when visiting family in Africa where her thinness is perceived as a sign of illness. This indicates a cultural variance in body standards and the social comparison pressures faced by those who do not align with these expectations.

Holly's experience mirrors Anne's but adds the complexity of being tall and thin, which further deviates from the expected norm. This divergence fosters feelings of inadequacy and not belonging within her racial community. These narratives highlight the intersectionality of body image issues, suggesting that the experience of body image is not uniform within racial groups but rather layered with individual and cultural variations. These findings are in line with SDT, as both Holly and Anne compare the actual self (thin, Black woman) to the ideal self (curvy/larger Black woman).

The narratives extend beyond body image to the stigmatisation of health conditions, particularly HIV and AIDS. Sharon's observation that many comments about her weight come from within her community points to internalised cultural beliefs linking body weight with health status. The association of low weight with diseases or substance abuse reflects deep-rooted stereotypes that perpetuate stigma.

Eve's recounting of her children's distress over comments made by peers illustrates the broader societal implications of such stereotypes. The harmful remarks not only affect Eve's self-esteem but also instil fear and confusion in her children, showcasing how stigma can permeate familial relationships and disrupt emotional

well-being. This highlights the need for better education and awareness to combat misconceptions and reduce the social stigma associated with certain health conditions.

Stereotypes about physical strength and competence are evident in Anne and Jane's experiences. Anne's narrative of feeling humiliated after an incident at work, where she was perceived as weak, underscores the challenge of navigating a profession like policing that traditionally values physical prowess. This perception of weakness not only damaged her professional reputation but also threatened her job security, reflecting a broader societal bias that equates physical size with capability and authority.

Similarly, Jane's experience of being questioned about her ability to perform heavy tasks at work because of her body size illustrates how stereotypes about physical strength can impact professional identity and self-esteem. These experiences reveal a critical issue within workplace environments where assumptions about physical appearance can unfairly limit individuals' perceived capabilities and opportunities.

The experiences shared by the participants highlight the pervasive and multifaceted impact of stereotypes. These stereotypes not only affect personal identity and self-esteem but also influence social interactions, professional opportunities, and familial relationships. The narratives underscore the importance of addressing and challenging these stereotypes to foster a more inclusive and understanding society. By promoting awareness and education, it is possible to mitigate the harmful effects of these assumptions and support individuals in navigating their identities free from the constraints of societal expectations.

4.3 Group Experiential Theme 2: Psychological Resonance and Adaptive Strategies - Coping with Low Weight Commentary

4.3.1 Avoidance Behaviours

The participants' narratives reveal the profound psychological impact of negative comments and societal judgments, particularly concerning body image and perceived physical inadequacies. The avoidance behaviours described serve as coping mechanisms to manage the emotional distress and anxiety stemming from these experiences. However, these strategies often result in further psychological challenges and social isolation.

Jane's experience highlights the use of protective behaviours as a coping mechanism. She wears baggy clothes to obscure her body shape, avoiding comments about her weight. Additionally, Jane seeks reassurance from family members while actively avoiding individuals who have previously made hurtful comments. This strategy underscores a deep-seated fear of judgment and a reliance on a safe social circle to maintain self-esteem. Jane's reluctance to engage with colleagues at work further illustrates her social withdrawal, motivated

by a desire to pre-empt negative remarks. This avoidance not only limits her social interactions but also perpetuates a cycle of isolation, exacerbating her anxiety and impacting her overall well-being.

Participants such as Holly and Sharon describe efforts to gain weight as a way to conform to societal standards and avoid criticism. Holly's account of trying to gain weight, despite remaining underweight, reflects a struggle to meet perceived norms and expectations. This endeavour, however, leads to frustration and a sense of futility, as she feels unable to change her body to meet societal standards. This finding is contradictory to research conducted by Tunaley et al. (1999), where older women had a desire to be thinner, though did not conform to societal pressures around size, diet and weight control. Additionally, this contrasts with Tiggemann's (2004) review of body image research, which found that as women age, they tend to move away from the youthful, thin ideal, and the importance of body appearance decreases. Holly and Sharon's experiences appear to align more closely with younger individuals who feel the pressure to conform to body standards, rather than the findings of Tiggemann, which suggest that body dissatisfaction remains relatively stable but becomes less central to self-worth as age increases.

Sharon's narrative shifts from active attempts to gain weight to a state of acceptance. Her journey from striving to acceptance suggests a coping mechanism that reduces emotional distress by letting go of unattainable goals. This adaptation indicates a healthier psychological response, as Sharon finds peace in accepting her natural body weight, reducing the impact of external judgments on her self-esteem.

Anne's experience highlights the extreme psychological impact of perceived weakness and criticism. Her fear of being seen as weak leads to a profound sense of vulnerability, resulting in her withdrawal from both professional and social settings. Anne describes becoming "a shell of a person," indicating a deep loss of self-worth and identity. Her avoidance extends to family interactions, driven by concerns about being criticised for her body differences. This is in line with previous research, which suggests that the expectation of receiving comments motivates thin individuals to avoid particular social situations (Beggan & DeAngelis, 2015). This intense avoidance behaviour underscores the detrimental effect of internalised negative judgments, leading to significant social isolation and an impaired ability to function in daily life.

Eve's account reveals a different dimension of avoidance - emotional flight. She describes physically running away from situations where negative comments are made, as a means to escape the immediate distress and the subsequent overthinking. This flight response is a physical manifestation of her emotional avoidance, reflecting a desire to protect herself from emotional pain. However, this behaviour disrupts her daily life,

leading to practical challenges and further isolation as she avoids revisiting the same places or situations where she felt vulnerable.

The avoidance behaviours exhibited by the participants serve as mechanisms to cope with the emotional distress caused by societal judgments and negative comments. While these strategies may provide temporary relief from immediate discomfort, they often lead to long-term consequences such as social isolation, reduced self-esteem, and impaired psychological functioning. The narratives highlight the importance of addressing the underlying societal attitudes and stereotypes that contribute to these negative experiences. Support systems and interventions that promote body positivity, self-acceptance, and resilience are crucial in helping individuals navigate these challenges and reduce the reliance on avoidance behaviours as a coping mechanism.

4.3.2 Impact on Self-Esteem

The participants' experiences reveal a range of effects that negative comments about their body weight have had on their self-esteem, illustrating both detrimental and transformative impacts. This is in line with previous research, which has demonstrated that internalisation of the thin ideal puts individuals at risk of low self-esteem (Bessenoff, 2006). The recurring theme is the profound influence that external judgments have on self-perception and mental health.

Holly's experience vividly illustrates how repeated negative comments can lead to a decline in self-esteem. The repetition of these comments creates an 'illusory truth', where frequent exposure to negative remarks leads to their internalisation. Holly's reflections reveal a deepening insecurity, as she begins to scrutinise her physical appearance more critically, questioning her self-worth. Her use of the third person suggests a coping mechanism, distancing herself from painful emotions. The pervasive negative self-talk, described through terms like "not enough," underscores the detrimental impact on her core beliefs about herself, leading to persistent frustration and a cycle of negative thoughts.

