

2022

Psychosocial Complexities of American Black Women's Experiences with Weight Loss or Obesity

Danielle Atkins
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>



Part of the [Counseling Psychology Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Psychology and Community Services

This is to certify that the doctoral dissertation by

Danielle Marie Atkins

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Brandy Benson, Committee Chairperson, Psychology Faculty
Dr. Leslie Barnes-Young, Committee Member, Psychology Faculty
Dr. Megan Gramm, University Reviewer, Psychology Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2022

Abstract

Psychosocial Complexities of American Black Women's Experiences

with Weight Loss or Obesity

by

Danielle Marie Atkins

MS-Advanced Certificate, University of Buffalo, 2020

MA, Mercy College, 2011

BS, Kaplan University, 2007

BBA, CUNY-Bernard Baruch College, 1997

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counseling Psychology

Walden University

August 2022

Abstract

Weight loss and obesity among American Black women (including African American and Caribbean Black women) is a growing issue in the United States. However, a notable gap exists in the literature regarding research into this population's lived experiences with weight loss or obesity, specifically regarding underlying psychosocial needs, such as cultural influences, self-care, and social networks, which are not being met to support them in making behavioral changes. A greater understanding of the impact of American Black women's psychosocial underlying experiences may help mental health professionals support them in their efforts toward a healthier lifestyle. Using Bronfenbrenner's ecological systems model as a framework, this phenomenological research study was conducted to understand the impact underlying psychosocial factors have on the lived experiences of American Black women who struggle with weight loss or obesity. Data were collected from 11 women who participated in individual semi-structured interviews conducted via Zoom. The data were analyzed using the modified van Kaam method of phenomenological analysis, and four themes emerged from the data: (a) perceived reasons for not losing weight and (b) experiences in maintaining a healthier lifestyle, (c) psychological impact on self, and (b) motivational needs. Findings showed that American Black women's underlying psychosocial factors impact their weight loss or ability to maintain a healthier lifestyle. The findings could help promote positive social change among American Black women by bringing about awareness and helping this population find balance in their environment. Furthermore, the findings could help mental health professionals change how they address weight loss or obesity issues with American Black women patients.

Psychosocial Complexities of American Black Women's Experiences

with Weight Loss or Obesity

by

Danielle Marie Atkins

MS-Advanced Certificate, University of Buffalo, 2020

MA, Mercy College, 2011

BS, Kaplan University, 2007

BBA, CUNY-Bernard Baruch College, 1997

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counseling Psychology

Walden University

August 2022

Dedication

I dedicate this dissertation to my deceased grandparents, aunt Shirley and my father, Cecil Atkins, for providing me with the foundation and strength to pursue my goals. I dedicate this dissertation to my family members (mother Elizabeth, aunts Dorothy and Cathy, uncle Jim, brother Jamal, sister Nichelle, and cousins Malykia, Justin and Rhakeem), who provided me with words of wisdom, support, and encouragement when I doubted myself. I dedicate this dissertation to my children (Sherrod, Sean, and Michaela), who were my inspiration and reason for pushing myself towards my Doctoral Degree. And most importantly, I dedicate this dissertation to my fiancé and husband-to-be, John, for making the sacrifices, believing in me, and being my rock when I wanted to quit. Thank you all, with much love and appreciation.

Acknowledgement

This dissertation journey has been the most challenging and most intricate accomplishment I have gone through outside of having my children. The encouragement, patience, and guidance allowed me to stay on my path and achieve this most distinguished degree. I am deeply grateful to the following individuals on this journey with me.

I want to thank my chairperson and my committee member, Dr. Benson, and Dr. Barnes-Young, both of you have given me so much support, encouragement, and guidance throughout this journey. Without your words of wisdom and constructive feedback, I would not have been able to achieve the highest quality in my writing or have the best experience in my doctoral education. I also want to thank all the participants for taking the time to participate and share their personal experiences in their weight loss journey. I am genuinely grateful for their contributions to scientific knowledge and my benefit from the privilege of working alongside them.

Finally, I want to thank my woman tribe, without your encouragement, support, and laughter, this dream would not have been possible. You all are much appreciated.

Table of Contents

| | |
|--|----|
| List of Tables | v |
| Chapter 1: Introduction of Study | 1 |
| Introduction..... | 1 |
| Background | 2 |
| Problem Statement | 4 |
| Purpose of the Study | 5 |
| Nature of the Study | 6 |
| Research Questions..... | 7 |
| Theoretical Framework..... | 8 |
| Definitions..... | 9 |
| Assumptions..... | 11 |
| Scope and Delimitations | 11 |
| Limitations | 12 |
| Significance of the Study | 13 |
| Summary | 14 |
| Chapter 2: Literature Review | 16 |
| Introduction..... | 16 |
| Literature Search Strategy..... | 16 |
| Theoretical Framework..... | 17 |
| Literature Review..... | 19 |

| | |
|---|----|
| Obesity | 19 |
| Weight Loss | 21 |
| What It Means To Be Called American Black | 21 |
| Psychosocial Factors | 22 |
| Cultural Influences | 24 |
| Self-Care | 32 |
| Social Networks | 38 |
| Summary | 44 |
| Chapter 3: Methodology | 46 |
| Introduction | 46 |
| Research Design and Rationale | 47 |
| Research Questions | 49 |
| Role of the Researcher | 50 |
| Methodology | 51 |
| Participant Selection Logic | 51 |
| Recruitment | 51 |
| Data Collection | 52 |
| Sample Size and Sampling Strategy | 53 |
| Instrumentation | 54 |
| Data Analysis Plan | 55 |
| Issues of Trustworthiness | 57 |

| | |
|---|-----|
| Ethical Procedures | 58 |
| Summary | 59 |
| Chapter 4: Results | 60 |
| Introduction..... | 60 |
| Setting | 60 |
| Demographics | 61 |
| Data Collection | 62 |
| Research Questions..... | 64 |
| Data Analysis | 62 |
| Evidence of Trustworthiness..... | 67 |
| Results..... | 68 |
| Research Question 1 | 70 |
| Research Question 2 | 81 |
| Individual Textual-Structural Descriptions..... | 88 |
| Composite Textual-Structural Descriptions..... | 97 |
| Summary | 99 |
| Chapter 5: Discussion, Conclusions, and Recommendations | 102 |
| Introduction..... | 102 |
| Interpretation of the Findings..... | 104 |
| Research Question 1 | 104 |
| Research Question 2 | 107 |

| | |
|--|-----|
| Limitations of the Study..... | 109 |
| Recommendations..... | 110 |
| Implications..... | 111 |
| Conclusion | 112 |
| References..... | 114 |
| Appendix A: Social Media Post..... | 134 |
| Appendix B: Informed Consent Form | 135 |
| Appendix C: Beginning Interview Guide | 139 |
| Appendix D: Demographics | 140 |
| Appendix E: Research and Interview Questions | 142 |
| Appendix F: Audit Trail..... | 144 |

List of Tables

| | |
|--|----|
| Table 1. Participant Demographic Characteristics and Self-reported BMI Scores..... | 62 |
| Table 2. Research Questions, Thematic Categories and Invariant Constituents | 69 |

Chapter 1: Introduction of Study

Introduction

Weight loss and obesity among women have become a growing issue. This issue affects women of all ages, demographics, and cultures (Office of Women's Health, 2019). On all levels of society, obesity has been recognized as a significant health crisis (Gaston et al., 2011). Within the United States, obesity has become a health and economic burden, especially among certain racial and ethnic groups (Gaston et al., 2011). However, healthier choices are limited due to racial and ethnic disparities in weight management in the United States (Salinsky & Scott, 2003). A person's weight affects their waistline and can impact their overall health, self-image, and mental health (Salinsky & Scott, 2003).

As of 2015, women in the United States surpassed men in rates of obesity (Centers for Disease Control and Prevention [CDC], 2015). Further, women who identify as American Black (including African Americans and Caribbean Blacks) hold the highest rate of obesity (CDC, 2015). Additionally, American Black women have been identified as the least likely group to engage in activities or maintain healthier behaviors that preserve a healthy existence (Befort et al., 2008).

American Black women face barriers where unhealthy food choices are concerned. Previous researchers, such as de Oliveira et al. (2016) and James (2004), focused on obesity and American Black women centered on socioeconomic status, poor eating habits, and education levels. King et al. (2000) and Wolfe (2004) classified other

factors contributing to obesity among American Black women, such as environmental issues, stress, having children early in life, or traumatic childhood events. Gluck and Geliebter (2002), Rozin (2006), and Komesaroff and Thomas (2007) stated that cultural influences play significant roles in women's appearance, eating behaviors, and food choices.

While researchers have identified a diverse array of factors that limit the extent of American Black women's weight loss efforts, insufficient attention has been focused on psychosocial factors—mainly cultural influences, self-care, and social networks—as indispensable roles in weight loss or obesity. Accordingly, focusing on these factors in American Black women's experiences with weight loss or obesity issues could lead to a significant understanding of the influences on this population (Gaston et al., 2011).

The following sections of this chapter include summaries of the extant literature that provide an overview of underlying psychosocial and cultural factors that contribute to obesity among American Black women. The sections also highlight the relevant gaps in the literature related to underlying psychosocial needs, cultural influences, self-care, and social networks. A summary of the essential points concludes the chapter.

Background

In psychology, growth has occurred in the study and research of American Black people concerning weight loss or obesity and the process of making behavioral changes in their lifestyles. Fleury and Lee (2006) provided information on research related to the choices made by American Black women regarding healthy activities. The researchers

explained through a multilevel lens the individual's entire self (i.e., environment, interpersonal, intrapersonal, community, and organizational resources). Fleury and Lee (2006) suggested that understanding the importance of social and interpersonal resources correlates with how American Black women pursue physical activities.

Regarding weight management, physical activities are an essential component, but so is the need to see oneself positively. Hwang et al. (2010), Antheunis et al. (2013), and Chou et al. (2014) measured social media's positive and negative effects on an individual's perception of weight. Findings revealed that social interactions could provide individuals with a community of shared experiences or support in their weight loss journey. Baturka et al. (2000), Webb et al. (2015), and Ferrante et al. (2016) concluded that a person's body image and the clinical implications, such as a lack of understanding of social and cultural beliefs, affect the relationship between psychologists and clients struggling with weight management. The researchers found that bodyweight perception changes and a clear understanding of positive influences could change the patients', medical professionals, and mental health professionals' interactions to achieve a healthier lifestyle.

Harris et al. (2018) and James (2004) concluded that American Black women (including African American and Caribbean Black women) equated a cultural relationship with food and dieting. Cultural influences significantly impact making healthy choices and overall weight loss and weight management success among this population (Harris et al., 2018; James, 2004). Lee et al. (2011) suggested that using an

ecological systems model with women of color could help understand the influences that affect their health. By providing women with the necessary tools, those women made healthier choices, were more socially involved, and maintained their preferences (Lee et al., 2011).

As stated previously, the CDC (2015) has indicated that American Black women have higher rates of obesity than other population groups. Preliminary research studies, such as de Oliveira et al. (2016), King et al. (2000), and Komesaroff and Thomas (2007), have implied that cultural influences, self-care, and social networks might have a connection to individuals being overweight or obese. However, understanding the struggles with weight loss or obesity that American Black women experience remains essential. This study aimed to build an understanding of the three underlying psychosocial factors and their importance among American Black women concerning weight gain or obesity, which could make a critical difference in a healthier lifestyle.

Problem Statement

Obesity rates among American Black women appear to have been compounded by everyday struggles, such as environmental, personal, and financial situations (Griffith, 2011). Researchers have already identified several physiological and psychological factors contributing to obesity, including genetics, depression, and other impairments (i.e., physical impairments, other mental disorders, emotional or physical abuse; Mond et al., 2011). However, these same researchers have paid little attention to the underlying psychosocial and cultural factors contributing to obesity among American Black women.

These factors include examining the relationships among ethnicity, nativity, self-care, adherence to cultural norms (family background, values, and/or influences), a lack of confidence in social networks, and physical health for American Black women (Sallis et al., 2015). Revealing social and cultural differences among American Black women helps identify the pathways through which ethnic health disparities are created and maintained to the psychosocial complexities they face within their community (Griffith et al., 2011). Little research has been conducted to address the underlying psychosocial needs—such as cultural influences, self-care, and social networks—not being met for these women to make behavioral changes. American Black women continue to experience unhealthy weight-related behaviors.

Purpose of the Study

The purpose of this qualitative phenomenological study was to understand the unique psychosocial factors (cultural influences, self-care, and social networks) that create barriers for American Black women in their struggles with weight loss or obesity and maintaining healthier lifestyles. In this study, data collection was through the interviews of the lived experiences of American Black women who identified as having struggled with weight loss and how this impacts their overall well-being. The study sought to understand the unique underlying psychosocial factors that influence American Black women's strategies and experiences in their decision-making toward weight loss or obesity and healthy living.

Nature of the Study

This qualitative study's nature was based on Moustakas's psychological phenomenology approach (Creswell, 2013). The phenomenological method is used to gain insight into others' lived experiences of a specific phenomenon and how those experiences impact their lives (Peoples, 2020). In this study, the unique psychosocial factors (cultural influences, self-care, and social networks) were used as a generic concept concerned with how individuals are motivated to change their lifestyle and decision-making. This information can provide American Black women with an understanding of how the underlying psychosocial factors and their issues surrounding weight loss or obesity impact their choices toward an overall healthier lifestyle (Griffith et al., 2011). From a counseling psychologist's perspective, this information can help understand and address the different levels of influence that affect behavior related to weight loss or obesity (Sallis et al., 2015).

Cultural variations of American Black women were examined using semi-structured interview questions, and demographic and composition data gathered from participants. The information provided an opportunity to gain a different perspective in determining if there is a substantiated difference or correlation among American Black women. These interviews were the primary source of data collection for this study. The targeted population consisted of adult American Black women ages 18 and over. Demographic information collected included: socioeconomic status, job status, education level, living situation, and body mass index (BMI) 25 and over (which indicated

participants were considered overweight, obese, or morbidly obese). Weight-related behaviors and other information that emerged during the research process were collected.

The goal was to interview 12–20 participants for this study. According to Patton (2014), having a particular sample size depends on the research's purpose, availability, usefulness, and credibility. The small sample size allows for a more in-depth and purposeful study (Patton, 2014). Therefore, participants were recruited through distributed posts targeted on social media websites like Instagram or Facebook. The targets were specific groups geared toward American Black women (including African American and Caribbean Black women) to recruit a sample group willing to participate in an in-depth interview regarding their struggles with weight loss or obesity and a healthier lifestyle. The selected participants were interviewed virtually via Zoom, rather than in person, due to the current COVID-19 pandemic.

