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The Lived Experience of Urban Plus-Sized Black Women in a Midwestern City

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DEDICATION

I would like to dedicate this dissertation to my parents, Leon and Avis Johnson, who taught me the value of education. I would also like to thank my husband, Thomas Lynn, for encouraging me to continue even when I was discouraged and ready to quit. My sons, Matthew, Patrick, and Stephen, the three of you are my greatest accomplishments, and I am so proud of you.

“I’ve spent my entire adult life trying to realize how in the world are we ever going to come together when we keep on using the word ‘race’ as a cultural determinant. There’s only one race, and that’s the human race. Period.” Edward James Olmos, Cesar Chavez Lecture, 2014.

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ABSTRACT

Obesity among adults in the United States is a significant problem of growing proportions. Black women have a higher rate of obesity than other women but there is a paucity of research about the experiences and perspectives of plus-sized Black women. The purpose of this phenomenological study was to explore the experience of plus-sized Black women living in an urban area. Ten participants were interviewed guided by open-ended interview questions. All interviews were audiotaped and transcribed verbatim. Colaizzi's (1978) phenomenological method was used to identify themes within the data. Data analysis resulted in three themes: the meaning of plus-size, health consequences resulting from being plus-sized, and psychological consequences. Participants described current health conditions they associated with remaining plus-sized and specific circumstances or activities they had not participated in because of their weight. Women shared their desire to modify their lifestyles, but none had made changes at the present time. Findings suggest that participants with secondary education were better equipped to handle being plus-sized, with sufficient resources and jobs that placed values on one's appearances. These factors appear to help women overcome the stigma of being a plus-sized Black woman.

Keywords: Plus-size, Black Women, Phenomenological, Individual Interviews. (197 words)

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Chapter 1

Introduction

This chapter identifies the epic proportions of obesity that exist in the United States (U.S.) today highlighting that Black women are at a much greater risk for obesity than other populations of women. Reasons for the higher rates of obesity among Black women are documented anecdotally but scholarly research is needed. Unique characteristics of obesity in Black women are discussed, such as increased costs of medical care and health issues. Critical Social Theory of Black Feminist Thought was used as the theoretical framework for the retrospective phenomenological study with individual interviews that explored the lived experience of plus-sized Black women living in an urban Midwestern city in the U.S.

Background

Obesity in the U.S. has reached epic proportions. Research results from the Centers for Disease Control and Prevention (CDC) report that 68% of U.S. adults are challenged with the problem of being overweight or obesity (2012). Rates of obesity in the U.S. have doubled during the past 30 years; the average adult is now 20% heavier than they were in 1980 (Jeffery & Harnack, 2007). According to the American Heart Association (AHA), over 149 million U.S. adults are overweight, defined as having a body mass index (BMI) of 25.0 to 29.9 kg/m² or obese, defined as a BMI of 30.0 kg/m² or higher (2012). Obesity is prevalent among all age, ethnic, and socioeconomic groups, including 71.3 million women (AHA, 2012). The epidemic of obesity that impacts adult health in our society must be addressed immediately. United States adults cannot be another 20% heavier in the next 30 years without an even greater prevalence of serious consequences to their health,

wellness, and longevity that currently exists. The problem of overweight and obesity is even greater for individuals from minority populations.

A National Institutes of Health (NIH) report identified that almost half (49.5%) of Blacks are considered obese (2012). Rates of obesity are reported as 77.7% for Black women as compared to 59.3% for White women (AHA, 2012). This 18.4% higher rate of obesity for Black women increase their risk for many health problems such as hypertension, heart disease, cancer, and joint problems. Concomitant health problems and obesity can impact an individual's daily life including simple tasks such as walking from the parked car into the grocery store or going into the bank.

Reasons for higher rates of obesity from the perception of the Black woman are documented anecdotally as lifestyle, preference for soul food, and contentment with heavier bodies, but little scholarly research has been done to validate the explanatory contributors (James, Fowler-Brown, Raghunathan, & Van Hoewyk, 2006; Shaw, O'Rourke, Del Mar, & Kenardy, 2009). Historical reasons for Black women's weight were addressed. This study addressed the reasons for higher rates of obesity from the perceptions of Black women.

Health Risks Associated with Obesity

Health risks related to obesity are identified in the literature. In a Cochrane Review, Shaw and colleagues (2009) identified 36 studies that met their inclusion criteria with the goal of assessing the effects of psychological interventions for overweight and obesity as a means of achieving sustained weight loss. The criteria for the meta-analysis included randomized controlled clinical trials of a psychological intervention. An

outcome of the study was weight change measured by any method, at least three months of participation, and the study participants were over the age of 18 years (2009).

The Cochrane Review (Shaw, et al., 2009) identified hypertension, hyperlipidemia, diabetes mellitus, osteoarthritis, coronary disease, cerebrovascular disease, and certain cancers as common diseases that overweight and obese individuals are at increased risk for. The 2010 U.S. census report identified diabetes, high serum total cholesterol, hypertension, overweight, and obesity as health problems pertinent to U.S. citizens. Plus-sized Black women are at risk or have multiple significant chronic health issues that are directly related to weight. Researchers need to hear directly from the Black women themselves in order to gain their perspectives. Obtaining research data from Black women, which describes the lived experiences of being obese, will provide healthcare professionals with the knowledge to become aware of respectful culturally relevant interventions.

Unique Contributors to Obesity Among Black Women

Contributing characteristics that highlight the complexity of obesity in Black women include genetic, socioeconomic status, psychosocial, cultural, government policies, and health behaviors such as diet, exercise, and smoking (Finegood, Karanfil, & Matteson, 2008; James et al., 2006). Historically, Black women in the U.S. faced structural societal issues that were and are complex including slavery, starvation, sexual abuse, oppression, and racism. An example of a contributor to obesity is the way Black slaves ate during the 1800's. Slaves' daily life included little food, which may have consisted of garbage that could be eaten out of a trough (Laurie & Neimeyer, 2010). It is difficult to imagine the life of a slave who had to work from early morning until night

each day for no pay while not allowed to make decisions and be separated from other family members. Basically, slaves were denied their rights as human beings and viewed as property (Laurie & Neimeyer, 2010). Even after slavery was abolished in the U.S., the Black race continues to “exist in the margins of society, negatively impacted by the combination of race, class, and gender discrimination” (Shambley-Ebron & Boyle, 2004, p. 13).

Eating can be one of the few pleasures for women who lack coping or problem-solving skills with which to handle life difficulties or to express emotion (Beauboeuf-Lafontant, 2009; Mastin, Campo, & Askelson, 2012). Overeating became one of the most common ways for Black women to sooth hurt with food as the cure for everything; a type of release from problems (Beauboeuf-Lafontant, 2009). Overeating can be associated with anger or frustration at not being in control of events in one’s life, allowing the strong Black woman to show emotions which are not acceptable (Beauboeuf-Lafontant, 2009). Many Black women have large extended family networks and may place caring for family and extended family needs before their own, leading to feelings of a loss of control and subsequent overeating.

Healthcare Costs of Obesity

Health-related costs associated with obesity were \$147 billion in 2012 (CDC, 2012; Hendley et al., 2011). Thorpe (2009) estimates that \$347 billion will be spent on healthcare costs related to obesity in 2018, or 21% of anticipated total healthcare costs. Health-related costs include social and personal costs, as well as the presence of multiple concomitant healthcare conditions, treatment(s) needed for these condition(s), and the need for adaptive equipment to maintain any quality of life as these chronic healthcare

conditions progress. Costs for Black women may be more because of a lack of resources to seek healthcare. Access to healthcare and health literacy can contribute to worsened healthcare conditions. Care of children, transportation, missing work, prescriptions, and long delays in appointments are examples of personal costs related to healthcare. These personal costs take precedence over healthy eating or buying fresh fruits and vegetables which may contribute to the obesity of this population.

The Study

This study explains obesity in Black women, a significant problem that increases their physical and healthcare needs. Obesity negatively affects the health of Black women, leading to chronic health problems such as hypertension, joint problems, cancer, and diabetes (Shaw et al., 2009). Previous research has identified a myriad of reasons for higher than average rates of obesity in Black women that include a lack of physical activity, unhealthy eating habits, and increased food intake (Thorpe, 2009). Data are available that identifies the multiple characteristics that increase the risk of obesity among Black women and describe the health-related consequences that include an acceptance of a larger size, lack of grocery stores with fresh produce, increased number of fast food restaurants with dollar menus, and lack of regular physical activity (Brown, Vargas, Ang, & Pebley, 2008; Cummins & Macintyre, 2006; Shah, Adams-Huet, Elston, Hubbard, & Carson, 2010; Zenk et al., 2009; Zenk et al., 2005). These are examples of reasons for the increased incidence of obesity. Data from the Lynn and Ward-Smith (2015) pilot study identified that Black women do know what they should be doing. What is unknown is why these Black women were not trying to acquire or maintain a healthy lifestyle. What is also unknown is how this population defines a healthy lifestyle. A

healthy lifestyle as identified in the Healthy People 2020 initiative is someone who participates in regular physical activity, eats fruits and vegetables regularly, and limits high fat foods (2015).

It is possible that physical, psychosocial, economic, historical, and cultural characteristics of Black women's lived experiences play an important role in their perceptions about obesity. However, there is a paucity of research data from Black women's perspective about being Black, female, and obese. This gap in our knowledge prevents the development or implementation of culturally sensitive and tailored interventions.

Definitions of Terms

Black women view the term obesity as medical terminology which is why the term plus-sized is substituted (Thomas, Stewart, et al., 2009). The term overweight or heavy is often used when discussing weight among family and friends. There is an acceptance of a larger size in the Black community with women not considering themselves overweight or obese (Befort, Thomas, Daley, Rhode, & Ahluwalia, 2008). Black women, much like White and Hispanic women, identified that obesity is a disease they have little control over (Blixen, Singh, & Thacker, 2006).

The term plus-sized is used by the clothing industry to indicate extra-large clothing. Plus-sized refers to women's clothing ranging from 1X to 5X or sometimes referred to as 14W to 26W. The W in the size denotes a wider cut than a typical miss's size. The term plus-sized was suggested by one of the participants in the Lynn and Ward-Smith (2015) study as more inclusive with less of a negative connotation than overweight

or obese. A review of the scientific literature found no research using the term “plus-sized” or “plus-sized Black women” as a search word.

The term Black woman is used in this study and includes African-American, women of African descent, Caribbean descent, and descendants of U.S. slaves (Barton-Burke et al., 2006). The term Black, rather than African-American, provides for inclusiveness of all Black women and not just those who are the descendants of U.S. slaves.

Purpose of the Study

The purpose of the study is to describe the lived experience of plus-sized Black women.

Specific Aims

1. To describe the lived experience of plus-sized Black women from their physical, psychosocial, economic, historical, and cultural perspectives.
2. To explore other perspectives of the lived experience of plus-sized Black women that were not identified in the physical, psychosocial, economic, historical, and cultural perspectives.
3. To develop a model to conceptualize the lived experience of plus-sized Black women.

Significance

Conceptual Framework

Critical Social Theory of Black Feminist Thought provided a framework for investigating the psychosocial dimensions of Black women. Black women are multidimensional human beings; their attitudes, habits, and personalities have been influenced by religious beliefs, family, school, friends, and racial history. Black women’s

identities are uniquely complex because of historical influences along with the racism that still occurs in the U.S. today. Race identifies differences and classifies people into sociopolitical and economic areas with membership defined by personal characteristics (Few, Stephens, & Rouse-Arnett, 2003). Traditionally, Black women have been silent behind the voices of White women (King, 1988). Thus, the perspectives of these individuals have been neglected by researchers. This has resulted in a paucity of research with this population as participants and a gap in our knowledge about the needs of this particular group of women from their perspective. Addressing this gap is critical prior to developing appropriate interventions aimed at improving the lives of the individual women.

Broad principles of social justice, including respect for primary population concerns, and acknowledging Black women's experiences by empowering them to interpret their own reality is a key concept within Critical Social Theory of Black Feminist Thought (Collins, 2000; Davis, 2008; J. Taylor, 1998). Race, class, and gender are often jumbled in Black women's lives with the women not knowing which to prioritize. Identifying ways to empower plus-sized Black women to distinguish their own priorities is an important aspect of this study with the first objective being to find out what priorities are important to this group of women.

Researchers must "pivot the center" and "learn to center in another experience" (J. Taylor, 1998, p. 3). Pivoting the center and learning to center in another's experiences means the researcher steps outside the Eurocentric idea of White middle class as the normal experience and legitimate perspective of today (J. Taylor, 1998). By stepping outside this perspective of thinking, the White researcher is free to recount the unique

perspective of Black women without trying to impact the conversation from the White perspective.

According to Collins (2000), Black Feminist Thought incorporates knowledge and institutional practices that actively tackle the challenges facing Black women. Black women, as a group, have been singled out through issues of social justice. An example of this phenomenon includes the civil rights movement when the issues of Black men were emphasized while the issues of Black women were ignored. When the typical problems of women in U.S. society are emphasized, it is often the typical problems of White middle class women, not those of Black women. Black Feminist Thought is intertwined with Black women's lived experiences and aims to improve these experiences, so Black women can survive in, cope with, and thrive in a world that treats them differently than other women.

Black Feminist Thought includes specific themes facing Black women which can become part of their identity. By identifying a core theme from Black women's lived experiences, such as racism, and integrating it into Black Feminist Thought, a new consciousness about Black women's everyday lives can be assimilated into the theory (Collins, 2000). A phenomenological design study is a good fit in research for Black women and provides a scholarly framework to explore the lived experiences from the unique perspective of this population.

Black Feminist Perspective

The Black feminist perspective acknowledges two things, being Black and being female, while empowering Black women with the right to understand their own reality and define their own priorities rather than letting someone else define them (King, 1988).

Black women have little opportunity to define their own priorities because they are so busy caring for other's priorities. Black women are working, taking care of the home, caring for children, significant others, extended family, and church families, whose needs are often prioritized as more important than those of the Black woman (King, 1988).

Black feminists' writings postulate that Black women have a shared historical perspective that has been marginalized (Few, et al., 2003; Semmes, 1992; Shambley-Ebron, & Boyle, 2004). A marginalized perspective is one that has not been acknowledged as important to that race, person, or to society as a whole (Semmes, 1992). This is the crux of the Civil Rights movement, people wanting to be treated as equals with the same opportunities as others including the right to vote, the right to go to college, and the right to be part of a profession.

Unique Worldview

Black women have a unique worldview with multiple layers that begin with their perceptions of the Black worldview, heritage of the Black cultures, and dual identities as a minority and as a woman (Shambley-Ebron & Boyle, 2004). The history of Black women as descendants from Africa and slaves in the U.S. cannot be overlooked. The amount of loss that slave women endured resulted from the dehumanization of a race of people on every level (Laurie & Neimeyer, 2010). The treatment of Black women slaves was horrendous and humiliating though Black women found the strength to survive through their faith and the hope for a brighter future. The importance of spiritual practices, family, and religion continue even today (Laurie & Neimeyer, 2010). Slaves became free after the end of the Civil War but the idea that dark skinned people were

second class citizens continued. Freedom brought new challenges of earning enough money to feed and clothe themselves and family members.

Health Issues

Most chronic disease processes are due to lifestyle choices or behavioral characteristics rather than genetics (Kagawa-Singer & Kassim-Lakha, 2003). Therefore, lifestyle and behavioral interventions should be a priority for researchers. Health disparities research stresses that culturally respectful studies and culturally tailored interventions must be a priority to meet the needs of our changing U.S. population (Brach & Fraserirector, 2000; Kagawa-Singer & Kassim-Lakha, 2003).

Race, class, and gender impact the health of Black women so that they are less healthy due to their lifestyle and behavioral characteristics. These multiple influences lead to the increased vulnerability and continued worsening of chronic conditions (U. Taylor, 1998). This “trio of adversity” places plus-sized Black women at greater risk for more severe health problems than women of other racial and ethnic groups who may not experience the same issues related to race, class, and gender.

Health issues are a significant concern for plus-sized Black women because of the cost, the frequent monitoring that chronic diseases need, and the complications that can occur with surgery or procedures. Plus-sized individuals are at risk with pre-hypertension or pre-diabetes, but may actually have hypertension, hyperlipidemia, diabetes, and joint problems related to obesity (James et al., 2006; Shaw et al., 2009). Chronic health issues can impact a person’s quality of life. For example, plus-sized Black women diagnosed with type 2 diabetes need diet and exercise counseling, weight management, and medication education in order to keep their blood glucose levels in a therapeutic range

per health care provider's orders. They also need frequent individualized care from their health care provider. A chronic disease costs money, time, and effort for the person with the disease, their family, and the healthcare system.

Study Approach

This retrospective phenomenological study explored the lived experience of plus-size Black women living in an urban Midwestern city in the U.S. Individual interviews were the method of inquiry because of the anonymous environment that they provided for women. Participants attended an individual interview that lasted approximately one hour. Interviews took place at a public facility of the participant's choice such as the public library. Participants lived in the urban Kansas City, Missouri metro area and were recruited utilizing key informants who were acquainted with the principal investigator through her professional activities. Colaizzi's (1978) method of examining qualitative interviews was used to identify the specific information important to the participants in the individual interviews. It was hoped that findings would allow plus-sized Black women's priorities to be identified which might lead to culturally respectful interventions with the participants as partners in change rather than subjects.

