YRKESHÖGSKOLAN NOVIA

Overweight: Two sides of the coin

The lived experiences of two overweight Finnish adults

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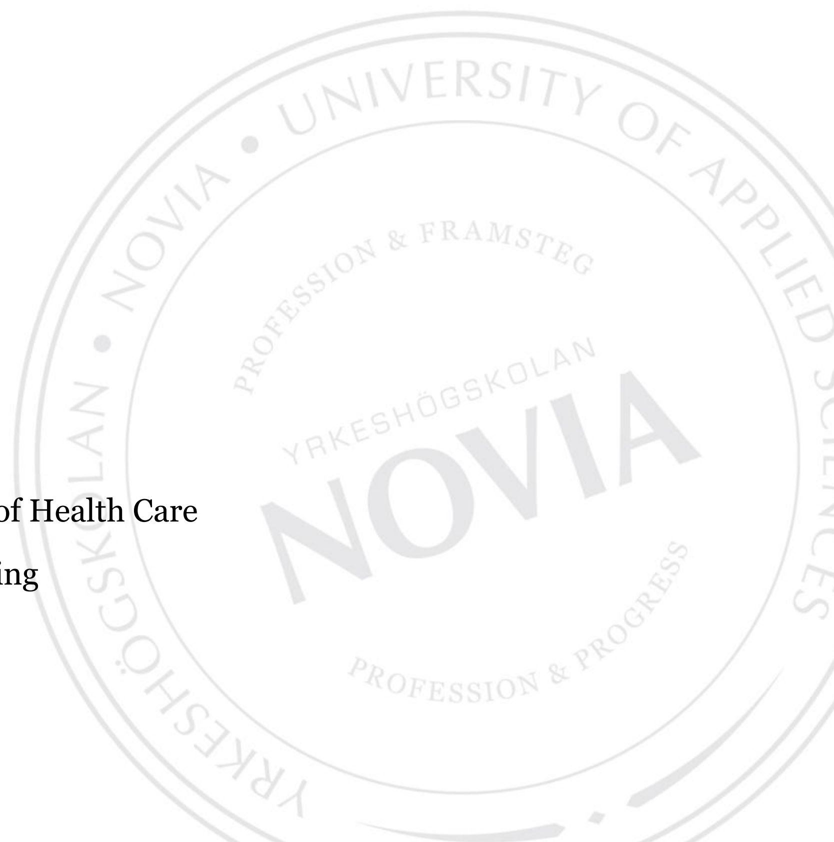

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Summary

The aim of this study is to create an understanding of the lived experience of adults suffering from overweight through describing the experiences of two overweight individuals. The research question is: What is the lived experience of adults suffering from overweight?

A qualitative phenomenological method based on Van Manen's Lifeworld theory was used for conducting the study. Katie Eriksson's views on health, as well as her ontological health model, were used as a theoretical framework. Theme interviews were held with two participants, one man and one woman, and analyzed through Van Manen's highlighting approach.

The main finding of the study was that the experience of overweight is individual. Every overweight person has an individual story of why and how they became overweight and they experience the overweight differently. Every experience of overweight is equally important. This needs to be considered in health care when caring for overweight patients.

Language: English
Key words: Adult, (lived) experience, overweight, phenomenology

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1 Introduction

Overweight is an increasing health concern all over the world, with more and more people being overweight, and the condition going down in the ages. This leads to an increase in physical and mental conditions related to overweight, as well as possible social problems, such as stigmatization, connected to the issue.

For it to be possible to find a solution to this rise in overweight, it is important to know how overweight people experience their life and their weight. As health care professionals, we need to be a part of the solution, instead of being a part of the problem, by helping people who are overweight to lose weight or come to terms with their overweight, and preventing non-overweight people from becoming overweight.

There is a lack of knowledge and understanding of how overweight people experience their life socially, physically and mentally. There is a need to bring out this information to the general population of the society, especially to those in the health care profession, to increase the awareness of for example the discrimination that overweight people experience in their daily life.

Several studies on this issue have been done during the recent years, with different perspectives and in different parts of the world. However, no studies have been made in Finland so far. Since the culture here differs from the culture where studies have been conducted before, the experiences of overweight persons here might also differ. This thesis strives to be a part in filling this knowledge gap.

2 Overweight and obesity

To be able to understand the topic of this study, it is important to know some background facts about overweight and obesity. This includes a definition of what we mean by overweight and obesity, the prevalence of both conditions, globally as well as locally, possible causes and consequences, as well as prevention and treatment methods.

The World Health Organisation, or WHO (2012), estimated that 1.4 billion adults over the age of 20 were overweight in 2008, with around 500 million of these being obese. Every year, at least 2.8 million adults die because of overweight. As of 2011, 60 % of the men and 44 % of the women in Finland were overweight, based on self-reported length and weight, compared to the previous year when the numbers were 58 % and 43 %, respectively (Helakorpi et al., 2012).

WHO (2012) defines overweight as an excessive accumulation of fat in the body. This is most often measured through calculating a person's Body Mass Index, or BMI. BMI is calculated by dividing a person's weight in kilograms with the square of his or her length in meter, where a result equal to or greater than 25 is considered overweight, and a result equal to or greater than 30 is considered obesity.

However, calculating the BMI might not always give a correct view of a person's amount of body fat or the actual danger this fat imposes on the person's health, calling for other factors such as fat distribution in the body and waist circumference to be considered before taking on weight reducing measures (Lönnqvist, 2007).

Overweight is basically caused by an energy imbalance between the amount of calories consumed and calories expended. All over the world, we eat more energy-dense food and we exercise less than before (WHO, 2012). However, the problem is more complex than simply an energy imbalance, since many different factors affect a person's susceptibility to becoming overweight. Overweight or obesity can be caused by one or several of these factors: genetic disposition, imbalance in the energy intake and energy expenditure, physical inactivity, poor diet composition, sugar addiction, problems with appetite regulation, or some specific types of medications (Lindroos & Rössner, 2007).

Overweight if not prevented may lead to obesity, and this may become associated with serious long-term mental and social factors and is connected to other types of disorders, such as diabetes, heart disease and certain types of cancers. Overweight and obesity are associated with more deaths than underweight, and nowadays overweight is not only a problem in high-income countries, but is also on a rise in middle- and low-income countries (WHO, 2012).

Overweight can be treated in many different ways, depending on the reason behind the weight gain. Sometimes a combination of different treatment methods might be needed to achieve permanent weight loss. Treatments methods include diets, physical activity, cognitive behavioural therapy, and in some cases medications or surgical procedures (Lindroos & Rössner, 2007).

Preventing overweight from occurring in the first place would probably be the best solution. According to Rössner (2007, pp. 373-374), however, the effects of trials to prevent people from becoming overweight have been small and short-term. For the prevention measures to work, Rössner means, the focus will have to move from the individual person onto the society as a whole, changing the attitudes and lifestyles of the population through political decisions.