Research Questions

This study sought to understand the experiences of American Black women (including African American and Caribbean Black women) and their unique psychosocial factors (cultural influences, self-care, and social networks) that create barriers to weight loss or obesity and maintaining healthier lifestyles. This line of inquiry aimed to provide American Black women the opportunity to understand their choices. Thoughtful consideration of these objectives and a comprehensive review of the existing literature led to two research questions. The research questions that guided this study were:

RQ1: What role do underlying psychosocial factors (culture, self-care, and social networks) play in American Black women (including African American and Caribbean Black women) struggling with weight loss or obesity?

RQ2: How do American Black women (including African American and Caribbean Black women) address the underlying psychosocial factors (culture, self-care, and social networks) to maintain a healthy lifestyle?

Theoretical Framework

The theoretical framework for this study was based on Bronfenbrenner's ecological systems model. According to Bronfenbrenner's ecological systems model, multiple layers (environment, psychosocial influences, cultural background) of experiences impact one's ability to make healthy choices (Sallis et al., 2015). Individuals who identify and understand the underlying psychosocial factors (self-care, cultural factors, and social networks) that influence their behaviors can better commit to establishing a healthier outcome (Butryn et al., 2011; Ruffault et al., 2017).

Using an ecological systems model, individuals can become aware of the influences in their lives. Previous research states that constant reminders of being overweight leave individuals questioning their sense of self, creating stigmas within society and negatively impacting eating behaviors (Reese, 2019; Turner, Wildschut, & Sedikides, 2012; Vartanian & Porter, 2016). By taking the word *weight* out of weight loss and understanding the impact of their psychosocial factors, people are more likely to maintain a healthy lifestyle. Accordingly, when individuals fully understand what

contributes to their behaviors, they may be inclined to make the necessary changes to avoid potential risks (Sanders et al., 2012). This opportunity enables psychologists to draw upon a client's experiences (through personal, clinical, and supervision practice) and incorporate them into the therapeutic process to promote positive change (Clarkson, 1996). Using the ecological systems model can help mental health professionals understand the many levels that influence American Black women's decision-making process (Lee et al., 2011). The added knowledge could help women learn how to be more effective in addressing weight-related issues within a minimum amount of time by focusing on personal strengths and learning how to restructure their lives to put themselves at the forefront.

Definitions

In this section, I define several key terms pertinent to the study's research problem:

African American: A term used by individuals who associate themselves with their African heritage (Prabhat, 2011).

American Black: Individuals who consider themselves African American and Caribbean Black. These individuals include descendants of slaves, those who associate themselves with their African heritage, and those who associate themselves with their Caribbean heritage (Prabhat, 2011).

Body mass index (BMI): Used as a calculator to determine where a person falls in a weight category (CDC, 2020). The BMI is calculated by dividing one's weight in

kilograms by one's height in meters squared. The CDC gives parameters for being under or over the normal weight range; for example, if the BMI is over 25, a person is considered *overweight* (CDC, 2020).

Bracketing: The removal of a researcher's biases from a study, which allows for analysis of participants' experiences through a fresh lens (Peoples, 2020).

Caribbean Black: Individuals with ancestors from the Caribbean islands, such as Jamaica, Guyana, Trinidad and Tobago, and Haiti (Advameg, 2020).

Culture: One's morals, values, traditions, and societal norms within a particular environment (Pam, 2013).

Obesity: Increase in body fat that can cause adverse malfunctions within the body (Welcome, 2017).

Psychological phenomenology: Established by Moustakas (1994) the focus is on the lived experiences of individuals and gaining a new perspective of their shared experiences (Creswell, 2013).

Psychosocial factors: Factors that influence one's behavior and well-being, including culture, interpersonal relationships, and environment (Pam, 2013).

Self-care: Any activity individuals use to promote overall mental well-being (Pam, 2013).

Social networks: Interpersonal relationships that include one's family, community, and friends and that provide support and shared information or experiences (American Psychological Association, 2020).

Weight loss: Decrease in body mass due to healthier physical, mental, and eating habits (Stoppler, 2020).

Assumptions

This study contains several assumptions. The first assumption was that the participants would honestly answer the semi-structured interview questions. Participants may have been embarrassed or felt some form of bias about their weight that may have affected their answers. The assumption of participants' honesty and sincerity allows for the study's validity. The second assumption was that participants participated with no motive behind their participation, as it is assumed that participants were participating with no expectation of a reward or recognition. The third assumption was that everyone participating in the study would have experienced a shared phenomenon. It is assumed that everyone participating had lived through or was living through the shared experience of struggling with obesity or weight loss.

The final assumption involves bracketing. For bracketing to work, "the researcher would describe their own experience with the phenomenon" (Creswell, 2013, p.80) and then eliminate those experiences before discussing the experiences with the participants. Accordingly, this allowed the participants' information to be taken in as if hearing it for the first time.

Scope and Delimitations

The study's scope consisted of the guidelines used to conduct the research, and the delimitation consisted of any limitations that arose due to the study's content (Simon

& Goes, 2017). This research study was based on understanding American Black women's experiences with weight loss or obesity. Due to the lack of research on the lived experiences of American Black women, it outlined the purpose and focus of the study. Giving the participants a voice and sharing their lived experiences was an influential force behind this study. Understanding how individuals' cultural influences, self-care, and social networks contribute to their lived experiences with weight loss or obesity could help future researchers, psychologists, or anyone working with this population develop effective treatment plans or behavioral programs.

This study focused only on American Black women (including African American and Caribbean Black women) struggling with weight loss or obesity to provide research that reflected their understanding of the issue. Also, participation was limited to women aged 18 and over and women with a BMI of 25 and above. Because the focus was only on American Black women's experiences, the views may not reflect the experiences of women from other population groups struggling with weight loss or obesity.

Limitations

Limitations, challenges, and barriers were considered when conducting this study. According to Simon and Goes (2017), qualitative studies may have limitations due to the research occurring in natural settings, affecting the study's outcome. The time constraints of the participants could have presented a challenge. Access to participants could have made it challenging to obtain the sample size for the interviews. There was a possibility that women would not be comfortable talking about their weight. Gaining these

participants' trust to discuss their experiences honestly about their weight loss or obesity and any personal issues may or may not have altered the study's outcome. Ensuring the separation of roles (researcher versus participant) or any fees associated with the research might have also been challenging in conducting the study. Other challenges could have been the participants' willingness to be recorded for transcription and transcription capabilities.

Significance of the Study

Although previous researchers, such as Davis (1999), have offered insights to help American Black women struggling with weight, the findings have not filled gaps regarding weight loss or obesity interventions. Like Walcott-McQuigg et al. (2002), previous studies make it clear that obesity is a complex issue. The complexities include maintaining self-care while promoting health through everyday life choices and unconscious influence by cultural factors and social networks. The self-care practices among American Black women can be rooted in their social and cultural upbringing (Becker et al., 2004). If weight loss were simple, American Black women's lives would not be affected by obesity issues; all members of this population would eat healthily and engage in regular exercise. The psychosocial approach to American Black women has been neglected despite the attention media, and government programs have given to the nutritional and sociological factors contributing to obesity or weight loss (British Psychological Society, 2019). The psychosocial complexities these women face within

their communities contribute to their ability (or inability) to find manageable strategies for their everyday needs and sustain a healthy lifestyle (Greaves et al., 2017).

Addressing this issue could be effective in helping American Black women address the issue of obesity and create a new cultural norm. The contributions from this study's findings could significantly impact the beliefs held by American Black women concerning cultural influences, self-care, and social networks. With this research, the aim is to support positive social change by providing American Black women with an understanding of how the underlying psychosocial factors play a role in their decision-making process related to making healthier lifestyle choices. This research could also provide in-depth information about how mental health professionals assist American Black women struggling with weight loss or obesity.

Summary

In summary, weight loss and obesity are a growing issue for women, specifically American Black women. Weight loss and obesity issues could impact an individual's overall well-being. Therefore, researchers need to understand the importance of understanding the psychosocial complexities of American Black women's lived experiences. This chapter described the qualitative study designed to understand the unique psychosocial factors (cultural influences, self-care, and social networks) that create barriers for American Black women (including African American and Caribbean Black women) in their struggles with weight loss or obesity and maintaining healthier lifestyles. This chapter also included a brief background for the study, a synopsis of the

theoretical framework, and potential limitations. Chapter 2 elaborates on the selected theory for the study's framework and reviews relevant literature pertaining to the research questions and the phenomenon under study.

Chapter 2: Literature Review

Introduction

This qualitative phenomenological study was conducted to understand the unique psychosocial factors that create barriers for American Black women (including African American and Caribbean Black women) in their struggles with weight loss or obesity and maintaining healthier lifestyles. Weight problems can affect an individual's body and impact physical health, self-image, and overall mental health (Salinsky & Scott, 2003). Using the theoretical lens of Bronfenbrenner's ecological systems model (1979), the findings of this study could guide individuals in understanding the influences that have impacted their lives. This chapter will include an in-depth review of the existing literature pertinent to the current study's key concepts, such as obesity, weight loss, and psychosocial factors (cultural influences, self-care, and social networks).

Each of the following sections discusses the process of the literature review. The first section discusses the strategy used to obtain the information for the study. The next section reviews Bronfenbrenner's ecological systems model, which served as the underlying framework for this study. The final section consists of the literature review on obesity and weight loss and how psychosocial factors can impact American Black women's experiences in achieving a healthier lifestyle.

Literature Search Strategy

For this literature review, relevant literature was searched through various databases, including PsycArticles, PsycBooks, PsycInfo, ScienceDirect, Google Scholar,

Academic Research Complete, Education Resources Information Center, Project Muse, Sage Journals, Taylor and Francis, ProQuest, Medline, CINAHL Plus, PubMed, and SocIndex. The key terms used in this search included *obesity, weight loss, African American women, Black women, Caribbean Black women, self-care, cultural influences, social networks, social support, social influences, psychosocial factor, phenomenology, ecological systems model, and qualitative study*. Search results included published articles in peer-reviewed journals, state publications, government websites, and topic-consistent books for this literature review.

Theoretical Framework

The ecological systems model emphasizes an individual's interactions with their physical and sociocultural environments (Sallis & Owen, 2015). Supportive environments can motivate individuals and contribute to healthy behaviors and decision-making (Sallis & Owens, 2015). Accordingly, the assumption is that individuals will only sustain short-term goals in the absence of education and options, such as starting and stopping their weight loss goals (Sallis & Owens, 2015). Using an ecological systems model can provide a multilevel framework to understand an individual's behaviors related to a healthy lifestyle. One such ecological systems model is Bronfenbrenner's (1979) micro-, meso-, and exosystem approach used to understand an individual's perspectives and state of mind related to their environment (Ozaki et al., 2020; Sallis & Owens, 2015).

Bronfenbrenner's (1977) ecological systems model was used for this qualitative study, which states that multiple entities influence individuals' behaviors. These

influences include the microsystem (individual), mesosystem (their social network and cultural structures), and exosystem (their other outside environments such as community, work, and government). Accordingly, these influences affect how individuals assume responsibility for their behavior, interact with others, and maintain their cultural values (Ozaki et al., 2020). As individuals move through life, their surroundings and upbringing profoundly affect their behaviors and development, which are critical to their decision-making process (Bronfenbrenner, 1979).

While a person's environment influences behavior, it also can impact their overall well-being and response to situations (Stokols, 2003). By having positive influences, individuals can set goals, interact with others, and be motivated to change their behavior (Sallis et al., 2015; Stokols, 2003). When the environment disruptively impacts a person's life, the tendency not to thrive in living situations is increased (Stokols, 2003). In other words, there is a need for individuals to be in environments that produce a positive outcome. Accordingly, being in a conducive environment optimizes the individual's ability to make healthier choices, be open to being educated on those choices, and develop confidence in their decisions (Sallis et al., 2015).

The theoretical framework used was based on American Black women's experiences with obesity or weight loss. Through Bronfenbrenner's (1977) ecological systems model, understanding American Black women's societal context is vital to evaluating their obesity or weight loss issues and how it impacts their overall well-being. Accordingly, the ecological systems model provides researchers a breakdown in

understanding an individual on all levels of their life, such as development, competence, and overall well-being (Worthman, 2010). Before psychologists can understand the psychosocial complexities (cultural influences, self-care, and social networks), there needs to be an understanding of how society defines obesity, weight loss, and the American Black woman.

Literature Review

Obesity

Obesity is an increase in body fat, which can cause an adverse malfunction within the body (Welcome, 2017). The rise in obesity among adults in the United States has led to severe health problems and racial and ethnic disparities (CDC, 2020). Accordingly, obesity has strained the American family, individuals' overall physical and mental health, and financial pressure on the economy (Hales et al., 2020). Much of the U.S. population engages in high caloric intake, decreased physical activity, and increased technology usage—all behaviors that have been correlated with obesity (Salinsky & Scott, 2003). Despite the behavioral commonalities of obesity among all individuals, the most recent data report conducted by the CDC from 2017 to 2019 revealed significant racial and ethnic differences in adult obesity (Preidt, 2020).

As stated, obesity is more prevalent among women than men. Among women, American Black women are more inclined to be overweight or obese than any other group in the United States (U.S. Department of Health and Human Services Office of Minority Health, 2020). Consequently, 82% of American Black women are currently

considered overweight or obese, with a BMI over 25.0 (CDC, 2018). For example, an adult woman with a height of 5 feet, 6 inches, and a weight of 226 pounds would have a BMI of 36.5 and be categorized as obese. BMI is a screening tool to determine a weight category, not a diagnosis (CDC, 2020). The BMI is calculated by dividing the height by the individual's weight (CDC, 2020). The BMIs of individuals are categorized in the following manner: a BMI below 18.5 is considered underweight, 18.5 to 24.9 is a healthy or normal weight range, 25.0 to 29.9 is considered overweight, and over 30.0 is considered obese (CDC, 2020). Those in the medical profession use this tool as one method to determine an individual's health risk and evaluate overall physical well-being (CDC, 2020). BMI does not consider other factors outside of height or weight, such as muscle mass (CDC, 2020).

In addition to higher rates of morbidity and mortality among American Black women, this population faces significantly greater weight-related health issues, greater exposure to unhealthy eating patterns, and higher stress (including financial, employment, housing, racial, or social) compared to that of their Caucasian counterparts (American Psychological Association, 2014). Accordingly, 4 out of 5 American Black women are considered overweight or obese within the United States, and the rate appears to be increasing steadily (Office of Minority Health, 2020). Evidence has suggested that various cultural influences, social networks, and lack of self-care contribute to the high rate of overweight and obesity among American Black women (Pickett & Peters, 2017).

Weight Loss

One definition of *weight loss* is a decrease in body mass due to healthier lifestyle choices such as physical, mental, and eating habits (Stoppler, 2020). However, weight loss can mean many things to different people. The average person thinks of weight loss in physical activity (exercising and dieting), but actual weight loss must go beyond the physical aspect. Specifically, American Black women are less likely to engage in physical activities or adhere to a diet (Befort et al., 2008). This lack of participation does not preclude their desire to lose weight, but rather, it suggests that other factors might hinder the process.