Conclusion

This chapter has reviewed the epic proportions of obesity that exist in the U.S. today highlighting that Black women are at a much greater risk for obesity than other populations of women. Reasons for the higher rates of obesity in Black women are documented anecdotally but scholarly research is needed. Unique characteristics of obesity in Black women were identified. Critical Social Theory of Black Feminist Thought was used as the theoretical framework for the retrospective phenomenological

study using individual interviews to explore the lived experience of plus-sized Black women living in an urban Midwestern city in the U.S.

Chapter 2 Literature Review

In this chapter, I reviewed the literature, described the conceptual framework that guided my work, and explored the key perspectives of the physical, psychosocial, economic, historical, and cultural aspects for Black women. Key terms are explained including intersectionality, double jeopardy, power and powerlessness, and anger. Other contextual variables such as skin tone and hair texture, and the geographic location of the study are described. The history of Black women in the United States (U.S.) is explored. This chapter concludes with specification of specific aims and research questions that will guide this study.

Conceptual Framework

Critical Social Theory of Black Feminist Thought provides a framework for investigating the psychosocial dimensions of Black women (Collins, 2000). Black women are multidimensional human beings; their attitudes, habits, and personalities have been influenced by religious beliefs, family, school, friends, and racial history. Black women's identities are uniquely complex because of historical influences, along with racism, that still occurs in the U.S. today. Racial categories identify differences and classify people into sociopolitical and economic areas with membership defined by physical characteristics (Few et al., 2003).

Traditionally, Black women have been silent behind the voices of White women (King, 1988). Thus, the perspectives of these individuals have been neglected by researchers. This has resulted in a paucity of research and a gap in our knowledge about the needs of this particular group of women as viewed from their unique perspective.

Addressing this gap is critical prior to developing appropriate interventions aimed at improving the lives of the individual women.

Broad principles of social justice, including primary population concerns, and acknowledgement of Black women's experiences while empowering Black women with the ability to interpret their own reality are key concepts within the Critical Social Theory of Black Feminist Thought (Collins, 2000; Davis, 2008; J. Taylor, 1998). Prioritizing race, class, and gender becomes jumbled in Black women's lives. This results in women asking "Am I Black first and then a woman or a woman first and then Black and what class do I belong in?"

According to Collins (2000), Black Feminist Thought incorporates knowledge and institutional practices that actively tackle the challenges facing Black women. Black women as a group have been singled out through issues of social justice. An example of this phenomenon is the civil rights movement when the issues of Black men were emphasized, while the issues of Black women were ignored. When the typical problems of women are emphasized; it is often the typical problems of White middle class women, not Black women that receive attention. Black Feminist Thought is intertwined with Black women's lived experiences aiming to better these experiences, so Black women can survive in, cope with, and thrive in a world that treats them different from other women who are different races.

Black Feminist Thought includes specific themes such as race and racism facing Black women which can become part of their identity (Hudson-Weems, 2000; J. Taylor, 1998). For example, by identifying a core theme from Black women's lived experiences, such as racism, and integrating it into Black Feminist Thought, a new consciousness

about Black women's everyday lives operating within this framework can be assimilated into the theory (Collins, 2000). Black feminists perceive research as a three part process of knowledge, consciousness, and empowerment (Few et al., 2003). A phenomenological study is a good fit for research on Black women and provides a scholarly framework to explore the lived experiences from the unique perspective of this population.

Intersectionality

The concept of the intersectionality of race, class, gender, and sexuality for Black women is documented in the literature (Beauboeuf-Lafontant, 2009; Collins, 2000; Crenshaw, 1993; Davis, 2008; Kimmel, 2010; Shambley-Ebron & Boyle, 2004; Simien & Clawson, 2004). Intersectionality is how race, class, gender, and sexuality are intertwined and cannot be separated when trying to understand the experiences of Black women (Kimmel, 2010). Race and gender are the most common means of discrimination and marginalization of women (Crenshaw, 1993). There is no dominance of the four capacities in a person though different parts are stronger when a person is confronted with different types of experiences. The experiences and struggles of Black women are not at the forefront of either feminist or anti-racism movements (Davis, 2008).

As a result, intersectionality is a key concept within feminist thought because it acknowledges the distinct differences among Black women and women of other races (Davis, 2008). The theoretical framework of Critical Social Theory with Black Feminist Thought is appropriate for addressing the intersectionality of race, class, gender, and sexuality in Black women. It is important for research studies to address a participant's total life experience by exploring how all these categories overlap along with the

historical, physical, psychosocial, cultural, economic, and demographic characteristics (Kimmel, 2010).

Physical Issues

There are many physical issues related to being plus-sized. A definition of physical activity is defined as any body movement that works your muscles and requires more energy than sitting (World Health Organization [WHO], 2014). A definition of physical issues is physical conditions that a woman has because of her obesity. The most common health issues affecting Black women include hypertension, joint problems, cancer, and diabetes. These chronic conditions can affect how a person walks, their livelihood, life span, or quality of life lived.

Quantitative Studies

There is a wealth of research on obesity. Much research has been done with obese participants involving some type of physical activity (Banks-Wallace, Enyart & Johnson, 2004; Banks-Wallace & Conn, 2002; Buchholz & Artinian, 2009; Conroy et al., 2007; Harley et al., 2009; Peterson & Ward-Smith, 2012; Reibe et al., 2005; Rimmer et al., 2009; Slentz et al., 2004; Whitt, Kumanyika, & Bellamy, 2003). These research studies measured regular physical activity to promote the health among mostly sedentary women. Some measured the women's physical activity in structured settings while others had the women self-report their exercise. All of these studies were similar in that they were all were experimental, used older women as participants, many of whom were obese, and some type of physical activity was the intervention. Limitations with these studies were the homogeneity of the participants and the majority of study participants were educated, White, and female.

Each of these studies, with the exception of those by Rimmer and colleagues (2009) and Slentz, and colleagues, (2004), did not have ethnically diverse populations of participants. The purpose of Rimmer's (2009) study was to determine the impact of a physician-referred Personalized Physical Activity Program (PEP) to increase physical activity of Black women and improve health outcomes. There were 92 study participants placed in three different groups with higher support, lower support, and an awareness group. Rimmer's study concluded that promoting health through physical activity with telephone based interventions was an effective method for sustaining the intervention. The purpose of Slentz's (2004) study was to determine the effect of different amounts of physical activity training on obese men and women with high cholesterol. There were 120 participants assigned to a high activity, low activity, or control groups. Slentz's study determined that the highest amount of Body Mass Index (BMI) change was in the vigorous activity or high amount of exercise group. Only 20% of the study population was minority in this study. Many of these physical issues studies did identify the lack of minorities as a limitation, but did not provide rationale as to why minority populations were excluded. Random controlled trials (RCT) are considered the gold standard for research, so it is concerning that these studies were homogenous; only White people as participants which prevents generalizing the results to minority populations.

Banks-Wallace and Conn (2002) determined that there has been a lack of culturally diverse studies that let Black women comment on the outcomes of physical activity with respect to the Black woman's perspective. Many Black women are sedentary with no formal physical exercise which is an important health issue (Harley et al., 2009). Many studies were found about Black women with chronic diseases and

focused on the impact of physical activity on the chronic disease. The most common diseases were hypertension and diabetes (Allen, Melkus, & Chyun, 2011; Banks-Wallace, Enyart, et al., 2004; Buchholz & Artinian, 2009; Whitt, Kumanyika, & Bellamy, 2003).

Qualitative Studies

Many qualitative studies have focused on obesity in women using interviews for data collection with many different methodologies. Participants in some studies did not consider themselves obese although their Body Mass Index (BMI) identified them as obese (Blixen et al., 2006; Kelch-Oliver & Ancis, 2011). Participants clearly preferred the term overweight to obese. Several qualitative studies used interviews. These studies found that Black women encounter double jeopardy of being Black and being female, internal factors such as body, mind, and spirit, as well as external factors such as physical, social, and spiritual perceptions impacted their thoughts about weight (Blixen, et al., 2006; Kelch-Oliver & Ancis, 2011; Ndlovu & Roos, 1999).

Double Jeopardy

The idea of “double jeopardy” was identified in the 19th century by Anna Julia Cooper, who was born a slave, but then worked in education and earned a doctorate degree (PhD) (King, 1988). In Cooper’s writings, she discussed the “double enslavement” of Black women and the issues with being Black and being a woman (King, 1988, p. 42). Frances Beal identified the term “double jeopardy” in 1972 to define discriminations of racism and sexism that affect Black women calling for women to be consciously involved so there is an understanding of how the system binds everyone (Beal, 2005; Johnson & Broadnax, 2003; King, 1988).

The concept of the “triple jeopardy” of racism, sexism, and classism is now also accepted (Davis, 2008; King, 1988). The race-sex analogy model shows consistencies between the experiences of Blacks and experiences of women (King, 1988). There are misconceptions that if one is Black and female, then one has the same experiences as Black men identifying with race and White women identifying with women (King, 1988). When the Black race is talked about, it is typically about Black men, when women are talked about, it is typically about White women, and so Black women are rendered invisible in our society (King, 1988). Black women’s voices from their perspective, their important issues, and their solutions to these issues have not been studied. When Black women’s voices are heard there are multiple layers of their perspective that can be identified.

The bias attitudes against obesity in our society, even among healthcare providers, allow discrimination of obesity (Schwartz & Brownell, 2004; Vallis, Currie, Lawler, & Ransom, 2008). Many healthcare providers think a person with obesity is implicitly responsible for their obesity without taking into consideration cultural and socioeconomic factors that are related. A quadruple jeopardy could be applied to plus-sized Black women that includes being plus-sized along with the racism, sexism, and classism. Quadruple jeopardy adds multiple influences that are contrary to plus-sized Black women. The term quadruple jeopardy was identified in the literature in the 1970’s and meant Black, female, poor, and old (Kim & Wellons, 1977; Manuel, 1977). Rajaram and Vinson (1998) used the term quadruple jeopardy to mean being Black, female, elderly, and chronically ill. Singh and Sharma (2005) identified the term using the language of old, poor, widowed, and alone. The term has been used in a variety of ways,

but for this study the term quadruple jeopardy refers to the racism, sexism, classism, and plus-size of the Black women participants.

In Settle's (2006) study, race and gender are particularly important to Black women because of the political and social context that occurs in the U.S. Race and gender intersect in three ways for Black women. These are structurally, representationally, and politically. Structurally, the term "woman" and the term "Black" have lower social status in the U.S. Representationally, as a result, Black women have been portrayed negatively in television and the media while politically, there has been conflict between the goals of Blacks as a group and women as a group (Settles, 2006). The negative portrayal of Black women on television may contribute to dissatisfaction with body image.

An ethnically diverse woman's dissatisfaction or feelings of powerlessness with her body is connected to feelings of belonging and acceptance, but there is less pressure among Black women to be thin especially as the media portrays females (Cheney, 2011; Kelch-Oliver & Ancis, 2011; Thomas et al., 2009). Many factors influence powerlessness, such as poverty, lack of education, and traditional stereotypes of women. Traditional stereotypes include that women are the caregivers, nurturers, responsible for the home, and the shopping for the family. A person's attitudes and perceptions are influenced by their culture and the people who are instrumental in development of values, such as parents and grandparents (Ndlovu & Roos, 1999). Women learn cooking habits from their mothers and grandmothers. If a woman's mother fried chicken instead of baking it that is what was learned. Whenever a woman has a setback and stops her physical activity or healthy eating, then she becomes discouraged. The media and television have influenced people's perceptions and culture. Women attempt to identify

with the average model that is a size two or size four. This is in direct conflict with the average woman, who is a size 14.

Psychological, spiritual approaches, and family influence physical activity, but scheduling time for physical activity seems to increase success (Thomas et al., 2009; Harley et al., 2009). Relapsing of physical activity is common among women. Women should not be discouraged, but should just use the next day as a day to get back on track (Harley et al., 2009). Even if a woman is completely committed to adopting a healthy lifestyle, she may be trying out different ways to succeed and not become bored with the physical activity.

Results from Lynn and Ward-Smith (2015) and Mastin and colleagues (2012) identified one of the most common reasons for a lack of physical activity given by Black women was the women did not feel safe in their neighborhoods. The lack of sidewalks, fear of stray dogs, and unsavory people out at night are all barriers to physical activity for Black women. Walkable neighborhoods have a variety of destinations for people to walk showing that pleasant neighborhoods encourage walking because of increased enjoyment while negative appealing neighborhoods have increased safety issues (Zenk et al., 2009).

Psychosocial Issues

The definition of psychosocial issues includes the thoughts and behaviors that are influenced by social issues common in the U.S. Examples of social issues include racial discrimination, access to education and healthcare, and classism. Psychosocial issues include the strong Black woman, power issues, the powerlessness, and anger that are often subdued. The chronic powerlessness of Black women involves women prepared at all times for racism while attempting to be treated as equal.

Strong Black Woman

The concept of the Strong Black Woman role developed in contrast to the stereotypical images of Black women such as mammy, jezebel, or the welfare queen that are detailed in the historical section (Black & Peacock, 2011; Woods-Giscombe, 2010). Characteristics of the Strong Black woman include self-reliance, self-sacrifice, self-silence, and suppression of one's own needs while meeting the needs of everyone else (Black & Peacock, 2011). The Strong Black woman role can be an asset and a burden, or a coping mechanism allowing women dealing with racism and oppression (Hooks, 1981; Woods-Giscombe, 2010). Other characteristics of the Strong Black Woman include the taking on of responsibilities of the world, overwhelming group responsibilities, and out of balance community priorities (Beauboeuf-Lafontant, 2003; Black & Peacock, 2011). Black children learn about life at an early age from their parents, grandparents, siblings, and peers. These life experiences shape their later responses as an adult (Hendley et al., 2011). Previous experience creates defensive barriers so that Black women are not vulnerable to the hurt that comes with oppression.

The concept of the Strong Black Woman explains the toughness and strength of these women. What is omitted are the real reasons to maintain this strong image of Black women as a means of survival for the suffering and abuse that Black women have had to endure silently (Beauboeuf-Lafontant, 2009; Shambley-Ebron & Boyle, 2004). The strength that Black women are taught encourages silence, stoicism, and internalized emotion which directly impacts body, mind, and health (Beauboeuf-Lafontant, 2009).

Power and Powerlessness

Limited research exists on the power of Black women, but there is research on the powerlessness of Black women. Powerlessness is defined as the inability to access needed resources or a feeling of helplessness and a belief that a person cannot control the outcomes in a situation (Green, Lewis, Wang, Person, & Rivers, 2004; Harris, 2009; Thomas & Gonzalez-Prendes, 2009). Powerlessness can be linked to historical events beginning with slavery and oppression. Powerlessness refers to people who take orders, rather than give them, have no work autonomy, are without technical expertise, and do not command respect (Young, 2009). Powerlessness blocks a person's ability to problem solve, increases helplessness, and contributes to low self-esteem causing physical and emotional distress (Thomas & Gonzalez-Prendes, 2009). There is no ability to problem-solve or think critically because the powerless person is not given any authority or responsibility to think through problems themselves.

Thomas and Gonzalez-Prendes (2009) identified that external (inability to access resources) and internal forces are both at work with cognitive, sociological, and historical challenges, such as the feelings of powerlessness of Black women. Cognitive reasons include culture and gender issues that influence the experience of anger in women. In Black women, there is a high expectation of strength despite sociological challenges such as the low levels of income, education, and employment categories and poverty levels experienced by many Black women which can lead to existence in the margins of society (Shambley-Ebron & Boyle, 2004; Thomas & Gonzalez-Prendes, 2009). A sense of powerlessness occurs when anger is held inside for too long and not expressed in constructive ways (Thomas, Smucker, and Droppleman, 1998).

Anger

Anger is an adaptation to a threat and it manifests in a person becoming defensive in an effort to correct the problem or reduce the threat (Thomas & Gonzalez-Prendes, 2009). It is acceptable in U.S. society for men to express their anger but not for women to do so. Angry women do not conform to societal views of feminine idealism that includes characteristics of the caring, nurturing, putting others first, or the mother image (Thomas, et al., 1998). Women who express their anger are considered aggressive or assertive (Thomas & Gonzalez-Prendes, 2009).

As young children, Black women experience gender socialization and culture specific information that impact their expressions of anger (Thomas & Gonzalez-Prendes, 2009). Young Black girls are socialized to be strong, stand up against all pain, and never cry (Thomas & Gonzalez-Prendes, 2009). The Strong Black Woman image overrides the traditional image of woman as Black women see it as a duty to be strong, always be available to help others, and ignore their own needs, which very often include physical or health needs.

Skin Tones and Hair Texture

Africans are descendants of different tribes brought to the U.S. and intermixed with Europeans. Skin tones were altered with many different hues and hair that ranges from very curly to straight (Shambley-Ebron & Boyle, 2004). Skin color and hair texture have separated Blacks into a caste system where lighter skinned Blacks with straighter hair and European features are considered smarter than darker skinned Blacks with textured hair (Shambley-Ebron & Boyle, 2004). The lighter skin tones of a mixed

heritage or colorism have made it difficult for some people to be accepted or relate to any race because of feelings of not belonging anywhere.