3 Aim and research question

The aim of this study is to create an understanding of the lived experience of adults suffering from overweight through describing the experiences of two overweight individuals.

The following research question is used in the study:
What is the lived experience of adults suffering from overweight?

4 Theoretical framework

As theoretical framework for the study, we use Katie Eriksson's (2006) ideas about suffering and health, as well as the ontological health model. Ontology is the study of being in general (Encyclopaedia Britannica Inc., 2012), and Eriksson (2006, p. 56) claims that health in its deepest meaning is an ontological concept and thus, the ontological health model is based on health as becoming to a deeper level of wholeness, where the person's life becomes integrated.

4.1 Definitions

Health is seen, by Eriksson (2006, p. 56), as a combination of wholeness, or integration, and holiness. Wholeness is described as the person's "inseparable being as body, soul, and spirit", and holiness is described as a person's deep awareness of his or her uniqueness and responsibilities towards others as a fellow human being (Eriksson, 2006, p. 56).

Suffering implies that the wholeness of a person has been disturbed (Eriksson, 2006, p. 56). The nature of suffering is related to the way we live, for one person suffering can be to be excluded from friendship, while it for another can be the feeling of not being understood (Eriksson, 2006, p. 29).

According to Eriksson (2006, p. 56), endurable suffering can co-exist with health, and suffering can give health a meaning by making the person aware of the contrasts between the two as well as the possibilities and inner resources he or she encompasses. However, the person does not always acknowledge his or her suffering as suffering (Eriksson, 2006, p. 58).

4.2 The ontological health model

The ontological health model consists of three different levels among which both health and suffering are seen to move; health as doing or to have suffering, health as being or to be in suffering, and health as becoming or to become in suffering (Eriksson 2006, pp. 56-57). In this study, we mainly focus on the levels of health.

At the doing level, a person evaluates health by external objective criteria, she is a stranger to herself and her desires as well as her possibilities. At this level she is driven and directed by external circumstances (Eriksson, 2006, pp. 56-58).

At the being level, a person strives to form balance and harmony, this state is at least for some time experienced like happiness, health and harmony, but the person will experience increased anxiety that drives her further. Eriksson claims that staying at this level and "seeing it as happiness" will eventually lead to denial of one's deepest self (Eriksson, 2006, pp. 56-58).

At the becoming level, a person strives to reconcile herself with the circumstances of life, and to be whole on a deeper level. This is a struggle between different opposites; good and evil, hope and hopelessness, and life and death (Eriksson, 2006, pp. 56-58).

5 Previous research

The lived experience of overweight has been studied a few times before, but according to previous research found for this study, not in Europe or any Nordic country. Previous studies on the lived experience of overweight and obesity mentioned in this study have been conducted in the United States of America, Australia and Taiwan.

5.1 Literature search

In the search for literature the keywords overweight, obesity, (lived) experience, adult, men, mental, psychological and women were used. The article databases EBSCO and CINAHL were mainly used for the search. Only peer reviewed and full text articles were included in the search.

Criteria for including an article in the study were: it deals with the experience of being overweight or obese in some way, also including studies done on normal-weight people perceiving themselves as overweight, and it has been written during the last 15 years. Articles were excluded if they only mention the experience of overweight or obesity as a side topic.

The articles used in this study were mainly found when searching for a combination of the keywords “overweight”, “experience” and “adult”. The search landed on 52 results, out of which 4 articles that were relevant to the topic were chosen; “Unbearable weight: young adult women’s experiences of being overweight” (Chang et al., 2004), “Women’s stories of their experience as overweight patients” (Merrill & Grassley, 2008), “Understanding weight stigmatization: a focus group study” (Cossrow et al., 2001), and “Being ‘fat’ in today’s world: a qualitative study of the lived experiences of people with obesity in Australia” (Thomas et al., 2008).

Changing the word “overweight” to “obesity” yielded some of the same results, but no other relevant articles. On the other hand, combining the keywords “obesity” and “lived experience” yielded 4 results, out of which one was found relevant; “Value conflict: the lived experiences of women in treatment for weight loss” (Lopez, 1997).

Based on previous articles read, a search for the combination of the keywords “stigma”, “overweight” and “adult” was done, with 934 results. Out of this, one new study was found relevant: “A qualitative investigation of obese men’s experiences with their weight” (Lewis et al., 2011). Searches for the combinations of “overweight” and “men”, as well as “overweight”, “men” and “experience” were also done, but yielded no new usable results.

The combination of the keywords “overweight” and “mental” yielded 367 results, and “overweight” and “psychological” yielded 492 results, but none of them were found relevant for this study.

The cited works in articles already chosen were also gone through, using the snowball effect, to find works that they had used as background that would also be relevant for this study. Most of them were unfortunately not available in the databases we had access to, or only abstracts could be found.

5.2 Previous studies

The lived experience of overweight has two main sides; the experience of people who actually are overweight (have a BMI greater than 25), and the experience of those that are in the range of normal weight but still consider themselves as overweight. Both sides are important to consider, since they can affect the individual negatively, especially on the

mental plane. Thomas et al. (2008, p. 328) stated that “there is no single ‘lived experience’ of obesity”, the lived experience is generally very individual, but common themes can be found between people in the same life situation.

In the literature search, six relevant articles on lived experience of overweight and obesity were found. Merrill and Grassley (2008) focused their study on overweight women’s experiences in contact with health professionals and Lewis et al. (2011) focused on the experiences of obese men, while Thomas et al. (2008) did a more general study on the lived experience of people with obesity in Australia. There have also been studies that focus on a single part of the lived experience of overweight persons, for example stigmatization (Crossrow et al., 2001) and weight loss (Lopez, 1997).

Many of the previous studies that have been done focus on overweight women and their experiences, since women seem to be more stigmatized and more prone to be affected by media and societal ideals than men (Crossrow et al., 2001; Chang et al., 2004, Lewis et al., 2011). However, this also means that there is less understanding of the experiences of overweight and obese men, even though the rates of overweight and obesity are higher in men than in women (Lewis et al., 2011, p. 458).

Cultural and societal ideals have a great impact on people’s experience of their weight. According to Thomas et al. (2008, p. 328), “obesity is not ‘caused’ by culture but arises within and is shaped by it”, meaning that the culture and the ideals we have in our society shape our view of what is accepted and right in terms of weight.

5.2.1 Stigmatization

In most of the studies, stigmatization or discrimination was a big, or at least present, part of the lived experience of many of the participants (Cossrow et al., 2001; Merrill & Grassley, 2008; Thomas et al., 2008; Lewis et al., 2011). Crossrow et al. (2001, p. 213) also mentioned in their research that “it is not necessarily the frequency of negative experiences but rather the intensity of the experiences that had the greatest impact on our participants”.