Based on previous research, American Black women have a slower metabolism and a different body composition than their Caucasian counterparts (Thompson, 2013; Wagner & Heyward, 2000). The slower metabolism causes American Black women to have low energy, which decreases their ability to burn calories at the same pace as their Caucasian counterparts (Thompson, 2013). The racial differences in body composition suggest that American Black women have a higher chance of being obese due to culture, calorie intake, and genetics (Wagner & Heyward, 2000).

What It Means to Be an American Black Person

One debate in the United States has been over whether to categorize individuals within a particular race or culture. Depending on how individuals in the United States self-reference, they may call themselves *Black* or *African American*. Although there are commonalities in the experience of Black Americans, there are also considerable ethnic

variations within the Black population. The term *American Black* encompasses all individuals born in the United States and those who came to the United States from Africa and the Caribbean (Prabhat, 2011). For this study, American Black is defined as individuals born in the United States or who migrated from the Caribbean Islands, such as Jamaica, Guyana, Trinidad and Tobago, and Haiti, and became U.S. citizens (Advameg, 2020).

The following sections discuss how psychosocial factors influence the overall decision-making process of American Black women as it relates to obesity and weight loss. Further discussion of each psychosocial factor (cultural influences, self-care, and social network) is presented to understand how these underlying factors enhance or undermine American Black women's behaviors toward healthier outcomes. This detailed literature review will set forth the extant research for the topics researched in this study.

Psychosocial Factors

In the United States, people experiencing obesity, especially American Black women, face unwanted societal pressures to look a certain way (Agrawal et al., 2015). American Black women face challenges in understanding influences, finding motivation, and establishing a social network supporting a healthier lifestyle (Agrawal et al., 2015; Lin et al., 2019). Underlying psychosocial factors can play a critical role in consuming food and excessive weight gain (Pickett & McCoy, 2018). With obesity growing among American Black women, understanding the underlying factors that contribute to food

consumption and overall well-being could provide insight into their decision-making processes regarding healthier living (Lin et al., 2019; Pickett & McCoy, 2018).

Under the ecological perspective of human development, the underlying psychosocial factors of taking care of oneself, upholding cultural traditions or values, and connecting with others or social networks impact an individual's behaviors and well-being (Alleyne & LaPoint, 2004). When it comes to weight loss, individuals must psychologically prepare to lose weight (British Psychological Society, 2019; Walcott-McQuigg et al., 2002). Integrating one's overall well-being plays a crucial role in weight loss. Accordingly, many cognitive, behavioral, and emotional influences impact a person's behavior (British Psychological Society, 2019). Those influences affect food choices, mental stability, personal beliefs, and interpersonal relationships (Walcott-McQuigg et al., 2002). American Black women seem to be particularly at risk of psychosocial factors that could foster weight gain.

From an ecological systems model perspective, American Black women must consider their cultural influences, self-care, and social networks in their decision-making process (Fleury & Lee, 2006). This framework can provide an understanding of how these psychosocial factors play a critical role in American Black women's health behaviors and how they can be motivated to make changes (Fleury & Lee, 2006). In this study, Bronfenbrenner's ecological systems model was used to understand how the underlying psychosocial factors (cultural influences, self-care, and social networks)

impact American Black women's lived experiences with obesity or weight loss. In the following sections, each underlying psychosocial factor is discussed in-depth.

Cultural Influences

As the American Black women's population growth increases, consideration for cultural values and traditions are essential in examining the struggles of obesity and weight loss (Harris et al., 2018). Culture consists of one's morals, values, traditions, and societal norms acquired from their environment (Pam, 2013). Those cultural values and practices are embedded in how American Black women seek advice, and support, address their personal needs, and dictate their health-related attitudes and behaviors (Becker et al., 2004; Harris et al., 2004; Kagawa Singer, 2012). When discussing obesity and weight loss amongst American Black women, those cultural values transcend into the decision-making process and maintenance of healthier behaviors (Becker et al., 2004).

Accordingly, cultural influences health behaviors and functions to survive within one's environment (Kagawa Singer, 2012). These cultural influences provided individuals with the ability to make sense of the world around them to be productive (Kagawa Singer, 2012). As most societal institutions within the U.S. are based on European-American culture, individuals have held on to their cultural traditions to maintain a sense of self (Kagawa Singer, 2012).

As illustrated in Swierad et al. (2017), the researchers proposed that the relationship between American Black ethnicity and mainstream cultures contributed to how these individuals have responded to making healthy decisions. The research goal of

Swierad et al. (2017) was to determine what role, perceptions, and psycho-socio-environmental factors related to a person's ethnicity or mainstream culture influenced their food intake and physical activity. The researchers recruited 25 Black American participants to be interviewed over three weeks. Based on the researchers' findings, the participants were selective about which healthy behaviors were perceived to benefit them, such as healthy eating or physical activity (is it affordable, is there support, or will they experience any negativity) (Swierad et al., 2017). The research confirmed that cultural factors significantly impacted the decision-making process concerning American Blacks' health-related behaviors (Swierad et al., 2017). Accordingly, if individuals embraced both their traditional culture in conjunction with mainstream culture, they could enhance their lives, make healthier choices, and maximize their overall well-being (Swierad et al., 2017).

While the research conducted by Swierad et al. (2017) produced significant results indicating the importance both ethnic and mainstream cultures have on African Americans' healthy behaviors, the main limitations were related to the sample used and the generalizability of the findings. The researchers used a small sample of 25 individuals (and only 18 completed the interviews) to establish the topic's importance; the sample consisted mainly of women; who attended a large, expensive private college; and came from a higher socioeconomic status. Swierad et al. (2017) focused on an important topic as mental health professionals continue to improve their efforts in understanding American Black eating habits. One of the barriers that impacted the American Black

participants was the struggle to adhere to either their ethnicity or mainstream culture related to food intake and participating in physical activity. The lack of diversity among the participants limited the ability to generalize the findings; they did not account for the differences in socioeconomic status or educational institutions (private, public, or community school).

In conjunction with the previous research, cultural influences impacted the way individuals view themselves, and those perceptions created barriers to making healthy decisions (Baturka et al., 2000; Cameron et al., 2018; Flynn et al., 1996; Webb et al., 2015). Accordingly, American Black women were more accepting of their weight, body shape, and appearance than their Caucasian counterparts (Baturka et al., 2000; Cameron et al., 2018; Flynn et al., 1996; Webb et al., 2015). Consequently, this increased tolerance for weight acceptance placed American Black women at risk for obesity (Baturka et al., 2000). Due to traditional eating habits, lack of exercise programs, family and friends, and weight histories, American Black women have seen their body shape as their cultural norm (Baturka et al., 2000).

As Baturka et al. (2000) and Cameron et al. (2018) explained, self-acceptance played an impactful role among American Black women. Both studies indicated that the attitudes, of the American Black women, toward being overweight and obese were perceived to be a concept that went against the grain of their ideal beauty (Baturka et al., 2000; Cameron et al., 2018). In the study conducted by Baturka et al. (2000), the goal was to study African American women's attitudes regarding body image and weight in a

rural setting. The researchers concluded that the women conflicted with how they saw themselves and how others viewed them based on the findings. The research conducted by Cameron et al. (2018) analyzed African American women's perceptions of body image and health. The findings established that body image and health perception stem from the individuals' societal environment and upbringing. In both studies, the research illustrated that the American Black culture perceived a thicker body as strength, power, and beauty, whereas a thin figure represents weakness and timidity (Baturka et al., 2000; Cameron et al., 2018).

Flynn and Fitzgibbon (1998) and Webb et al. (2015) also illustrated that cultural ideals influence American Black women's perception of their bodies and weight control behaviors. Their research has shown that the way these women see themselves and feel about themselves stems from their cultural backgrounds and societal support. Through the analysis of Flynn and Fitzgibbon (1998), the researchers explored the relationship between body image and the risk for obesity by reviewing other previous studies. Webb et al. (2015) further provided insight into how American Black women take pride in their looks, thereby representing their cultural background and going against societal body image norms. Both Flynn and Fitzgibbon (1998) and Webb et al. (2015) established that American Black women perceived body image stems from their cultural heritage. Their perception provides them with a sense of pride and appreciation for their weight; however, it hinders their ability to view their weight as an issue.

While the studies above (Baturka et al., 2000; Cameron et al., 2018; Flynn & Fitzgibbon, 1998; Webb et al., 2015) provided insight into how body image, health perception, and how cultural influences influence behavior, there were some limitations related to cultural context and definitive explanations for the mental health community. Baturka et al. (2000) and Cameron et al. (2018) mentioned cultural context; they did not provide enough detailed information on what that context was. For example, Cameron et al. (2018) described the researchers' cultural diversity but did not offer the same distinction as the participants. The researchers explained the disparity between the health and mental health communities in the studies provided. However, they did not address how the mental health community could improve its efforts in relating to this population.

As food became a central part of the American Black culture, it has impacted how individuals view their food choices and decision-making around healthier food options (Airhihenbuwa & Kumanyika, 1996; Brown et al., 2019; Horton, 2015; Horwitz et al., 2004). Research has shown that slavery and economic discrimination have dictated their eating behaviors (Horwitz et al., 2004; James, 2004). Accordingly, the term "soul food" was adopted by ancestors to refer to the leftovers that were to be consumed by slaves. This term has been wholeheartedly retained and embraced by American Black culture and has contributed to the continuation of poor eating habits (Airhihenbuwa & Kumanyika, 1996; Horwitz et al., 2004; James, 2004; Parker & Grinter, 2014). American Black "soul food" consisted of foods high in fats and high-calorie foods, such as fried chicken, grits, biscuits and gravy, oxtails, dumplings, fried plantains, and macaroni and

cheese; which were passed down from generation to generation (Airhihenbuwa & Kumanyika, 1996; Bramble et al., 2009; Brown et al., 2019; Parker & Grinter, 2014).

Antin and Hunt (2012) and Parker and Grinter (2014) indicated that cultural food choices and preparations play a role in constructing cultural identity and social gatherings. The qualitative study by Antin and Hunt (2012) examined the food choices of low-income American Black women as it relates to psychosocial factors, culture, and social influences. The study revealed that American Black women made food choices based on their cultural and social experiences. The notion that cultural influences play a critical role in food selection was also illustrated by the research conducted by Parker and Grinter (2014). In the focus group conducted by Parker and Grinter (2014), the researchers examined the individuals' food-related activities and eating habits related to how their cultural background influences their choices to design a system used to promote healthier behaviors. The findings have established that American Black people can make healthier choices if they could incorporate their cultural foods.

Both studies shared encouraging results on how cultural, social, and psychosocial factors influence American Black women's food choices. They were also able to establish that the health community has ignored the multifaceted levels of American Blacks related to their decision-making process regarding food choices. However, neither study addressed nor provided comprehensive information on how the mental health community could promote healthier behaviors.

Dietary behaviors are associated with the individuals' social structure, environment, and the value placed upon food (Brown et al., 2019; Horton, 2015; James, 2004). Food is the centerpiece of that situation in most events, as it symbolizes cultural pride, love, and unity (Horton, 2015). Holding onto traditions, such as culturally based foods, seems to have created barriers for American Black women regarding weight loss and obesity. The cultural values and practices among American Black women have been embedded since birth and extend to how they socialize and make decisions (Brown et al., 2019; Horton, 2015; James, 2004).

In Horton's (2015) article, cultural values and practices have contributed to how American Black people have survived throughout their years in the U.S. Accordingly, eating habits were established within the American Black community during the Slave era (Horton, 2015). Along with cultural heritage, the article examined the social environment and socioeconomics that contributed to the high obesity rates within the American Black community. Brown et al. (2019) and James (2004) explored how culture and community impact food choices and intake and nutritional attitudes. Both studies established that culture was the primary reason for food choices and contributed to unhealthy behaviors. Horton (2015) and James (2004) stated that American Black people tend to buy the foods they can afford; cook foods they are accustomed to, such as foods with high fat, sodium, and sugar. The researchers established that an individual's social environment also contributed to high rates of obesity within the community. In most urban neighborhoods, individuals consume foods in large quantities and at all social

gatherings to establish unity, establish identity, and show off their skills (Horton, 2015). While Brown et al. (2019) demonstrated that the cultural heritage and its importance influenced the dietary intake, the food preferences also are tied to the American Black people's identity. Brown et al. (2019) findings established that environmental and psychosocial factors contributed to the American Black community's dietary behaviors.

As Brown et al. (2019, Horton (2015), and James (2004) discussed an important topic, they brought awareness to the importance of how cultural history, environmental and psychosocial factors were contributing factors to food intake and choices. However, the studies could not provide comprehensive information on incorporating cultural heritage into the decision-making process for healthier food choices. They also did not provide detailed information on how to get American Black people to maintain their cultural identity while incorporating more nutritious eating habits into their current lifestyle.

As previous studies mentioned, cultural foods and practices are significant, and cause critical issues for American Black women, specifically relating to body image, sense of self, community, and identity (Antin & Hunt, 2012; Baturka et al., 2000; Brown et al., 2019; Cameron et al., 2018; Flynn & Fitzgibbon, 1998; Horton, 2015; James, 2004; Parker & Grinter, 2014; Swierad et al., 2017; Webb et al., 2015). Cultural influences play a critical role in the decision-making process of American Black women. Under the ecological systems model, individuals' culture provides them with learned behaviors, values, attitudes, and perceptions of healthy and unhealthy (Caprio et al., 2008). For

example, food represents cultural identity, family unity, and belonging to their community within the American Black women's culture. Although the literature has addressed some of the cultural influences that may contribute to the reduced weight loss success of American Black women, more research is necessary to understand this population's needs fully. The pressure to engage in cultural traditions, such as high-calorie foods, and conform to their culture's view on having a thicker body, may also impact American Black women's confidence in taking better care of their health. This lack of confidence could stem from their fear of being rejected or turning away from their culture. There needs to be further communication, understanding, and implementation of messaging that integrates American Black women's culture while pursuing healthier living.

Self-Care

Self-care encompasses various activities that promote overall wellness in the mind and body (Pam, 2013; Adkins-Jackson, 2020). Despite the extant literature that suggests practicing self-care can improve health (Vallis, 2016; Adkins-Jackson, 2020), there remain instances where American Black women hold self-care as secondary to other situations in their lives. American Black women struggled with finding time to take care of themselves due to their life circumstances (Walker, 2020). Accordingly, American Black women tend to reject assistance or support, which leads to unhealthy choices or interruptions in their mental health (Walker, 2020).