Wilder and Cain (2010) define colorism as a system of inequality that is based on skin color, hair texture, and facial features with opportunity for those who have traits closer to Whites. Collins (2000) discusses race, gender, and sexuality as intertwined when the issue of beauty is brought up. Black girls and women's conceptualizations of beauty and self-worth are persuaded because women are typically more concerned about beauty than men (Thomas, 2004). Mothers play an important role in handing down the dominant ideas about colorism including shaping a child's idea about skin tone (Wilder & Cain, 2010). The standards of beauty commonly accepted today among the dominant culture of lighter skin color, European facial features, and straight hair put the Black woman with darker skin, distinctive facial features, and nappy hair at a distinct disadvantage (Collins, 2000). The dynamics of colorism related to families is very complex including the color socialization issues of favoring lighter skinned children over darker skinned children (Wilder & Cain, 2010). A person's body image or colorism is affected with darker to lighter skin and curly to straight hair.

Researchers have determined that Black women have a different perspective about their body image than other women of different races. The purpose of Chandler-Laney and associates (2009) study, was to determine if perception of body size of others was related to weight loss during dieting and weight management after weight loss. Black women perceived themselves as smaller than their peers and identified the smaller body sizes as more acceptable in society (Chandler-Laney et al., 2009). Cox and colleagues (2011) concluded that obese Black women's quality of life was not impaired by extra

weight but that the women's quality of life in the physical domain was hampered by their excess weight.

Economic Issues

Economic issues include the environment in which a person resides, their eating behaviors, and their typical diet. For example what is the distance to a full service grocery store that provides fresh fruits and vegetables? How many fast food restaurants are located within their residential area? How many times a week is fast food consumed for a meal? What is the amount of fresh vegetables and fruits eaten each week?

Environment

Increased rates of obesity among middle-aged Black women can be attributed in part to environmental factors (Capers, Baughman, & Logue, 2011). These environmental factors, such as lack of grocery stores, lack of sidewalks, and safe areas to walk, must be evaluated in order to provide effective alternatives. Hicken and associates (2012) reported that there are multiple social and environmental factors that increase vulnerability and are the cause of poor health among Black Americans. If a person views their outside environment as unsafe it is difficult to persuade them to be physically active because safety is such an important aspect. Many urban areas lack full service grocery stores where fresh fruits and vegetables can be bought. The lack of grocery stores can result in eating fast food which can be attributed to obesity.

Many Black women have a family history of obesity, so being obese is typical within a family (Capers et al., 2011). Families and Black men are more accepting of the larger woman and consider large size a great quality (Capers et al., 2011; Johnson & Broadnax, 2003; Robert & Reither, 2004). There is a cultural standard of desirability

within the Black community with a higher range of acceptable weight (Schwartz & Brownell, 2004). Family gatherings, which include large amounts of food, can add to overeating and the acceptability of overeating. Overeating without proper physical activity leads to obesity with multiple chronic health problems as stated in chapter one.

Eating Behaviors

Feelings that focus on individuality would be considered egotistical (Beauboeuf-Lafontant, 2003). Black women find it hard to admit that they are overworked, overwhelmed, feel unloved, or are depressed. These individuals do not complain about the amount of work they do and how busy they are. Instead of complaining, they self-medicate by overeating which is one of their few pleasures (Beauboeuf-Lafontant, 2003; Mastin et al., 2012). There is denial in this area among Black women, who believe they have very little control over their eating (Mastin et al., 2012). A barrier to regular physical activity that would counteract the overeating is that Black women are often the primary caretakers of families (Gletsu & Tovin, 2010). The women are overwhelmed with too many responsibilities, with little time for self.

To a Black woman, healthy means solid, endurance, attractiveness, and well-nourished. Many times size is associated with increased stamina in populations of Black women (Beauboeuf-Lafontant, 2003). This strength and stamina has to be dealt with somehow and food is the simplest and most readily available manner to deal with the stress of being strong. There is societal pressure for Black women to be accepting of their shape and “be happy with what God gave you” (Beauboeuf-Lafontant, 2003, p. 117).

Bramble, Cornelius, and Simpson (2009) studied 26 Black women, age 40 years or older who participated in one of four focus groups. The purpose of their study was to

examine the cultural context of eating and exercise among African American and Caribbean American women. Results identified similarities and cultural differences across the African Diaspora that impact health. Common themes emerged and included that fresh produce is not always available to study participants, adoption of healthy food substitutes for traditional family meals, and that there was a lack of exercise and activity choices for participants.

Segregation in Kansas City

The demographic issues of Black women include nutrition, lack of supermarkets, portion sizes, race disparities, and the physical layout of the Kansas City urban areas. There are a lack of full service supermarkets in the urban areas of Kansas City. In supersizing our fast food meals, we have also supersized ourselves. Items on the dollar menus at fast food restaurants are cheap, but also typically higher calorie.

Metropolitan Kansas City is an example of the negative impact of segregation. This area consists of two states and 11 counties with Kansas City, Missouri as the largest city in the area. There was a significant increase in the Black population between the years 1940 to 1970, resulting in Blacks comprising about 31% of the population in the Kansas City area (Gotham, 2002). Blacks were the only minority group that was hyper segregated during this time frame. Hyper segregation refers to the intense separation of the races. Poverty is concentrated and restricts Blacks to certain areas so they are isolated living in racially homogenous neighborhoods (Gotham, 2002).

The National Association of Real Estate Boards was established in 1908 and was the first organized group of builders and real estate agents in the U.S. This group encouraged “racially restricted covenants” which were personal agreements between

property owners that did not allow Blacks to buy or rent houses in certain subdivisions (Gotham, 2002). This became the “racialization of space” that occurred in the Kansas City metropolis. The Kansas City Missouri School District also identified Troost Avenue, a north-south street, as the dividing line between eastern and western Kansas City to preserve racially segregated school borders (Gotham, 2002). The division led to urban blight and lack of full service supermarkets within the eastern part of Jackson County.

Residential segregation is common in the U.S. with richer residents moving to the suburbs and poorer residents staying in urban areas. This leaves the poorer and typically Black neighborhoods close to the urban core of cities though poverty in suburban areas has increased. This process has been called “White flight” (Cummins & Macintyre, 2006, p. 102). The poorer Black neighborhoods in the urban cores areas have been independently associated with obesity and poor diet (Cummins & McIntyre, 2006).

Lack of Supermarkets

The term “food deserts” has been used to describe urban areas of cities in the U.S. where people do not have access to healthy and affordable foods (Cummins & McIntyre, 2002). There is an association between residing in an economically disadvantaged neighborhood with many dietary adverse health outcomes (Zenk et al., 2005). Lack of accessibility to a supermarket can contribute to less-nutritious diets which may lead to a greater risk for chronic disease (Zenk et al., 2005). One of the hospitals in Kansas City, MO, Truman Medical Center, has had success with a weekly bus that has fresh fruits and vegetables that people can buy. This bus stops in several urban areas of Kansas City.

Healthy foods are typically more expensive and not available in poorer neighborhoods (Cummins & McIntyre, 2006). A food resource environment, which is

defined as how many and what type of food stores are in an area, impacts health behaviors (Brown, et al., 2008). Supermarket access is sparse in lower income neighborhoods with not as many supermarkets and more independent smaller grocery stores that may have less food choices (Brown et al., 2008; Cummins & McIntyre, 2006). Wealthier neighborhoods have four times as many supermarkets than poorer neighborhoods (Brown et al., 2008; Cummins & McIntyre, 2002; Robert & Reither, 2004; Zenk et al., 2005). Supermarkets usually have a better selection of healthier foods like fresh fruits and vegetables, while smaller grocery stores do not have these types of selections (Robert & Reither, 2004). Fruit and vegetable consumption increased by 32% with an addition of a supermarket in predominantly Black areas (Robert & Reither, 2004). People in low income neighborhoods with chronic health conditions such as diabetes and heart disease have difficulty finding fresh fruits and vegetables close to home (Brown et al., 2008).

Nutrition

Historically, nutritional issues have been suggested as contributing to the poor health of slave children. Height data has been used since the 1800's as a proxy measure of nutrition. Margo and Steckel, (1982) conducted regression analysis to height among slaves. They identified differences between lighter and darker skinned slaves and differences in height by occupations. Nutritional requirements increase greatly during adolescence, so growth in height among the slaves was significantly impacted by the deprivation that occurred (Steckel, 1986). The plantation diet of a typical slave did not have enough protein, lacked iron and calcium, and emphasized starchy foods (Steckel,

1986). The obsession with food came from not having enough food so as food became more plentiful, Black women began to overeat.

Portion Sizes

City areas with lower socioeconomic status have two and a half times more fast food restaurants (Robert & Reither, 2004). Portions in fast-food establishments, take-out eateries, and family type restaurants are greater than meals cooked at home (Cummins & McIntyre, 2006; Shah, et al., 2010). Shah and colleagues (2010) study found that BMI was significantly associated with participants overestimating food proportions and obese Black women consuming large portions of food which may contribute to their obesity. Black women overestimated serving sizes in more than one-third of the food items tested in this study. Along with portions, our plate size has become larger, so people fill their plate which is another way of encouraging overeating.

Historical Issues

Historical issues and events inform this study and understanding of Black women's experiences. Slavery brought people from their homeland to a new country with a different culture in which they did not speak the language. Slavery was demoralizing with intent to break the slaves so they would be realized like cattle or property as marginalized human beings. Ten million Africans were brought over to the U.S. To be owned by someone and considered their property must have been a very degrading life. As property, slaves were not allowed to make any decisions independently and did what they were told; horrible physical and/or psychological abuse ensued if these standards were not met.

Oppression of the Black Race

Frye (1983) identifies that the root of the word oppression is press, with presses being used to mold things or flatten them. People that are oppressed experience restriction of their abilities to develop their aptitudes and express their needs, thoughts, and feelings (Young, 2009). Oppression, which means the “exercise of tyranny by a ruling group”, can be split into multiple contexts that include exploitation, marginalization, powerlessness, cultural imperialism, and violence (Young, 2009, p. 40). The uniqueness of oppression in the U.S. lies in the privilege based on gender or race that a person has when they are born and thus have no control over. An example to understand privilege is the invisible knapsack. This knapsack contains all the benefits a person gets just because they are White, or straight, or middle class, or male that is never thought about, just accepted (McIntosh, 2010).

Historically, between the 16th and 19th centuries many Blacks entered the U.S. as African slaves (Blasingame, 1979). Initially, only African men were brought over on slave ships, but soon White male slavers recognized the value of African women (Hooks, 1981). The African women could increase the numbers of slaves by bearing children, were able to work as well as the men, and were available for sexual intercourse either willingly or through rape. The journey from Africa to the U.S. was demoralizing, demeaning, horrific, and inhumane. Captured Africans or slaves were stripped of their clothing and shackled together. The women were treated differently than the men being allowed to move around, and subject to rape and punishment at any time (Hooks, 1981). The trip became the slaver’s way of indoctrinating the Africans so that they would be

submissive and their spirits broken (Hooks, 1981). Slavery became a survival of the fittest during the voyage, which was continued upon arrival to the U.S.

Once slaves arrived, they were sold and then began a life of labor, working 12 to 16 hours each day. Some of the ways that Africans resisted slavery were by keeping many of their African traditions alive, including speaking in their native tongue, music such as spirituals, and dance (Blasingame, 1979). Slaves suffered starvation, torture, and rape, with no access to marry, worship, or name their children. The importance of family structure in Africa was fragmented in the U.S. Family members were often separated and never saw each other again (Neimeyer & Neimeyer, 2010). Slaves lacked socio-economic-political status within racial segregation, resulting in the denial of basic human rights (Neimeyer & Neimeyer, 2010; Shambley-Ebron & Boyle, 2004).

In slavery, the oppressor faulted the oppressed. The White majority viewed slavery as having a positive impact on society and that slavery was the best thing for Blacks (Ryan, 1976). The wealth of the White majority culture was built on the backs of slaves with Whites rationalizing that what they were doing was right. A cheap labor force was needed that worked without pay, and slaves became that workforce. To persuade a moral man to do evil, it is not important for him to become evil if we teach him that that what he is doing is right, with an example in slavery that slaves enjoyed being slaves (Ryan, 1976). Basic human rights of Blacks were denied with the institution of slavery.

For Blacks, the distrust of Whites started with slavery and was accentuated with the Tuskegee Syphilis Study. The U.S. Public Health Service completed a 40 year study (1932 to 1972) which evaluated untreated syphilis in Black men from Alabama by telling these men that they were being treated for bad blood (Brawley, 1998; Reverby, 2001;

White, 2005). Some of the misconceptions about the study included that the men were infected with Syphilis by the researchers. There were 399 men enrolled who had syphilis and 200 uninfected men enrolled who served as the controls (Brawley, 1998; Reverby, 2001; White, 2005). These men were followed for over 30 years. When penicillin was introduced in 1943, the men were never told that there was a cure for syphilis, and no treatment was given (Brawley, 1998). The study was closed in 1972 with a senate investigation and a trial which resulted in compensation for the study participants or, if the participant was deceased, to family members (Brawley, 1998). The problems of informed consent in this study led to the development of Institutional Review Boards who evaluate and approve research studies within research settings.

Black women struggled with the culture of slavery over the centuries; Black leaders though, maintained patriarchal views encouraging Black women to be submissive (Hooks, 1981). As the women's rights movements were stifled in the 1920's, liberal Black women's voices were also quieted, subject to Black male sexism (Hooks, 1981). In 1965, the Moynihan Report described the deterioration of the Black family describing the supposed life of a Black child, including living in single parent homes, on welfare, and difficulty getting jobs (Moynihan, 1965). This report identified that almost 25% of Black marriages were dissolved but failed to discuss the other 75% of marriages. The report focused on the 25% of births that were illegitimate but did not discuss the other 75% of births (Moynihan, 1965). The essential part of the report included that the Black family was weak and matriarchal. Black familial experiences were embedded in slavery and the family structure maintained by unemployment.

In the 1930's and 1940's, many southern Blacks moved north to find better jobs and look for a better life (Joseph, 2007). The city of New York were some of the most common places to move where jobs were plentiful. The New York Public Library's Negro History Division contained historical information about Black history and culture was located in Harlem and easily accessible to anyone interested in the history of the Black race (Joseph, 2007). Knowledge is power and Harlem became the center for the Black Power movement in the U.S. The term Black Power was first identified in the 1960's during the civil rights movement as a response to White racism (Cone, 1997). Black Power is defined as liberation of Black people from White oppression by whatever means needed and includes reversing racism and embracing pride in being Black (Andrews, 2014; Cone, 1997). Once the Black Power movement gained momentum, this format was used to initiate societal changes.

In the 1960's and 1970's, two significant societal changes occurred. These were the more direct struggles for civil rights for African Americans and struggles for women's rights (Shambley-Ebron & Boyle, 2004; U. Taylor, 1998). Inequality did not just mean Black and White, but also male and female. Black women had to make choices during the civil rights years, whether to stand for the causes of Black Americans or causes of women. Black women chose to be "Black first and women second" (Shambley-Ebron & Boyle, 2004, p. 12). Women struggled with a commitment to the Black liberation or women's liberation movements because of the racial and sexual issues that surrounded each of these (King, 1988). Historical perspective along with race and class oppression must be addressed so that we obtain culturally relevant research that does not just consider the study participants as objects, but as human beings.

Shifting

The definition of shifting which is sometimes referred to as passing or code speak includes compromising everything in order to keep the peace in a family, deal with oppression or handle a hostile situation. Shifting provides a paradigm with respect to what people have to do to survive in an oppressed society. Code speak is “using indirect racial rhetoric and semantic moves to express an ideology that serves to reinforce White dominance over minorities” (Bonilla-Silva, 2011, p. x). When Blacks are with Whites, there is a certain type of talking, a way to not bring up the sensitive topics such as racism and oppression. Passing is identified as when lighter skinned Blacks are treated better because their skin is lighter than darker skinned Blacks.

The African-American Voices Project by Jones and Shorter-Gooden (2003) involved surveying over 300 Black women and in-depth interviews with 71 of the surveyed women. The interviewed participants stated they were deeply moved that someone was interested in hearing their voice, their perspective about what life is like in the U.S. today. The most common theme of this study was that Black women deal with race and gender based oppression on a daily basis. The term shifting has been used to identify Black women’s calculated ways of self-preservation (Beauboeuf-Lafontant, 2009; Jones & Shorter-Gooden, 2003).

Black women feel responsible for their children, families, and extended families, never able to let their guard down, feeling exhausted, but not letting it show (Beauboeuf-Lafontant, 2009). Five central themes emerged from Jones and Shorter-Gooden’s (2003) study. These were Black women getting the message of inferiority, unshakable even in the face of challenging life issues, not feminine enough, more susceptible to criminal

behavior, and sexually promiscuous. Black women have had enough of racism and sexism and will not allow mistreatment because they are Black and female, challenging ignorance and hatred by correcting inappropriate behaviors when they happen (Jones & Shorter-Gooden, 2003).

History of Black Women in the U.S.

During the period of slavery, Black women were worth more money because they were reproductively capable of producing children who could work at the plantation. Many times the owner of the plantation was the father of slave children (Johnson & Broadnax, 2003). Children born of these liaisons became what their mothers were, so children born of slaves became slaves. This is in direct conflict of children being identified with the patriarchal western tradition. The slave holders legally changed their own perceptions of inheritance so their offspring's societal status would be that of their mothers: slaves. Motherhood and racism became intertwined with the controlling of sexuality and fertility of Black women (Collins, 2000).