Jane's narrative further highlights how workplace biases and judgments based on physical appearance can damage self-esteem. The comments from colleagues about her being "not good looking," "weak," and "fragile" led her to consider quitting her job. This internalisation of negative perceptions undermines her professional identity and confidence, illustrating the harmful effects of equating physical appearance with competence. Jane's experience demonstrates the broader societal issue of body image discrimination in professional settings, which can significantly impact individuals' self-esteem and career trajectories.

The accounts of Eve and Beth reveal the extreme emotional distress caused by derogatory comments, culminating in thoughts of suicide. Eve's recollection of feeling "sad" and "awful" to the point of contemplating suicide highlights the profound impact that such negative experiences can have on mental health. This reflects a critical juncture where self-esteem is so compromised that it affects one's desire to live. Beth's experience echoes similar sentiments, where hurtful comments led to agitation and a loss of will to live. Her fears about having HIV, exacerbated by a friend's insensitive remark, plunged her into a state of despair and isolation. The intense emotional turmoil and subsequent suicidal ideation emphasise the urgent need for supportive interventions and mental health resources to prevent such outcomes. CoP emphasises the importance of understanding clients' emotional experiences (Rogers, 1961). The intense emotional turmoil described here may call for CP's to practice deep empathy, providing a compassionate and non-judgmental space where clients can explore their feelings and struggles.

Contrasting the negative impacts, Anne's narrative offers a perspective of resilience and growth. Despite the initial harm caused by negative comments, Anne reflects on her experiences as a catalyst for personal transformation. The adversity she faced prompted a journey towards self-acceptance and self-love, ultimately leading to increased confidence. This reframing of negative experiences as opportunities for growth underscores a powerful narrative of overcoming external judgments and finding inner strength. Anne's story highlights the potential for individuals to emerge stronger and more self-assured when they navigate and reflect on their challenges, illustrating a positive trajectory of self-esteem development.

The impact of negative comments about body weight on self-esteem is complex and multifaceted. While some individuals experience severe emotional distress, leading to diminished self-worth and even suicidal thoughts, others may find a path to resilience and self-acceptance. The narratives underscore the need for sensitivity and awareness in addressing body image issues, both in personal interactions and broader societal discourse. Creating supportive environments and promoting body positivity can play crucial roles in fostering healthy self-esteem and mitigating the harmful effects of negative judgments.

4.3.3 Impact on Relationships

The analysis of how low weight-related comments affect participants' relationships reveals a range of impacts, from social withdrawal to strained interactions and relationship dynamics. The findings underscore the profound ways in which body image issues can influence social behaviour, self-perception, and the quality of personal connections.

Beth's account demonstrates how weight-related criticism can lead to social withdrawal and isolation. Her reluctance to engage with others due to fears of judgment reflects a broader pattern of avoidance driven by perceived social threats. This avoidance behaviour not only perpetuates feelings of loneliness but also reinforces a cycle where isolation becomes a defence mechanism against further criticism. Beth's experience highlights the broader implications of body image issues on social engagement, where fear of judgment leads to a self-imposed barrier that limits opportunities for social interaction and connection.

Jane's experience illustrates the impact of weight-related comments within friendships. Although intended as humour, remarks about her weight result in emotional pain and contribute to a diminished enjoyment of social interactions. This highlights the complex dynamics of friendships, where comments that may seem trivial to some can have significant negative effects on the recipient. The emotional distress caused by such comments affects Jane's self-esteem and creates tension within her social circle. This underscores the need for empathy and sensitivity in interpersonal interactions, as well as the importance of fostering a supportive environment that acknowledges and respects individual differences.

Holly's reflections on her relationship with her husband reveal how body image issues can influence self-perception and relationship dynamics. Her insecurities about her physical appearance led her to overcompensate personality-wise, indicating an internalised belief that her worth is tied to her physical attributes. This perception influences her relationship choices, potentially leading her to remain in a toxic relationship due to fears of rejection based on her appearance. Holly's experience underscores how body image concerns can affect not only self-esteem but also the nature of intimate relationships, shaping both personal insecurities and relational dynamics.

Eve's account of recognising that not everyone is judgmental marks a significant shift in her perception of social interactions. Her realisation that she was surrounded by critical individuals and that not all people are inclined to comment negatively reflects a journey toward self-awareness and growth. This newfound perspective allows her to seek out supportive relationships, which positively impacts her well-being. Eve's experience highlights the importance of surrounding oneself with understanding and non-judgmental individuals, and the positive effect this can have on one's emotional health and social interactions.

Sharon's experience of perceived rejection while attempting to engage with others illustrates the emotional complexities of seeking social interaction. Her efforts to connect with people, met with indifference or rejection, contribute to feelings of disappointment and frustration. This reflects how individuals with body image concerns may face additional challenges in forming and maintaining relationships, where perceived social

rejection can further impact their self-esteem and sense of belonging. Sharon's experience highlights the need for inclusivity and acceptance in social environments, emphasising the importance of understanding and addressing the barriers faced by those with body image issues.

The impact of low weight-related comments on relationships is multifaceted, affecting social behaviour, personal interactions, and relationship dynamics. From social withdrawal and strained friendships to self-worth and relationship choices, the findings reveal the profound effects of body image issues on individuals' social lives. Addressing these concerns requires fostering supportive and empathetic environments, both in personal relationships and broader social contexts. Recognising the emotional and relational challenges faced by individuals with body image issues is crucial for promoting inclusivity, understanding, and healthier interpersonal interactions.

4.4 Group Experiential Theme 3: A Desire for Recognition and Compassion - Envisioning Empathy and Social Support

4.4.1 Advocacy Against Comments

The analysis of participants' responses to comments about low weight through advocacy underscores a shared emphasis on empathy, understanding, and the need for social change. The findings reveal a nuanced understanding of how advocacy can be a powerful tool in addressing the negative impacts of body-related comments and fostering a more supportive and compassionate society. The findings align with research by Puhl and Heuer (2010), which highlights that advocacy efforts can educate the public and mitigate the negative effects of weight stigma by promoting empathy.

Sharon's perspective highlights the importance of community support and empathy in addressing body image issues. By advocating for a community approach that focuses on understanding and helping individuals rather than judging them, Sharon calls for a shift towards a more inclusive and compassionate societal mindset. Her critique of judgmental attitudes and the emphasis on understanding individuals' experiences reflects a broader advocacy for social change. This perspective aligns with the idea that empathy and support can foster resilience and reduce stigma, suggesting that a more compassionate community can lead to improved mental health and well-being for individuals affected by body image concerns.

Eve's advocacy against judgment highlights the profound impact that negative comments can have on individuals. By emphasising that judgments can cause significant harm and potentially ruin someone's life, Eve underscores the importance of kindness and compassion. Her stance reflects a deep understanding of the

personal pain associated with judgmental comments and advocates for a more empathetic approach. This aligns with the notion that promoting kindness and refraining from judgement can prevent further emotional distress and support individuals in their journey towards self-acceptance and healing.