In two separate cross-sectional studies conducted by Adkins-Jackson et al. (2019) and Adkins-Jackson (2020), self-care improved overall health. One study stated that Black women from higher socioeconomic status (SES) participated in self-care strategies involving their children's activities and found ways to laugh more so than women from a lower SES status (Adkins-Jackson, 2020). Simultaneously, the alternate study stated that having self-awareness and seeking ways to find balance in life promotes self-care (Adkins-Jackson et al., 2019). Overall, both studies on American Black women's health insinuated that self-care is impacted by one's ability to acknowledge a situation and find ways to destress.

As life situations can present challenges to individuals, American Black women need to have self-care practices to manage their overall well-being. Neither study described above [cite them here] provided clear, comprehensive strategies [about what?] that were applicable for American Black women to implement.

A person's perception impacts the ability to engage in self-care behaviors (Cox et al., 2010; Jackson et al., 2015; Tang et al., 2008; Tennant, 2016). When individuals address their underlying obesity or weight loss issues, they can condense the psychological burden, and their perception of self improves. In previous studies, like Cox et al. (2010), American Black women underestimated their weight and the effect of obesity. Through a cross-sectional study of 33 American Black women, Cox et al. (2010) examined the relationship between the women's perceived BMI and their quality of life. Accordingly, Cox et al. (2010) concluded that American Black women accepted their

body weight through their cultural perception of body image despite having a high BMI or being overweight. While Tennant (2016) used archival data consisting of 106 African American women, the study examined the relationship between body satisfaction, physical activity, and perception. Tennant's (2016) research concluded that making perception changes could be a predecessor for change in the decision-making process. Therefore, the absence of attention to self or understanding of healthy behaviors played a role in American Black women's lack of motivation and tending to their personal needs to maintain their weight.

Studies conducted by Cox et al. (2010) and Tennant (2016) paid close attention to the need to understand how American Black women's perception of body image, cultural preferences, and lack of physical activities were indicators that increased their chances of having weight loss or obesity issues. Cox et al. (2010) and Tennant (2016) provided insight into how perceptions and experiences influence health-related issues and societal expectations; they also stated that those influences also extended into how American Black women participate in physical activities. Both studies were promising; however, there needed to be more illustrations of getting American Black women to incorporate their perceptions and maintain a healthier lifestyle.

Overall well-being is a critical component in one's self-care, for it could promote successful weight loss changes and establishes realistic and manageable goals (Jackson et al., 2015; Tang et al., 2008; Vallis, 2016). Accordingly, the research conducted by Jackson et al. (2015) examines how obesity issues could pose harm to one's overall well-

being. Societal weight discrimination causes individuals to experience negative psychological health issues, such as low self-esteem, poor quality of life, or body image issues (Jackson et al., 2015). In comparison, Jackson et al. (2015) concluded that aversive or discouraging interactions could threaten a person's psychological well-being. Research has found that an individual's experience with obesity or weight loss during their lifespan affects the overall quality of life (Jackson et al., 2015).

As previously stated, removing discouraging attitudes from an individual's life impacts how well they practice self-care strategies. As confirmed by Tang et al. (2008) research, this cross-sectional, observational study recruited 89 African American adults aged 40 and older and examined social support and its relationship to diabetic quality of life and self-care behaviors. Tang et al. (2008) concluded that positive social support individuals are more motivated to partake in or improve self-care behaviors to impact their overall quality of life.

The previous studies, such as Jackson et al. (2015) and Tang et al. (2008), mentioned discouraging interactions as a factor that hinders self-care practices; Vallis (2016) reviewed factors that influenced overall well-being affected by distress over obesity and other aspects of life quality. As obesity continues to be a growing health concern among American Black women, Vallis (2016) stated that disruption of one's well-being hindered their ability to manage weight loss behaviors. The review concluded that any interruption in moods affects self-esteem, complications in weight loss, a diminished social life, and weakened psychological well-being (Vallis, 2016).

While the studies of Jackson et al. (2015) and Tang et al. (2008) confirmed that having hostile surroundings causes a decline in healthy eating patterns, having a positive sense of self, taking responsibility for their actions, and burning feelings. Vallis (2016) added that the distress of dealing with issues of obesity impacts overall well-being, which also hinders the ability to partake in self-care practices effectively. Overall, it has been established that removing negativity or distress nurtures the person's overall mental and physical well-being. However, the studies failed to touch upon how self-care practices are influenced by the individuals' background or upbringing, which play a factor in weight loss or obesity issues. Jackson et al. (2015), Tang et al. (2008), and Vallis (2016) studies also did not mention how mental health professionals could address the unique needs of American Black women as it relates to self-care.

Increased physical activity and rest could be another aspect of attending to self-care needs. Lee et al. (2011) demonstrated in a study of inactive women between the ages of 25 and 60 that the lack of physical activity and poor eating habits challenges women of color in the most vulnerable way, excessive weight gain. Lee et al. (2011) followed an ecological model that used evidence-based methods to determine the environmental factors contributing to women's barriers. Through guided interventions, the women learned how to change their behaviors and improve their overall health outcomes. Gothe and Kendall (2016) supported the research that examined the motivations and barriers to physical activity, such as individual, social or environmental factors that impacted American Black women related to weight management. Over seven days, the researchers

assessed their physical level through a focus group of 20 African American women between 55 and 75 years old. The results concluded that social support and community engagement were critical factors to participation in physical activity; the barriers consisted of environmental preferences, and motivation outweighed the need to maintain healthier behaviors (Gothe & Kendall, 2016).

Consistent with the previous study, Harris et al. (2018) reported that getting enough rest is a barrier to participating in physical activity or exercise. The research suggested that participants would preferably rest than participate in physical activities. Accordingly, rest is not the same as sleep; it is a means of relaxation (Harris et al., 2018). Rest is the psychological component of self-care, which allows a person to restore their mental and emotional well-being (Harris et al., 2018).

The most important takeaway from these studies discussed was attending to one's self-care needs through physical activity and rest. While Lee et al. (2011) and Gothe and Kendall (2016) stressed that individual, social and environmental influences impacted American Black women's ability to maintain physical behavior, Harris et al. (2018) included the ability to find time to rest. However, the studies did not provide extensive information on how to get the women to learn how to motivate themselves or get mental health professionals involved in assisting American Black women.

Self-care has not continuously been embedded in American Black women's repertoire (Walker, 2020). Looking through the ecological systems model lens, American Black women emphasize how their environment perceives them. A prime example is

putting the needs of others above their own. Whether it is family, friends, or community, American Black women have neglected to take care of themselves first because society and their culture have dictated that. Accordingly, these interactions profoundly influence their behavior and overall well-being (Stokols, 2013; Nelson et al., 2016). In this instance, American Black women's pressure to take care of all those around her and neglect her self-care could essentially create a façade of strength and hinder their weight loss goals.

Further research needs to assist American Black women in continuously maintaining healthier behaviors that coincide with their lifestyle. Partaking in self-care strategies allows individuals to be aware of their environment, relationships, and personal needs (Webb et al., 2015). At the same time, they need to understand that their culture significantly impacts those self-care practices. Those cultural-based practices translate into how they control their environment, interact in their communities and develop their support system (Baturka et al., 2000; Becker et al., 2004). Neglecting self-care causes unhealthy behaviors and feelings of burnout, so it is vital to set aside the necessary time to recharge the mind, body, and spirit (Harrison, 2017).

Social Networks

Social networks consist of individuals that have provided support and shared information or experiences; they are the interpersonal relationships (family, friends, and community) in one's life (American Psychological Association, 2020). As previously stated, American Black women's behaviors are rooted in their culture, and so are their

interpersonal relationships. Social networks play a pivotal role in influencing a person's behavioral changes, motivation, and ability to set goals (Campos & Kim, 2017; Fleury & Lee, 2006; Higgs & Thomas, 2016; Slatcher & Selcuk, 2017).

Social networks and the relationships that stem from them come in different forms, providing the individual with the necessary emotional, informational, and validation to thrive (Rieger et al., 2018; Tang et al., 2008). One's social support system's strength has been linked to improving their overall health and well-being (Rieger et al., 2018; Slatcher & Selcuk, 2017). As Umberson and Karas Montez's (2010) illustrated, social relationships have short- and long-term effects on health and create opportunities for individuals to live longer lives. Therefore, social support enhances mental health by finding ways to cope and deal with stress, providing individuals with a purpose in life, and allowing them to take better control over their well-being (Umberson & Karas Montez, 2010). Accordingly, having positive social support systems also allows individuals to connect with others who may be experiencing similar issues and control their healthy behaviors. Umberson and Karas Montez (2010) discussed the importance of having a social network where individuals have positive social relationships to impact their healthier behaviors. However, they did not discuss how other influences, such as age, race, and gender, could disrupt social networks or the relationships that affect healthier behaviors.

Families and friends are the biggest influences in motivating American Black women to partake in healthier behaviors (i.e., physical activity, changing eating patterns)

(Fleury & Lee, 2006). Two studies, Campos and Kim (2017) and Warren-Findlow and Prohaska (2008), investigated the relationships between cultural influences in close relationships impact health. The researchers determined that one's cultural background determines the types of relationships they have and those supportive networks' quality (Campos & Kim, 2017; Warren-Findlow & Prohaska, 2008). Warren-Findlow and Prohaska (2008) recruited 12 middle-aged African American women, ages 50 and older. The findings demonstrated that while living independently, the American Black women still have looked toward their family members, church members, and friends for that social support when managing chronic illnesses, such as obesity or other comorbidities (Warren-Findlow & Prohaska, 2008). Campos and Kim (2017) found that social connections helped them manage relationships and shaped their expectations and goals, influencing health outcomes that may continue throughout their lives (Campos & Kim, 2017). In comparison, it has been demonstrated that social support from family, friends, or other interpersonal relationships influences partaking in healthier behaviors. Both studies did not explicitly provide mental health professionals information to encompass American Black women's social, environmental, cultural, or psychological background to understand better how it impacts their ability to maintain healthier behaviors.

Further studies, like Thomas et al. (2009) and Harvey et al. (2016), also supported the need for the relationships established in one's social network to assist in their ability to maintain healthier behaviors. Thomas et al. (2009) examined the connections between obese and overweight American Black women for weight loss. The researchers recruited

ninety-six African American women with a BMI over 25 from an urban, community-based medical center. The findings revealed that support connections helped the women make healthier behavioral changes through a mixed-method approach. In contrast, Harvey et al. (2016) examined 42 American Black women suffering from a chronic illness. Harvey et al. (2016) explained that the social networks surrounding American Black women could positively affect women's ability to self-manage their condition. Harvey et al. (2016) concluded that positive or negative social interactions impacted the women's decision-making process in their study. In both studies, the close, supportive relationships established in American Black women's social networks, which produce positive reinforcements, motivated them to exercise and increased their ability to make healthier nutritional decisions. However, they did not provide detailed information on how to get the relationships within American Black women's social network to provide the necessary support they may need.

Social media is another form of social network support that American Black women may receive. Social media (internet-based applications) became a support source for individuals (Antheunis, 2013; Ballentine & Stephenson, 2011). In that, individuals shared information and increased their support connections (Antheunis, 2013). Ballentine and Stephenson (2011) stated that individuals who took social media for the support received informational, emotional, and positive communication that benefited them in applying weight-loss strategies. Online communication has provided different social

support types for individuals outside of the emotional aspect and is instrumental in weight loss (Hwang et al., 2010).

Consequently, social media provides individuals additional support outside of family and friends, for there is the convenience, anonymity, and non-judgmental interaction support they receive (Hwang et al., 2010). Ballentine and Stephenson (2011) explained how individuals use their online presence to support their weight-loss efforts. The researchers did not consider other factors, such as passive usage, trust, or the distinction between cultural use of online support networks.

On the negative side, two studies stated that families and friends could be a barrier for American Black women in maintaining healthier lifestyle choices. Alvarado et al. (2015) conducted a cross-sectional study where 17 Caribbean women between the ages of 25 to 35 years old with a BMI over 25 were sampled and found that these women participated in workout activities as long as their female partners or peers participated with them. When there was no partner, these women either stopped working out, took a relaxed approach, or focused on a healthy nutritional system (Alvarado et al., 2015). There was also the possibility that American Black women experienced cultural pressure to accept their shape and prioritize the family's needs over their own goals (Thomas et al., 2009; Jerome et al., 2015). By comparison, Ferrante et al. (2016) stated that the lack of support may lead to poorer health outcomes and unwarranted weight biases or stigma, especially from outside sources. Accordingly, American Black women have experienced this weight stigma in healthcare settings, the same facilities supposed to assist or support

weight loss efforts (Ferrante et al., 2016). The reaction from healthcare facilities has led to fewer doctor visits and more infrequent preventive health screening. Accordingly, American Black women who experienced this weight stigma faced psychological distress and unhealthy behaviors (Ferrante et al., 2016).

Both Alvarado et al. (2015) and Ferrante et al. (2016) established that without family, friends, or other interpersonal relationship support, American Black women's weight loss efforts are hindered. The studies shared encouraging results of how American Black women need support to partake in healthier behaviors and maintain their weight loss efforts. However, they did not adequately describe how cultural influences could undermine their efforts to receive support regarding weight loss and dealing with obesity issues.

American Black women must have an "any means necessary" attitude when dealing with obesity or weight loss. As obesity is an underlying factor during any period (CDC, 2020), American Black women must look to outside sources, such as social media groups, to gain the necessary support to combat their weight loss issues. Accordingly, with emerging sites geared toward American Black women, there are opportunities to build a community that provides a sense of empowerment and avenues to be supported (Harris & Roushanzamir, 2017). This new form of social support also emphasized the importance of sustained positive health outcomes and changes in attitudes towards health, fitness, and overall well-being (Harris & Roushanzamir, 2017).

Future research must provide mental health professionals information to gain a clear understanding of American Black women's struggles with weight loss or obesity. Through the ecological systems model, social networks could encourage or discourage individuals. Social networks provide individuals with the emotional support they need to be motivated to change their behaviors. Accordingly, individuals' interactions have helped build trust, stability, and confidence or strength to participate in life-changing behaviors, such as weight loss or healthier eating patterns (Stokols, 2003). Any disruption in American Black women's social network could fall prey to continuous unhealthy behaviors.

Summary

This chapter provided an overview of American Black (including African American and Caribbean Black) women, obesity, weight loss, and the role of culture, self-care, and social networks. As weight loss and obesity among American Black women have become a growing issue, understanding the underlying psychosocial factors contributing to this epidemic may provide insight into how to address the issue. Although significant research has been conducted on obesity or weight loss, very little of this research has focused on American Black women's unique challenges. Being aware of and understanding that the underlying psychosocial factors (culture, self-care, and social networks) influence health decisions related to obesity or weight loss (Bandura, 2004; Pickett & Peters, 2017).