Many experiences of women are viewed as the majority population's experiences which put the woman in the role of other, an outsider whose experiences are not important, a critical tenet of Critical Social Theory of Black Feminist Thought. The outsider role leads to a continued lack of status (Shambley-Ebron & Boyle, 2004). Black women have faced adversity from physical abuse, discrimination, segregation, and rape (Collins, 1998; King, 1988). Child bearing for enslaved Black women included multiple births that led to health issues and obesity to increase the quantity and quality of slaves by increasing capital from the slave owner's perceptions (King, 1988). It is important that such historical perspectives of slavery are understood by healthcare providers in order to

identify and understand the misconceptions that continue even today (Shambley-Ebron & Boyle, 2004). As a woman, to not be able to decide if you would marry and have children, to belong to someone, as their property, must have been the ultimate humiliation. Yet the women survived with strong will and hope that their children could have a better life.

Examples of some of the former images of Black womanhood are that of the mammy, the matriarch, the welfare queen, and the jezebel. These stereotypes were negative and destructive which helped the dominant society cope by tearing apart the Black woman's self-esteem. Mammy was constructed as an image of a dark-skinned nurturer, a domestic servant who expected nothing, but did everything from raising the children to cooking all the meals on the plantation (Beauboeuf-Lafontant, 2003; Collins, 2000; Shambley-Ebron & Boyle, 2004; U. Taylor, 1998). There were many portrayals of mammy that presented her as happy, cheerful, and laughing while she went about her work duties. She was perceived as loving the White children she cared for even to the detriment of her own children (White, 1999). The stereotype of mammy as a mother figure was constructed as a well-respected Black woman, with a service image that continued long after the visual image of mammy was gone (Beauboeuf-Lafontant, 2003; Johnson & Broadnax, 2003). Mammy was in complete charge of the house and no house decisions were made without her approval (Blasingame, 1979; White, 1999). An example would be the image of the Black maid as depicted in *Gone with the Wind* (Fleming, 1939).

The matriarch image of Black women descends directly out of the mammy stereotype as a new form of oppressive representation of an overbearing Black woman

who works too much, does not care for her children properly, is typically single, and unable to hold onto her man (Collins, 2000; Shambley-Ebron & Boyle, 2004). This image fosters the belief that Black women do not depict the typical behavior of women and supports continued gender and racial oppression because of the lack of men in the image (Shambley-Ebron & Boyle, 2004). The image of Black women as strong, sturdy, aggressive, unfeminine, and autonomous, enhances the notion that Black women do not need any help from society, but at the same time damages Black women's self-concepts as vulnerable with Black women socialized to not be vulnerable (Collins, 2000; Shambley-Ebron & Boyle, 2004). An example of the matriarch image of Black women is Sofia played by Oprah Winfrey in the movie *The Color Purple* (Spielberg, 1985). Sofia is very independent and strong-willed letting her voice be heard.

Another image that is opposite of earlier images, is the stereotype of Black women as the welfare queen. Increasing the numbers of humans in bondage depended on the Black woman to increase the slave population which again continued the image of Black women as lustful (White, 1999). As a descendant of slavery, the stereotype of Black women as lazy is based on the concept of blaming the victim (Ryan, 1976). The welfare queen is a class-specific controlling image where the victim is blamed as a woman from a poor working neighborhood who has no control over her body, continues to have children, and receives welfare dollars for all of her dependents (Collins, 2000; Shambley-Ebron & Boyle, 2004). Black women have had to struggle for the rights that other U.S. residents have been entitled to including welfare monies, Social Security, and unemployment compensations (Collins, 2000). An example of the welfare queen would

be the character of Mary in the movie *Precious* (Daniels, 2009). Mary abuses her daughter, watches TV, and smokes all day while committing welfare fraud.

The jezebel, or newer hoochie mama, is another stereotypical image of Black women. In Kings in the Bible, Jezebel was the wife of King Ahab. She was responsible for substituting the worship of God for the worship of Baal in Israel and killed many of the Lord's prophets (New American Bible, 1987). The image of a promiscuous Black woman who entices men into having sex with her is the stereotype of jezebel. Jezebel was the exact opposite image of the 19th century ideal Victorian woman. She lacked being ladylike and was not a homemaker but rather the image of sensuality (White, 1999).

These images, of the sexually charged jezebel allowed the southern White woman to be free of immorality placing it all on Black women (White, 1999). For example, this image of the jezebel or hoochie mama has been portrayed in the current media with music videos of Black women in very little clothing dancing to sexually explicit song lyrics (Collins, 2000; Shambley-Ebron & Boyle, 2004; U. Taylor, 1998). An example of jezebel would be Foxy Brown (Hill, 1974) in the movie with the same name. Foxy wears provocative clothes and flaunts her sexuality to men.

These stereotypes have continued to help the dominant society maintain destructive and negative Black female images. Collins (2000) influential work has identified that Black feminist thought has been central to challenging the stereotypes about Black women grounded in race, gender, sexuality, and class with continued linkages to these images. Such images have deleterious effects on Black female physical sensibilities. A Black woman's physical issues can also be linked historically to their lived experiences such as family life, diet, stress, public, and private image.

Cultural Issues

The definition of culture is the manner in which a group of people live, how patterns of behaviors are handed down from one group to another using language and imitation (Krueter, Lukwago, Bucholtz, Clark, & Sanders-Thompson, 2003; Thomas, 2004). A person's shared values, traditions; customs, history, and folklore are all part of their culture (Thomas, 2004). Family, communication, personal beliefs, individualism, and spirituality are also critical elements of an individual's culture (Krueter et al., 2002; Thomas, 2004). Culture provides a person access to the history of their race and family which plays an important role in traditions that are continued as the older generation dies. Researchers must be aware of a person's cultural heritage and understand how it affects the person's beliefs, behaviors, and self-perceptions, so that we can put it into the context of the research (Krueter et al., 2002; Thomas, 2004).

Culture of Thinness

Many Black women reject the culture of thinness. They would rather be "thick" than "thin" (Beauboeuf-Lafontant, 2003, p. 117). The self-perception of most Black women challenges the culture of thinness with their attitudes, style, and how they present themselves (Cheney, 2011). Many Black women define beauty as a self-identity and attitude rather than a physical trait by identifying size as associated with stamina or strength within the Black community (Beauboeuf-Lafontant, 2003). Much of the Black community is accepting of larger body sizes for women and considers this an attractive feature. There is less pressure among residents of Black communities to be thin, and Black women consider thickness as healthier (Beauboeuf-Lafontant, 2003). To identify with the Black culture, researchers might emphasize a healthy lifestyle.

The findings from several qualitative studies acknowledged that Black women believe that people can be attractive and healthy even though they are large (Befort et al., 2008; Bramble, et al., 2009; Hendley et al., 2011). Participants recognized that eating behaviors were the primary reasons they were overweight (Befort et al., 2008). Black women who were motivated to lose weight and get healthy, have varied social support from family members with some family members supporting and some not supporting, and preferred lifestyle changes (Befort et al., 2008).

Africana Womanism

The term “Africana Womanism” examines the intricate life of being Black and being a woman (Settles, 2006; Wilson & Washington, 2006). Black women’s experiences, perspective, and influences of race, class, and gender have not been explored from the women’s own perspective (Wilson & Washington, 2006). Thus, exploration of the race, class, and gender experiences is important. The concept of Africana Womanism was designed to examine the lives of women of African descent, identifying culture, and focusing on the individual experiences and struggles of Africana women (Reed, 2001).

The term “Africana” encompasses Continental and Diasporic Africa (Reed, 2001). The term “womanism” is an extension of woman which is proffered by theorists more appropriate than female because a female can be many different species (Hudson-Weems, 2000; Reed, 2001). Black women’s life experiences are markedly different than those of White women, so to label Black women as feminists fails to consider the plight of all Black people in a racist society (Hudson-Weems, 2000; Wilson & Washington, 2006). If we ignore the reality of Black women’s experiences, then we limit research to things that do not represent all women (Wilson & Washington, 2006). If researchers do

not understand the lived experiences of Black women, then those in research just assume that a Black woman's experience is the same as a White woman's.

Alice Walker identified the term "womanist" and defined womanist as "A Black feminist or feminist of color" (Walker, 1983, p. xi). She also explained that "womanist is to feminist as purple is to lavender" (Walker, 1983, p. xii). There is a difference between purple and lavender in the rich density of color with purple's distinction as strong, deep, and rich while lavender's distinction as a pale and weaker version of purple. A Black woman's experiences are distinctive and very different from those of White women, so a different term than feminist is needed. The value of hearing the perspective from the participant's own words cannot be stressed enough.

Knowledge comes with valuing what the research participant has to say, consciousness is going outside the researchers comfort area to understand what influence the participant's experiences, and empowerment is giving the participant confidence to speak freely (Few et al., 2003). The first step toward social change is empowerment within the context of the lives of Black women. An important aspect of Black Feminist Theory is the articulation of a distinct consciousness that embraces the Afrocentric view and receptivity to understand Black women's viewpoint (Thomas, 2004).

Racism

While racism is a significant factor in the lives of Black women, it is the interconnections of gender, class, age, and sexual orientation that impact life experiences (Thomas, 2004). There is also the substantial cultural pressure of gender silence among Black women (Jones & Shorter-Gooden, 2003). Black women have the phenomenon of "both/or" orientation which is that they are a member of a group, but also stand apart

from that group, such as being Black, so identify with Black men, but also stand at a distance from Black men because of different needs (King, 1988; Thomas, 2004).

Another example is Black women identifying with White women because of both being women, but Black women have very different life experiences than White women.

Thomas, (2004) identified that contextuality, connectedness, collaboration, diversity, advocacy, and equity are important values in understanding Black women, for Black women are an integral part of the community and society. Researchers need to focus on development of knowledge that leads to better understanding of Black women by understanding Black women within the contextual framework of behavior not existing separately, but rooted in the larger community and society (Thomas, 2004).

Understanding comes from looking at someone as a person first and not by immediately making judgments about someone because of their race. That is one of the reasons for the importance of this phenomenological study valuing the diversity of Black women, their strength, and how much we can learn from this strength.

The experiences of Black women and support of gender equality cannot be explained by considering race or gender separately; researchers must explore how both race and gender interact to understand the marginalization in society (Simien & Clawson, 2004; Thomas, 2004). A theme that occurs consistently in the Black community includes gender inequality where Black women have not been recognized for their political activities, nor allowed senior leadership in the church (Simien & Clawson, 2004). Standing up and asking to be treated with equity and respect is a key tenet that is important to the progress of Black women (Jones & Shorter-Gooden, 2003).

Race consciousness is a concept that can be useful to researchers. The four main tenets of race consciousness include race identification, power discontent, system blame, and collective action. Race identification means a sense of belonging to a certain group of people and power discontent involves recognition of the lack of status of certain racial groups (Simien & Clawson, 2004). That lack of status can lead to a person not feeling worthy. System blame is the awareness of structural barriers in contrast to personal failure that lead to the subordinate status of the race, while collective action involves a commitment to group approaches to combat racism (Simien & Clawson, 2004). Blaming the system is a way to not take responsibility for change, resulting in the belief that this is how it will always be and an individual person cannot change things.

Purpose of the Study

The purpose of the study is to describe the lived experience of plus-sized Black women.

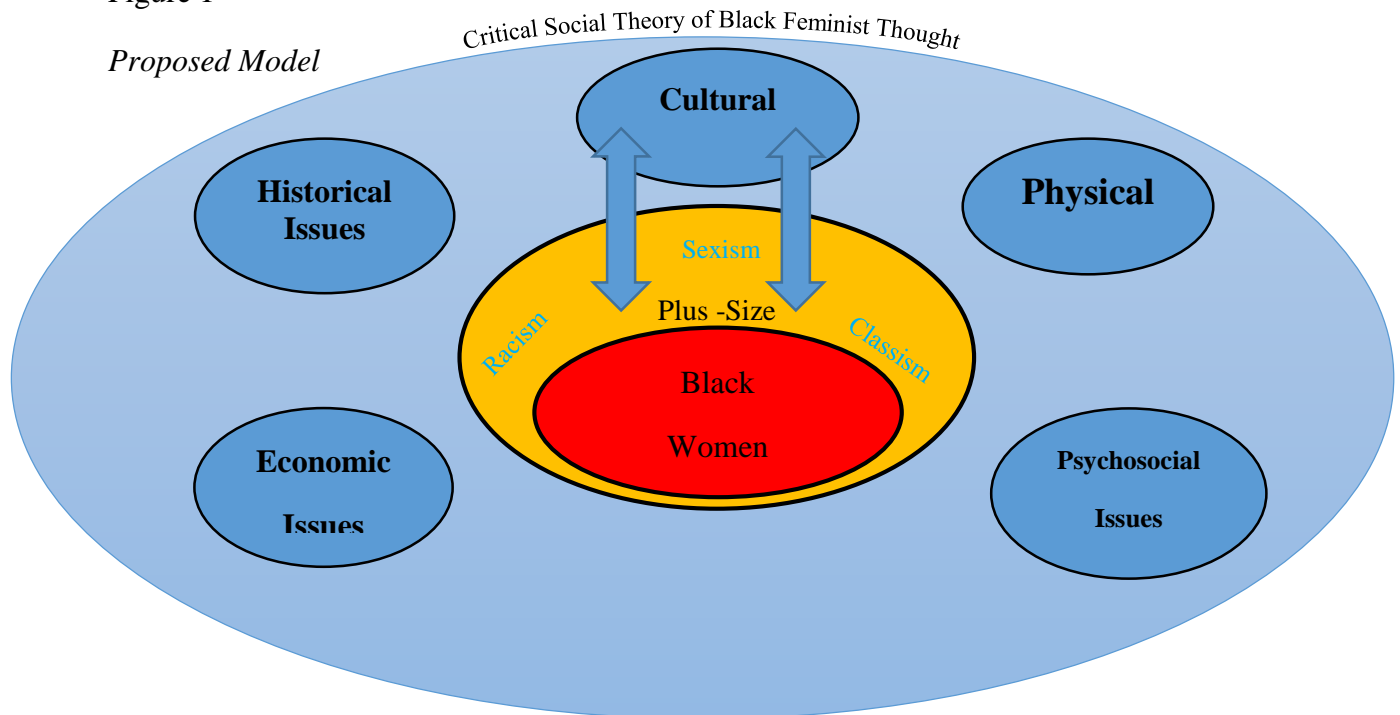
Specific Aims

1. To describe the lived experience of plus-sized Black women from their physical, psychosocial, economic, historical, and cultural perspectives.
2. To explore other perspectives of the lived experience of plus-sized Black women that were not identified in the physical, psychosocial, economic, historical, and cultural perspectives.
3. To develop a model to conceptualize the lived experience of plus-sized Black women.

In conclusion, application of the results of previous research, to this study population, would be incorrect. The physical, psychosocial, economic, historical, and cultural

perspective of this population is unique. There are multiple layers, exemplified as if one were peeling an onion, that characterize plus-sized Black women. Thus, data which describes their lived experience is a necessary and critical component to the development of a model capable of guiding interventional research. Only when the intervention includes and is respectful of the uniqueness of this population will we begin to alter the health consequences of plus-sized Black women. Figure 1 is the proposed model that identifies the complexity of plus-sized Black women.

Figure 1



In summary, in chapter two the conceptual framework of Critical Social Theory of Black Feminist Thought was explained. The physical, psychosocial, economic, historical, and cultural perspectives were defined and described. The Kansas City demographic area where the study will be held was described which included the segregation of Black families and the lack of full service supermarkets in predominantly Black areas of the city. The purpose and specific aims of the study were identified along

with a proposed model of the complexity of Black women. The methodology for the study will be discussed in Chapter three.

Chapter 3 Methodology

In this chapter, I describe the methods used to guide the study, including the study design, setting, participants, and data collection strategies. The data analysis procedures will also be described. These procedures are targeted toward accomplishing the purpose of the study, which is to describe the lived experience of plus-sized black women from their physical, psychosocial, economic, historical, and cultural perspectives.

Study Design

I chose a qualitative design to guide this study. Qualitative research provides a rich detailed explanation of phenomena using words rather than numbers (Booth, Kenrick, & Woods, 1997; Creswell, 2009; Gelo, Braakmann, & Benetka, 2008; Gubrium & Holstein, 1997). Open-ended questions were asked to obtain detailed information from the participant to evaluate reality as socially and psychologically constructed (Gelo et al., 2008). Qualitative research is the “analysis, interpretation, and presentation of narrative information” (Teddlie & Tashakkori, 2009, p. 6). To explore a phenomenon from the point of view of the person being studied is a key concept in qualitative studies and adds breadth and depth to the research. Qualitative researchers perceive reality as a complex constructed phenomenon with the researcher and participant connected to each other (Gelo et al., 2008). Advantages of qualitative research are that the phenomenological paradigm identifies that reality is socially constructed (Firestone, 1987). Qualitative research focuses on understanding a social phenomenon using immersion into that phenomenon leading to description of a unique reality (Firestone, 1987; Gubrium & Holstein, 1997).

Phenomenology Review

The specific qualitative design was phenomenology, a branch of philosophy focused on the study of lived experience by examining common life experiences from the perspective of the person being studied (Converse, 2012). Phenomenology is not about what the investigator thinks about Black women's lives, but it is about the experiences the participant has lived. Getting to the truth about a phenomenon with emphasis and valuing of the participant's point of view is the priority (Earle, 2010). Black women have long been a population whose opinions and perspectives regarding health have not been a priority to healthcare organizations. Phenomenology is precisely the method needed to help identify heretofore unknowns about the physical, psychosocial, economic, historical, and cultural influences from the perspective of plus-sized Black women.