The study by Cossrow et al. (2001, p. 211) showed that overweight adults experience stigmatization in all parts of their social life; with family, at work, and by different service providers. Participants mentioned having a hard time getting a job, or being discriminated at the workplace because of their overweight. Many of the participants felt they were not

supported by their family members but instead would get negative comments about their weight from them. Also in other social situations the participants felt they were treated differently because of their weight, by for example pre-judgements or looks. Men in the study by Lewis et al. (2011, p. 465) experienced that they could not exercise in public places because of the looks they received from people around them.

The comments and humiliation from both friends and strangers made many of the participants feel vulnerable (Merrill & Grassley, 2008, p. 142). Participants used different strategies for dealing with the stigmatization. In the study by Thomas et al. (2008. p. 325) the participants commonly used strategies such as making fun of themselves, switching off or ignoring the stigmatization or discrimination.

Most participants in the study by Thomas et al. (2008, p. 326) felt that there is a big negativity around the word “obese” or “obesity”. They would rather be called fat or overweight, since they believed being labelled as “obese” increased society’s disapproval of overweight people. Participants described an increased feeling of being blamed by society, since there is a constant discussion about the burden overweight people put on health care, as well as on society as a whole (Thomas et al., 2008, p. 326).

5.2.2 Health care professionals

Several previous studies discuss the experiences with health care professionals, mentioning both negative and positive experiences of the participants (Cossrow et al., 2001; Merrill & Grassley 2008; Thomas et al., 2008).

Participants were hesitant to seek help for their weight problems from a health care professional, and tried dieting or losing weight on their own before turning to a doctor or nurse (Thomas et al., 2008, p. 326; Lewis et al., 2011, p. 466). Some participants also stated that there had been no intervention for weight loss from health care professionals before the overweight was so far gone that there was no longer anything the health professional could do (Thomas et al., 2008, p. 326).

Participants in all the mentioned studies had felt discriminated or humiliated by health care professionals at some point. In the study by Thomas et al. (2008, p. 327), nurses were the most common source of this discrimination, followed by doctors and other types of health care professionals. Participants in the study by Merrill and Grassley (2008, p. 144) often

felt that the relationships with the health care professionals were not therapeutic, and that they were not respected as persons, but seen as only their weight. Often, their weight was addressed as the problem instead of their current health complaint.

The physical space provided at hospitals and clinics had also been a challenge for participants in the study by Merrill and Grassley (2008, p. 141); they experienced problems with seating as well as hospital equipment such as gowns or blood pressure cuffs. For participants in the study by Thomas et al. (2008, p. 325), this was also a problem outside the hospital, where they found seatbelts in cars too short, or seats in theatres or lecture rooms too small.

Apart from the negative experiences, many participants also got a lot of support from health practitioners, especially family doctors and nurses (Merrill & Grassley, 2008. p. 144), and felt that these had been vitally important in their treatment and care (Thomas et al., 2008, p. 327).

5.2.3 Weight gain and weight loss

Participants in the different studies mentioned either having problems with their weight since childhood, or starting to gain weight as adults. In the study by Thomas et al. (2008, p. 323), two-thirds of the participants had been overweight since childhood. The participants that had become overweight as adults fell into three different categories; transitioning from an active childhood to a sedentary lifestyle as adults, being unable to lose weight after pregnancy, and gaining weight after physical health problems (Thomas et al., 2008, pp. 323-324). Lopez's (1997) study of women's experiences of weight loss programmes also showed the same results; two of the participants described childhood experiences as the cause for their weight gain or eating problems, while four of them related the onset to pregnancy or to middle age. The men in the study by Lewis et al. (2011, pp. 461-461) had mainly gained weight as adults and believed this to be because of changed lifestyles, including unhealthy eating behaviours and less physical activity.

Participants generally felt a responsibility to lose weight, and most of them had tried many different methods for weight loss (Lopez, 1997; Merrill & Grassley, 2008; Thomas et al., 2008; Lewis et al., 2011). The women in the study by Lopez (1997) had tried two to eleven different methods for losing weight. Lewis et al. (2011, p. 463) found that their participants were motivated to lose weight because of different reasons; to improve their health and

prevent long-term health risks, to improve their appearance, to gain more respect or to improve self-esteem. For many participants the weight and possible ways to lose it were always on their mind (Thomas et al., 2008, p. 325).

Most participants in the study by Thomas et al. (2008, p. 325) had tried dieting as a weight loss method. Some of them stated that they abused their bodies through dieting, even starving themselves in order to reach their weight goals. In most cases, the different diets only gave short-term effects, but many participants still continued trying different commercial diets. Some participants had also tried pharmaceutical medications as a way of losing weight. The participants in the study by Lewis et al. (2011, pp. 464 & 466), however, preferred to use physical exercise as a weight loss method instead of dieting. Those who had tried dieting felt embarrassed to talk about it with their friends or family members, since they felt it would undermine their identity as a man.

Lewis et al. (2011, p. 464) found that there were four main barriers to lifestyle change and weight loss in their participants; lack of support from family members and friends, lack of time for physical activity, expensiveness of a healthy lifestyle, and weight-based stigma. However, many of the participants believed that they themselves were the main barrier.

The study by Lopez (1997) showed a value conflict in trying to lose weight between the control the weight loss programme imposed on them and the possibility for them to be free to order priorities on a day to day basis. Some of the participants in the study by Thomas et al. (2008, p. 325) also felt that their family members and friends were trying to sabotage their attempts at losing weight, by for example encouraging them to stop dieting, or telling them they looked sick when they had lost weight.

Men generally felt reluctant to seek help or support from family, friends or health care professionals because they felt it would be disempowering, make them appear helpless or send a signal to others that they had “failed”. Instead, they wanted to be the ones to take control of their weight (Lewis et al., 2011, p. 463).

All in all, participants in several studies stated that dieting and trying to lose weight was stressful both because of the emotional hardships and because of the physical strain put on the body (Chang et al., 2004, pp. 157-158; Thomas et al., 2008, p. 325).

6 Methodology

The study used a qualitative method and concentrated on a phenomenological research approach of the lived experience (lived space, lived body, lived time and lived human relation) rooted in philosophical tradition that was developed by Husserl and Heidegger.

These lived experiences give meaning to each person's perception and particularly the phenomena (Polit & Beck, 2012, pp. 494-498). Phenomenology is the study of the lifeworld of a human being; "the world we immediately experience it pre-reflectively rather than as we conceptualize, categorize, or reflect on it" (Van Manen, 1990, p. 9). It is an approach of human thinking about what life experiences of people are and what they mean (Polit & Beck, 2012, p. 56). A question that may be used as a research question to this phenomenological method is "What is this kind of experience like?"