This literature review's research is aligned with Bronfenbrenner's ecological systems model's theoretical framework, which indicates that culture is relevant to American Black women's beliefs. Building upon their knowledge of obesity, weight loss, and the importance of self-care and social networks, American Black women could develop a new perspective on achieving healthier behaviors. Understanding the experiences of weight loss or obesity among American Black women may also help psychologists promote healthy behaviors and build trust within the community. Incorporating culture, understanding of self-care, and social networks, mental health professionals could tailor their efforts to help American Black women change their behaviors (Kreuter & Haughton, 2006). This study aims to contribute to literature about understanding the importance of cultural influences, self-care, and social networks can help mediate behaviors that influence the prevalence of obesity or weight loss among American Black women.

Chapter 3 presents the research methods design and rationale, the researcher's role, the selection of participants, instrumentation, and research procedures. It included establishing validity and reliability, how the data will be collected and analyzed, and ethical considerations. In conclusion, there will be a summary to wrap up the study's methodology and main points.

Chapter 3: Methodology

Introduction

American Black women (including African American and Caribbean Black women) have the highest rate of obesity among population groups in the United States (CDC, 2015). Despite available weight-loss interventions, 82% of American Black women have a BMI over 25.0 and are considered overweight or obese (CDC, 2018). The purpose of this qualitative phenomenological study has been to understand the experiences of American Black women's unique underlying psychosocial factors (cultural influences, self-care, and social networks) that created barriers to weight loss or obesity and maintaining healthier lifestyles. There is a gap in the literature regarding research into how addressing the underlying psychosocial needs has been neglected for weight loss and obesity among this population. If this issue were researched, the findings could help American Black women find manageable strategies to sustain a healthier lifestyle (Greaves et al., 2017).

This chapter presents an in-depth discussion of the study's methodology and design. First, it focused on the selected research and design and then discussed the role of the researcher. The methodology includes the logic of participant selection, the population and sample used, the sampling strategy, and an explanation of the instrumentation used to collect data to conduct the study. Then, a description of the procedures used for recruitment, participation, data collection, data analysis, and ethical procedures in the study. The chapter concludes with a summary of the main points.

Research Design and Rationale

Creswell (2013) stated that qualitative research designs inquire about individuals' behaviors within a natural setting to establish themes and patterns. This information allows a researcher to take a holistic approach to understand human actions without being confined to a cause-and-effect relationship (Creswell, 2013). The phenomenological methodology was used in this study because it allows for the enlightenment of detailed descriptions and personal meanings of lived experiences related to American Black women and their struggles with weight loss or obesity and maintaining healthier lifestyles. This methodology guided in determining the what and how of the individual experiences of the phenomenon (Moustakas, 1994). Using a qualitative phenomenological approach to this study could lead to the shared lived experiences helping others who have had similar experiences.

There are two main phenomenological frameworks: the philosophies of Edmund Husserl (1964) for transcendental or descriptive phenomenology and Martin Heidegger (1962) for hermeneutic or interpretive phenomenology. Husserl's philosophy is the foundation for all phenomenological approaches (Peoples, 2020). Based on this approach, "nothing should be assumed or taken for granted when trying to understand a phenomenon" (Peoples, 2020, p. 30). Husserl's philosophy introduces concepts like (awareness of self) intentionality, and (suspension of judgment) bracketing. (Peoples, 2020). Under Heidegger (1962), bracketing is impossible to avoid because individuals

live in the world and may experience the phenomenon. Heidegger believed that bracketing allows a researcher to understand better (Peoples, 2020).

For this study, Charles Moustakas' psychological phenomenology approach was used. While Moustakas did not focus on researcher interpretations, he focused on Husserl's bracketing concept (Creswell, 2013). Moustakas believed that bracketing is necessary for researchers to gain a new perspective of participants' lived experiences (Creswell, 2013). Using the psychological factors, researchers can understand the patterns or themes that commonly arise in their responses (Creswell, 2013). Under Moustakas' (1994) approach, a researcher could see their participants as a whole, gain new perspectives, and develop authentic interpretations of the phenomenon within their study (Lin, 2017). Along with the bracketing and data analysis procedures of van Kaam (1966), Moustakas used textual and structural descriptions or imaginative variation (thoughts, feelings, examples, conditions, and situations) to formulate themes and give meaning to participants' lived experiences (Creswell, 2013; Moustakas, 1994).

Creswell (2013) described the most commonly used qualitative approaches: narrative, ethnography, grounded theory, case studies, and phenomenology. Narrative research tells a story of individual experiences through recordings of one or two individuals (Creswell, 2013). Such an approach would not be appropriate for this study because this study does not call for a chronological event of the individuals' lived experiences. Ethnography uses different aspects of culture and influences a more extensive group's behavior through observations or interviews over time (Creswell,

2013). Even though the culture was used in this study, culture was not the primary focus of this research. Grounded theory is used to develop a new concept through multiple sources of information (Creswell, 2013). This study was not looking to create a new approach. Case studies involve one case within a particular setting that follows that individual and gathers information from multiple sources (Creswell, 2013). While considering conducting a case study, that method did not meet the requirements to capture this study's lived experiences. Phenomenology is used to look at the collective meaning of individuals' lived experiences through data collected from several people (Creswell, 2013). This approach was aligned with the research and outcome of this study.

Despite all the other qualitative approaches that could have been used, Moustakas' (1994) approach best suited this study because it provided a more structured approach to analyzing the data (Creswell, 2013). With some understanding of the phenomenon, a researcher can communicate better with the participants and reconcile the data (Patton, 2002). This combination allowed for an in-depth analysis, and the participants' voices were presented in a "personal and creative way" (Patton, 2002, p. 487).

Research Questions

Creswell (2013) and Patton (2002) wrote that phenomenological analysis sought to find the essence of the lived experiences of individuals' experience with the phenomenon. This inspired the two primary questions that guided this study:

RQ1: What role do the underlying psychosocial factors (culture, self-care, and social networks) play in American Black women (including African American and Caribbean Black women) struggling with weight loss or obesity?

RQ2: How do American Black women (including African American and Caribbean Black women) overcome underlying psychosocial factors (culture, self-care, and social networks) to maintain a healthier lifestyle?

Role of the Researcher

Billups (2019) stated that the researcher is the primary agent of a study and establishes a good working relationship with the participants to ensure the data collected and analyzed are free from bias and that the study is conducted ethically. Accordingly, a researcher must have the ability to be committed to understanding the experience, be a good listener, and be patient in obtaining responses from the participants (Billups, 2019). As a researcher, one must show self-awareness and self-reflection to separate themselves from the participants (Finlay, 2009). Awareness and reflection are also in bracketing, a common practice in qualitative phenomenology research (Billups, 2019).

Bracketing allows researchers to divulge their interests or experience and acknowledge their connection with the research topic (Billups, 2019; Moustakas, 1994). Bracketing helps a researcher create strategies to become open to new perspectives and to gain a deeper understanding of what the participant has experienced (Billups, 2019). Interest in the lived experiences of American Black women (including African American and Caribbean Black women) and their issues with weight loss or obesity was based on

prior heritage and personal knowledge about and experience with the phenomenon. A journal was kept to minimize any bias or conflict of interest within the study. The journal was used to write down any thoughts on a separate notepad, which helped set aside feelings and allowed only the participants' voices to be heard. Additional methods were used to ensure the trustworthiness of the data, which are discussed later in this chapter.

Methodology

Participant Selection Logic

The targeted population consisted of 12–20 American Black women (including African American and Caribbean Black women) over the age of 18, with a minimum of a third grade reading level. The participants' ethnicity, demographics, socioeconomic status, job status, educational status, and living situation was also gathered. The women were asked self-report their weight and height. Participants were required to have a BMI of 25 or higher. The CDC (2020) has stated that adults with a BMI over 25 are considered overweight, and those with a BMI of over 30 are obese. Because many adults might not know their BMI, the BMIs were calculated for potential participants using the online CDC adult BMI calculator.

Recruitment

Participants were recruited through distributed posts (Appendix A) on social media websites like Instagram or Facebook. Posts were submitted to targeted groups of American Black women (including African American and Caribbean Black women) to obtain a sample group willing to participate in an in-depth interview regarding their

struggles with weight loss or obesity and their pursuit of a healthier lifestyle. The selected participants were interviewed via Zoom and email.

In order to attract participants, it was emphasized the benefits that other American Black women could ultimately attain due to the findings. It was stressed that participation was voluntary, so individuals did not feel obligated to participate. Once the targeted sample size of 20 was achieved, a small token of appreciation (a starter wellness kit that included a cup, tea bags, and a small candle) was given to each participant at the end of the study. This information was not advertised in the initial recruitment process but noted in the informed consent.

Data Collection

Data collection occurred over several weeks using carefully designed semi-structured interview questions. Data collection consisted of either email or Zoom interviews. Within phenomenological studies, interviews provide the in-depth meaning of the individuals' lived experiences (Creswell, 2013). In qualitative research, using interviews is a way to gain an individual's perspective and put together their views of the lived experience (Patton, 2002).

Data collection began with obtaining approval from Walden University's Institutional Review Board (IRB). Once approval was received, informed consent was obtained (Appendix C), built rapport, and gathered information from the participants. The data collected consisted of the participants' lived experiences, demographics, ethnicity, age, weight, height, socioeconomic status, job status, education level, living situation,

cultural influences, self-care practices, and social networks (Appendix B and Appendix E). The researcher conducted data collection, and all interview transcripts were stored on a secured external hard drive. Each participant was assigned a code to ensure confidentiality (ex., P1, P2, P3, and P4). The codes were used to analyze the data.

Sample Size and Sampling Strategy

The study's sample consisted of 11 American Black (including African American and Caribbean Black) women. The research's goal was determined by the sample size in qualitative research, which is usually small, and provided in-depth information (Creswell, 2013; Patton, 2002; Vasileiou et al., 2018). This sample size stemmed from data saturation, which is flexible in the number of samples and allows for critical features of the phenomenon to be identified (Guest et al., 2006). Accordingly, data saturation cannot be achieved until the data analysis shows that the responses have become repetitive (Guest et al., 2006; Vasileiou et al., 2018).

This study used purposeful, criteria-based sampling. Patton (2002) stated that purposeful sampling allows the researcher to select the cases that provided information that made the research more meaningful. Criterion sampling is a form of a purposeful sampling strategy. Accordingly, criterion sampling narrowed the range of sampling, ensured that all the participants met some predetermined criteria, ensured quality assurance, and provided a deeper understanding of the phenomenon (Creswell, 2013; Patton, 2002).

Instrumentation

Chenail (2011) stated that the researcher was the instrument within qualitative studies. The researcher facilitated the interaction and rapport, gathered the data, and identified the participants' cues (Chenail, 2011). Through carefully constructed semi-structured open-ended questions, the researcher obtained vital information from the participants, whom they felt that they contributed to their perspective without limitations (Chenail, 2011).

The interview questions were created to understand the underlying psychosocial factors that contributed to the lived experiences of American Black women's struggles with obesity or weight loss. The research questions were created from the literature gap and theoretical framework to obtain data that defined American Black women's lived experiences dealing with obesity or weight loss. The sub-interview questions included a set of framed questions to answer the study's research questions. Examples of the sub-questions are (RQ1) Do you think your current lifestyle impacts your eating patterns? If so, explain and (RQ2), How do you think you can connect your cultural influences, self-care practices, and social network with your overall healthier lifestyle? (Appendix E).

The researcher conducted a pilot interview for the upcoming study. Peoples (2020) stated that piloting helps the researcher organize their materials, engage their participants and that all materials are clear and understandable. The researcher enlisted a past graduate to participate in the sub-questions piloting. These sub-questions were further defined through the pilot interview. Accordingly, conducting pilot interviews can

help narrow down the questions, determine if the sub-questions help answer the research question, and help the researcher identify any ethical problems (Krathwohl & Smith, 2005). Initially, the interview took about an hour and a half. The mock participant helped narrow the time down to forty-five minutes (because each person will be different, the researcher allotted sixty minutes for each interview). Not only did the person help narrow down some of the sub-questions, but the graduate helped to ensure that the informed consent and demographic forms were clear and understandable.

Using semi-structured open-ended questions as the data source for this study was sufficient to answer the research question and the corresponding sub-questions. It allowed participants to describe their experiences and perceptions in as much detail as possible. Accordingly, there was an advantage to using semi-structured questions; the answers were not restricted to just yes or no responses (Galletta, 2013). The researcher ensured the study's validity by establishing ethical requirements for the participants and putting aside personal biases or expectations. If further explanations were needed, follow-up questions allowed for additional information or clarification.

Data Analysis Plan

For the study, the data analysis used was the modified Van Kaam (1966) approach used by Moustakas (1994). Each step was conducted on each participant's interview transcription. The first step was horizontalization, which involved listing experiences pertinent to the phenomenon (Moustakas, 1994). The researcher comprised a list of notable quotes from the transcriptions on the computer and assigned all participants'

numbers to keep their names confidential. Horizontalization is the first step in coding and grouping the experiences under inquiry.

The next step was reducing and eliminating data (Moustakas, 1994). Determining whether to reduce or eliminate a quote depends on whether the quote captures the experience's significance and can be categorized. If the quote did not present any relevance, it was eliminated. However, if the quote showed the importance and could be classified, the quote met horizontalization (Moustakas, 1994). "The horizons that remain are the invariant constituents of the experience" (Moustakas, 1994, p.121). Invariant constituents were the experienced elements that provided the basis for organizing the data into clusters and themes (Moustakas, 1994).

The third step was to cluster and create themes from the invariant constituents (Moustakas, 1994). Once the themes were grouped together, they made the individual textual descriptions and structural descriptions or imaginative variations (the what and how of the experience) (Moustakas, 1994; Creswell, 2013). The final step involved creating the textual-structural descriptions and incorporating the invariant constituents and themes; a composite description was written to capture the essence of the participants' lived experiences as a whole (Moustakas, 1994; Creswell, 2013). This combined description served as the in-depth answers to the research questions presented in this study.

Issues of Trustworthiness

Trustworthiness is a concept developed by Lincoln and Guba (1985) to evaluate validity and reliability in qualitative research. Four elements are required for a trustworthiness framework: credibility, transferability, dependability, and confirmability (Billups, 2019; Creswell, 2013). Member checking and peer-review were used to establish credibility. The researcher emailed each participant their transcript to ensure the information's accuracy (member checking). The researcher's chair implemented the peer-review to review the quality of research data.

Transferability consisted of detailed descriptions of each participant's transcripts, codes, and themes. A thick description was created for each participant's transcript to develop information-rich descriptions of the lived experiences. Thick descriptions consisted of detailed notes of all data collected, which allowed for more straightforward evaluation and replication by future researchers (Billups, 2019).