Valuing the plus-sized Black woman's point of view helped identify important concepts that were significant to the women. Reality is the complex way people react to others and how a person's own behaviors are interpreted in society which is called symbolic interaction (Van Manen, 1990). Symbolic interaction has three underlying principles that focus on the way people make sense of their interactions with others (Polit & Beck, 2012). These principles are: (1) that humans behave towards a phenomenon based on the meaning that phenomenon has to them, (2) meaning relates to the interactions between humans, and (3) meaning has an interpretive process that humans understand (Polit & Beck, 2012). Families as well as childhood experiences all impact future actions and how a person understands their own reality. An example of symbolic interaction is if an emphasis is placed on eating everything on your plate, second helpings

are common, and dessert at every meal, then a child might carry this into adulthood and continue overeating that can lead to obesity.

Phenomenology as a Philosophy

Franz Brentano (1838-1917).

The first or preparatory period of phenomenology began in Vienna. One pioneer of phenomenology was Franz Brentano, who studied philosophy as a way to understand human experiences in the relationships between the thinker and the see-er, or the relation between the person experiencing and the person noticing (Brentano, 1995). There is a difference in perspective of someone who is observing another person's actions and the person who is completing the actions themselves. Actions or behaviors can be misunderstood by a person who is observing. Only the person engaging in the action can describe what he or she is actually thinking and the meaning of his/her actions. The see-er or person noticing a personal experience can only observe what is happening on the outside of the person, such as facial or body language. The see-er cannot know what the person is thinking, or feeling, and whether the experience is positive or negative. The etic or outsiders' interpretation of an experience can imagine what is happening but cannot know for sure without feedback from the person experiencing the phenomena.

Brentano was the first to identify intentionality or the consciousness of human awareness of objects that allows humans to reason about objects and communicate with others (Brentano, 1995; Cohen, 1987; Earle, 2010; Jones, 2001). Intentionality is a person's decision to act or behave a certain way, and is our moral compass when faced with certain situations. Intentionality is how one understands the thinking process that goes with conscious acts (Moran, 2000).

Husserl (1859-1938) and Heidegger (1927-1962).

The second period of phenomenology was influenced by German philosophers and scientists who had studied in Vienna under Brentano. One of Brentano's students was Edmund Husserl. Essential beings refer to how a person behaves when faced with certain situations and why a person reacts the way they do. A person's beliefs, values, or morals are instilled by parents, other family members, and teachers. Being is intertwined with consciousness, experiences, and the breaking down of the habits that create obstacles (Husserl, 2002). All people are individuals and different, even if raised within the same family. All views are important. The perspective and views of plus-sized Black women need to be heard and valued as important contributions to society.

One of Husserl's students was Martin Heidegger (1927-1962). Heidegger first studied ontology or being in the world, time, as well as hermeneutics (Heidegger, 1993). Being refers to how people live in the world; it is a circular process that never ends also called a hermeneutic circle (Heidegger, 1962). Before moving into the circle, the investigator must have examined what his/her thoughts are about the upcoming experiences (Converse, 2012; Heidegger, 1962). Hermeneutics is a German word that has been defined in English as interpretation or understanding of a phenomenon (Darity, 2008). Experiences are interpreted differently between people. No one can understand a person's experiences without living those experiences. The intent of phenomenology is for the investigator to step into someone else's shoes or to see a perspective that he/she has not lived, from someone else's point of view.

Merleau-Ponty (1908-1961).

The next phase of development of phenomenology was led by philosopher Maurice Merleau-Ponty who defined phenomenology as the study of essences linked with existence (Merleau-Ponty, 1995). Merleau-Ponty's (1995) contribution to phenomenology included the notion that while researchers are not able to lose biases, there is a need to loosen up biases or be open to new ideas to understand what is really happening. Essence cannot be described without existence. In order to describe the thing itself or the essence, the researcher must know that it exists or of its existence (Meyerson, 1985). Essence is understood with the added background of its horizons (Dahlberg, 2006). An essence is a set of specific meanings that are the background of a phenomenon (Dahlberg, 2006). A phenomenon is understood only in the context of the environment that it exists in. Existence is a person's way of life, where he/she lives, what his/her background is, and where he/she works. In order to understand a person's essence, you must know about their existence including the space lived in, time in his/her life, and the type of world lived in.

Phenomenology includes space, time, and the world as it is lived in (Merleau-Ponty, 1995; Streubert-Speziale & Rinaldi-Carpenter, 2007). Merleau-Ponty recognized that analytical reflection begins with experiences in the world which help shape future experiences, revealing the synthesis needed to reconstruct one's self (Merleau-Ponty, 1995; Moran, 2000). The past experiences shapes future reactions to phenomenon. Merleau-Ponty's contributions to philosophy included the importance of documenting and appreciating lived human experiences that are different from other's experiences (Moran, 2000). Philosophy is intermingled with phenomenology. Table 1 identifies

common definitions of philosophy that include a higher worldview, looking at the world in a different way, and that philosophy is a systematic way of identifying another's lived experiences. (See Table 1).

Table 1

Definitions of Philosophy

“strives for a higher autonomous worldview, cultivating a thinking free from religious and other dogmas, then one is doing philosophy” (Heidegger, 2002, p. 1).

“true philosophy consists in relearning to look at the world” (Merleau-Ponty, 1995/1945, p. xx).

“conceptual and philosophical roots and presuppositions that underlie the quest for knowledge within the human sciences” (Teddlie & Tashakkori, 2009, p. 43).

“the systematic attempt to uncover and describe the structures, the internal meaning of structures, of lived experiences” (Van Manen, 1990, p. 10).

Phenomenology as a Method

Common life experiences of a person are important, but may not seem significant to the person themselves. Life experiences shape a person as he/she approaches adulthood. Past experiences help a person make decisions today. Husserl (1970) identified that not only is a person functioning as an individual, but as one living with others in the world, with ways of considering, valuing, planning, and acting together. Husserl (1970) called this state of being intersubjectivity, which is an altered reality through reciprocal correction. Each person's individual experiences are also intertwined with experiences of those he/she has interaction with thereby establishing a typical normal (Husserl, 1970). Individuals interact with individuals, but also a person's social group has a typical way of expressing his/her normal as influenced by race or gender.

While these individual interactions are ongoing, there is also the researcher's individual experience that must be acknowledged.

Bracketing

The researcher attempts to bracket his/her bias so phenomena can be seen through the participant's views (Cohen, 1987). Omery (1983) defines bracketing as "detaching the phenomena of our everyday experience from the context of our naïve or natural living, while preserving the content as fully and purely as possible" (p. 53). Bracketing is the practice of identifying preconceived thoughts about phenomena, and attempting to let go of them so that researchers are open to hearing or seeing different perspectives about a phenomenon (Polit & Beck, 2012). It is not possible to completely bracket or lose biases, since all researchers come to the research arena with certain points of view. Bracketing includes acknowledging one's own biases and lived experiences and not letting them influence the participants' lived experiences though there is debate whether this is possible or whether researchers should try to eliminate influence. In studying plus-sized Black women, I believe that when the woman trusts the researcher, then the woman feels comfortable enough to let true feelings emerge.

Settings

I reserved a meeting room at the Southeast Branch Library, Kansas City, MO 64130. The library hours are 10 am to 7 pm Monday through Thursday, 10 am to 5 pm on Friday and Saturday, and 1 pm to 5 pm on Sunday. There are two meeting rooms at the library. All meetings must be completed 15 minutes before closing. The plan was to hold the individual interviews on a Friday or Saturday morning, or if in the afternoon finishing by 4:45 pm. Both meetings rooms have doors that close which are important for

preventing individuals outside the study population from hearing the conversation and minimizing distractions from the library that might interrupt the conversation. The women's restroom has four stalls and four sinks which are available to participants. There is free parking available close to the building.

Target Population

According to the United States (U.S.) Census Bureau, (2014), Kansas City, Missouri has a population of 464, 310 residents; 51.5% are female and 29.9% are Black. Of the Black female population, the U.S. Census Bureau (2014) reports Kansas City Black women resident's median age is 37.1 years, 77% are living in the same house as one year ago, 75% driving alone to work, 36% describe their living situation as a married couple family household, with the female as the head of the household in 56% of these situations, 26% have a high school diploma, 1% have a bachelor's degree, and .06% have a graduate degree.

Study participants were recruited primarily from a geographic area of Paseo Street to Swope Parkway which runs north and south, and Emmanuel Clever Blvd. to 63rd Street which runs east and west in Kansas City, Missouri. In that 16 block area there are two supermarkets. There are eight convenience markets, and 14 fast food establishments.

Sampling

Purposeful sampling was used to recruit participants. The definition of purposeful sampling is the selection of participants who meet the inclusion criteria for the study and who can give a detailed account of their lived experiences (Creswell, 2007). There are several variations of purposeful sampling, but this study used criterion sampling. Criterion sampling began with participants who have all experienced the same

phenomenon, so in this study, the women were all plus-sized Black women (Creswell, 2007). Purposeful sampling ensured that I had participants who were able to describe their experiences in depth.

Sample/Participants

The study participants included women who self-identified as: being of Black race, are between 18 and 65 years of age, and wore plus-sized clothing. Plus-size was used as an inclusion criteria as pilot study findings indicated this term was more acceptable to the target population than traditional terms such as obesity or body mass index (Lynn & Ward-Smith, 2015). These plus-sized Black women resided in the Kansas City, Missouri metro area and were able to commit to attending an individual interview during the study period. Participants were excluded if (1) they were key informants (2) did not self-identify as Black, or (3) could not comprehend and speak English.

Data Collection Instruments

Two types of data were collected: survey and semi-guided interviews. The demographic form allowed the participants to self-describe their health issues and concerns, privately. Each participant completed a demographic survey. (See Appendix A). Demographic data were limited to age (in years), relationship status, living arrangement, educational preparation, residential zip code, annual income (using categories), presence of health conditions (using a checklist), and work status (full time, part time, not presently working).

The interview questions were the same for each interview and allowed each participant to describe her perspective with respect to the physical, psychosocial, economic, historical, and cultural experiences of plus-size Black women. The interview

questions progressed from general to specific during the interview (McLafferty, 2004).

The rationale for ordering of topics, beginning with physical aspects of being plus-sized women allowed participants to become comfortable with the individual interview format and process. The physical aspects questions were more easily discussed with strangers than questions targeted for later on in the interview. Historical and cultural aspects underpinning the experiences of plus-sized Black women were sensitive topics that were covered towards the end of the interview when the participants were more familiar and comfortable with me. To maintain confidentiality all participant names were changed.

The guiding questions for the individual interviews, pertaining to the **physical** aspects of being plus-sized Black women, were:

1. What is the first thing that comes to mind when you hear the term “plus-sized”?
2. Does being plus-sized affect your ability to be active?
3. Does being plus-sized affect your health?
4. What do you think about your physical shape?
5. Of all the things we discussed today, which is most important to you?

The questions for the individual interviews, pertaining to the **psychosocial and economic** aspects of being plus-sized Black women, were:

1. How does being plus-sized influence your daily life? This might include your job, family, church, or anything else you would like to share.
(psychosocial)
2. Do you think your neighborhood contributes to women being plus-size?
(economic)

3. What do you think of the term “double or triple jeopardy” which refers to you being Black and being a plus-sized woman? (psychosocial)
4. Have you experienced unique financial circumstances (such as employment, pay, or workplace treatment) because of your weight? (economic)
5. Of all the things we discussed today, which is most important to you?

The questions for the individual interview, pertaining to the **historical and cultural** aspects of being plus-sized Black women, were:

1. How alike or different are you to your mother or grandmother? (historical)
2. What stories about your body shape or size have been passed down through your families? (historical)
3. In what ways have you experienced gender based or race based oppression and how have you dealt with this? (historical)
4. How has being a plus-sized Black woman influenced decisions that you have made in your life? (culture)
5. Of all the things we discussed today, which is most important to you?

Responses to all questions were clarified using probing questions, such as “tell me more about that” or “can you explain that to me a little better”. Once each interview question was answered, the participants had the opportunity to share anything else they felt was important.

Sources of Data

Sources included all verbal data collected from participants using the individual interview methodology. Non-verbal data was observed during each individual interview.

Negative examples of non-verbal data might include posture, crossed arms or legs, eye rolling, looking at clock, or checking phone while positive examples of non-verbal data might include attentiveness, eye contact, and head nodding, laughing, or leaning towards the speaker. Non-verbal data was recorded in field notes.

Advantages

The individual interview is a professional interview, with a purpose, a specific approach, and technique (Krueger & Casey, 2000; Kvale & Brinkmann, 2009; Morgan, 2010). An advantage of individual interviews is that the researcher analyzes data that identifies parts of a phenomenon that have not been accessible with other study designs, such as those using survey methods (Lambert & Loiselle, 2007). Individual interviews are semi-structured, not an open, common conversation, or a closed questionnaire/written survey that participants fill out (Kvale & Brinkmann, 2009). The participant's belief about a phenomenon highlight how different each participant is though participants may have things in common (Lambert & Lisselle, 2007). .

Individual interviews provide the researcher with a privileged view into participants' interpretations of their day-to-day lives. The interviewer interprets the meaning of what is said and how it is said, by using knowledge about the interview topic and taking the interpretation back to the participants (Kvale & Brinkmann, 2009). The goal of an individual interview is not to find quantitative meaning or just describe the participant's perceptions but to identify the raw emotions of the participant that are felt deeply and not shared with just anyone (Kvale & Brinkmann, 2009; Van Manen, 1990).

Disadvantages

Self-disclosure is always a requirement in an individual interview. Thus, the descriptions will need to be detailed and specific. Individual insight about weight and the consequences of being plus-sized may be difficult for participants to describe.

Participation in the individual interview may also force one or more women to realize that they are plus-sized. Denial mechanisms, with respect to weight, will be difficult to adhere to as a direct result of study participation.

Why Individual Interviews are the Best Design for this Study

In individual interviews, a researcher attempts to understand the different imperatives of the lived experience from the participant's own perspective, in this case, the experience of being plus-sized Black women. As a White woman researcher, I do not have the perspective of being Black, so cannot bring my own partiality into the interview. The participant allows me the unique opportunity to gain insight and hear things not often shared with White researchers. As the data collector, I am going to need to ask the interview questions during the interview process without revealing my own personal views. An interview guide will be available for participants (see Appendix C).

There were 10 self-identified plus-sized Black women as the study participants. McLafferty (2004) identified multiple authors that recommended anywhere from 4-14 as ideal number of participants for a qualitative study. The participants developed a trusting relationship with me. As the relationship builds, the women's level of disclosure increased as well as a more comfortable environment (Krueger & Casey, 2000). Each individual interview lasted 45 to 90 minutes (mean of 60 minutes) and was audio-taped.

The recordings were turned off at the conclusion of each interview when conversation ceases.

Procedures

Recruitment of Study Participants.

Key informants will be used to recruit study participants. The term key informant originates from the ethnography literature and means individuals who live within the study area and are trusted by the study population (Creswell, 2007; Gilchrist, 1992). Key informants for this study were plus-sized Black women who resided in the Kansas City, Missouri metro area and were known by me through work and previous research activities. The key informants agreed to help identify study participants for future studies. Key informants were briefed about the study by me and contacted their friends, colleagues, and neighbors as well as other individuals with whom they associated with during social activities.

Key informants were provided with study-flyers (See Appendix D). The flyer contained the aim, purpose, time requirement, and location of the studies data collection site, as well as my contact information. Once the woman reviewed the study flyer, the key informant ascertained if she was interested in obtaining more information about possible participation. If yes, the key informant obtained verbal permission for me to call the interested woman and obtained her phone number. I called each interested woman within 48 hours, described the study, if she was willing to participate, set up the meeting place, date, and time. For each woman who was willing to participate, I asked if she wanted to be contacted via mail or email with study materials prior to the individual interview.

Initiating the Individual Interview.

Participants were asked to read and sign an Institutional Review Board (IRB) approved study consent form at the individual interview, after having their questions answered, and that received a copy of the consent form for their personal files. Participants were then asked to complete the demographic form. Light refreshments were provided. Two digital tape recorders were checked before each interview. The tape recorders, extra batteries, electrical cords, paper, and pens were brought to each interview.

I greeted the participant as she arrived. I introduced myself, explained the study, and described the format for the interview. Participants had the opportunity to ask questions about the study and the informed consent. After all questions were answered, the participants signed the informed consent which were collected and placed in an envelope. The tape recorders were then turned on. I started the interview with the date and first name of the participant.

Trustworthiness

The main focus of phenomenology is to explore how people make sense of their experiences, convey these experiences into their awareness, and use previous experience to help them with future situations that are encountered (Quinn Patton, 2002). Phenomenologists are rigorous in the analysis of experiences that are part of the participant's truth, leading to specific behaviors, so things that seem common to the participant can be identified and bracketed into shared experiences (Quinn Patton, 2002).

The standards of trustworthiness in qualitative research are comparable to those for reliability and validity in quantitative research (Polit & Beck, 2012). Lincoln and Guba's

(1985) framework for assessing the trustworthiness of a qualitative study include four criteria: credibility, transferability, dependability, and confirmability. Authenticity was added as a fifth element in 1994. This framework will guide activities in the study to increase rigor. Descriptive data will be analyzed with the potential for applicability with other Black women for transferability. The similarity or objectivity between participants will be identified to increase confirmability as well as authenticity. (See Table 2).