Phenomenological research is characterized by and always begins in the lifeworld of the person and bringing to the reflective awareness of the lived experience of one self (Van Manen et al., 1990, p. 9). Phenomenological text is descriptive, it is the point of something and it aims at letting something show itself. Phenomenology is one of the kind of research methods used in education in relation to nursing, a research that goes through a deep questioning of an experience related to the topic of what someone can go through (Van Manen et al., 1990, p. 101).

A phenomenological research is a search for what it is to be human and this research always emphasises the meaning of the lived experience of the person. As we, the researchers, may give a possible meaning to the structures of our lived experiences, we come to understand what it means to be in the world as a human and as every individual, taking into account the differences of cultural and historical traditions that have given meaning to our ways of being in the world we are in (Van Manen et al., 1990, p. 67).

Van Manen (1990, p. 10) stated that "the essence of a phenomenon is a universal which can be described through a study of the structure that governs the instances or particular manifestations of the essence of that phenomenon".

The main goal of a phenomenological research is to understand the lived experience of the person (Polit & Beck, 2012, p. 495).

> "A good phenomenological description is collected by lived experience and recollects lived experiences – is validated by lived experience and it validates lived experience" (Van Manen, 1990. p. 27).

Anything that may present itself to the human consciousness is of potential interest to phenomenology, whether it is real or imagined, empirically measurable or subjectively felt by the person. Consciousness is the only access a human being has to the world and we cannot know anything that does not present itself to consciousness. To be conscious is to be aware of something in the world (Van Manen, 1990, p. 9).

This study is an example of that, giving an understanding and awareness of becoming overweight in the society in which we are growing. Despite the influences from the media and education on how to avoid overweight, there are still people who become overweight for different reasons. Our society today is made up of people coming from different cultures and traditions and we understand overweight and approach overweight people differently. Some people may not be aware of the reasons why individuals become overweight, that these reasons are often more complex than simply eating too much. Without the reference of a person who has consciously experienced overweight, we cannot describe this experience.

A person cannot reflect on a lived experience while living through this experience. For example, if one tries to reflect on one's anger while being angry, one will find that the anger has already changed or disappeared. A reflection of an experience is always recollected; it is a reflection on an experience that is already passed or lived through (Van Manen, 1990, p. 10).

7 Design

The study used a phenomenological approach. The point of this is to "borrow" others' experiences and their reflection on how it was and this will give a better understanding and a deeper meaning to a human experience (Van Manen, 1990, p. 62).

To understand the study we used the four aspects of phenomenological inquiry, which are: lived space or spatiality; lived body or corporeality; lived time or temporality and lived other or also called lived human relation or relationality (Polit & Beck, 2012, p. 495).

7.1 Lived Space

Lived space, also known as the spatiality, is felt space. A space that is more difficult to put into words since it is pre-verbal and we do not ordinarily reflect on it. And yet we know that the space in which we find ourselves affects the way we feel or the way other persons feel (Van Manen, 1990, p. 102).

Lived space is not a mathematical space, or the measuring of the length, height or the distances between cities or where we live in the country; this is a space that can be called the home of a person, a place where we can feel protected (Van Manen, 1990, p. 102).

A home is where we can *be* what *we are.* Lived space is the existential theme of one's head, it refers to the world or landscape in which human beings move and find themselves at home at the point of time. When we want to know the lived space of the person, we can ask about his or her world, profession, interests, background, place of birth and childhood and so on (Van Manen, 1990, p. 102).

7.2 Lived Body

Lived body, also known as corporeality, refers to the phenomenological fact that we are always bodily in the world. When we meet another person in his or her landscape or world we meet that person first of all through his or her body (Van Manen, 1990, p. 103).

In our physical or bodily presence we both reveal something about ourselves and we always conceal something at the same time – not necessarily consciously or deliberately, but rather in spite of ourselves. When the body is the object of someone else's gaze, it may lose its naturalness or instead it may happen that it grows enhanced in its modality of being (Van Manen, 1990, pp. 103-104).

7.3 Lived Time

Lived time or temporality is the subjective time as opposed to clock time or objective time. Lived time is the time that appears to speed up when we enjoy ourselves, or slow down when we feel bored during an uninteresting lecture or when we are anxious, as in a dentist's chair. Lived time is also our temporal way of being in the world. When we want to get to know the person we ask about their personal life history and where they feel they are going – what is their project in life? (Van Manen. 1990, p. 104).

7.4 Lived Others

Lived others, or relationality, is the relation that we maintain with others in the interpersonal space or the relationship that we share with them. As we meet the other, we approach the other in a corporeal way or in characteristics of the body, by shaking hands or by gaining an impression of the other in the way that he or she is physically present to us or with the other. Even if we learn about another person only indirectly, perhaps through the phone, a letter or a book, we have often already formed a physical impression of the person which may get confirmed, or negated if we find out that the person looks very different than we expected (Van Manen, 1990, p. 105).

8 Method

The data collected from others can serve as the other people's experience to allow us to become more experienced, remembering that the data collected from the people serve as a tool to give meaning from the experience. A descriptive phenomenological study often involves using the following steps: bracketing, intuiting, analyzing and describing the lived experience of the person. These things may include hearing, seeing, believing, feeling, remembering, deciding, evaluating and acting of the person involved (Polit & Beck, 2012, p. 495).

Theme interviews were used as a data collection method in this study. After the conduction of the interviews, the material was analyzed through a qualitative phenomenological method.

8.1 Data collection

There were two participants in the study, a man in his forties and a woman in her twenties. Both participants were asked the same questions but at a different scheduled time. The criteria of the participants in this study were that they have to either be or have been overweight. Persons of normal weight considering themselves overweight were not included. The participants both volunteered to do the interviews.

One interview was held with each participant, lasting around half an hour each, in the home of one of the interviewers. A theme interview was used, divided into four parts – lived space, lived body, lived time and lived other – based on Van Manen's lifeworld theory. Questions related to Eriksson's ontological health model, as well as topics that had come up in previous research, were also included within the frame of these four parts. Open questions were used in this study so that the participants could feel free to tell about their experience. To ensure that there would be no inconsistencies in the quality of the interview and ensure that all of the information was retained and that nothing was misinterpreted, it was audio recorded. After the interview, the audio recordings were transcribed.

A guide of questions was used for the interviews to make sure that all the planned topics were covered. This guide of questions was divided into four categories according to phenomenological research and Van Manen's lifeworld theory. The interview was held as a conversation between the participant and the researchers, and the participants were allowed to talk freely as much as they wanted around the topics and themes given.

8.2 Data analysis

A qualitative data analysis with a phenomenological approach was used, based on van Manen's lifeworld theory and Eriksson's ontological health model. The aim of the study was to know the different experiences of the participants, their feelings of being overweight and how other people surrounding them affect them. During the interview it was important to listen carefully to the participants expressing themselves and to make them feel free to talk about their whole experience as overweight persons.