Dependability involves the consistency and stability of the research (Creswell, 2013). The researcher utilized external audits by recording the interviews and notes to ensure reliability. These audits helped evaluate the findings by indicating the corresponding rationale for every decision made for every key aspect of the study. Accordingly, this strategy ensured the accuracy of the research's transcriptions, truthfulness, and trustworthiness (Billups, 2019).

Confirmability was crucial for a trustworthy study (Billups, 2019). There were two ways to ensure confirmability: audit trails and reflexivity (Billups, 2019). Audit trails

consisted of an outline of the research process, and reflexivity involved understanding the researcher's position (Billups, 2019). The researcher provided a detailed outline of the steps taken from start to finish to ensure confirmability. The researcher also reflected on any prior knowledge of the lived experiences to ensure that the participants' voices were the only ones heard within the findings.

Ethical Procedures

For this study, the researcher interviewed individual people, so one must take the necessary precautions to protect and respect them (Billups, 2019; Creswell, 2013). Accordingly, before interviewing the participants, the researcher followed the university's review board's guidelines. Next, was to provide the individuals with information about the study, obtain written informed consent forms, remind them they are volunteers and withdraw at any time, and explain how the researcher will hold their information in strict confidence.

During the collection and analysis of data, the researcher respected the participants' privacy by identifying them by numbers and avoiding misleading information. The researcher also gave each participant a small token of appreciation for participating in the research. When reporting the findings, the researcher communicated and reported the results accurately and ensured each participant's confidentiality. If the research was published, the researcher would provide each participant with a copy of the study.

Summary

This chapter discussed the research design and rationale, methods, and procedures used to carry out the research. This research used a qualitative phenomenological approach to understand the lived experiences of American Black women's unique underlying psychosocial factors (cultural influences, self-care, and social networks) that created barriers to weight loss or obesity and maintained healthier lifestyles. A journal or notes and transcriptions of the participants' interviews were the data collection sources through semi-structured interviews. The collection of data helped to establish the trustworthiness of the research.

In the next chapter, the researcher presented a detailed report of the findings. The chapter consisted of the codes and themes extracted from the analysis of the interview transcripts. These developed themes created textual-structural descriptions that served as the essence of the lived experiences of the American Black women struggling with obesity or weight loss and maintaining a healthier lifestyle.

Chapter 4: Results

Introduction

Despite the CDC (2020) stating that American Black women (including African and Caribbean Black women) have the highest obesity rate, little conclusive research has been conducted to demonstrate why this problem continues within this population. This phenomenological study aimed to understand the experiences of American Black women's unique underlying psychosocial factors (cultural influences, self-care, and social networks) that create barriers to weight loss or obesity and maintaining healthier lifestyles.

This chapter presents the data collection and analysis for this qualitative phenomenological research. The chapter details the procedures taken to conduct the semi-structured interviews and the data analysis via a modified van Kaam (1966) approach described by Moustakas (1994). The data collection procedure includes how the data were collected and transcribed and how the evidence of trustworthiness was established. Structural composite descriptions capture the essence of the participants' experiences and are followed by a chapter summary.

Setting

The study's recruitment flyer (Appendix A) instructed potential participants to contact me by email if they met the participation requirements: (a) being self-identified as either an African American or Caribbean Black woman; (b) over the age of 18 years; (c) lives in the United States; and (d) has had experiences with weight loss or obesity issues.

Each participant was able to be interviewed from the comfort of their home. All participants were asked the same interview questions, and each interview was conducted and recorded via Zoom.

Demographics

Individuals ranging from age 29 to 60 were scheduled for interviews. All interviewees resided throughout the United States (California, Connecticut, Florida, New Jersey, New York, North Carolina, and Pennsylvania). Despite scheduling interviews with 20 women, the total number of women represented in the study is 11.

After each interview, transcribing and coding were conducted. While transcribing the interviews, it was noticed that a pattern was starting to emerge in discussions related to the effects the psychosocial factors (cultural influences, self-care, and social networks) had on participants' weight loss or maintaining a healthier lifestyle. The point of saturation became apparent after the transcription of the 11th participant. Once saturation occurred, interviews were concluded with the additional participants for this study. Therefore, the women represented in the study were between ages 29 and 51, identified as American Black women (including African American or Caribbean Black women), and had BMIs over 25, which classified them as overweight or obese (see Table 1). All the women were either employed (full-time or freelance) or retired; single (never married or living with a partner), married or divorced; and had at least a high school diploma.

Table 1*Participant Demographic Characteristics and Self-Reported BMI Scores*

| | Age | Ethnic background | Education | Employment | Marital status | Income | BMI | Location |
|-----|-----|----------------------------|---------------------|---------------|----------------|---------|------|----------|
| P1 | 51 | African American | Master's degree | Full-time | Single | \$50K+ | 41.7 | CA |
| P2 | 41 | African American & Latino | Associate's degree | Retired | Divorced | 30K–39K | 36.6 | NY |
| P3 | 50 | Haitian | Bachelor's degree | Full-time | Single | 50K+ | 29.5 | NY |
| P4 | 31 | African American & Haitian | Bachelor's degree | Full-time | Single | 50K+ | 44.5 | NJ |
| P5 | 40 | African American | Bachelor's degree | Full-time | Single | 50K+ | 34.9 | NY |
| P6 | 45 | Jamaican | High school diploma | Full-time | Single | 50K+ | 46.7 | FL |
| P7 | 47 | African American & Bajan | Bachelor's degree | Full-time | Single | 50K+ | 38.1 | PA |
| P8 | 43 | African American | High school diploma | Full-time | Married | 50K+ | 30.5 | NC |
| P9 | 33 | Grenadian | Bachelor's degree | Self-employed | Single | 50K+ | 37.6 | NY |
| P10 | 43 | Jamaican | Doctorate | Full-time | Single | 50K+ | 28.8 | FL |
| P11 | 29 | Haitian & Canadian | Bachelor's degree | Freelance | Single | 30K–39K | 28.6 | CT |

Data Collection

Once the IRB approval to conduct interviews was received, a recruitment flyer (Appendix A) was posted on Instagram and Facebook on July 12, 2021. However, due to the sensitivity of the research topic, it was not easy to gather participants to discuss their experiences. As a result, it took longer than expected to recruit women willing to share their experiences. Women were interviewed over two months during the recruiting process, which began on July 20, 2021. Purposeful, criteria-based sampling was used to select participants for the study. As per the recruitment flyer posted on social media

(Instagram and Facebook), interested participants were instructed to contact me by email. As each potential participant emailed to partake in the study, all outstanding questions were answered before the women agreed to be a part of the study.

With each confirmation to participate, each woman received an informed consent form (Appendix B), which they were instructed to email back if they were willing to be interviewed. After participants' informed consent forms were received, interviews were scheduled, and participants were reminded that the interviews would be recorded. A brief study introduction (Appendix C) was given to establish a good rapport with each participant. They were reminded that they could stop during the interview and asked if they were comfortable before the interviews began. Each interview was conducted in the same manner described in Chapter 3. The data collected were from the semi-structured interview questions (Appendix D). Each participant was allotted 60 minutes for each interview and was provided undivided attention without distraction or interruptions. At the time of the study, there were no unexpected issues that influenced participants' experiences or interpretation of the study.

Each participant was given an identification number to maintain confidentiality (e.g., P1, P2, P3, P4, etc.). Participants' responses were manually transcribed using Microsoft Word upon completing the interviews. The transcriptions of the interviews were reviewed and compared to the recorded interviews before emailing them to each participant. Accordingly, member-checking ensures accuracy and trustworthiness and increases study creditability (Billups, 2019; Creswell, 2013). Once each interview was

transcribed, the transcriptions were emailed to the participants for review to ensure the accuracy of their thoughts and perceptions. Each participant was asked to review their transcript and advise if there were any inaccuracies or additional information. Two participants had minor edits, and one wanted to add additional information. All the necessary changes were made and verified with the participants. After ascertaining the transcripts, the data collection process was concluded on September 10, 2021. All interviews were transcribed, collected, confirmed, and saved on an encrypted, password-protected external hard drive. The data will be stored for five years and then destroyed.

Research Questions

This phenomenological research study was conducted to understand the lived experiences of American Black women struggling with weight loss or maintaining a healthier lifestyle. To accomplish this goal, the study was guided by the following two primary research questions:

RQ1: What role do underlying psychosocial factors (culture, self-care, and social networks) play in American Black women (including African American and Caribbean Black women) struggling with weight loss or obesity?

RQ2: How do American Black women (including African American and Caribbean Black women) overcome underlying psychosocial factors (culture, self-care, and social networks) to maintain a healthier lifestyle?

Data Analysis

A phenomenological analysis was conducted on the data collected from interviews with 11 participants. The study's objective was to understand the unique psychosocial factors (cultural influences, self-care, and social networks) that create barriers for American Black women in their struggles with weight loss or obesity and maintaining healthier lifestyles. The data analysis was guided by a modified van Kaam method (1966) employed by Moustakas (1994) to identify the lived experiences and capture the essence of the women's experiences. Accordingly, there are several steps to the analysis: (a) bracketing, (b) horizontalization, (c) reduction and elimination of data, (d) clustering of the invariant constituents into themes, (e) finalization of the invariant constituents and themes, (f) individual textural description, (g) individual structural description, and (h) individual textural–structural description.

For a researcher, bracketing one's own experience with the phenomenon is essential to the study's validity (Chan et al., 2013; Peoples, 2020). Bracketing allows a researcher to reflect on their feelings and self-awareness (Fischer, 2009). Bracketing also prepares a researcher to be sensitive to what is being said by participants (Merriam & Tisdell, 2016).

The researcher identifies as an American Black woman with African American and Caribbean Black heritage and has had personal experiences with the phenomenon under study. Bracketing those feelings and biases provided the ability to focus on the experiences and voices of the interviewed women. Before the interviews, the researcher's

thoughts were journaled. The journaling allowed for new attitudes, experiences, and meanings to be obtained from the interviews and the ability to refrain from judgment and actively listen to the participants' accounts of their experiences (Moustakas, 1994).

For horizontalization (Moustakas, 1994), I transcribed and saved the interviews in Microsoft Word. Microsoft Word was also used to manually store, manage, and organize the data to code the transcripts. Through reading and rereading the data, the researcher became familiar with the data and was able to identify significant statements from the participants related to the phenomenon. These statements were coded, assigned labels, and placed into categories, which entailed data relevant to the experience and possibly helped answer the research questions.

For reduction and elimination (Moustakas, 1994), data that appeared irrelevant to the experience of struggling with weight loss or maintaining a healthier lifestyle were eliminated. Going back and forth through this process ensured that only the invariant constituents remained. Each invariant constituent remaining was evaluated to identify and prevent duplications of the lived experiences.

The related invariants were grouped and compared for clustering, finalizing the invariants, and creating themes (Moustakas, 1994). Any repetitive invariants were eliminated from the groups. Once the invariants were finalized, thematic categories were created to represent the participants' shared experiences. The thematic categories that emerged from the reduction process were listed under four major headings: (a) perceived

reasons for not losing weight; (b) experiences in maintaining a healthier lifestyle; (c) psychological impact on self; and (d) motivational needs.

The individual textual and structural descriptions are created based on the presented themes (Moustakas, 1994). Significant quotes were isolated from the data to develop the individual textual descriptions. Accordingly, the individual textual descriptions were used to explain the participants' experiences (Creswell, 2013). All relevant information was used, including the setting and context, to formulate the structural descriptions (Creswell, 2013). Under the structural descriptions, how the participants experienced the phenomenon is explained (Creswell, 2013).

Finally, the textual–structural description was developed by combining the individual textual and structural descriptions. Accordingly, this formation created the essence of the phenomenon experienced by all participants (Creswell, 2013; Moustakas, 1994). This composite textual–structural description serves to embody the participants' experience and provide the in-depth answers to the research questions presented in this study. The composite textual–structural description is shown in the results section.

Evidence of Trustworthiness

Several methods were used to ensure trustworthiness that increased the study's credibility, transferability, dependability, and confirmability. Credibility was increased through member checking and peer review. Member checking involved transcribing the participants' interviews, emailing the transcriptions to each participant to be reviewed, and incorporating their feedback into the transcriptions. At the same time, peer review

was conducted by the researcher's chair and committee member, who reviewed the quality of the study.

Transferability was increased through the detailed, thick descriptions of the lived experiences provided by the participants. The procedures performed during data collection and analysis provided a model for future research in other research contexts. Dependability was established by remaining consistent in the documentation and utilizing external audits. This process helped evaluate the findings to develop reliability and ensure the accuracy of the research to create truthfulness and trustworthiness (Creswell, 2013; Billups, 2019).

Accordingly, confirmability was increased through the audit trail and reflexivity (Billups, 2019). The audit trail (Appendix E) outlined the research from start to finish. In reflexivity, the researcher had to remain self-aware of their role and reflect on any prior knowledge or experience of the phenomenon; this ensured that only the participants' voices were reflected in the findings.

Results

In the sub-sections below, the researcher presented the thematic categories that represented the participants' experience of struggling with weight loss or obesity and maintaining a healthier lifestyle as an American Black (including African American and Caribbean Black) woman. This section also contains the individual textual-structural descriptions and the composite textual-structural descriptions derived from the modified

van Kaam (1966) method used by Moustakas (Moustakas, 1994). The following depicts the research questions, thematic categories, and invariant constituents (see Table 2).

Table 2

Research Questions, Thematic Categories, and Invariant Constituents

| Research questions | Thematic categories | Invariant constituents |
|---|---|---|
| RQ1: What role do underlying psychosocial factors (culture, self-care, and social networks) play in American Black women (including African American and Caribbean Black women) struggling with weight loss or obesity? | Perceived reasons for not losing weight Experiences with maintaining a healthier lifestyle | Poor eating habits Interpersonal relationships Perceived outside influences Attempts to change behaviors Effects of external influences |
| RQ2: How do American Black women (including African American and Caribbean Black women) overcome underlying psychosocial factors (culture, self-care, and social networks) to maintain a healthier lifestyle? | Psychological impact on self Motivational needs | Self-awareness Coping strategies Support and information |

Through the results of this study, the primary research questions were answered: RQ1: What role do the underlying psychosocial factors (culture, self-care, and social networks) play in American Black women (including African American and Caribbean Black women) struggling with weight loss or obesity? RQ2: How do American Black women (including African American and Caribbean Black women) overcome the underlying psychosocial factors (culture, self-care, and social networks) to maintain a healthier lifestyle? The secondary questions provided in Appendix D were also answered. The

following sections consist of the significant statements made by the participants as it relates to the themes and invariant constituents.

Research Question 1

The thematic categories related to the first research question were derived from the following two thematic categories (a) perceived reasons for not losing weight and (b) experiences in maintaining a healthier lifestyle. These thematic categories shed light on the internal and external factors contributing to their weight loss outcomes. The first thematic category, perceived reasons for not losing weight, was determined by three vital invariant constituents. The vital invariant constituents derived from the sub-questions (Appendix D) included: (a) poor eating habits, (b) interpersonal relationships, and (c) perceived outside influences.