Table 2

Definitions of Lincoln and Guba's Framework (Adapted from Lincoln & Guba, 1994, 1985; Polit & Beck, 2012)

Dimension	Definition
Creditability	Confidence in the truth of the data, researcher's interpretation, and approved by the participant's realities being studied. Cannot be attained in absence of dependability. Compared to internal validity in quantitative research.
Transferability	Potential for which findings can have applicability in other situations. Researcher must provide enough descriptive data so similar findings are possible. Compares to external validity in quantitative research.
Dependability	Stability or reliability of data over time and conditions. Takes into account instability or phenomena change. Compares to reliability in quantitative studies.
Confirmability	Objectivity or the potential for similarity between two or more independent people about the data's accuracy. Findings must reflect the participant's voice. Compares to objectivity in quantitative studies.
Authenticity	Extent which researchers show a range of realities

Lincoln and Guba (1985) also describe three activities that increase the probability for credible findings which are: prolonged engagement, persistent observation, and

triangulation. All of these add to the credibility, dependability, confirmability, and authenticity of a study. I do have experience working with Black women through a pilot study and have been observing behaviors in many settings since becoming interested in Black women as participants in prior studies. The internal rigor of the study includes the design of the study and the interview guide addresses the aims of the study. The external rigor of the study includes the theoretical approach, the framework incorporating the phenomenological approach making the study reliable.

Protection of Human Subjects

Preliminary work for this dissertation proposal included review and approval by the dissertation committee, IRB approvals from the University of Missouri-Saint Louis (UMSL) and approval of the dissertation proposal by the UMSL Graduate School. I assured that each participant had the opportunity to provide informed consent and contributed to the conversation that remains focused on the topics identified in the interview guide (Merton, Fiske, & Kendall, 1990). I transported all consent forms and tape recorders to my locked, private professional office upon completion of each interview and placed them in a locked file cabinet for extra security. Maintaining these files in a password-protected computer provides confidentiality for these data. Participants received a \$20 stipend after the individual interview. Participants signed a receipt for the stipend.

Community resources were available for participants who experience psychological distress from discussing the interview questions though there were no issues noted. Women were responsible for payment of any services needed as stated in the consent. Examples of some of the resources available in the Kansas City area include

Swope Health Services, Research Medical Center, Truman Medical Center, and the participants' churches. Swope Health Services provides holistic services including medical, dental, and behavioral health for patients. Research Medical Center and Truman Medical Center are both critical access hospitals within the Kansas City, Missouri metro area that have active behavioral health programs including inpatient and outpatient services.

Data Preparation

Both tape recorders used during the interviews were digital software that uploaded the recordings to a computer. This software provides the ability to upload the word file from each interview digitally to my laptop. I uploaded the text, and checked the text for completeness and accuracy using the backup tape recorder and notes taken during each individual interview.

HyperRESEARCH®, a computerized program was used as the data management system allowing for the following responsibilities of qualitative data.

HyperRESEARCH® sorts text into categories that I identify, retrieves coded text, and tests propositions of how often the code occurs providing a display of this in table form (Hesse-Biber & Dupuis, 2000). I entered the transcribed data and the codes for the data into the HyperRESEARCH® data management system.

Data Analysis

I listened and read the recorded materials from each of the interviews multiple times in order to immerse myself in the data. The data obtained from each interview was analyzed using Colaizzi's (1978) method. Colaizzi (1978) posits that in order to study phenomena, the researcher must understand the phenomena as the population who is

being studied experiences it. If a researcher uses the phenomenological approach to obtain information, then he/she must examine his/her own approach and biases so that his/her own beliefs can be identified and acknowledged. Colaizzi (1978) identified five steps that are used in order to examine the data obtained from individual interviews for a study. These include:

1. Reading all of the participant's descriptions;
2. Identify phrases or sentences that directly pertain to the specific aims of the study (extract significant statements);
3. Spell out the meaning of each significant statement (formulate meanings);
4. Repeat the steps above with each specific aim of the study; try to organize the data into clusters of themes; and
5. Take the clusters of themes back to the specific aims and attempt to validate them (Colaizzi, 1978, p. 59). Polit and Beck (2010) add to Colaizzi's method by making the 5th step into 4A and adding:
 - 4b. Note discrepancies among or between various clusters, avoiding the temptation of ignoring data or themes that do not fit;
5. Integrate results into an exhaustive description of the phenomenon under study;
6. Formulate an exhaustive description of the phenomenon under study in as unequivocal a statement of identification as possible; and
7. Ask participants about the findings thus far as a final validating step (Polit & Beck, 2010, p.474).

Trustworthiness and credibility of the findings are strengthened with Colaizzi's method of data analysis because this approach involved taking the findings back to the

participants to validate the findings (Edward & Welch, 2011). I modified Colaizzi's method as guided by Polit and Beck's (2010) interpretation which narrowed the information into significant statements and combined these into themes. Data from each interview was analyzed individually after an interview is conducted. During the analysis phase, I looked beyond the actual discussion, observing how the participant acted, if their viewpoint was heard, and the general cohesiveness of the interview (Belzile & Oberg, 2012). Audiotapes of each individual interview session were listened to separately and in conjunction with the transcripts. An editing style I used was reading the transcript data while searching for important comments made by the participants.

The HyperRESEARCH® computer program guided the identification of significant words within the transcribed text. Once identified and coded, repetition of these significant words is used to quantify these similar words or statements as they are used by the participants. Thus, significant statements were identified based on the times the content was stated. Grouping these significant statements into themes was done by collapsing significant statements into themes or mega-themes. These themes then represented the perspective of the study participants, in their own words. To identify themes and categories, I used different color highlighters. Once the important categories were identified, a category scheme was used to organize the data, so patterns were looked at to link the different categories (Polit & Beck, 2012). This process resulted in tentative themes.

In summary, in this chapter I described the methods used to guide the study, the study design, setting, participants, data collection, and data analysis strategies. The procedures targeted the accomplishment of the purpose of the study which is to describe

the lived experience of plus-sized Black women from their physical, psychosocial, economic, historical, and cultural perspectives.

Chapter 4: Results and Discussion

Purpose of the Study

The purpose of the study was to describe the lived experience of plus-sized Black women.

Specific Aims

1. To describe the lived experience of plus-sized Black women from their physical, psychosocial, economic, historical, and cultural perspectives.
2. To explore other perspectives of the lived experience of plus-sized Black women that were not identified in the physical, psychosocial, economic, historical, and cultural perspectives.
3. To develop a model to conceptualize the lived experience of plus-sized Black women.

In this chapter, I present the results of the study, including the demographics, data analysis, and themes identified. The participants own words transcribed verbatim are quoted. Themes identified by the participants included definition of plus-size, health consequences, and psychological consequences of being plus-sized.

Demographics

Study participants were 10 voluntary consented plus-sized Black women between the ages of 20 and 63 years old (mean=42). Participants disclosed their relationship status as single, 7(70%), married, 2(20%), and divorced, 1(10%). The number of people living in the household was reported as one to four. Persons reported as sharing households with the women included husbands, sons, daughters, mothers, and roommates. Education levels were identified as high school, 1(10%), some college, 3(30%), associate's degree,

2(20%), bachelor's degree, 1(10%), master's degree, 2(20%), and one chose not to answer. Most of the women worked part time with five women earning \$15,000 or less annually for income (See Table 3).

Table 3

Demographics of Participants

Pseudonym	Age	Relationship Status	Education	Income	Work Status
Cassie	63	Single	No response	\$15,000 or less	none
Abigail	55	Single	Bachelors	>\$60,000	Full
Vera	55	Single	some college	\$15,000 or less	Part
Karen	53	Married	Masters	\$15,001-20,000	Part
Angie	49	Married	Associate	\$20,001-40,000	Part
Susan	48	Divorced	Masters	>\$60,000	Full
Joanna	32	Single	High school	\$15,000 or less	Part
Nancy	25	Single	Associate	\$20,001-40,000	Full
Danielle	20	Single	some college	\$15,000 or less	Part
Rebecca	20	Single	some college	\$15,000 or less	Part

Participants reported an assortment of health issues. The most common health issues were diabetes, (n=3, 30%), joint problems, (n=3, 30%), and high blood pressure, (n=3, 30%). Health issues reported by one or two participants included stomach problems, migraines, heart problems, stroke, sleep apnea, edema, low iron, depression, polycystic ovary syndrome (PCOS), breast cancer history, obesity, and thyroid problems (See Table 4).

Table 4

Current Health Issues

Pseudonym	Health Problems
Cassie	Sleep apnea, Stroke, Heart problems, High blood pressure, Joint problems
Abigail	Diabetes, Joint problems, Stomach problems
Vera	High blood pressure
Karen	Joint problems, obesity, history of breast cancer
Angie	Thyroid problems
Susan	None
Joanna	Diabetes, Low Iron
Nancy	Edema, depression, polycystic ovary syndrome (PCOS)
Danielle	None
Rebecca	Sleep apnea, Diabetes, High blood pressure

Interviews each lasted between 45 and 90 minutes (mean=60). Each interview was transcribed verbatim. More than three of the transcriptions were reviewed for accuracy by a Research Assistant. Each transcription was then analyzed separately by two researchers using HyperRESEARCH®. HyperRESEARCH® is a software instrument which helps to organize qualitative transcriptions by using three windows, a study window, code editor, and source code window (Zgoda, 2007). This allows the researcher to place the text document into one of the windows and quickly pick out common words in the participants sentences. The codes were analyzed identifying common codes that were placed into themes.

This method of analysis blends well with Colaizzi's (1978) method to identify themes conveyed by the participants during the interviews. The seven steps, outlined in Colaizzi's (1978) method, include identifying significant made by each participant, extracting common statements made by all participants, which allows themes, consistent throughout each interview to be identified.

Individual analyses, performed by each researcher separately, were then compared and discussed. Using consensus, three themes were identified. These were labeled to reflect the content within each theme. Themes included the meaning of plus-size, health consequences, and psychological consequences. (See Table 5). Danielle, a 20 year old single participant, and Susan, a 48 year old divorced participant, were both sent copies of chapter four and five. Danielle did not respond to my request to read the chapters to identify if the study captured her perspective. Susan said she thought everything “looked great”.

Table 5

Themes Identified

Meaning of Plus-size	Health Consequences	Psychological Consequences
Size of clothes	Current Health Issues	Self-esteem
Generations of females	Meal Planning & Costs	Body image & Physical shape
Shopping challenges	Stereotypes	Self-conscious
Media		Not participating because of weight

Meaning of Plus-size

The question asked of the participants was “What is the first thing that comes to mind when you hear the term “plus-sized”? The meaning of plus-size is an individual’s perception, very personal, and can have family influence. It is separate from body mass index (BMI) or waist circumference and varied among the participants. The terms large, larger, big, or bigger, were most frequently used to describe the perception of being plus-sized. Women in this study defined the term with negative and derogatory connotations such as fat, unaccepted, and letting go. Danielle commented that being plus-sized is a:

“Judging kind of thing that separates you from everyone else”.

Susan commented:

“Society deems it as wrong so it’s a handicap something you need to fix, it implies blame, like you did it on purpose, and you need to get busy and fix it, so that’s why unaccepted or not fitting in come to mind immediately”.

The term plus-size to these participants was immediately defined as a bigger woman with a larger body frame that made you more noticeable because you were different. They further explained these terms by saying things like “not as pretty”, “notch on your belt saying you are lacking something”, “unhealthy” and “undesired”. These are terms describing a feeling of being undesirable, which negatively affects self-esteem and body image.

One participant, Nancy, described being plus-size as “unaccepted” and also elaborated on:

“Not fitting into society because society deems it as wrong” and a “handicap that you need to fix”.

These type of comments articulate the perception that plus-sized people got this way on purpose and should take action to fix it. That the problem is just a lack of willpower and all that needs to be done is to get themselves and their eating into control. Karen described the definition of plus-size in a positive way as:

“Curvy” and that “women of color have curves”.

She explained that in her culture being heavy was not an issue and never discussed. It was just the way people were and accepted.

Generations of Females.

Several participants discussed how being plus-sized was very common and accepted in their families particularly among female relatives. Their mothers,

grandmothers, and aunts were plus-size women and that was a normal occurrence.

Danielle is a college student and stated:

“You know everybody in my family are pretty plus-sized”. “I feel like being younger, if I see my grandma or my aunts trying to get fit or doing something about it that might have motivated me to do something about it”.

Danielle noticed the trend in her family to be plus-sized and wished that her relatives would have done more than just talk about losing weight. She described wanting family members who set examples for her. Cassie described her mother and grandmother:

“As far as physical size, I am like my mother and grandmother, they were chunky women, and big breasted, they were like an apple you know, big at the top and thin at the bottom so that’s the way I am shaped”.

Susan described her father and her mother’s sisters,

“My dad is tall, I am built like him. I am broad shouldered like him. I have big hands like him. Body mass is more like him. So, but again, on the plus size, my mom is one of eight girls, so all the eight girls but one are plus-sized”.

Cassie described herself:

“You know my arms, we call them grandma arms, these little fat arms that people like to poke them and pinch them and you know that annoys me (laughing) but I got them from the grandparents and my mother”.

Many of the participants described larger female relatives. Plus-size family members were so common that it was a typical occurrence for this group of women and not challenged among family members.

Shopping Challenges.

Several participants described shopping challenges of not being able to find clothes that would fit them in a typical department store. The women had to go to specialty plus-size shops or order on-line to find clothes that were the correct sizes. Participants were not able to find clothes off of the racks or on sale because larger sizes

were not available. Nancy discussed working in a clothing shop and being asked by her manager why she never wore any of the clothing that was being sold in the store:

“So of course when I came to work I never wore the things that were in the store, I wore what was bigger, stuff I got from JC Penney’s, Target, Wal-Mart...they had to be all black because they weren’t clothing in the store. I had a manager who made a comment to me one day; he said “when are you going to ever wear clothes from here?” And I really kinda felt like that comment just like said a thousand more words because I knew for a fact that even if I did wear the clothes in there they wouldn’t fit me the same way the model was wearing them. She could wear an extra small and it would still be baggy on her. I could wear a large and it would be snug and so I wasn’t comfortable, I was on my feet, I wasn’t going to wear tight clothing. So I never responded to that. I walked away from it and so my manager of course took me as being a little subordinate to that”.

Changing activities secondary to shopping challenges.

Participants described shopping with thinner friends and going into stores where nothing would fit them and standing around waiting for their friends to try on and buy clothes.

Danielle said:

“When you go out with friends, they go to stores that you can’t fit some of the clothes”.

Affect component related to shopping challenges.

Susan described her shopping:

“I shop but it’s very pointed. I go in for exactly what I need. I know exactly where to go. I don’t window shop for pleasure. I go get what I need and I get out. If they don’t have it right away I leave. I don’t spend the time to look through the racks and shop for the pretty things. I find what fits and I move on”.

Susan described how she doesn’t shop:

“I don’t shop because of my shape because it just makes things difficult”.

Angie also said in regards to if being plus-sized affects her daily life:

“The only time I do think about it is when I go shopping and I can’t find what I am really wanting or looking for”. And “when I am passing other styles

something that I like and then I know they don't make it in my size. I think that's really the biggest issue for me. The clothing".

Danielle described being plus-sized:

"I feel like plus-size, it affects my life. Like almost in every aspect, whether it's you know going shopping, because I hate trying on clothes, I hate having to go to certain stores".

And comparing herself to friends:

"I compare only when I um see them wearing something I wish I could wear".

Stereotypes.

Participants described stereotypes or fallacies about Black women that have historically been perceived as true. An example of these include that Black women retain their weight and have to work harder to lose weight than White women. The women also discussed how ancestry, and culture have played important roles in the lives of Black women.

Ancestry and culture.

Vera described:

"Black women hold onto weight anyway because of their ancestors and stuff like that in the slavery days. We just held onto weight. We had to stay healthy in order to do all this work. We was out there picking cotton holding on to 5 or 6 babies and they had to keep their weight in order to work, to clean the house".

Karen discussed the importance of honoring your culture and remembering where you and your ancestors have been. Her comments were related to how she had been raised:

"I think the first one was good for me to remember because it aligned me with the culture that I have to continue to understand and honor. I think your history is so important a part of who you are, who you are as a female, so when I heard myself talking about that it was positive and it reminded me of my ancestors and they were beautiful women, they worked hard, they lived long lives".

Angie described some of the stigma as it relates to food:

“Um, I know that there is probably a lot of stigma out there and probably I guess, people would think that you are Black so obviously you are probably not eating healthy and because of how our ancestors cooked, even my mom, and of course gaining that weight”.

Vera also described:

“Say for instance if you, myself, and her go on a diet, she will lose weight way faster. Cause we just built to hold onto weight, Black women have to really really work hard to lose weight but you don’t have to”.

Vera was referring to Cassie who was in the interview with her as well as to me.

Neighborhood or environment.

Danielle discussed that at home in her neighborhood how people accept being plus-sized:

“Well back in my home neighborhood, ya, my home neighborhood. It’s like accepted, okay to be kind of like a plus-sized woman, that’s what our families are. Like a lot of African-American families, people just are overweight or obese, but we don’t necessarily call ourselves overweight and obese it’s more just like a thicker woman, you know, but that’s like okay and that’s like people accept that”.