To describe and understand the lived experience of the participants, a selective or highlighting approach was used. This is taking phrases from the interview that stand out and give a thematic experience of the participants (Van Manen 1990, p. 94). After the interview had been conducted, the interview was transcribed into written form and the results from each participant were analyzed. Once this was done, the findings and the results of the study were made.

9 Ethical Considerations

Before starting to conduct the interviews for the study, an approval from the supervising teacher was given to the students. It was clear in the information to the participants that the participation is voluntary, and that they can withdraw from the study at any time, if they wanted to. To avoid the use of minors, we strived to keep the participants' age from 18 upwards. The participants were informed about the study, as well as on how the information was obtained from them, and we made sure that the confidentiality and privacy were kept.

The theme of this study is sensitive, and if handled the wrong way it might cause some mental harm to the participants. In order to avoid this, the interview questions as well as the environment during the interview were designed in such a way that they could cause only a minimum of psychological stress to the participant. It was made clear to the participants that they can withdraw if they no longer feel comfortable participating in the study. The participants were given the contact information of the students conducting the study in case they needed to contact us.

The two participants were different, one was a woman in her twenties and the other one was a male in his forties. The female participant was able to use English as the medium language during the interview and was given information that she can use Swedish anytime she wants. Meanwhile, the male participant was a Finnish-speaking Finn but the language used during the interview was Swedish and English, since according to the participant he speaks quite good Swedish and can express himself in this language. The male participant was also informed that he can use Finnish if he has difficulty using the Swedish or English language. The male participant used mostly Swedish during the

interview. This could affect the results of the study due to possible misunderstandings between the participants and the researchers because of the slight language barrier.

10 Findings

The lived experience of overweight of the two participants in the study was very different. These differences might partly be because of the age and gender differences of the participants, but other factors, such as other life experiences of the participants, most likely play a role. In the following chapters, quotes from the participants – highlighted in italics – are used to illustrate their way of lived experience. Quotes in Swedish have been translated into English, but the original quote can be seen in brackets.

10.1 Lived space

The discussion of the physical space mainly concerned the participants' experiences with clothes. The male participant did not feel that there were any big problems with finding good clothes; his concern was just that there might not be clothes that fit in every store, and that you have to make sure that you choose the right size of clothes.

For the female participant, on the other hand, finding clothes that fit and that she feels comfortable in was one of the biggest problems while she was overweight: *"The most problems that I've had with my overweight was the clothes. Because I didn't feel like… all the clothes that I had on were baggy, and big, and made me feel…worse about myself".* This experience became a big deal to her because of her physical appearance when she was overweight. She also felt that there is no variety of clothes when you go beyond a specific size range, which made it even harder for her to find clothes she could feel comfortable in, and she stated that she *"didn't like shopping then"*, that it feels better now when she has lost weight.

The female participant was insecure of herself and her body while she was overweight, she felt ugly and unwanted; *"I didn't feel that anybody could like me when I was big".* She was not happy about her figure, and tried to hide her body from other people. Other people's opinion was not a problem according to her, but she perceived her own body very

negatively and her self-confidence was low, as well as her expectations from other people towards her figure. Her experience of being overweight left a painful past in her life.

The world of the participants differed slightly from each other. The female participant has a physically heavy job, while the male participant works in an office. The female participant has a big interest in her dogs, which also motivates her to lose more weight through spending time with the dogs and for example doing agility, and she is also interested in water gymnastics. Both of the participants like travelling, and the male participant also spends a lot of time with church-related activities, where he for example takes care of the children during church services.

10.2 Lived body

Both participants experienced physical health problems in relation to their overweight. The female participant experienced problems with her knees and back, the knee problems coming with the weight gain and her already existing back problems getting worse. These problems became worse when she was overweight and not able to do things she was used to do before she was overweight, and that she is able to do in the present now that she has lost weight. She can see the difference and the advantage of losing weight for herself, especially to her body.

The male participant has suffered from sleep apnoea for more than 20 years, which he believed might be connected to the overweight; *"the overweigh probably plays a part" ["övervikten har väl en viss del i det"]* and believed that it could possibly make the symptoms worse; *"what I have read and understood, the symptoms are often worse the more overweight one has" ["vad jag nu läst och förstått så är det väl så att det många gånger så är symtomen värre ju mer övervikt man har"].* He was not motivated to do anything about the problem at first, but because of concerns from family and friends he decided to get treatment, and is now using a C-PAP machine every night; *"I've had a c-pap machine all the time, and I have been really, really happy and satisfied with it" ["har ... haft en c-pap apparat hela tiden, och den har jag nu varit riktigt, riktigt nöjd och belåten med"].* He has also had a few episodes of gout during the last years, which he also thinks could be connected to the overweight.

Both participants think that it is good to do exercise and it makes them feel better both physically and mentally. One participant said that *"it is easier to do exercise now than when you are overweight"* and she thought water gymnastics was a better way to do exercise than for example walking, since in the water you cannot feel your weight. However, both participants still try to go for regular walks, which they feel are beneficial for them.

The female participant did not feel comfortable with herself, seeing herself as fat, and was determined to lose some of her weight. However, she was aware that it felt worse for her than it looked to others, and that it was mostly herself seeing her as fat, not others; *"I think I felt worse than what it actually looked like"*. She stated that *"it's painful to be overweight"*, referring to her whole experience with her body and people around her.

The male participant did not mind being overweight, and did not plan to lose weight, but felt it could be nice to look more athletic. He did not see his weight as problematic; *"So I was thinking that okay, I might weigh a few kilos over 120, that cannot be so bad" ["Så jag tänkte att okej, jag kanske väger några kilo över 120, det kan ju inte vara så farligt"]*. The weight did not affect his self-esteem in any noticeable way either, as he said: *"quite marginally if at all" ["ganska marginellt om nu överhuvudtaget alls"]*.

The female participant's answer to the question of feeling healthy in spite of being overweight was "no", she did not feel healthy, mainly because of her eating habits; *"I ate everything that I could get and see"*. Her self-control was low when she was overweight. Meanwhile, the male participant's answer to the same question was: *"Yes I personally feel myself healthy, even though I have overweight…. On a personal level I would define being healthy as being able to do physical and mental all kind of normal activities for human beings"*.

10.3 Lived time

The participants had different reasons why they believe they became overweight. The female participant started to gain weight after a dramatic experience of a family member; *"I started thinking it was okay to eat more because I still had my legs"*. Meanwhile, the male participant gradually gained weight during a long period of time, especially after he got married and his lifestyle changed.