Poor Eating Habits

The first category, poor eating habits, such as eating fried or heavy foods, eating late at night, snacking throughout the day on junk food, reinforced the struggles with losing weight of American Black women. Although the perceived reasons for not losing weight varied among participants, a common theme among all the participants in this study was that they acknowledged that their food choices had impacted their weight. The following participants' statements best illustrated this. P1 said, "It's easy for me to just, you know, not pay attention and just eat, doing things I shouldn't be doing." P5 said,

If I eat less than they take, if I eat less, to the extreme, if I don't eat at all, I'm not putting anything in my body, then I won't gain weight. And that really isn't how, you know, how the body works.

P6 said, "I do what I want to do. I eat what I want, when I want." P7 said, "I feel like I kind of overindulge sometimes with the food." P8 said, "I'm experienced with weight loss, it can be a struggle based on the foods that are available to eat, matching it with your work environment, trying to balance eating healthy, and also trying to get food on the go." P11 said, "I'm not choosing the options that benefit me. I'm choosing the things that are poisonous to me because I feel like I don't know what I feel."

Two participants also noted that indulgence in certain foods contributed to their poor eating habits. P3 said, "I'll run out in the morning, and then my job is near a Dunkin Donuts. Then I'm cooking late in the evening, or eating late in the evening, will eat or what have you." P10 said, "I gained weight because all I ate do those late-night hours was just candy. That's Hi-chews. Hi-chews were my friend. I wanted something fried so it's always something fried or something without a whole lot of mayo."

The other three participants did not attribute any one particular thing to their poor eating habits. Still, they acknowledged that they knew their eating patterns contributed in some or fashion to the weight they have gained over the years. The following statements demonstrate this. P2 said, "I had put on this weight basically because of my lifestyle, eating habits, and you know, lack of exercise and a lot of different factors." P4 said, "I would justify me stress eating because I will do something later on to counteract the

eating.” P9 said, “It’s a time of trial and error and a lot of what I deem to be failure because I didn’t stick to a plan that I need, even just with myself, about staying on a healthy journey.”

Interpersonal Relationships

The second category, interpersonal relationships, delegated how relationships played a role in the struggles of American Black women as they were trying to lose weight. Food was a critical part of these women’s lives, from childhood through adulthood. Participants recalled food as a central part of their daily lives through entertainment, family gatherings, work environments, or home life. The women in this study recognized that the types and amount of food consumed contributed to the excess weight. Some women expressed that their meals were high in fat, traditional cultural and social practices, and were less nutritious. This was best illustrated by the statements made by the following participants: P3 said,

In the Haitian culture big is better. So, the bigger you are, the better you’re so when you’re too thin, they make fun of you. They you know call you names and so forth right not realizing that that could be a healthy thing for you. And for the full. One plate can consist of three different types of starches. So, what I’m accustomed to is what I cook, and what I eat. So that doesn’t help.

P4 said, So, we didn’t have this whole well-balanced meal. Because I don’t know for some reason, that’s even though they grew up in the Caribbean, we didn’t have that right, our staple food was Rice was always a starch, and a meat. I didn’t

grow up with like vegetables and fruits, like I go to foods you have in house with bananas, and I don't like bananas. And so now, because of the way I grew up, it's still kind of hard for me to incorporate those things into my daily food choices. I'm struggling to find replacements for because I'm so used to going up with rice, rice, rice, even now when I go home to visit my parents, my father when I tried to cook for him, he's like, I don't understand your meal because there's no rice. Their parents grew up that way. So, because that's what's readily available for them when they have to question yourself Why is not more incorporated in our meals, but it's a daily conference.

P5 said, Where you grow up on, you know, so food. And being heavier, isn't looked at as a bad thing. If you're heavier and curvy, it is in being in you know, it isn't looked at as a bad thing. I think those, it definitely impacts how you view future food because you're making poor choices. And its salads aren't big on our menus, you know, and fresh, fresh fruit and vegetables are not big on our menus. I remember when I you know, would feel self-conscious, and I would go around my family for Thanksgiving, I would say, oh, no, I didn't want to eat that. And one of our answers say what you're trying to do, like you're trying to starve yourself like, no, I just learned in school what starches were. And I don't want, you know, I don't need the, you know, I don't need sweet potatoes, mashed potatoes, macaroni cheese, and rice. I don't need all four of those. But because you didn't get all four, you're offending the people who cook.

P6 said, Being that I'm Caribbean, and we make a lot of dishes that are high in fat. Like we eat a lot of pork. We eat a lot of foods with gravy, and a lot of starches. Everything you know, like dumplings and all that kind of stuff rich with flour and everything. Rice is something that we grew up on in my household rice with every dish. So, I think those are my go-to dishes when I'm hungry at first. And the closest friend and I'm around most of the time besides myself. We're both foodies. She loves to cook. And I like to eat. Everything is when we taste this. And then we'll pick another fast restaurant, and we'll eat it. And a lot of times is probably something is probably something that fast fries with a whole lot of calories. Food is always the topic because I guess that's what we like. And for me, it's the flavor. I'm addicted to the flavor, you should see me eating and I like salivating on Oh my god, like this, tastes so good. With every bite. I literally hear myself in my head, talking to myself, like this is so good.

P said, I think there's a tendency, specifically from the American side of things to kind of overindulge and in, in foods, because it ties back to the cultural aspect that we were just talking about, where i, where i mentioned, like Caribbean foods are very just laden with starches or whatever. And then on the other side, from the American perspective, just very greasy and fatty foods, you know, the preparation of the food or whatever. And it's just acceptable when you're out from a social networking aspect that, you know, to indulge in those kinds of cultural foods like soul food, specifically, you know, from a black American perspective.

P8 said, I'm constantly just grabbing things to eat very quickly. Um, but I do try to at least walk that's one of my things I like to do, I'll walk to help, but it is a struggle because of my work schedule. I love to eat food and enjoy food. I think my issue now is butter. Constantly cooking with butter versus olive oil or coconut oil. That impacts that a whole lot because it's not really healthy to eat too much butter. Being down south - there's more restaurants., I will say because now you have to drive everywhere versus in New York.

P10 said, I was raised on cooked food where my mom would cook and or my grandmother would cook dinner. I mean, all my dad would even cook my dad to this day, he prefers to cook his own food and going out to eat in the restaurant. I always say I'm a Paula Dean cook type of cook I cook with a lot of fat. In the Caribbean household, you know, your plate is looking like you eaten for 10 people. So that impacts that a lot my culture.

Perceived Outside Influences

The third category, perceived outside influences, contributed to the struggles with losing weight of American Black women. Some women found it difficult to lose weight when they felt not supported by their social networks. Some experienced negative comments or felt a lack of resources within their community. At the same time, others attributed the weight gain due to the time constraints or stress within their daily lives. The following participants' statements highlighted the women's experiences: P1 said,

The first time I lost the weight, though, I had some really interesting experiences with people and the way they treated me. That was really difficult. The doctor was like, Yeah, you're gonna die. He's like, you're gonna die. But I get it now. White doctrines suck. So rude. so disrespectful. So, in that moment, I was like, at 24 you're like, I don't want to die. The way people treated me because I had gone from like a size 26 to a six. I went from being a big chick to this little chick. And people were like, pat me on my head. then people kept saying, you know, you're so different.

P2 said, People always said things like, "Oh, you look good, even though your fat, you look, you know, decent." It's sketchy because there was a time where I was eating different from the kids, like completely different meals. And I was like this is not working. They're still gaining weight and I'm losing all this weight. So, I start eating with them and limiting the quantity and now I'm gaining weight too. We throw parties, and we have way too much food some of the time. I show up at the party. And I'm like, dang, we got so many fried options, fried chicken, fried fish, they even fry pork chops. But I don't always feel like they're completely open to me as a black woman. I feel like it's limited what you know, the patron the patrons that they want. I'm sorry, I don't feel like I'm always welcome in those spaces where I would have healthier options open to me. I feel the peer pressure or not peer pressure, but the community wants me to be fat, but then there's also the pressure to be skinny. And it's like a constant tug of war with that.

P4 said, I feel like sometimes we set each other back as well if we're not on the same schedule at the same time. And it's like as soon as it starts working, we kind of like fall off. Or we start something, and it doesn't work and then we change it up. And there's like constantly like week by week by week we're changing up what and it doesn't help.

P5 said, You know, you get your child dressed, and you leave out the house and you're telling your child, she looks cute. And then you go around someone like your own mother, your child's grandmother, the elder in the family who always had something negative to say. Over the years, she made me feel contrary to what my mother was trying to instill in me, she would always have something to say comment about my weight. They were mean and hurtful, especially at a young age. As far as other family members, I mean, they don't really, it sucks that they don't really care. You know, like when you tell them that you're making different choices.

P9 said, And I had people in my community saying to me, first of all, you need to lose weight, because no man will want you. And secondly, if you don't lose the weight, eventually it will take a toll on your health. But in my community, I was being fed only brown foods. I love my culture. But I think that if you go to a party or you go to an event, and most of the food is brown on the table, and you know, you should be eating vegetables if you continue eating that over time. I'm not encouraged. It's definitely what I do for myself is a very personal journey. My

friends and family do not encourage even though they might say, oh, you put on some weight, they would never say to me, you need to lose weight. it's not encouraged. You know, black people overall, it's just, it's just how we eat, do I do I think it affected how I think about beauty. Well, what I do for a living is physically taxing. So, if I'm stressed out because of work or time constraints, I probably won't work out. And I probably under eat.

The second thematic category, experiences in maintaining a healthier lifestyle, was determined by two key invariant constituents. The key invariant constituents derived from the sub-questions (Appendix D) included: (a) attempts to change behaviors and (b) effects of external influences.

Attempts to Change Behaviors

The first category related to the women's attempts to change behaviors supported the participant's belief that a drastic behavior change was needed. Most participants expressed how they tried to change their behaviors to improve overall well-being. In the following statements, the participants experienced an attempt to change their behaviors:

P1 said, "There's been periods of being healthy, eating healthy, exercising, working out." P2 said,

I said, you know what, I'm just going to show up at the gym, I don't know what I'm going to do. But I'm going to just try my best. And I just kept doing it. Like I kept going back to the gym, I would just go on machines. And you know, then eventually I learned about group fitness classes, and I got to group fitness classes.

And that really helped me immensely to keep up with my workout. I ate salads.

I'd eat healthy. I did everything I had to do to maintain that size.

P3 said, I tried diet, and I tried exercise, but I don't feel like I eat badly or poorly.

What I noticed about losing weight, it's more about making a plan and following through. When I make a plan, and I follow through, I do see that there. I do see a difference. The problem is, is that the difference is not big enough to motivate me to continue.

P4 said, I've been trying to incorporate more healthy eating instead of dieting, more just adding more fruits, more vegetables into my current diet, which sometimes helps replace some of the bad things that I've been eating, but not necessarily dieting in any strict form.

P6 said, "I try not to eat a lot of fast food. I definitely try to eat from inside now." P7 said, "I try to incorporate fruit, or some kind of raw vegetables every day. Whether I'm successful at it is another story." P8 said, "I started walking now and increasing my water intake. Also cutting down on the butter, breads, added fiber, more fiber and adding additional vitamins such as vitamin D. and other just basically vitamins." P9 said,

I am more focused, but I understand that proteins, fats and carbohydrates make up a healthy diet. I don't restrict, I believe in flexible eating. I don't restrict myself because then I start to think of food as good and bad. And that leads to like, just negative behaviors, along with food and I just can't do that anymore. I

try not to be sedentary which sometimes can be easy for me. I tried to mindfully get up and move more so now than I did before.

P10 said, I meal prep, get more sleep, have a healthier lifestyle, change in mind. I'm more mindful. I'm more mindful of what I eat, and how often I eat. I have to be mindful when I do my portion controls because I was raised where you get seconds if you want it thirds if you want it, but you know, you get in a big first plate, you know, and I cook, try to cook healthier versions of Jamaican food, which that's not possible, but I try.

P11 said, "I started really looking at my steps."

While participant 5 offered up an opinion on why individuals were struggling with maintaining a healthier lifestyle, as well as expressed what has worked for her in a changing her behavior:

I think a lot of people feel, if I eat less than they take, if I eat less, to the extreme, if I don't eat at all, I'm not putting anything in my body, then I won't gain weight. And that really isn't how you know how the body works. What I've learned hasn't worked is not putting diet and exercise together. I think people put themselves on diets and restricts themselves and not understanding how Yes, while it starts in the kitchen and what we put in our mouths. Exercise is important.

Effects of External Influences

The second category, the effect of external influences, also supported the attempts at maintaining a healthier lifestyle. While external influences could hinder their attempts

at losing weight, others saw external influences as assisting in maintaining a healthier lifestyle. The following statements provided by four of the participants expressed how support was a form of encouragement: P1 said,

My mother was very ahead of her time, when it came to food and nutrition, just certain things she was ahead of her time. My mother was hip a long time ago to that the neighborhood grocery stores, you know, didn't have good food, they didn't have good cuts of meat, they didn't have good fruits and vegetables. I have a really amazing village. I learned early on those friendships were invaluable. When I started to try to do something about it, I always had people who were supportive of me.

P3 said, "They do influence my opinion on how I feel about exercise and losing weight. And they do. They're helpful, I find that they're helpful when I ask for help." P4 said,

I'll start like, a diet or a healthy trend, or I'm working out more, and I go visit my best friend, who also struggles with obesity and weight loss. For the most part, we all try to encourage each other but again, we're all on different schedules like some week we're all gung-ho about working out and eating healthy in the next week relay we got one led to him equal one we're going to all die anyway.

Research Question 2

The thematic categories related to the second research question were derived from the following two thematic categories (a) psychological impact on self and (b) motivational needs. These thematic categories shed light on the internal and external

factors that may affect personal decisions to make the necessary changes towards a healthier lifestyle. The first thematic category, psychological impact on self, was determined by two key invariant constituents. The key invariant constituents derived from the sub-questions (Appendix D) included: (a) self-awareness and (b) coping strategies.

Self-Awareness

The first category, self-awareness, reinforced the psychological impact that contributed to the participants' ability to hold themselves accountable in the decisions they made as it relates to their experiences with weight loss or obesity. Some of the participants acknowledged how other people made them feel, what they learned about themselves, and understood the reality of their situations. The following participants expressed what they have learned during their weight loss journey and how it has impacted them: P1 said,

Nobody talks to you about the other side effect of weight loss, people talk to you about the other parts of weight loss, when you've been heavy your whole life. Just me stopping and recognizing that I haven't, you know, stopped. And so, I stop, and I breathe, and I make sure to have certain things in my regiment.