Jane's response reflects a personal understanding of the challenges faced by individuals with low weight, emphasising that it is often due to uncontrollable circumstances rather than personal choice. Her critique of harsh comments as destructive rather than constructive advocates for a more supportive and empathetic approach. By sharing her experience, Jane aims to educate others about the realities of being underweight and promote a compassionate approach to communication. This advocacy aligns with the idea that supportive and encouraging interactions are more beneficial than criticism, helping to foster a more understanding and accepting social environment.

Holly's reflection on the powerlessness over past negative comments and the emphasis on personal healing suggests a forward-looking approach to advocacy. By recognising that negative comments are often rooted in the insecurities of the commentators, Holly advocates for self-healing as a means to reduce the projection of negativity onto others. Her perspective suggests that personal healing can lead to a more compassionate and less judgmental outlook, thereby fostering a more supportive environment for individuals facing body image issues. This approach highlights the interconnectedness of personal growth and societal change, suggesting that addressing personal insecurities can contribute to a more empathetic and understanding society.

The participants' responses through advocacy reveal a collective call for empathy, understanding, and supportive communication in addressing the impacts of body-related comments. Their advocacy highlights the need for a compassionate community approach, and the importance of supportive interactions in order to negate the harmful effects of judgement. By promoting understanding and empathy, the findings suggest a pathway towards reducing stigma and fostering a more inclusive and supportive society. These insights underscore the importance of addressing both personal and societal attitudes to create an environment where individuals can thrive without the burden of judgment and criticism.

4.4.2 Importance of Social Support Systems

The findings from this analysis emphasise the crucial role that social support systems play in helping individuals navigate the challenges of negative comments about their weight. This corroborates previous research on the subject, as several studies have highlighted how social support mitigates the adverse effects of

weightism and body dissatisfaction (Cohen & Wills, 1985; Puhl & Heuer, 2010). The varied experiences of the participants highlight the importance of supportive relationships, professional guidance, and the nuanced ways in which these systems contribute to emotional resilience and self-acceptance.

Personal relationships, particularly with family members and significant others, emerged as a cornerstone of emotional support for the participants. For instance, Anne's narrative underscores how her husband's unwavering support during her darkest moments played a pivotal role in her journey towards becoming a stronger and more resilient person. This support, coupled with the professional reassurance from her boss, highlights how both personal and professional relationships can contribute to an individual's self-confidence and career identity. The importance of these relationships contrasts with other participants who chose to avoid people as a coping mechanism, indicating that while some find strength in relationships, others may find them overwhelming or prefer solitude.

Eve's account further illustrates the significant impact of familial support. Her mother's reassurance about the familial nature of her condition helped alleviate her concerns and facilitated her acceptance of her body. This interaction underscores the vital role that family members can play in normalising experiences and providing emotional comfort, which can be essential in helping individuals cope with societal judgments.

Friendships also play a critical role in providing emotional safety and support. Sharon's experience, where she only feels safe in social situations when accompanied by a friend who understands her, highlights the importance of shared experiences in fostering a sense of security. This selective social engagement reflects how trusted relationships can help mitigate feelings of vulnerability and anxiety, enabling individuals to navigate their social worlds more confidently.

Similarly, Holly acknowledges the emotional support her friends provide, even though they may lack the expertise to offer specific advice. Her friends' encouragement to seek professional help demonstrates how friendships, even when limited in scope, can serve as a crucial stepping stone towards seeking more specialised support. This indicates that while friends may not always have all the answers, their role in emotional validation and encouragement can be instrumental in an individual's healing journey.

The experiences of Jane and Beth highlight the transformative impact of professional support, particularly through therapy and counselling. Jane's decision to remain in her job, facilitated by her work counsellor's guidance, underscores the importance of professional support in fostering self-acceptance and resilience. The counsellor's influence not only helped Jane navigate her career challenges but also contributed to

her acceptance of her body, illustrating the multifaceted role of therapy in both personal and professional domains.

Beth's experience further illustrates the profound impact of therapy in reinterpreting and resisting negative comments. Her therapist helped her develop a cognitive shift that enabled her to detach from harmful remarks and embrace her identity and health. This shift towards self-acceptance and resilience highlights how therapeutic interventions can empower individuals to withstand societal judgments and reinforce their self-worth.

The discussion of the findings underscores the critical role of social support systems, ranging from close personal relationships to professional guidance, in helping individuals cope with the negative impacts of weight-related comments. The participants' experiences reveal that supportive relationships provide emotional validation, foster resilience, and encourage self-acceptance. These findings suggest that building and maintaining strong support networks, both personal and professional, is essential for individuals navigating the challenges of societal judgments about their bodies. Moreover, the diversity in coping mechanisms—ranging from reliance on close relationships to seeking professional therapy—highlights the importance of a multifaceted approach in supporting individuals dealing with body image issues.

4.4.3 Moving On from the Experiences

The findings from this analysis provide insight into the varied ways participants have navigated and moved beyond the negative impacts of low weight commenting. Each participant's journey reflects a unique path toward self-acceptance, resilience, and empowerment, with significant emphasis on personal growth, therapeutic support, and the influence of positive relationships.

The narratives of Sharon and Anne vividly illustrate a transition from internalised distress to self-acceptance and empowerment. Sharon's realisation that she cannot change her weight and her subsequent decision to accept it highlight a pivotal shift in her self-concept. This acceptance, paired with a newfound mission to support others in similar situations, marks a profound transformation. Sharon's journey underscores the importance of self-acceptance as a foundational step in moving beyond external judgments. Her resilience has not only allowed her to ignore negative comments but has also enabled her to repurpose her experience into a source of empowerment and advocacy.

Anne's experience parallels Sharon's, with her story emphasising the emotional turbulence that initially accompanied her low weight. The shift from feeling "depressed" and wishing to be "normal" to loving her body

and weight reflects a deep transformation. Anne's ability to see her body's value, particularly in giving her the children she desired, suggests a shift from external validation to internal appreciation. This change was facilitated by the unwavering support of her family, which played a crucial role in helping her reject societal pressures and embrace a positive self-image.

Both Eve and Beth highlight the significant role of therapy in their journeys toward moving on from negative comments. Eve's therapist advised her to accept external comments as a strategy to protect her emotional well-being, framing acceptance as a means to prevent harm to her self-esteem. This therapeutic approach underscores the importance of not internalising negative comments but rather acknowledging them without allowing them to dictate one's emotional state. For Eve, acceptance became a tool for emotional resilience, helping her navigate societal judgments without compromising her self-worth.

Similarly, Beth's experience with therapy contributed to her improved ability to let go of hurtful remarks. Her narrative suggests that resilience is a skill that can be developed over time, with therapeutic support playing a crucial role in this process. The ability to let go, facilitated by her therapist, allowed Beth to move beyond the comments that once affected her deeply. This highlights the importance of time, professional guidance, and the gradual process of adaptation in overcoming the emotional impact of negative experiences.