The female participant experienced that it took her one year to notice that she had gained weight, because *"I didn't want to see it at first"*, and after this she came to realize that *"I need to do something!",* as she said during the interview. She felt that she cannot continue feeling sorry for herself because of something that happened to someone in her family; *"I can't feel sorry for myself because of her, I need to do something for myself"*. It took her another year before she started to try to lose weight. However, after losing some weight, she is motivated and has planned to continue losing weight, but she has put a limitation on herself not to lose too much. She wants to increase her physical activity, because according to her, *"when you've once been overweight and you lose weight, it's very easy to go back up"*.

The male participant is aware that he is overweight, and has maintained the same weight for many years now, but it does not bother him and he is quite satisfied with his own figure. He cannot remember experiencing his overweight much differently when he was young compared to how he experiences it now; *"I don't remember that it would have changed, not much anyway" ["inte minns jag nu att det skulle ha förändrats, inte mycket i alla fall"]*. He does not believe his weight is going to change much in the future either; *"since that about 115 to 120 has been regularly my weight for a long time so with this lifestyle I suppose that will be the same in the future also"*, and the only plan that he has is to increase physical exercise, not aiming at losing weight but making sure he will continue to be satisfied with himself.

10.4 Lived others

The experience concerning the overweight together with people that surround the participants had an impact on their lives. Family members, friends, health care professionals, children and other people took a part in their experience of being overweight.

Both participants experienced comments from their family members about their weight, mainly from parents and partners. For the female participant, noticing she was getting bigger than her mother, whom she had always seen as an overweight person, was a bad and eye-opening experience, and she recalled thinking *"Oh dear, I'm fatter than my mother!"*.

The participants had both positive and negative experiences with health professionals. The female participant had one unforgettable experience with a health care professional who said *"You're fat, you need to lose weight"* directly to her. Even though she had positive experiences with some health care professionals, it was this negative experience that stayed in her mind.

The male participant had mainly good experiences, but mentioned a doctor that tried to "scare" him with different possible diseases, such as diabetes and hypertension, that could come as a consequence of the overweight; *"he tried to scare me a little also with a possible diabetes that might come later and…high blood pressure and these kind of problems" ["han försökte ju skrämma mig lite också med en eventuell diabetes som kanske kommer senare och… högt blodtryck och sådanahär problem"]*. He had also been referred to see a dietician for consultation on his eating habits, even though he did not feel that he needed the consultation, and later on did not follow the ideas given to him on how he could change his eating habits: *"I don't know if I followed that advice very much, but I went there when I had been recommended to do so" ["inte vet jag nu om jag så mycket följde dom råden, men att jag gick nu dit när jag rekommenderades att göra det"]*.

The female participant got a lot of support from her boyfriend in losing weight. They started losing weight together, supporting each other. She was encouraged to continue losing weight when other people noticed she had lost weight. The comments came both from the boyfriend, friends and a doctor; she said that *"even the doctor saw that I've lost weight and that made me realize oh, I'm really doing the right thing"*.

For the female participant her overweight influenced her willingness to go out with friends, since she felt she looked terrible, and that no clothes would fit her. When going swimming, for example, it was important for her to go to a beach where there were few people, so that she did not have to show her body to other people; *"I went with the towel almost all the way to the water. In a big towel, so I didn't want to show anything really"*. On the other hand, she stated that other people's view of her did not really affect her; *"I have never really cared about what other people think, more like that it should feel good for myself"*.

The male participant, working a lot with children, had experienced a lot of straight-forward comments about his "big stomach" from these children, something he did not take very hard since he felt it is something to be expected. He did, however, have some concerns

about what other people think, mainly women; *"Maybe some concern I at some point had and maybe still today that how would women see me, would I be more attractive if I would look more athletic"*.

10.5 Health levels

The two participants are in quite different places in their life when it comes to how they view their health and how they experience their overweight. The participants' general view of health differed greatly. The male participant viewed health as being able to do things that were normal for a human being, while the female participant did not view herself as healthy when she was overweight and her eating habits were not healthy, even though she was able to do most things as before.

The female participant is moving between two different levels in the ontological health model; the doing and the being level. She is still striving towards being happy with herself and her weight, trying to eat healthily and exercise regularly, and she believes that once her weight goal is reached, her self-esteem will also be higher; *"I think it will be okay when I am satisfied with my weight"*. She gets encouraged by other people noticing that she is trying to live healthier and lose weight. She is motivated and has set her mind on losing some more of her weight in the future.

The male participant, on the other hand, is very satisfied with his body and way of living, not really concerned about changing much in his life. This suggests that he is at the level of becoming in the ontological health model. Even though he is overweight and has a few other physical health problems, he feels healthy. He has made peace with things in his life; he is "whole on a deeper level" (Eriksson, 2006, p. 56). He has a distance in his way of speaking of his experiences and he laughs and makes jokes about the experiences and about his weight; *"the weight has stayed around 115-120 since then. A low weight for a sumo wrestler" […vikten…har hållit sig där kring 115 - 120 sen dess. En låg vikt för en sumobrottare"]*.

11 Trustworthiness of the study

The study was done as a systematic but ongoing process. It started with a systematic search for previous research on the issue, as well as planning of the study method. The work was divided between the two researchers, but an ongoing process of checking each other's writings and giving comments was conducted and some parts were done together.

The data collection as well as the analysis were done as collaboration between both researchers. Before the interviews were conducted, a guideline of questions based on Van Manen’s and Eriksson’s theories as well as previous research was created as an aid to make sure all the intended questions were covered while still keeping the interview as a conversation. Body and facial expressions of the participants were noted during the interviews. The interviews were audio recorded and transcribed verbatim by both researchers shortly after they were conducted, and the transcripts were then compared to each other.

The analysis was made based on Van Manen’s highlighting approach, the conclusions were reached through finding sentences and words that stand out in the interview transcripts, and the possible conclusions were discussed. To be sure the conclusions were rooted in the participants’ experiences, a constant re-checking with the transcripts was done.

11.1 Transparency

The study was made by the two researchers. The interview questions for the study were divided into four themes and adding into it is the ontological health model. This was formulated from the phenomenology theory of lived experience of Van Manen’s “Researching Lived Experience” (1990) and Katie Eriksson’s ontological health model. The phenomenology was mainly divided in four categories; lived body, lived space, lived time and the lived others; and with the ontological health model, the human becoming and being of a person, woven into the themes.

To formulate the questions, the researchers based it in the themes of the study and made questions related to each theme. These questions guided the researchers to make it easier to divide the answers of both participants and placing them in the corresponding theme.

Before conducting the interview the guideline of questions for the theme interview was approved by the supervising teachers. The questions were tried on another person prior to the actual interviews in order for the researchers to know if they were understandable and to see the response of the person.