Nancy discussed how the things that surround her tempt her:

“Like places to eat, things to do, you know activities or events that I want to participate in, that don’t really help me combat that, and that’s not to say that I am placing the blame somewhere else and not really owning what I am but it’s just saying that I am faced with so many structural inabilities that it feels like my battle is longer than expected”. And “All my life I have been eating food that tastes good and it’s not necessarily that my brain is thinking is good for me”.

Media.

Participants described how advertising and commercials can influence society which can then sway how person views herself or her image. The term media refers to all avenues of information that are available such as television, magazines, internet, and newspaper. A person cannot pick up a magazine, watch television, or go on the internet without seeing pictures of models. The average model is a size 0 to 4 while the average

American woman is a size 14. Susan described a new trend of using plus-sized models in advertising and television:

“The one thing I have noticed is there is no diversity. It’s all plus-sized White women and they are built differently than plus-sized Black women. There are different features are accentuated. And different for Hispanic women. And I don’t think the marketing and advertising sector is there yet. They don’t realize it. Because when I go to the store that advertised the jeans, with a real plus-sized model. And they don’t fit and they don’t fit because our body types are different”.

Susan also discussed the Lane Bryant bra and panty commercials with plus-sized models.

“It’s a nice thing to see that we are slowly changing and there wasn’t a massive revolt against it because social media could have easily come out with horrible, horrible things against those commercials, because people use the computer to bash all kinds of things, because they can hide, but I didn’t see it, doesn’t mean it wasn’t there, but it wasn’t in mass like it could have been”.

Angie described how the media handles diversity:

“It’s still bothersome to see how the media handles it. Even the plus-sized. I just think we have come a long way, but we still have a long way to go”.

Joanna described the influence of today’s society:

“Unfortunately with today’s society it’s all about the outside. People have ugly bodies but there are a lot of people that are skinny but they have diabetes. Oh but she has a nice size but she can’t jog or she can’t walk for long because she don’t have any stamina”.

Health Consequences

The participants in the study were very aware that being plus-sized had either contributed to their current health problems or that they were at risk for significant health problems as they aged. Many discussed other family members or friends with chronic health problems.

Abigail explained how being plus-size affects her:

“I think it affects my health because now I have diabetes, type 2 diabetes and that affects, you know a lot of things in your life, what you eat, how tired you become, the fact that you have a harder time losing weight and eventually it will lead to

other issues with my kidneys, and my heart and my eyes. I think it has affected my eyes more than anything and that's probably the biggest thing that affects me because I have to look at a computer all day. I am constantly putting my glasses on".

Karen described her health conditions though she wasn't sure if they were related to her being plus-sized. She described having prior injuries related to being an athlete that have become a problem now that she has gained weight:

"I do have joint issues. I don't know if it's from weight or injury from being an athlete because it happened prior, now the weather is like this and this whole leg is like ick and I say if I didn't have this weight on this knee or my knees I don't think it would be achy".

Cassie, who was the oldest participant interviewed at age 63, was on disability due to multiple health problems. She explained that her health conditions were not a consequence of her weight, yet she did state that her present weight had a negative effect on her health issues:

"They kept saying I had arthritis, no not arthritis, diabetes, and I kept telling them I didn't and we just kept going on until they finally said I didn't have it..." "Oh, I was born with a heart murmur, they said if I didn't get it fixed, then I wouldn't be here you know". "I had open heart surgery and then I ended up having a stroke".

Vera explained her health issues:

"Well I have high blood pressure but they put everything on high blood pressure".

Rebecca described her health issues concerning diabetes:

"I was actually prone to that about 3 years ago. They were saying I was at high risk for that and I have gotten out of that risk but I am still at risk I should say, health wise, and then I got high cholesterol but that's from eating wrong".

Susan's parents focused on accepting who you were and being healthy:

"They drilled health, we want you healthy. They didn't want you to have health problems, we don't want you having diabetes, they didn't focus on what you looked like. They always focused on you have to be healthy, you need to eat vegetables, you need to... that type of thing. One thing my mom didn't pass down, my dad either actually was the way they cooked".

Danielle described attending a health fair recently:

“Ya, um I just recently went to a health fair, they told me I have high sugar, not necessarily like a bad thing but not like I am really close enough to be diabetic but its high enough to where I should be aware”.

Danielle also voiced concerns about her health:

“Probably the health. I really want to be healthy because like it’s really not okay to be 20 and kind of obese and I know that but it’s something about me that is just not doing, making any effort to get better but that’s probably the most impacting in my life right now, the health piece”.

Family members are members of an individual’s nuclear family such as parents and siblings but also includes members of their extended families such as grandparents, aunts, and cousins. Karen described plus-size family members with chronic health problems:

“I don’t have diabetes even though it’s in my family, I don’t have hypertension even though it’s in my family”. And “Two years ago we almost lost our mother due to thrombosis and that was life threatening and so I am living it”.

Karen also commented about her grandmother:

“And so it has to do with a clot, so these legs got to get down, and my grandmother, I don’t know what the surgery was but she always had one very large leg and one regular size leg. It had to do with the veins, they stripped the veins or something”.

Rebecca described her family history of diabetes:

“Yes it does because on both sides of my families is diabetes and is real heavy. Three of my grandparents, two on my daddy’s side, and one on my mom’s side died from diabetes”.

Meal Planning.

One of the concerns of the women was meal planning and the cost of healthier foods. Many of the women thought they needed help making commonly used recipes healthier.

Cassie explained her reasons for not losing weight:

“I am trying my best to get weight off of me which is the number one problem you know, it is very hard to with my habit of eating junk food. I am a junk food eater. It’s hard to get over you know”.

Vera explained how as a child:

“From a child, when you were a child being raised up in the African American family your parents started you out on bad food like fried chicken, greens, and cornbread, pig ears, fat back. All that bad food, so you just keep continuing to eat that bad food, and you go on through your life and it will make you big until you learn that you got to start eating healthy and it’s hard to start eating healthy when you are used to eating all that good food. You got to learn to eat clean and healthy and make your portions smaller but I am so used to eating good food and sometimes I eat the right food but my body be like, baby, you know you want some greens and cornbread, you know you want some fried chicken”.

Expense of healthier foods.

Nancy explained how she felt there were differences in people as far as metabolism and how expensive the healthier foods were:

“So I can eat the vegetables and really break my budget in groceries just because I chose the healthier foods and still barely see results versus a person who is not plus-sized and spend barely half the money in groceries and buys unhealthy foods and barely gain a pound”.

Danielle described trying to eat better but then being hindered because of the cost of healthier foods:

“When it comes to trying to eat better or um you know things like that, trying to take action against me being plus-sized, it’s always, well this is cheaper, so let me get this, you know. Because the salads, bottled water, and fruit. Fruit is so expensive, you know, so it’s like finances are always like an issue”.

Changes made.

Abigail also explained how she is trying to make some changes in her diet:

“And reading about what foods are good for me and what foods aren’t, understanding the difference between unsaturated and saturated fats and trans fats and stuff like that, understanding that there’s no skin on the chicken that’s really

worth eating anymore because it's not good for you and things like that that you know I never thought about".

Joanna described her plan to get healthier:

"Yes I went to the doctor last week for an annual checkup and she gave me a plan as far as four ounces of meat, drink lots and lots of water at least two gallons a day, exercise at least thirty minutes a day, so I work out in the morning. I get up before the kids and take a walk and in the evening I take them with me and I take them to the park, we run and try to be active".

Psychological Consequences

Self-Esteem.

Self-esteem, body image, and being self-conscious about weight were common themes among the participants. Seigley (1999) defined self-esteem as how a person feels about themselves which includes that self-esteem is influenced by the people around a person. Mruk (2013) states that self-esteem encompasses the ideal self and the individual's ability to obtain goals towards their ideal self. Joanna commented about her self-esteem:

"I think it influenced me by the lack of self-esteem thinking I can't do something like I think in certain stores that I would never apply you know even in places that are seasonal and I think oh I could get an extra job you know because I go in there and I see the other women are maybe slimmer or younger and I will feel just like intimidated like I can't dress like they dress so that even if I put on something like them I would look terrible so I will never even apply because of my lack of confidence".

Danielle describing her self-esteem:

"It was my own self-esteem. Making myself feel worse than I should have been because I am just constantly attacking myself more rather. And not other people, it's more of me thinking before them like what are they thinking about this. They probably weren't. But it was just me in my own head".

Body Image and Physical Shape.

Body image is a person's inner feelings about their physical shape that they might not share with anyone. Susan described body-image relating:

"I really see body image as the strike. It doesn't matter that I am in my late 40's, it doesn't matter than I am African-American, it's really your body image and how you present yourself and how you are perceived. Because if someone talks to me on the phone, they don't hear my color, they don't hear my age, they hear my education and my expertise, but when they see me, they still hear those things, but now they see that's why I take more time in how I present myself and those types of things and what I wear to accent, because you can feel it in a room, which is really sad".

Abigail felt her physical shape needed improvement and that because she did not like her physical shape, she did not want to be intimate with anyone:

"It definitely needs improvement and uh I don't think, if I don't like it, then no one else is going to like it, so it makes me not want to be intimate with anyone".

Karen described what she thinks of her physical shape:

"As in how I look at myself, I am too heavy. I swim on a regular basis, but I look in the mirror and I think, ooh that is an ass, it's just too much. It's just really too much weight. I have too much lower body weight".

Vera also described what she thinks of her physical shape:

"I could improve a bit, maybe work on my gut, but ya, that's probably it. I could probably work on my gut but as far as my outer appearance, I think it's alright".

Vera commented:

"Well my grandmother's never told any stories about size and shape, because those women they didn't talk like that, they were really quiet. They didn't say your body is like this. They only tried to teach you what was going to happen out there, watch for this. They didn't talk about your body shape or any of that, they just didn't do it".

Angie described her body shape:

"I guess the body shape. You know the thing that really bothers me most is my stomach. So if you are saying body shape that would be the biggest thing for me".

Angie also described the thin model image:

“It’s not real and you just can’t be happy that way. And the thing is instead of saying just this is a beautiful woman or this is a beautiful plus-sized woman. Why do you have to say that why can’t it just be a beautiful woman?”

Self-Conscious.

Self-consciousness means that a person is aware of how she acts and looks. Kedia and Hilton (2011) define the self-conscious emotions of guilt, shame, embarrassment, or remorse as how people scrutinize their own behaviors. The importance of confidence as associated with being self-conscious cannot be overlooked. Confidence can be an inner or outer feeling. A person that is self-conscious about how she looks can lack confidence. Nancy explained how she was self-conscious in the new mostly White neighborhood she had just moved to:

“If you are plus-sized in the neighborhood that I am in now which is predominantly White, and you are a Black girl, well that’s typical in those eyes, and you are unhealthy versus you know of course like the neighborhood I came from”.

Susan described being self-conscious:

“It affects probably how I present myself. I probably put more thought into what I wear and how I wear it depending on where I am going then I would have when I was thinner a long, long, long, long time ago. But not anything other than that. Just making sure I am not emphasizing areas of my body that I don’t want to emphasize”.

Danielle described being self-conscious:

“Some days I feel really confident, I feel like I look good, then there are some days I feel like I really need to get some of this weight off me. It’s the majority of the time when I am scrolling through social media, it makes me feel so silly to feel so insecure like that”.

Rebecca also discussed not wanting people seeing her perspire:

“I don’t want people to see me sweating real hard and like little things make me sweat so I don’t want people seeing me sweat real hard and my pants bunch up together so I don’t really do activities to avoid that”.

Joanna commented on her size:

“I never noticed how big I was getting until someone told me and I was looking at some pictures of myself and was horrified. I never noticed until I seen a picture because I am confident with myself”.

Not participating because of weight.

Weight can hinder a person physically and keep them from participating in some activities especially if the person is self-conscious about how they look. Not being able to keep up with others physically can be embarrassing. Participants described not feeling as if they would be good enough to join activities. The women also described not being able to run as fast, jump as high, or be able to keep up with other people involved in the activities. Karen described herself:

“I have never been inactive, I just don’t move as fast. I call myself the amoeba when used to be a gazelle, I have learned to laugh at myself”.

Danielle discussed intramural softball:

“I want to join the intramural softball team here but I am just afraid that I wouldn’t be able to keep up with like the other students and I’ve always felt like that so ya I always compare”.

Danielle also discussed her feelings about being judged for her weight:

“Sometimes I feel like I am not as active around campus, doing things that you should be doing, getting involved. I think that holds me back, like the whole plus-sized thing to getting out there and doing things. It’s probably just afraid of judgment, I don’t know. It’s kind of silly”.

Rebecca really wanted to try out for the dance team:

“Like I wanted to try out for the dance team and stuff like that but when I went there to try out like nobody was big. And I was looking at what some of the girls were doing and I can’t jump that high, I can’t do that jump. I was like none of the

girls that were on the team looked like me. I really wanted to be on the dance team because I was on the dance team in high school”.

Rebecca was then asked if she did try out:

“Well I watched for a couple people but I left before they got to my turn. Because I did not want to embarrass myself”.

Rebecca also commented on a swimming activity on her college campus:

“Like we went to a swim thing, but we didn’t put our swim things on because a lot of people were in two pieces. We had our swim things on under our clothes but we didn’t take our clothes off. So certain events”.

Other Perspectives

Karen mentioned that in the last 10 years, there had been a shift in the Black culture because of the influence of Michelle Obama who has made fitness and health her platform during her husband’s presidency. This was an issue that were not addressed in the study questions. Karen explained that:

“It’s stressful now because it’s hard and it’s hard work about changing a lifestyle and getting the support, and having the money, because to me eating right requires money”.

Karen also described that her perspective as a plus-sized Black woman has not been heard:

“Oh it has not been heard, because it’s not valued, as you age, again, I don’t know there are just so many positive role models in my life, empowered women, and I have that, I don’t have it here, but I know that, where age is not an issue, weight is not an issue”.

Karen described Black women as:

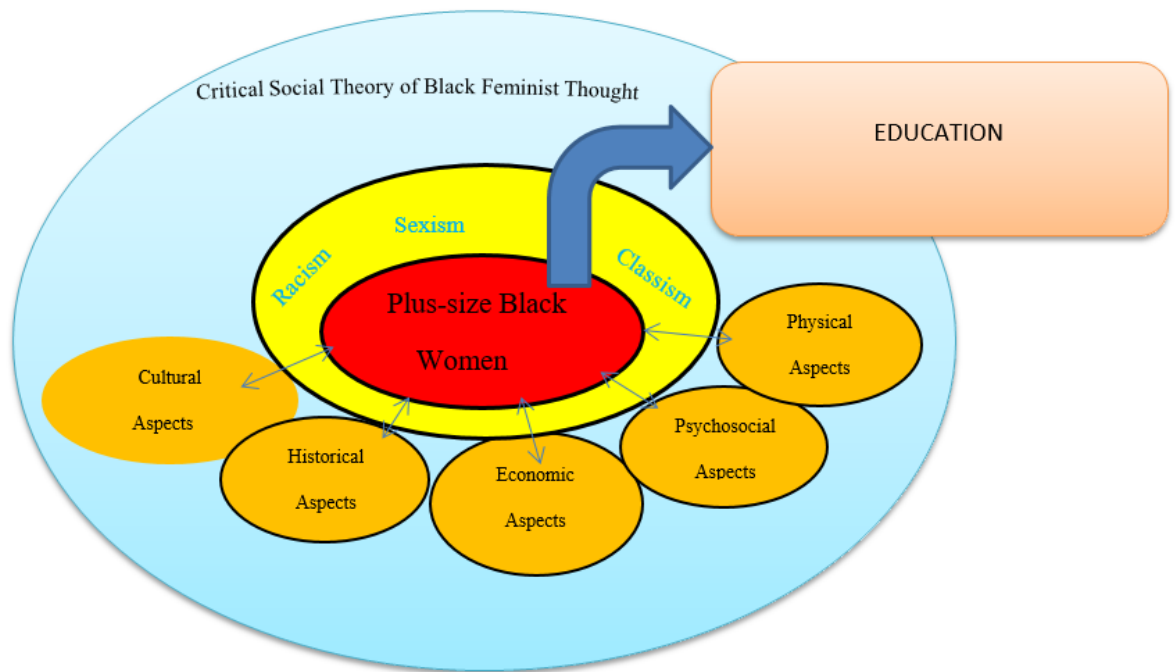
“Based on being the caregiver for a culture or race of people. Historically speaking the Black woman was really taking care of everybody”.

Karen was the only participant to mention the perspective that Black women have not been valued and have been caring for everyone even now including their partner, children, and extended family. Historically Black women cared for White men, women

and their children, then cared for their own families. Caring for everyone but yourself can be costly both emotionally and physically.

Figure 2:

Revised Completed Model



The original model, used to formulate this study included the five constructs depicted in Figure 2. Each of these constructs was explored using the semi-structured interview questions. Analyses of these data indicate that the model should be revised to include education as a variable. Education influences both the economic and psychosocial constructs. Thus this variable has the potential to positively influence the economic and psychosocial aspects associated with being a plus-sized Black woman.

In conclusion, the women in the study were sincere and answered the open-ended questions during the interviews honestly. Each woman thanked the researcher for providing them the opportunity to tell their story. Participants shared the multiple

challenges encountered by being a plus-size Black woman. The interviews provided rich data that were analyzed using HyperRESEARCH® and Colaizzi's (1978) qualitative method. Themes identified from the analyses included the meaning of plus-size, health consequences, and psychological consequences.