The participants' stories collectively reveal that moving on from the impact of low weight commenting is not a linear process but one that involves a complex interplay of personal growth, external support, and therapeutic intervention. Sharon and Anne's experiences demonstrate that self-acceptance and the rejection of external judgments are crucial in reclaiming one's self-worth. Their journeys show how personal empowerment can emerge from the decision to embrace one's body as it is, despite societal pressures.

Eve and Beth's narratives, on the other hand, highlight the significance of professional support in facilitating emotional resilience. Their experiences suggest that therapy can provide the tools necessary to reframe and detach from negative comments, enabling individuals to maintain a healthier self-image and emotional balance.

The discussion of these findings underscores the diverse paths individuals can take to move on from the negative impacts of low weight commenting. Whether through self-acceptance, empowerment, or therapeutic intervention, the participants have demonstrated that it is possible to transcend societal judgments and develop a stronger, more resilient sense of self. These journeys reflect the importance of both internal and external support systems in fostering emotional well-being and highlight the potential for personal growth and

advocacy in the face of adversity. As such, these stories offer valuable insights into the ways individuals can navigate and ultimately overcome the challenges posed by societal perceptions of body weight.

4.5 Limitations

Limitations of this study include firstly, that the participants differed in regards to which country they were raised in. Four of the participants were born and raised in the UK, one participant was born and raised in Kenya before moving to the UK when she was in her twenties, and the final participant was born and raised in America before moving to the UK when she was in her forties. This may be a limitation as the experiences of the participants may be influenced by the distinct cultural contexts of their countries of origin - Kenya, America, and the UK. Differences in beauty standards, social norms, and experiences of weight-related comments in each country may affect how participants perceive and report their body image. As two of the participants moved from their countries of origin to the UK at different stages of life, they may have experienced different cultural assimilation processes. Their experiences of weight-related comments and body image might be influenced by both their original cultural backgrounds and the new cultural context they are adapting to, which may complicate the analysis of their experiences. Additionally, the timing of migration could have influenced how participants interact with and are affected by their new cultural environment. The participant who moved in her twenties might have a different perspective compared to the one who moved in her forties. Participants from different backgrounds might have varying levels of acculturation and integration into UK society. This variation may affect their experiences and interpretations of weight-related comments and body image. For example, a participant who has spent a significant portion of her life in the UK may have different experiences compared to someone who recently moved. These generational differences could impact how they perceive and respond to body image issues.

A second limitation concerns the demographic specificity of the sample. While focusing exclusively on Black women allowed for cultural depth and analytical clarity - consistent with the idiographic principles of IPA - it also means that the findings cannot be generalised to individuals of other ethnicities, genders, or racialised identities. Black women are significantly underrepresented in UK-based body image research, and this study sought to centre their experiences, which are shaped by intersecting racialised and gendered norms. However, excluding other demographic groups inevitably limits the breadth of the findings. Including a more diverse sample may have provided comparative insight but would have compromised the homogeneity required for idiographic analysis and diluted the cultural specificity that was essential to this research.

A further limitation of this study is the self-selecting nature of the participants. All participants volunteered to take part without any obligation, which may have resulted in attracting individuals who felt particularly compelled to share their experiences of low weight commenting and body image. Since the majority of participants spoke negatively about their experiences, the findings may not fully represent those whose experiences were more neutral or positive.

Trans women and non-binary people were not included in this study in order to maintain sample homogeneity, which is central to Interpretative Phenomenological Analysis (IPA). Including gender-diverse participants would have introduced an additional variable related to gender identity, potentially complicating the analysis of experiences specific to middle-aged Black women. However, I now acknowledge this exclusion as a limitation. It means the findings do not reflect the experiences of gender-diverse individuals, who may also face appearance-related stigma in complex and unique ways. This limitation is noted in the study, with a recommendation that future research explicitly centre trans and non-binary voices to explore how gender diversity shapes responses to body commentary.

Additionally, formal screening calls were not conducted prior to interviews. Although I communicated with participants via email to confirm eligibility and address initial questions, brief pre-interview screening calls could have been beneficial. Such calls might have helped build rapport, clarified informed consent, and better prepared participants emotionally for the interview process. I reflect on this as a missed opportunity and have acknowledged it in the revised methodology chapter.

Furthermore, I did not formally engage with community groups during the development of the interview schedule. In retrospect, involving community consultation could have enhanced the cultural relevance of the questions and ensured they more closely resonated with the lived realities of potential participants. This oversight is now noted in the methodology chapter, with community consultation proposed as a future recommendation for qualitative research involving marginalised populations.

IPA as a methodology has been criticised for being unscientific, as critics propose that it lacks systematic, rigorous steps. It is suggested that the researcher can lose sight of the fundamental principles due to the numerous ways that emerge of using the method (Sousa, 2008). This has been countered by Smith (2010), who argues that a fixed, step-by-step guide does not guarantee high-quality research, and of particular importance, interpretation by the researcher is pivotal. In IPA, the researcher plays a dual role due to the nature of being situated both inside and outside of the research (Dennison, 2019). Prior lived experience of the researcher and associated assumptions may influence interpretations made. The closeness of this topic to my

personal experiences of low weight commenting was continuously considered in order to bracket my personal bias as much as possible in regards to the experiences presented by the participants. My reasoning for choosing to conduct this research may have been driven by my personal process of accepting the comments I have received, and may have attracted me for the same reasons that the participants chose to share their experiences. I strived to maintain some distance from the topic by keeping a reflective journal, engaging in reflective practice groups with peers, and discussing analysis and findings in supervision. Engaging in these practices allowed me to recognise and reflect on biases that arose in the process, whilst reminding myself that complete objectivity is not achievable nor the aim. For example, a bias I had was that other women's experiences of low weight commenting would be in line with my own experiences. Through reflective journaling and discussions with people within my support system, I was able to recognise my bias and therefore aim to overcome it. For example, maintaining a reflective journal allowed me to check and explore my reactions and interpretations, ensuring that they were rooted in the participants' actual experiences rather than my own preconceptions.

4.6 Implications for Research and Practice

This study highlighted the difficult experiences that the participants in the current study have faced and found support for other studies on the subject area of low weight commenting and body image. It also pointed out how there is little academic literature on the topic, as the majority of research has focused on “fat-shaming.”

As discussed, the accounts of participants demonstrated various difficulties relating to body image and low weight commenting, including avoidance behaviours and poor self-esteem. These findings can inform CoP practice by highlighting the emotional and relational impacts of body-related comments. The discovery that low-weight comments impact upon self-esteem and interpersonal relationships emphasises the need for CPs to address these issues in therapy. CPs can help clients process such experiences through cognitive behavioural therapy (CBT) or narrative therapy, allowing clients to challenge negative self-perceptions and rebuild relationships. The focus on stereotypes and advocacy against harmful comments also points to the importance of fostering assertiveness and empowerment in clients, helping them to develop healthy coping strategies.