The questions were simple and easy to understand. It was easy for the participants to answer as much as they could. They had a free choice if they wanted to withdraw, or to not answer a question that would make them uncomfortable. During the interview, the face expressions of the male and female participant were observed and taken into consideration. It was a success on the part of the researchers in doing the interview without making the participants feel uncomfortable or feel that they wish to withdraw from the study. Both the participants and the researchers had a good contact with each other and the participants were open for further inquiries if needed.

11.2 Logical reasoning

In the analysis of the transcripts the researchers tried to tell the story of the participants without interpreting the meaning of what they experienced and how they expressed it. The findings were not generalized to fit every person experiencing overweight, but were only describing the experiences of the specific individuals that participated in the study.

11.3 Thoroughness and verification

Throughout the study, interpretations and conclusions were re-checked several times with the original material – including information on overweight in general, previous studies on the issue and interview transcripts – to ensure that they were in line with the material in question and that no assumptions were made without a clear root in the material.

After the analysis, the results were compared with the results of previous research on the same topic to see if there are similarities or differences in the lived experiences of the participants.

12 Limitations

One of the limitations of this study was that only two participants were interviewed. More participants could have made the study more trustworthy and generalized, but since it was a phenomenological study based on the lived experience, and the aim was to tell the story of these individuals and not to apply the results to suit all overweight people, it was not necessary to have many participants. This is a sensitive topic and many people might not want to talk openly about their experiences. It was hard to find participants that were willing to talk about their experience; therefore the choice of participants was based on their voluntary participation and not on specific criteria.

The age gap between the participants was quite big, as one was in her twenties and the other participant was in his forties. They were of different ages and the way of thinking of the participants differed, especially since the participants were male and female. Some may be more open about the situation while others can be more superficial and the emotional part of it will not be visible. These participants both had a unique lived experience of when they were overweight and one participant compared it to her situation after losing weight. This is not necessarily a limitation, but can also give an idea of how people of different ages might experience their overweight. However, it might have been better to have participants in the same age group and of the same gender, to give an idea of how people in that generation and gender group experience their weight. Because of the small time frame and the fact that one of our original participants chose to not participate in the study, this was not possible.

One of the interviews was held in a language that was not the participant's mother tongue; his mother tongue is Finnish and the interview was held in Swedish, which is his second language, and some parts of the interview were also done in English. The other interview was held in English, and the participant spoke English and Swedish equally well. Both participants were encouraged to speak their own mother tongue if they were unable to find the words in Swedish or English.

Both participants were acquaintances of one of the researchers, and volunteered for the study when they were told about it. This might have affected the study in two different directions; either the participants felt more comfortable speaking about their experience

because they trust the researcher, or they felt that they needed to keep some things to themselves so as not to change the relationship they have with the researcher.

Another limitation was that the female participant had lost weight while the male participant was still overweight and did not have any plan to lose weight. However, this could also be a strength of the study, since it offers a view from different perspectives, especially in the case of the female participant who could compare her situation now with her situation while being overweight. The expressions and the manners of the two participants were different.

13 Interpretation of the results

Today, there are a lot of health issues that occur in the daily life of a person and this can become one of the problems in the community. One of the main problems is the growing number of obese people in the world, including Finland. The health care community keeps on updating the information about this growing problem that the country is going through, giving information to the people about this problem and making them aware of it as much as possible, so that they can apply the information into their daily living.

The study is about making people aware of the issue of overweight and how an individual experiences being overweight. It presents a lived experience and an individual opening him/herself up on the experience he/she is having during the time of being overweight and/or after being overweight. This study helps us to understand the experience of being overweight and by reflecting on this, we can describe the feeling of an individual that has experienced or is experiencing being overweight, how he/she is being treated in society, in his/her family, in health care, and how he/she is treating him/herself.

The female participant's comment that *"being overweight is painful"* caught our attention, especially since it also reflects the experiences of several participants in the previous studies on this issue (Cossrow et al., 2001; Merrill & Grassley, 2008). We notice people being overweight, but we are not necessarily aware of what they actually experience in their daily living, and that shows the importance of this type of studies.

Low self-confidence is one of the problems that can occur as a consequence of overweight, and this was evident when one of the participants said that her *"self-esteem is low"*. When a person is overweight it is possible that he/she feels insecure about him/herself. One of the participants stated that she felt ugly and unwanted when she was overweight. Being comfortable with your own figure while being overweight differs according the personality of the person, one may feel fine even he/she is overweight while the other person may strive to lose weight because of the way he/she looks. Wanting to lose weight can also be driven by the feeling of not being healthy, and for one of our participants the reason was a combination of the desire to both be comfortable with her body and feel healthy. However, some people feel healthy despite being overweight just like the other of our participants.

13.1 Comparison to previous studies

The reasons the participants in this study became overweight had similarities with the reasons in earlier studies (Lopez, 1997; Thomas et al., 2008, Lewis et al., 2011). The male participant started gaining weight when his lifestyle changed to a more sedentary one, just as participants in the study by Thomas et al. (2008) and Lewis et al. (2011). For the female participant, however, there were emotional reasons behind the weight gain – an accident of a family member that left her with negative feelings.

One of the participants in our study had tried to and succeeded in losing weight, while the other one was not interested in doing so. Instead of dieting, a method that most participants in the study by Thomas et al. (2008) had tried, our participant used a permanent change to a healthier diet and regular exercise to reach her weight goals, an approach that was shared by participants in the study by Lewis et al. (2011).

Contrary to the results of previous studies on the experience of overweight and obesity (Cossrow et al., 2001; Merrill & Grassley, 2008; Thomas et al., 2008; Lewis et al., 2011), the participants in our study did not feel that they had been victims of stigmatization in society in general. They did receive negative comments from friends and family members, but these were seen as mainly an act of trying to help them, and none of them had received any negative comments from strangers. They did not perceive that they were treated differently by people because of their overweight or that their weight affected the way people see them as persons. The female participant felt that no one could like her

because of her weight, but admitted that this was most likely something only she felt, nothing that was reflected by the people around her. The female participant also experienced a strong support from her partner in her striving to lose weight, contrary to many participants in the studies by Thomas et al. (2008) and Lewis et al. (2011).

When meeting an overweight patient, we as health professionals need to be aware of the way we speak and act towards this patient, not letting our possible prejudices show. Both participants in our study, as well as participants in previous studies (Cossrow et al., 2001; Merrill & Grassley, 2008; Thomas et al., 2008), have experienced negative encounters with health care providers, either through direct or indirect comments. Such experiences may lower the self-confidence of a person, because instead of the health care professional being there to help with their current problem, they tend to create more stress and problems for the person. We need to be aware that overweight is not always the reason why a person seeks help from a health care professional, instead we should be able to sometimes see past the weight and provide help for the other health concern that the person has. Several participants in one of the previous studies (Merrill and Grassley, 2008), as well as one of our participants, mentioned having this problem when meeting with health professionals. Instead of listening to them and treating the current problem, the health professional focused on the weight of the person.