Chapter 5: Summary and Conclusions

Chapter five will summarize the study as well as provide conclusions. The themes identified in the data analysis will be described. The implications of the results will be discussed. The study findings as related to the literature review will be presented. The meaning of the results as well as recommendations for future research will be described.

Summary of Study

The purpose of this phenomenological study was to describe lived experience of plus-sized Black women. Ten women were recruited for the study. Each participant signed an informed consent prior to participating and received a copy. Recruitment consisted of posting flyers with contact information around the Kansas City metro area, giving flyers to key informants so they could recruit for the study, and asking participants if they had any friends or family members who might have an interest in being interviewed. Semi-structured interview data were collected specific to the physical, psychological, economic, historical, and cultural aspects that surround plus-sized Black women living this phenomenon. Each interview question guided the participants to share their experiences, describe their lives, and reflect on factors affecting their experiences. Interview data were audio recorded, transcribed, and verified for accuracy. Data analysis was guided by Colaizzi's method and used the HyperRESEARCH® program. Three themes emerged describing the experience of being plus-size, female, Black, and residing in an urban environment. These themes, labeled based on their content, are: (1) meaning of plus-size, (2) health consequences, and (3) psychological consequences. This chapter presents the results and conclusions of the study with implications for future research.

Results

Meaning of Plus-size.

This theme was labeled the meaning of plus-size, based on the content of each participant's description of their lives. Data within this included generation of females, shopping challenges, stereotypes, and the media. Each participant described the term plus-size unique to themselves within many different terms. This phenomenon has not been previously described in research literature. According to Gruys (2012), people have strong views about slimness, what is acceptable and what is not acceptable. Many of these views about size originate from the media along with clothing models averaging a size zero or two. As previously explained by Lee, Reich, and Song (2010) and supported by the results of this study, it is difficult to fit into American society if an individual is different especially if the person is singled out because of that dissimilarity.

While the meaning of being plus-sized seemed to be an individual phenomenon, there were similarities in the terms used to describe the meaning of being a plus-sized Black woman. None of these terms, as described by these participants, were positive. While these data support a perceived bias towards being plus-sized, the myriad of terms used represents new findings. Despite societal use of politically correct terms in an effort to be respectful, the meaning of being plus-size has not been altered.

Health Consequences.

The second theme was labeled health consequences. The results obtained in this study mirrors data provided by the Centers for Disease Control and Prevention (2012). These include cardiovascular, pulmonary, metabolic, and arthritic conditions. Cummins and McIntyre (2006) describe the link between food choices, meal planning, and weight.

Interview data from this study also describes limited food availability, traditional preparation methods, and time constraints. The participants in this study were able to describe the historical health effects of this scenario on other family members as well as their personal risk.

Each participant also understood that if they did not make some lifestyle changes they were at risk for similar health conditions. Previous educational efforts have resulted in knowledge with respect to health consequences as a result of obesity. Knowledge as described by these participants was not translated into action. While it was beyond the scope of this study to explore the barriers, these appear to prevent healthy behavior changes. Future research is needed to identify and describe the specific barriers.

Psychological Consequences

This theme focused on the psychological consequences related to being plus-size. These consequences include lower self-esteem, distorted body image and physical shape, increased self-conscious, and inability to participate in activities because of weight. Each of these phenomenon have been previously described by Johnson and Broadnax (2003), Judd and Park (1993), and Mruk (2013). Persistent psychological labeling results in stereotyping which perpetuates cyclical attitudes, resulting in the inability to alter their situation. This scenario is described by the participants in the study as not feeling confident enough to participate in many activities and reluctance to place themselves in situations where they will be stereotyped.

Study inclusion criteria allowed the focus of this study to be only on plus-sized Black women who resided in an urban setting. Thus, the psychological consequences identified in previous literature, had little effect on these participants. In fact, only when

these women left this environment were the psychological consequences of being plus-size experienced. The geographical location, combined with their culture, provided the ability to retain a positive self-esteem and not experience stereotyping.

Education.

There were several specific benefits described only by those participants who completed secondary education. These benefits included a higher level of income and a specific skillset used to detract from their plus-size. Education provided these participants with the ability to move beyond their geographical location, which exposed them to different experiences that altered their perception of being plus-size. Chambers, Bush, and Walpole (2009) illuminate that Black women gain strength which increases their self-worth through education. Interactions with peers, faculty, and mentors from a college experience enhances problem solving abilities.

In addition the many benefits of further education, these participants learned how to dress in a manner that detracted from their size. These participants had the resources to purchase clothes that fit and were able to accessorize such that their presentation was professional. In addition, their job aligned with their education, making them a valued employee regardless of their weight. These participants were not unaware of their size, but they reported being a valuable employee, which allowed them to overcome stereotyping. Negative comments, related to either being plus-size or being Black, were perceived as not being directed toward them. The women did not embrace perceived negative comments nor spend time worrying about them.

Implications of Results

The experience of being a plus-sized Black woman is being documented in the research literature. As a vulnerable population, these individuals are at risk for physical and psychological consequences associated with their size, race, and gender. Thus, interventions must be culturally respectful and gender specific. As their situation is unique, understanding the experience, from their viewpoint, is a critical step, and necessary to guide interventions.

Education, an intervention in changing the course of any life, is a factor in fitting into society, despite being plus-size. The lived experience of the participants in this study that were educated, was different. While education did not change their physical size, and cannot alter their race or gender, it can place them in situations that may change the stereotyping, and increase the chances that they will be motivated to alter their destiny.

When collecting data, each participant reflected back on her life, and described the many variables which resulted in being plus-size. They also thanked the researcher for being interested in them, desiring to obtain data directly from them, and listening to their stories. This population represents an untapped source of data and individuals who are aware of their plight.

Meaning of Results

The physical, psychosocial, economic, historical, and cultural aspects of being a plus-sized Black woman are intertwined. Education appears to be the armor these women need to overcome the racism, sexism, and classism that exists. The Critical Social Theory of Black Feminist Thought framework acknowledges the complexity of Black women's lives and the multiple influences that surround them. The framework incorporates

knowledge, consciousness, and empowers Black women to be proud of their heritage (Few et al., 2003). Race, class, and gender are all muddled together for the women in the study so priorities are jumbled also. This is not unique within the group of Black women as a whole. The women prioritize everyone else's needs and not their own. Black women have remained silent for too long and now is the time for their voices to be heard (King, 1988). The Black Feminist Thought framework could be a tool that all Black women could use if trained regardless of their education. The framework provides knowledge and practices as to how to face challenges that Black women encounter every day (Collins, 2000). The women must be empowered in order to make behavior changes in their own lives which in turn would help to empower their daughters.

Limitations

There were several limitations associated with this study. The first is that data were collected from one geographical site using convenience sampling techniques. Solicitation for participation was done using flyers placed in local businesses, which have defined clientele. Thus application of these results are not recommended until further research is performed.

Data were collected from a novice researcher, which may have hampered the research methodology. Despite the fact that data were collected in a controlled environment, the truthiness of the data cannot be validated. The Principal Researcher is White, which may have affected the participant's ability to be completely honest. Social desirability, or the need to present yourself in a positive frame, is always a limitation in qualitative research (Backstrom & Bjorklund, 2014)

Recommendations for Future Research

The study should be replicated in different urban geographical areas as well as a suburban area of the original study site. These data will identify if the perspective of plus-size Black women is similar to the findings in the study. Participants requested training and education on how to change their lifestyles to be healthier. Getting the urban churches involved could be a good option to reach more plus-size Black women. Once larger groups of women are involved, then an intervention study using Black Feminist Thought training could be proposed, funding obtained, and then launched. The Black Feminist Thought framework includes the social and psychological dynamics of being Black, assuring that the data reflects the phenomenon.

In conclusion, the obesity epidemic is a significant problem in the United States (U.S.). This is especially true for Black women. Research must be performed to provide evidence based interventions. This assures that the interventions are culturally and gender respectful, which increases the potential for them to be successful. These plus-size Black women knew what they needed to do to prevent health consequences associated with being plus-sized. Present interventions are not successful, and research will identify why.

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Appendix A: Demographic Survey

The Lived Experiences of Urban Plus-Sized Black Women in a Midwestern City

- Please complete these basic demographic questions about yourself. You may choose not to answer as many or as few questions as you want. You can skip one or more questions. These questions were chosen based on the study aims and a review of the literature.

Date _____

Study Participant _____

Pseudonym _____

Age _____

Relationship Status:

Married

Single

Divorced

Separated

Committed Relationship

How Many People Reside in your Household? _____

Relationship of these people _____

Highest Level of Education:

Grade school _____

High school _____

Some college _____

Associate Degree _____

Baccalaureate Degree _____

Master's Degree or higher _____

Zip Code _____

Income Level:

\$15,000 or Less _____

\$15,001-20,000 _____

\$20,001-40,000 _____

\$40,001-60,000 _____

Greater than \$60,001 _____

Healthcare Conditions: (Circle any that you have)

Asthma

Sleep Apnea

Cancer

Stroke

Heart Problems

Diabetes

High Blood Pressure

Kidney Problems

Joint Problems

Stomach Problems

List other healthcare conditions that were not identified above:

Work Status: (Circle one)

Full time

Part time

retired

not presently working

Residence: (Circle one)

Rural

Urban

Suburban

Appendix B: Consent



College of Nursing

One University Blvd.

St. Louis, Missouri 63121-4499

Telephone: 314-516-6066

Fax: 314-516-7093

E-mail: nursing@umsl.edu

Informed Consent for Participation in Research Activities

The Lived Experience of Urban Plus-sized Black Women in a Midwestern City

Participant Pseudonym _____ HSC Approval Number 429192-1

Principal Investigator Jolene Lynn

PI's Phone Number 816-304-5588

1. You are invited to participate in a research study conducted by Jolene Lynn and Dr. Kathie Records, nurses and faculty on two campuses of the University of Missouri. Jolene Lynn is also a doctoral student and is the primary investigator on this project. The purpose of this research is to describe the lived experience of plus-sized Black women.

2. a) Your participation will involve:

- Being approached by a key informant (friend, relative, or coworker) to see if you are interested in the study.
- Receiving a phone call from Jolene Lynn to explain the study, see if you qualify for being in the study, and to answer any questions you may have.
- Signing a consent form after the study has been explained and all of your questions have been adequately answered. You will receive a copy of the consent form for your records.
- Providing demographic information that lets you describe any health condition(s), your general annual income level, and your relationship status. You can choose to not answer any question that you would prefer to skip.
- An individual interview that is audiotaped.

- b) Each individual interview will take 1-1½ hours of your time. You will receive \$20 for your participation in the interview.
- c) There may be a follow-up interview for clarification as we analyze data. The follow-up interview would last about 30 minutes.
3. There may be certain minor risks or discomforts associated with this research. They include uncomfortable feelings that might come from answering questions about your body size or background. These questions may cause psychological distress. If you are distressed, we will provide information for you about community resources and referral services that might be helpful for you to explore on your own. You do not need to continue to participate if you find the questions distressing.
 4. There are no direct benefits for you participating in this study other than feeling good about talking with another woman about how you feel. However, your participation will contribute to the knowledge about plus-sized Black women and may help society.
 5. Your participation is voluntary and you may choose not to participate in this research study or to withdraw

your consent at any time. You may choose not to answer any questions that you do not want to answer. You will NOT be penalized in any way should you choose not to participate or to withdraw.
 6. By agreeing to participate, you understand and agree that your data may be shared as group data with other researchers and educators in the form of presentations and/or publications. In all cases, your identity will not be revealed. All audiotapes will be destroyed once all data has been obtained. In rare instances, a researcher's study must undergo an audit or program evaluation by an oversight agency (such as the Office for Human Research Protection). That agency would be required to maintain the confidentiality of your data. In addition, all data will be stored on a password-protected computer and/or in a locked file cabinet and office that is accessible only to the investigators.
 7. If you have any questions or concerns regarding this study, or if any problems arise, you may call the Investigator, Ms. Jolene Lynn, 816-304-5588 or Dr. Kathie Records, 314-516-6076. You may also ask questions or state concerns regarding your rights as a research participant to the Office of Research Administration, at 314-516-5897.

**I have read this consent form and have been given the opportunity to ask questions.
I will also be given a copy of this consent form for my records. I consent to my
participation in the research described above.**

Participant's Signature

Date

Participant's Printed Name

Signature of Investigator or Designee

Date

Investigator/Designee Printed Name

Appendix C: Interview Guide

Individual Interviews

I would like to thank you for coming to this interview today. My name is Jolene Lynn. I talked to you on the phone when you expressed an interest in helping me with this study. I am a student at the University of Missouri-St Louis but I live here in the midtown Kansas City area. As you can see, I am a White woman, but I do not want that to deter you from really speaking about things that are important to you. I am really interested in your perspective as a Black woman. Please do not say what you think I want to hear, but how you really feel. I am a plus-sized woman, so I do understand that perspective a bit. I have asked you to come today to talk about the experiences in your life of being a plus-sized Black woman.

The first thing I am going to give you is a copy of the consent form. Please read the form and if you feel comfortable go ahead and sign it. I am happy to answer any questions you may have. I will give you one at the end of the interview for your personal records. The second form is called a demographic form and it just asks you a few questions about yourself. Everything that you write on the demographic form and say in this interview will be kept in the strictest confidence. No individual personal data or names will be used. You are also free to leave the interview at any time. I would appreciate it if you could check that your cell phone is turned off or placed on silence right now.

I will be using two tape recorders to tape the interview today. This is just so I can be sure and get accurate information. I have extra batteries that I will put in if one of the tape recorders stops in the middle of the session. I have several questions to ask you. The

questions will be in blocks so we can pause at any time if you need it. At the end of the interview if there is something that you feel has not been covered; please feel free to bring it up so that we can discuss it also.

The questions for the individual interview pertaining to the **physical** aspects of being plus-sized Black women are:

1. What is the first thing that comes to mind when you hear the term “plus-sized”?
2. Does being plus-sized affect your ability to be active?
3. Does being plus-size affect your health?
4. What do you think about your physical shape?
5. Of all the things we discussed so far today, which is most important to you?

The questions for the individual interview pertaining to the **psychosocial and economic** aspects of being plus-sized Black women are:

1. How does being plus-sized influence your daily life? This might include your job, family, church, or anything else you would like to share (psychosocial)
2. Do you think your neighborhood contributes to women being plus-size? (economic)
3. What do you think of the term “double or triple jeopardy” which refers to you being Black and being plus-sized? (psychosocial)

4. Have you experienced unique financial circumstances (such as employment, pay, or workplace treatment) because of your weight? (economic)
5. Of all the things we discussed today, which is most important to you?

The questions for the individual interview pertaining to the **historical and cultural** aspects of being plus-sized Black women are:

1. How alike or different are you to your mother and grandmother (historical)
2. What stories about your body shape or size have been passed down through your families? (historical)
3. In what ways have you experienced gender based or race based oppression and how have you dealt with this? (historical)
4. How has being a plus-sized Black woman influenced decisions that you have made in your life? (cultural)
5. Of all the things we discussed today, which is most important to you?

Appendix D: Study Flyer

Attention: BLACK women who Wear PLUS-SIZED clothing and are 18-65 years old



- Would you be interested in participating in an individual interview lasting 1 hour and making \$20?
- The purpose of the study is to describe the lived experience of plus-sized Black women
- **Please contact: Jolene Lynn at 816-235-6358 or lynnjj@umkc.edu**

Appendix E: IRB Approval Letter

Date: 12/17/2015 04:40 PM
To: "Jolene Lynn" <lynnjj@umkc.edu>, "Rick Zimmerman" <zimmermanri@umsl.edu>, "Kathie Records" <recordsk@umsl.edu>
From: "John Hancock" <no-reply@irbnet.org>
Reply To: "John Hancock" <hancockjc@umsl.edu>
Subject: IRBNet Board Action

Please note that University of Missouri-St. Louis IRB has taken the following action on IRBNet:

Project Title: [429192-4] The Lived Experiences of Urban Plus-Sized Black Women in a
Midwestern City
Principal Investigator: Jolene Lynn, PhD (c)

Submission Type: Continuing Review/Progress Report
Date Submitted: December 14, 2015

Action: APPROVED
Effective Date: December 17, 2015
Review Type: Full Committee Review

Should you have any questions you may contact John Hancock at hancockjc@umsl.edu.

Thank you,
The IRBNet Support Team

www.irbnet.org
Date: 09/18/2015 11:50 AM
To: "Rick Zimmerman" <zimmermanri@umsl.edu>, "Kathie Records" <recordsk@umsl.edu>,
"Jolene Lynn" <lynnjj@umkc.edu>
From: "Carl Bassi" <no-reply@irbnet.org>
Reply To: "Carl Bassi" <bassi@umsl.edu>
Subject: IRBNet Board Action

Please note that University of Missouri-St. Louis IRB has taken the following action on IRBNet:

Project Title: [429192-3] The Lived Experiences of Urban Plus-Sized Black Women in a
Midwestern City
Principal Investigator: Jolene Lynn, PhD (c)

Submission Type: Amendment/Modification
Date Submitted: September 16, 2015

Action: APPROVED
Effective Date: September 18, 2015
Review Type: Expedited Review

Should you have any questions you may contact Carl Bassi at bassi@umsl.edu.

Thank you,
The IRBNet Support Team

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