In addition, the findings on avoidance behaviours suggest that CPs should assist clients in addressing these unhelpful coping strategies. Exposure and response prevention (ERP) therapy could be used to help clients confront anxieties related to body image, while alternative, healthier coping strategies are developed. The importance of social support systems, as identified in this research, underscores the need for strengthening

clients' support networks. Therapists might encourage participation in group therapy or foster the development of affirming relationships to mitigate the harmful effects of body-related comments.

This study's findings also reinforce key psychological theories. In particular, objectification theory (Fredrickson & Roberts, 1997) offers a useful framework for understanding how participants internalised body scrutiny, which in turn shaped their self-perception and social behaviours. In addition, intersectionality theory (Crenshaw, 1989) provides an important lens to understand the compounding impact of race, gender, and age on participants' experiences. Their accounts of being both hyper-visible and misunderstood reflect the layered nature of stigma, and point to the need for therapeutic models that address these intersecting identities.

From a CoP perspective, this research highlights the need for culturally responsive and relationally attuned interventions. While CBT can be useful in addressing cognitive distortions, its structured and individualised format may not fully encompass the cultural, historical, and relational complexities described in participants' narratives. Research has shown that CBT's effectiveness among ethnically and culturally diverse populations can be limited when used without adaptation (Hays, 2008; Hays & Iwamasa, 2006). For example, CBT does not typically engage with the systemic inequalities or racialised ideals that underpin appearance-based distress, potentially minimising the socio-political context of the client's experience.

Therefore, future research should examine how CBT might be meaningfully adapted to serve racially minoritised groups, or alternatively, investigate therapeutic modalities that may better align with their lived realities. Person-centred therapy, when adapted to integrate cultural humility and responsiveness, may offer a more suitable foundation for building trust and holding space for experiences that may not be fully understood through Eurocentric models. Similarly, narrative therapy can support clients in deconstructing internalised societal messages about body norms, while relational-cultural therapy (RCT) may be effective in addressing the disconnection and shame some participants described.

For clients who are navigating conflicting cultural expectations - particularly those balancing Western body ideals with values from their cultural heritage - approaches grounded in liberation psychology or critical consciousness can empower individuals to locate their distress within broader systems of oppression, rather than solely within the self. These frameworks may be especially powerful for helping clients reclaim agency and challenge dominant discourses surrounding body image and health.

Further research is necessary to consider more clear-cut aspects that play a role within the experiences of low weight commenting and body image in middle-aged Black women; such as:

- What is the role of acculturation in low weight commenting and body image?

- What are the long-term psychological effects of low weight commenting?

Asking these questions can inform better therapeutic interventions. For example, research into the long-term psychological effects of low weight commenting can inform therapeutic interventions by highlighting persistent impacts. Understanding these effects can enable CP's to address these issues early on, helping clients challenge internalised negative beliefs about their bodies and improve their self-worth.

Furthermore, studies on acculturation reveal that cultural differences in beauty standards can exacerbate body image concerns, particularly for individuals navigating conflicting cultural expectations (Shekrladze & Tchanturia, 2016; Song et al., 2023). This insight allows CPs to consider the importance of culture, and therefore be in the position to address the unique pressures related to body image for clients from diverse backgrounds. For example, the American Psychological Association (APA, 2003) and others (Constantine, 2007; Fouad & Arredondo, 2007; Vasquez, 2005) have suggested a range of strategies to reduce bias and foster a healthy therapeutic alliance. In conjunction with this, CPs may want to consider their own attitudes and biases, and how these may unconsciously influence the therapeutic relationship.

There is also a need for further development within CoP's training and professional frameworks. Beyond the inclusion of cultural competence modules, there should be deeper integration of anti-oppressive practice, critical race theory, and intersectionality into the training of CPs. Ongoing reflective practice, inclusive supervision, and co-production with racially minoritised communities are all essential components of a profession seeking to offer equitable, culturally responsive care.

Incorporating these research findings can lead to more targeted therapeutic techniques, such as adapted CBT to counteract long-term negative self-perceptions, and narrative therapy or mindfulness to help clients process their experiences. Additionally, understanding the role of cultural influences helps therapists provide more culturally informed care, supporting clients in navigating societal pressures while developing healthier relationships with their body image.

Ultimately, CP's are uniquely placed to bridge the gap between research and culturally competent practice. By applying intersectional, relational, and socially aware frameworks, CP's can work to reduce the harm caused by appearance-based commentary and advocate for more inclusive understandings of wellbeing and embodiment within therapeutic settings.

4.7 Post Study Reflexive Statement

Walsh (1996) suggests that researchers who utilise qualitative methods may learn just as much about themselves as they do about their participants. Completing this research has not only offered insights into the lived experiences of others but has also prompted deep reflection on what the process has taught me, and the potential influence I may have had on the research itself.

In the early stages of data collection, I questioned whether my own cultural background might influence the research process. Although I was raised within a family where Black culture was present, I identify as a young, White British woman, which may have shaped how I understood and interpreted the participants' accounts. Cultural and linguistic differences may have introduced subtle misunderstandings during the analysis, particularly around meaning-making. I addressed this through an ongoing process of reflexivity (Willig, 2013), regularly considering how my positionality, values, and assumptions might influence interpretation.

My personal experiences of receiving low weight comments sensitised me to the emotional intensity such remarks can carry, and this undoubtedly influenced my approach to interviews. On one hand, my lived experience enabled me to engage from a position of empathic attunement. I was able to recognise signs of discomfort or hesitation and respond with warmth and understanding. This likely contributed to building trust and allowing participants to feel heard without fear of judgement or dismissal.

However, I was also aware of the risk of over-identification - that my own experiences might shape how I interpreted others' stories, or that I might lead participants toward confirming my own assumptions. To guard against this, I engaged in structured reflexive practices, including journaling before and after interviews and discussing emerging responses in supervision. I became conscious of moments where I wanted to "fill in the gaps" based on what I expected to hear, and instead reminded myself to stay with the participant's meaning, even if it differed from my own.

I also took care to ensure that my interview questions were open-ended and participant-led, avoiding assumptions that low weight comments would necessarily be interpreted as negative. This allowed for a more curious, non-directive stance and helped prevent the imposition of my own narrative onto participants' accounts. In this way, my personal experience served as both a source of insight and a potential bias - one I continually reflected on to ensure it informed rather than distorted the process.

What surprised me most during this research was the emotional impact it had on me. Before beginning the interviews, I held onto the (perhaps naïve) hope that my experiences of low weight commenting were unique - that I was simply misinterpreting others' intentions. However, hearing participants share similar experiences was deeply affecting. It was heart-breaking to realise that so many women had internalised the same messages I

had. Speaking about this in personal therapy gave me a much-needed space to process these reactions and explore my emotional responses in a safe and supportive setting.

A key ethical consideration in this study was ensuring that participants' voices were not merely used to advance academic goals, but meaningfully respected and valued beyond data collection. Given the marginalisation that Black women often face in both research and society, I was mindful of the risk that participants might feel their experiences were 'extracted' to support my development as a trainee CP, without clear benefit to them. To mitigate this, I am committed to creating an accessible summary of the research findings, written in plain, non-academic language, which will be shared directly with participants who expressed interest in receiving outcomes. This will include a thank-you message, a short explanation of key themes, and a description of how their contributions have shaped both the research and its future applications in CoP practice and training.