13.2 Ideas for nursing practice

There are prevention programmes for overweight and obesity and different diet and exercise programmes – commercial as well as medical ones – have been produced for treatment. However, the number of overweight persons keeps rising, which might mean that the available prevention and treatment programmes are not sufficient.

As mentioned earlier, Rössner (2007, pp. 373-374) suggested a broader front for prevention of overweight – looking at society as a whole instead of the individual person, changing people’s attitudes and lifestyles through political decisions. This would include, according to Rössner, changes in architecture to make exercise more attractive, regulation of consumption through, for example, raising taxes for unhealthy food and offering subventions for healthy food, etc.

However, when it comes to treatment of people who already are overweight or obese, we believe a more individualized way of treatment is needed. Instead of following already made up remedies for weight loss treatment, the health care professional should see to the individual person; what does he/she need to be able to lose weight, and sustain that weight? What caused the weight gain? What lifestyle matters sustain the overweight? How does the overweight affect the person? Does the person get support in his/her weight loss by someone close to him/her?

It is because of this that studies of the lived experience of overweight are needed – to be able to have an idea of what the overweight person's world is like, and how it is different from one individual to another. It helps us create an understanding of our patients, maybe even before we meet them. We cannot, however, use research as our only base when treating an overweight patient, we need to also see to the actual patient and his/her world, and give the support which that particular individual needs.

We also need to recognize that not all persons who are overweight want to lose weight. They might be content with their health despite the extra weight. We could inform them of the possible negative effects of the weight on their health, and suggest weight loss, but we cannot demand it from the patient. To lose weight you need to make a commitment, you need to want it, and if you are not committed to the weight loss you will most likely not succeed. When suggesting to a patient that he or she should lose weight to help current health problems or prevent subsequent problems from occurring, we should always be aware of how we say it. Both participants in our study, as well as many participants in earlier studies (Cossrow et al., 2001; Merrill & Grassley 2008; Thomas et al., 2008), had negative experiences of how their overweight was handled by health professionals.

14 Discussion and conclusion

As a conclusion, this was a study of giving awareness to people on how persons who are overweight experience their way of living. It was about describing the experience of the two participants being overweight and how they face it, including their relationships to their family members or loved ones, their experiences of the society where they are living and also their encounters with health care professionals.

The goal of this study was not to generalize these experiences to the general population of the growing numbers of overweight people in the country, but to give awareness to the people of how these specific participants feel. The lived experience of overweight is very individual. While the female participant said "*it is painful to be overweight"* during the interview, the male participant did not feel it was a big problem: *"a few kilos over 120, that cannot be so bad" ["några kilo över 120, det kan ju inte vara så farligt"].* We do have different perceptions on this topic, some may say that they do not really feel burdened by having these extra kilos and may even feel comfortable while some may feel that it is problematic to have this extra weight on them. This study does not aim at getting the same answers from both participants. Their individual lived experiences are equally important.

The study of the two adults' lived experiences was a success to us, as we were able to get a positive response from both participants without making them feel uncomfortable during the interview. This study is an individual look at the male and female participant regarding their experience when they were overweight. The study presents their feeling on how they were able to cope in the situation, their feeling of being healthy and secure or protected.

The conclusion of the study is that every individual is unique in every different way. The perception and interpretation of one person who is overweight is different from the other. Some may say that people become overweight because of their eating habits and may have a perception that they are lazy. People do not know the reason behind some people becoming overweight. It is important to create an awareness of how these people may be affected by the people surrounding them; that these people who are overweight may have other reasons aside from eating habits. This plays a part in the cause of these people becoming overweight, but the main reason is always individual.

The two participants gave different reasons for how they became overweight. The female participant was quite aware of her figure and the way she looks. The male participant was quite satisfied with his situation and did not plan to do anything to lose weight in the future, just maintain the weight. These people have different ways of seeing themselves as overweight. The need to feel secure about oneself is what makes the female participant still want to lose more weight and this feeling of security about her figure is not yet achieved.

The experiences of both participants in the social interactions were not too far from each other. Both participants said that they do not mind other people's opinions about them. Other people should be aware that the reasons behind one person being overweight are really important to know before judging this person. We do not feel the way they experience it when they are overweight, therefore, we should not be judgemental but instead become more sensitive in the way we approach them and the way we talk to them. As the saying goes, it is important to try to feel what the other feels, to "try to be in the shoes of that person" first and foremost, before doing or saying something that may affect their well-being negatively.

The participants both experienced negative feedback from health care professionals. After conducting this study we hope that people working in health care units will be more aware of the way they interact with their patients. The way we interact with and give feedback towards these people is really important. Health care professionals are there to be able to help them and give them an advice on this situation and not make them feel more negative towards themselves. There are alternatives that can help these people to lose weight, but the right approach and way of discussing these alternatives with the person is very important. Some overweight persons may be sensitive and some may not. The health care professional should be able to help an overweight patient providing that the patient is willing to accept the help.

This study will help the readers to create an understanding of a person's situation when he/she is overweight. The title of the study (Overweight: Two sides of the coin) illustrates the lived experiences of our participants: they were like two sides of a coin. They have the same basis, but the way you see them differs according to what perspective you have, in this case the individual ways of experiencing the core, the overweight. This study may be continued or extended for a broader description of the lived experience of overweight, perhaps through more participants or focus on a specific group of overweight individuals.

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Theme interview: Guideline Questions

Can you tell me something about yourself? (age, gender, work etc.)

Lived space

In what kind of environment do you feel at home/secure? Insecure?
The person's world; profession, interests, background, place of birth, childhood
Physical environment (clothes, chairs/seats)

Lived body

Are you happy with yourself and your body? Do you think it would be different if you would lose weight?
Do you want to lose weight have you try to lose weight? What motivates you to lose weight?
Do you think you would like to change your life style?
How does your weight affect your mental wellbeing/self-esteem/self confidence?
Your feeling being overweight, how do you feel? Describe.
Who do you feel/think is responsible for your weight/weight loss/health?
Is it important for you to be in control over your weight? Would you want help/support from someone? Who?

Lived time

History of your family being overweight, do you have it or how did it start? Overweight in childhood?
What was the reason behind your overweight?
Has your experience changed over time?
Project in life/plan for the future?
Memories, who you were and who you are now. Differences?

Lived human relation/lived others

How do you want people to see you? How do think people see you?
How big impact does your overweight have on others' view of you?
Does the overweight have an impact on your relationships? Differences between family, friends
What are your experiences with health care staff (regarding the weight)/other service providers? Have you ever been offended by something during the care? Got help with losing weight?
How affected are you by society's ideals?
Is it important for you to be beautiful in others' eyes?
Do you consider yourself as a burden because of your weight?