Additionally, I have reflected on how to ensure this research has impact beyond the thesis itself. As part of my ongoing professional development, I intend to share the findings through practitioner-focused workshops and CPD events to raise awareness of the emotional impact of low weight commenting within therapeutic contexts. I also aim to disseminate the findings through a peer-reviewed publication and contribute to culturally attuned guidance for body image work in racially diverse populations.

These steps were integrated into my reflexive practice throughout the research process, reminding me of my relational and ethical responsibility to the participants and their communities. By maintaining transparency and planning for the dissemination of findings in participant-accessible and practice-relevant formats, I hope to ensure that this research contributes to social understanding, clinical change, and participant empowerment - not just academic advancement.

Ultimately, I am deeply grateful for the opportunity to conduct this research. It allowed me to hold space for voices that are often marginalised, while also deepening my understanding of my own experiences. Despite the study's limitations, I hope it offers a meaningful contribution to understanding the body image experiences of middle-aged Black women in the UK, and the nuanced impact of low weight commenting within culturally specific contexts.

4.8 Conclusion

This study serves as a way of adding literature on low weight commenting and body image in middle-aged Black women, from the perspective of CoP. The experiences interpreted in this study aimed to answer the research question “How do middle-aged Black women living in the UK experience their body image and low weight?”.

This study used a qualitative method of analysis, specifically IPA, to provide a new understanding of middle-aged Black women’s experiences of body image and low weight. It was established that the findings of this study echo the findings of the existing literature in the field. In addition to this, some novel findings arose in the analysis. While weightism and body image research are relatively extensive, there is a recognised gap in the literature when it comes to exploring the social and relational impacts of weight stigma and comments, especially in relation to low weight individuals. The findings from the analysis provide novel insights by exploring the often-overlooked impact of low weight-related comments on social behaviour and relationships. While existing research predominantly focuses on body dissatisfaction, disordered eating, and mental health outcomes (Tylka & Sabik, 2010; Fardouly et al., 2015), this study highlights how comments relating to low weight influence social dynamics, including social withdrawal, strained friendships, and intimate relationships. To my knowledge, there is one recent study that explores the experiences of weightism in the context of family relationships, however the participants were of larger weight (Belinsky, 2023). This study fills a gap in the literature by demonstrating how such comments can trigger avoidance behaviours, emotional pain, and insecurity, leading to isolation and affecting relational decisions (Puhl & Suh, 2015; Schwartz & Brownell, 2004). The research underscores the need for empathetic environments and enhances our understanding of the social consequences of body image issues, an area that has been underexplored in previous studies.

CoP is an ideal position that can support with bridging the gap between the unique experience of middle-aged Black women and empirical research on this topic, as the profession emphasises the idiographic process that is experienced by individuals (Woolfe, 2016). Multiculturalism and social justice are pillars of CoP (Moller, 2011), which enable CP’s to consider how multi-cultural transitions may impact individuals throughout their lives. Highlighting the importance of this topic in the mental health profession is likely to allow us to better understand how to support the individuals affected, as well as allow CoP in the UK to evolve as a profession.

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Appendices

Appendix A – Recruitment Poster

Black female participants aged 50+ needed for research exploring experiences of low weight commenting and body image



If you are interested, you will be asked to participate in a one-to-one, online interview that will last approximately 60 minutes. In this interview you will be invited to talk about your experiences of low weight commenting and body image.

For more information about this study, or to take part,

**Please contact:
Sophie Meakin: som0561@my.londonmet.ac.uk**

This study has been reviewed by and received ethics clearance through the Psychology Research Ethics Committee at London Metropolitan University

Appendix B – Participant Information Sheet

Information Sheet*The Experiences of Body Image and Low Weight of Middle-Aged Black Women Living in the
UK*

Dear potential participant,

My name is Sophie Meakin; I am a trainee counselling psychologist at London Metropolitan University. I am currently carrying out doctoral research into experiences of body image and low weight commenting among middle-aged Black women. You are being invited to take part in this research project and share your experiences.

Very little is known about middle-aged Black women's experiences and perceptions in relation to body image and low weight commenting. Over the years, research has tended to focus on the experiences of individuals who have been shamed for being overweight. However, in recent years, thin women have shared their experiences of low weight commenting, which is often similar to the dialogue of teasing and negative comments received by their fellow full-figured peers. To date, research in this area has tended to focus on young, White women, leaving a gap within the literature. I am keen to try and fill this gap by giving middle-aged Black women a space to share their experiences of body image and low weight commenting.

For this study, I am looking for females who:

- Identify as Black.
- Are aged 50 or over.
- Have experienced people commenting on their low weight.
- Proficient in English language.
- Have no history of eating disorders.

If you choose to participate, you will be required to attend an online, audio-recorded interview that will last approximately 60 minutes. In this interview, we will discuss your experiences in regards to body image and low weight commenting.

Participation in this study is entirely voluntary, and if you do choose to take part, you will be asked to sign a consent form. Before deciding to take part, it is important to be aware that discussing experiences in-depth can sometimes bring up difficult feelings. However, there are no right or wrong answers, and you have the right to stop the interview and to not answer particular questions without giving a reason. You will have the right to stop or withdraw from the interview at any point. You will also be able to withdraw your data for one month after the interview (this date will be entered on your debriefing sheet). All the data and information gathered from you will be stored securely and kept strictly confidential from any person or organisation with the exception of the researcher's research supervisor – with whom the researcher will share information on a strictly anonymous basis. Your name and any other identifying information will be anonymised. All data will be destroyed once a doctoral award has been obtained and any publications produced.

The ethics department at London Metropolitan University has approved this research. This research will be conducted according to the British Psychological Societies Ethical Guidelines (2014). This research has no affiliations or sources of funding.

If you are interested in taking part or would like to discuss this study further, you can contact me at:

Email: som0561@my.londonmet.ac.uk

Alternatively, you can contact my research supervisor at:

Email: c.athanasiadoulewis@londonmet.ac.uk

Thank you for taking the time to read this information.

Kind Regards,

Sophie Meakin

Appendix C – Informed Consent Form

Informed Consent Form

Project Title: The Experiences of Body Image and Low Weight of Middle-Aged Black Women Living in the UK

Description of Procedure: The study will be an online, voice-recorded interview lasting approximately one hour. If you chose to partake in this research, you would be asked a number of questions related to your experiences of low weight commenting.

- I confirm that I understand that this research is being conducted as part of a counselling psychology doctoral project.
- I confirm I have read and understood the information sheet.
- I confirm I understand the procedure that will be used and consent to my interview being audio-recorded and transcribed.
- I confirm that I understand that I have the right not to answer particular questions without giving a reason and to stop the interview at any point.
- I confirm that I understand that I have the right to withdraw my data from this study without giving a reason and without consequence to myself. If I wish to withdraw, I will need to let the researcher know within one month (the final date I can withdraw will be entered on my debrief sheet).
- I confirm that I understand that my participation in this study will be anonymous and that my data will be assigned a pseudonym.
- I confirm that I understand that all identifiable information I might mention, such as places and names, will be removed or assigned a pseudonym.
- I confirm I understand the limits of confidentiality. I am aware that if it is believed that I am at risk or other people are, then confidentiality will be breached.
- I confirm that I understand that the excerpts of my interview may be used in the final study, minus any identifiable information. I also understand that the final study may be accessible to others and published in an academic journal. I am aware that by ticking this box, I am giving permission for this to occur.
- I confirm that I understand that the interview may bring up experiences I find distressing. I understand that I have the right to stop the interview at any point. Should

I wish to continue, I will be given an opportunity to discuss these feelings after the interview, and I will also be given a debriefing sheet with further support details.

- I confirm that I understand that I have a right to review the initial findings of this study; information on how to do this will be given on the debriefing sheet.
- I confirm that I understand that all data will be destroyed once a doctoral award has been obtained and any publications produced.

Name of participant: _____

Date: _____

Signature: _____

Name of Researcher: _____

Date: _____

Signature: _____

Appendix D – Interview Schedule

Semi Structured Interview Schedule

Thank you for agreeing to take part in this research study. As you know, the interview is about exploring middle-aged, Black women's personal experiences of body image and low weight commenting.

- *House rules: phone off, drink to hand, distress protocol, stop/break if needed, can refuse to answer a question*
- *Review of information sheet and informed consent*

Before we start, do you have any questions that you would like to ask?

Demographics

Age
 Ethnicity
 Country of upbringing
 Location now
 Marital status
 Number of children
 Employment
 No history of eating disorder

Assessment of Risk

Self-harm
 Suicidal ideation

Questions

1. Can you tell me a bit about your experience(s) of people commenting on your low weight?

Prompts:

- When did this/these experience(s) occur?
- How would you describe the experience?
- Can you tell me about any thoughts or feelings you had at the time of receiving the comment(s)?

- What was your first/subsequent reaction(s)?
 - What did this person mean to you?
 - How many experiences of low weight commenting have you had?
2. How do you feel your experience(s), if at all, have affected you?

Prompts:

- How has it affected, if at all, your sense of self, thoughts, perceptions, and/or feelings?
 - Has it affected your day-to-day life at all?
 - Have you ever sought help as a direct result of the experience(s) you have had?
 - What about the way you think other people see/saw you?
 - Do you perceive anything, if at all, differently now because of your experience(s)?
3. How, if at all, have you resisted the assessments others make of you or that implicate who you are as a person?

Prompts:

- Do you feel that you resist or embrace the comments you have received and/or continue to receive?
4. If you had the opportunity, what would you say to the person and/or people that have made comments towards you?
5. Is there anything you would like to add before we finish?

Prompts:

- What has it been like for you to take part in this research?

Further Prompts:

- What do you mean when you say...?
- Can you tell me a bit more about that?
- That's an interesting point. How do you think it relates to...?

Debrief (verbal)

Thank for taking part – will email a written debrief over to you now, and will also send the Amazon gift voucher.

Appendix E – Debrief Form

Debrief Sheet

Dear Participant,

Thank you for taking part in this study; your time has been appreciated.

The purpose of this study was to explore the experiences of low weight commenting and body image in middle-aged Black women.

If you are interested in obtaining the results of this study, please contact the researcher via email:

som0561@my.londonmet.ac.uk

Additionally, if you wish to discuss anything to do with this study or wish to withdraw your data, please also contact the above email.

Reminder: You can only withdraw your data up until ---- (DATE) ----- (One-month following the interview)

Should you wish to contact the supervisor of this research project to make any comments or complaints, they are happy to be contacted via email:

Email: Catherine.Lewis@roehampton.ac.uk

If participating in this study has raised any issues you may wish to discuss further, I have listed three helplines below that you can contact for confidential support.

Samaritans: a 24hr support line to get confidential advice and support.

Contact number: 116 123

Email: jo@samaritans.org

Support Line: provides a confidential telephone helpline offering emotional support to any individual on any issue.

Contact number: 01708 765200

Email: info@supportline.org.uk

Shout: provides text support if you prefer not to talk on the telephone.

Contact number: text SHOUT to 85258

Thank you again for taking part.

Kind Regards,

Sophie Meakin

Appendix E – Distress Protocol

Distress Protocol

This protocol has been devised to deal with the possibility that some participants may become distressed and/or agitated during their involvement in this research whilst discussing their experiences of body image and low weight commenting. It is not expected that extreme distress will occur, nor that the relevant action will become necessary. This is because participants will be fully informed about the nature of the interviews prior to taking part and will be given the opportunity to withdraw from the interview at any point. However, a three-step protocol will be followed in the event of any participant becoming distressed. This protocol details signs of distress that the researcher will look out for, as well as action to take at each stage.

Mild distress:

Signs to look out for:

- 1) Tearfulness
- 2) Voice becomes choked with emotion/ difficulty speaking
- 3) Participant becomes distracted/ restless

Action to take:

- 1) Ask participant if they are happy to continue
- 2) Offer them time to pause and compose themselves
- 3) Remind them they can stop at any time they wish if they become too distressed

Severe distress:

Signs to look out for:

- 1) Uncontrolled crying/wailing, inability to talk coherently
- 2) Panic attack- e.g., hyperventilation, shaking, fear of impending heart attack
- 3) Intrusive thoughts of the traumatic event/experience - e.g., flashbacks

Action to take:

- 1) The researcher will intervene to terminate the interview/experiment
- 2) The debrief will begin immediately

- 3) Relaxation techniques will be suggested to regulate breathing/ reduce agitation
- 4) The researcher will recognise participants' distress, and reassure that their experiences are normal reactions
- 5) If any unresolved issues arise during the interview, accept and validate their distress, but suggest that they discuss with mental health professionals and remind participants that this is not designed as a therapeutic interaction
- 6) Details of counselling/therapeutic services available will be offered to participants

Extreme distress:

Signs to look out for:

- 1) Severe agitation and possible verbal or physical aggression
- 2) In very extreme cases - possible psychotic breakdown where the participant relives the traumatic incident/experience and begins to lose touch with reality

Action to take:

- 1) Maintain safety of participant and researcher
- 2) If the researcher has concerns for the participant's or others' safety, she will inform them that he has a duty to inform any existing contacts they have with mental health services, such as a Community Psychiatric Nurse (CPN) or their GP.
- 3) If the researcher believes that either the participant or someone else is in immediate danger, then she will suggest that they present themselves to the local A&E Department and ask for the on-call psychiatric liaison team.
- 4) If the participant is unwilling to seek immediate help and becomes violent, then the Police will be called and asked to use their powers under the Mental Health Act to detain someone and take them to a place of safety pending psychiatric assessment. This last option would only be used in an extreme emergency

Appendix F – Sample Transcript

<p>Avoid gatherings Black family Family <i>have</i> “healthy bodies, hourglass bodies” People who are “skinny”, but not as “skinny” as participant or don’t get as much criticism Personally attacked Can’t do anything about weight</p> <p>Young when it started Didn’t know something was wrong More comments = believing the comments = something is wrong</p> <p>Other people are right and participant is wrong Start been insecure Feeling “not enough” Negative thoughts about self each time Didn’t think about it much when younger</p>	<p>141 to be, like, supportive and such, but my family is just the opposite. These days I just</p> <p>142 avoid as many get togethers as I can. And you know I come from a Black family,</p> <p>143 and my family are healthy, with healthy bodies, hourglass bodies, and then there is</p> <p>144 me. There are also people who are skinny, but I don’t think they’re as skinny as me</p> <p>145 or they don't get as much criticism as I do. It feels like I’m been personally attacked</p> <p>146 by my own family for something that I can’t do anything about.</p> <p>147 Interviewer: Okay, and when you received these comments from people, what</p> <p>148 sort of thoughts and feelings did you have about it?</p> <p>149 Participant: At first, I was so young, and I didn't know that there was something</p> <p>150 wrong with me. So, the more people comment about something about, like, your</p> <p>151 weight, like how you look, I'm so tall and you're super super skinny, you look</p> <p>152 weird. So, when people keep, keep on commenting about that, then each time you</p> <p>153 look at yourself in the mirror, you feel like oh they're right. Like look at how my</p> <p>154 neck looks, look at how my arms look and look at how my legs look, you see? So,</p> <p>155 you start being insecure, and there's that feeling like you're not enough or yeah, you</p> <p>156 just, you just keep on having negative thoughts about yourself each time. The first</p>	<p>Avoidance behaviours</p> <ul style="list-style-type: none"> - Social isolation? <p>Stereotype of Black woman’s body</p> <ul style="list-style-type: none"> - Perceive her family’s bodies as “healthy” and “hourglass” <p>Interpretation of comment</p> <ul style="list-style-type: none"> - Alienation? - Rejection? <p>Lack of control over weight</p> <p>Interpret comments as something being wrong with her?</p> <ul style="list-style-type: none"> - Internalise external comments - Self-scrutiny - Doubt <p>Illusory truth</p> <p>Internalisation of comments</p> <ul style="list-style-type: none"> - Leads to negative impact on self-esteem - Core beliefs?
<p>Paid more attention when teenager Became “taller and thinner” More comments = more she thought they were right and something was wrong with her body Insecure</p> <p>Quiet at first when received comments “Don’t you, like, eat enough” Doesn’t think she can control weight Unsure if there is an underlying issue People continue to comment Unsure what to do Quiet as reaction to comment = affects her later on in the evening Thinking about comments</p>	<p>157 time it happened I was probably only seven or eight, and I don’t think I gave it</p> <p>158 much thought then, but when you’re getting older and become a teenager you</p> <p>159 naturally start to pay attention to how you look, so that’s when I started thinking</p> <p>160 more about it. I got taller and thinner because of that, so people would say things</p> <p>161 and the more it happened, the more I thought they were right and something was</p> <p>162 wrong with my body. I felt so insecure and bad about myself and like I wasn’t</p> <p>163 enough.</p> <p>164 Interviewer: How did you react to the comments when you first started</p> <p>165 receiving them?</p> <p>166 Participant: Um, at first, I was quiet. I've always been quiet when people</p> <p>167 commented about my weight because I heard, don't you, like, eat enough or are you</p> <p>168 having some trouble eating. But, I don't have trouble eating, I eat all my meals and</p> <p>169 even snacks at times. So it's not, I don't think it's really something I can control. I</p> <p>170 don't know if there is any underlying issue, but I don't think that it's something I can</p> <p>171 control. And people are commenting about it today. I do not know what to do. I</p> <p>172 used to be quiet about the issue and someone used to comment and look quiet, and</p>	<p>Lack of awareness as a child</p> <p>Developmental nature of body awareness</p> <ul style="list-style-type: none"> - Self-consciousness about body image? <p>Progressive internalisation</p> <p>Emotional impact</p> <ul style="list-style-type: none"> - Insecure - Lack of self-worth - Negative self-evaluation <p>Initial passive response to comments</p> <ul style="list-style-type: none"> - Internalise rather than confront? <p>External judgement</p> <ul style="list-style-type: none"> - Pressure placed on her? - Misconceptions placed on her? <p>Struggle with control over body</p> <ul style="list-style-type: none"> - Powerless? <p>People continue to comment</p> <ul style="list-style-type: none"> - Helpless? - Frustration? - Emotional burden?

Thinking about appearance at the time of the comment	173	then it will affect me later on, you know, in the evening when I try to sleep but, you	Rumination and delayed distress
Keeps affecting her	174	know, you keep on thinking about those comments, about how you looked at that	
Damages self-esteem	175	time. It keeps on affecting you and affecting and affecting you and damages your	Long-term psychological consequences
Struggling for a long time	176	self-esteem so really, this is an issue that I've been struggling for so long.	- Low self-esteem
Sad	177	Interviewer: How do you feel your experiences have affected you, if at all?	
No issue with eating	178	Participant: Um, I feel sad. It's not that I have an issue. It's not that I have an issue	Emotional response
Did not create herself to be of low weight	179	with eating. It's not that I created myself to be this way and it's not like I can help	Helpless and frustrated? Injustice?
Can't help the situation	180	the situation, so really, it feels bad. It feels, I just wish people would stop and just	Emotional burden?
Feels bad	181	leave me alone. It's completely damaged my self-esteem and the way I view my	Impact on self-esteem
More wishing for people to stop commenting	182	body. So it's affected me a lot and I don't think I'll ever heal from the comments.	- Permanence to wounds - Internalised negativity towards body
Damaged self-esteem	183	Interviewer: And when you say it feels bad, can you elaborate on that?	
Doesn't think she'll heal	184	Participant: Well, um, I have gotten comments about being sick. Oh, she's sick,	Assumptions about health
Comments about being sick equating to being "skinny"	185	that's why she's skinny. There was a time I remember we were having dinner, and	- Social stigmatisation?
Underlying issue?	186	then my auntie commented oh, you eat all that food and you're still so skinny so	Difficult social moment
Everything feels like an attack	187	you must be sick. And you know, I do not know if there is an underlying issue that	- Judgement from close family member - Scrutinised
	188	makes me this weight. I do not know because I have my meals, but just everything	

Appendix G – Ethical Approval



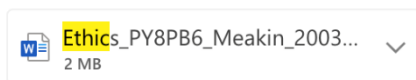
Chris Chandler

To: SOPHIE MEAKIN

Cc: Research London Met Uni



Thu 09/03/2023 12:22

Flagged

Dear Sophie

Many apologies for the delay.

I have attached the approved application (please note there is a recommendation regarding the advert)

Best wishes

Chris

Professor Chris Chandler

School of Social Sciences and Professions - Psychology (room TM1-58)

[London Metropolitan University](#)

166-220 Holloway Road

London, N7 8DB

Tel: 020 7133 2535

email: chandler@staff.londonmet.ac.uk