P2 said, "People always said things like, "Oh, you look good, even though your fat, you look, you know, decent." But I always felt very uncomfortable in my size, because I was just always feeling too big, too heavy." P3 said, "I really need to change

my lifestyle, and really start pushing and exercising more. To be an example for my daughter. I think the only barrier is me to be honest.” P4 said,

It’s like constant back and forth and I think it’s a mentality thing. The big girl beautiful movement, which I fully support but then there’s also that other spectrum of healthy eating healthy living and so it’s like you’re battling to wait two thoughts at the same time as being big is beautiful though being healthy is better and it’s like honestly, it depends on that day eat healthier or you work out depending on that day. I can stand to lose a couple pounds here and there but it’s not a detriment to how I feel about myself on a day-to-day basis. Honestly, I just think for losing weight as a health measure more than about me feeling positive about my body check because I always said even if I lose weight, I never want to be like skinny supermodel I don’t say I know it’s I like the plus size for me.

P5 said, I think internally I struggled with mine, once I realized that it was an issue. I still hear my grandmother when I try things on. When I go shopping, I literally still hear her. And even as I’ve lost weight over the years, you know it’s fluctuated up and down. I find myself struggling with buying clothes that actually clothes that actually fit, because I’m so used to purchasing for my heavier self. When it came to confidence in how I looked, and how I looked in clothing, I definitely struggled in that area. And it was because I allowed people to get in my head and tell me that I wasn’t, you know, that I was less than.

P6 said, “To be honest, I don’t know if I’ve effectively tried to lose weight.” P7 said, “I really haven’t been making the effort to lose weight. In my mind, I’m losing weight, but I still lose weight. I just eat what I want to eat basically, to my own detriment.” P10 said, “My mood affects my diet because I’m one of those people that I eat what I want when I want something to eat.” P11 said, “I get defeated. I’m choosing the things that are poisonous to me because I feel like I don’t know what I feel. I guess it’s like that defeated feeling.”

Coping Strategies

The second category, coping strategies, supported the psychological impact that contributed to the participants’ tactics to make healthier choices. Many participants expressed how they found ways to deal with any stress impacting their lives. While three participants acknowledged they were unable to find the time to take care of themselves. The participants’ statements expressed below gave a clue into why American Black women should include self-care in their weight loss journey: P1 said, “I created a self-care, program me for self-care, looks different at different times of the day in different times of my life. I’m not around people who are going to impact my overall well-being by bringing a lot of negativity.” P2 said,

If I go and work out and exercise, that’s all about me. I mean, I meditate at home, I go to yoga classes. Yesterday, I was on a track, I got to run and that felt great. That for me is very fulfilling. I used to get massages, I used to get body wraps. I

play my nice soft music. I have my candles burning, I smoke weed, it helps with my injuries.

P3 said, "I'll go get a massage. I'll read the Bible. I'll take a day off like today. I'll go on a vacation. Maybe I'll light a candle." P6 said, "My idea of self-care for a long time has been getting what I want for myself, which is shopping." P7 said,

I may sit for an hour or two and just watch some programs that I like. But literally, I'm working so much. And I'm just like, exhausted, like, I don't even know if I'm really watching. I just kind of use it to zone out.

P8 said, "I will say at least once every two months me and one of my girlfriends we do spa and then we'll also set out time for lunch dates." P9 said,

I pray every day, before I even get out of bed sometimes before I open my eyes, I pray. I love driving, I will take very, very long drives and just, you know, end up where I end up, I love to drive.

P10 said, Self-care is necessary. Just sitting down, like, you know, like, I like getting my feet done. Just watching something like I'm a huge Judge Judy fan. Just spending time with my kids taking them to the park just running around, you know, going swimming going to the beach, like definitely have to do I definitely do self-care. Reading is just like number one for me, but the kids at the park to just let them go and just running around being crazy with them.

P11 said, I've been doing walks are the most therapeutic thing that I have. I'll go for like 45 minutes to an hour. And I'll put some music on, and I made sure that

I'm with some kind of nature so I can see pretty views. And I just kind of get lost in my thoughts. And now I've been doing those meditations.

The second thematic category, motivational needs, was determined by two key invariant constituents. The key invariant constituents derived from the sub-questions (Appendix D) included: support and information.

Support and Information

Most of the participants expressed the category, support, and information as a contributing factor in what is needed to push them into changing their behaviors. The participants said they would be motivated, focused, and consistent in their weight loss efforts with the additional support and information. The participants expressed the following statements to illustrate what they would need to be motivated: P1 said, "Finding ways to find peace with body. How to place restrictions on self and still be healthy and happy." P2 said,

I wish I had the answer like I'm always trying things. The team approach is a great one, like when I'm in a situation where we all have the shared goal of losing weight, it works. I feel like when people kind of share information and join forces on things like this, the universe answers our calling...it answers our, you know, prayers-whatever our needs are. We need the resources like we have centers that are underutilized. Just you know, people can start not-for-profits. People don't even know that they're available to you.

P3 said, “I think the first thing you have to do is believe in what you’re doing.” P4 said, “I would need maybe a buddy to go with me to sort of go work out with me or do something like that.” P5 said,

I don’t know encouragement, you know, encouragement. like I don’t do anything for praise and acknowledgement, but it doesn’t hurt. As an individual to make sure that I continuously surround myself with people that. You know that are encouraging so.

While participants 6 and 7 wanted to be surrounded by like-minded people. Participants 8, 9, and 10 needed information on specific foods for American Black women trying to lose weight or change their eating patterns. They also expressed a more individualized and personal plan. Participant 11 was unsure what she would need, for she felt that she was already overloaded with information and did not know what information to take in or throw away.

In answering the questions for this study, the researcher acquired the American Black women’s lived experiences of weight loss and obesity through their personal experiences. All the participants divulged experiences from their childhood to adulthood, which later dictated their recent decision related to making healthier choices. Many women discussed their relationships with family and friends who supported or hindered their weight. At the same time, some women shared that their emotional state contributed to their unhealthy food choices and lack of maintaining a healthier weight.

Many participants expressed that they continued their eating habits even knowing previous cultural traditions within their families and social networks. These eating habits included eating fried foods, significant portions, and heavy enriched meals due to the taste of the foods, conveniences, and because it was something they were accustomed to eating. The participants acknowledged that these common behaviors also contributed to their struggles with weight loss, obesity, or maintaining a healthier lifestyle. Many of the participants expressed that having the support of their social network, whether good or bad, played a significant role in how they approached partaking in overall healthier choices.

The following section provides the synopsis of the participants' stories which formed the individual textual-structural descriptions of the lived experiences. These interpretations of the participants' experiences helped develop a greater comprehension and understanding of the phenomenon. This data provided more detailed information for the researcher to gain insight into what and how the experience had on the participants.

Individual Textual-Structural Descriptions

Structural Description for Participant 1

The lived experiences of participant 1 are that of a single African American woman in her early fifties who works as a therapist. Participant 1 described how she used her background of helping others to streamline her weight loss journey. She displayed an understanding of how her lifestyle and upbringing played a crucial role in her weight loss journey. She was aware of the imbalances within her environment, such as the different

foods offered within her neighborhood compared to others. Participant 1 described her experiences as living in poverty, in public housing, being a latchkey kid, being raised in the Muslim faith, and being sexually abused at an early age. She also believed that genetics (history of high blood pressure, high cholesterol, and diabetes) was also a factor in her struggle. Despite her upbringing, she looked for opportunities to change or incorporate different foods into her diet or physical activities. Participant 1, as a therapist and American Black woman, employed her training to understand that her past experiences impacted her struggles and realized her changes did not come to light until adulthood. She believed changing her work environment (going from working 18-20 hours a day to working for herself) was her first step toward a healthier life outcome. Participant 1 expressed that as she has gotten older, she became more open, honest, and willing to improve her quality of life.

Structural Description for Participant 2

Participant 2 identified as African American and Caribbean Black with a Latino background, in her early forties, divorced, and retired. Her lived experiences with weight loss began during her childhood. Participant 2 shared that she was bullied about being overweight. She described her weight as being 215 lbs. at the age of 15 to her highest weight of 343lbs after five pregnancies. Dealing with emotional trauma and issues with her weight caused her to find ways to hide away from people. Participant 2 also contributed weight to dealing with stress, disrupting her sleep patterns, and eating out of convenience (fast foods, cakes, and junk food). Her food intake was tailored to her

cultural environment, including her conflicts with eating healthy and cooking for her family. Participant 2 recognized that she would start eating healthy but would eat what her family was eating by the end of the day.

Nevertheless, despite her struggles, she still wants to learn how to find strength in herself and find a community that accepts her for who she is. Participant 2 values her choices in her weight loss journey thus far, including trying to incorporate her Latin culture with healthier food choices. Through her lived experiences, participant 2 learned to be more accountable for her weight loss journey.

Structural Description for Participant 3

Lived experiences participant 3 identified as a single Haitian in her early fifties and currently works as a school nurse. Participant 3 expressed that she has experienced some highs and lows concerning weight loss. Being raised by Haitian parents, food was abundant, meaning portion sizes were large, and few vegetables were on the plate. Participant 3 also attributed her weight gain to pregnancy, eating late, stress, being sleep deprived, and feeling that she has to go constantly. Despite her knowledge of occupation as a nurse and her vast knowledge of health, she acknowledged that she made excuses or justifications for her weight gain or inability to remain consistent in her weight loss journey. However, she has taken steps to find healthier food choices, making plans and following through on those plans. Participant 3 valued receiving information on healthier choices while incorporating her Haitian culture. She has also acknowledged that through

her own experiences, she has learned that she could be of value to the older generation and take more accountability for her weight journey.

Structural Description for Participant 4

The fourth participant was a woman of Haitian descent in her early thirties. She described her weight loss journey as a struggle to try crash diets, lose motivation, and not necessarily stick to a set plan. She mentioned that she was not raised on a well-balanced meal during her childhood, where her Caribbean parents fed her mostly starch and meat and fewer fruits and vegetables. She acknowledged that her eating patterns differed from working from home to working in an office. She explained that working at home; she would eat more cooked meals while working in an office; she ate chips, cookies, and fast foods. Participant 4 also described that she was in a constant battle with being at work and taking time for herself, especially since she is working from home. She felt that due to the time constraint and pressure not to be away from her computer, she acknowledged that cooking healthier had been limited. Participant 4 appreciated her social network for their support; however, she understood that she would fall off the wagon if she did not see progress. Through her lived experiences, participant 4 learned to be accepting her current weight but understand that losing some weight would be healthier in the long run.

Structural Description for Participant 5

The lived experiences of participant 5, identified as an African American woman in her early forties who works in a hectic school's bookstore. She expressed that she was not aware of weight loss until she reached a certain age. As a child, she felt she was not

prepared to handle the negative comments from relatives while growing up. When participant 5 hit her teenage years, she learned to hide her weight through clothes and ignore relatives when negative comments came her way. Participant 5 described an instance when she unsuccessfully tried to starve herself to lose weight. She expressed that she was a workaholic, tended to skip breakfast, and would need to remind herself to eat. With the long commute to work and late hours, participant 5 stated that she would be constrained for time and lose sleep, contributing to not eating well. She acknowledged that fresh fruit and vegetables were not customary within her Southern background. Once she reached adulthood, this prompted her to make changes in her life to avoid making the same mistakes with her daughter. Participant 5 learned to reconnect with family members by understanding her lived experiences and seeing her results as a form of motivation to keep going on her journey.

Structural Description for Participant 6

The lived experiences of participant 6, who was single, reached her mid-forties and identified as a Caribbean Black woman who traces her roots back to Jamaica. She acknowledged that she made little effort in her weight loss journey and wanted to change. Participant 6 described her cultural environment as being around food high in flour, gravy, pork, rice, and dumplings. Due to her work environment, participant 6 made terrible food choices, such as eating sugary foods, skipping lunch, or overeating late at night. She felt that moving from one city to another would give her a better and healthier outcome towards her goal. Participant 6 recognized that because she was accustomed to

being stationary for so long, it has hindered her progress and contributed to her excess weight. Participant 6 also noted that as an American Black woman and the things she had learned along the way, she needs to find the motivation within herself, find a community, and not follow what society considers healthy.

Structural Description for Participant 7

The seventh participant identified herself as being single and both African American and of Bajan descent in her late forties. She described that it had been years since she had experienced any weight loss. Participant 7 stated that from her Caribbean background, the foods were heavy, filled with potatoes, protein, peas, and well-seasoned. The foods she grew up on that impacted her were heavy, brown, and high in potassium, contributing to her obesity. She described her foods as fatty and greasy from her African American side. While working at a high-paced and stressful job, participant 7 was described as an emotional eater and would gravitate toward sweets under stress. Participant 7 also described her work schedule as averaging 55 to 60 hours per week, leaving her a limited time to get enough sleep or make time for herself. Participant 7 acknowledged that weight loss is a psychological thing and that she needs to be in the right headspace to maintain a healthier lifestyle. Through her lived experiences, participant 7 learned that she needs to take a more realistic approach, one in which she could include the taste of heritage with the healthier food options that would not impact her GI condition.

Structural Description for Participant 8

The eighth participant was a married African American woman in her early forties. She described her weight loss journey as a struggle based on the available foods to eat. She expressed feelings of grabbing things to eat very quickly. Participant 8 also acknowledged her love of food, butter, and bread. She also contributed her weight gain to moving down South, less physical activity, lack of sleep, and her hectic work schedule. She described that having time for herself has been limited due to working from home; she felt pressure to continue working. Participant 8 explained that through her lived experiences with weight loss, it only works if she is willing to put in the time and effort. Despite this revelation, participant 8 understands that it takes more than cooking home meals; she must cut back on her traditional way of cooking.

Structural Description for Participant 9

Participant 9 identified as a single, Caribbean Black woman with Grenada descendants in her early thirties. Her lived experiences with weight loss began around 15 due to her developing so fast. Participant 9 admitted that she was at her heaviest at 310lbs. She acknowledged that within her Caribbean culture, she adopted unhealthy behaviors, such as eating a lot of carbs, no vegetables, gravy, overeating at every function, and equating happiness with food. Despite loving her culture, participant 9 also believed that the Caribbean and Black people were influenced by slavery in how they were taught to cook, which was passed down through generations. As participant 9 reached adulthood, she became determined to still partake in her culture's activity but

with moderation. Even with her determination to accomplish her weight loss goals, participant 9 still experienced a few setbacks that resulted in health issues. Through her lived experiences, Participant 9 learned that she needed to be more mindful and flexible about food.

Structural Description for Participant 10

Participant 10 is a single Caribbean Black woman from Jamaica in her early forties. She began her weight loss journey was different from most women; she was very skinny growing up. At 15, her mother took her to a doctor who prescribed medication to gain weight. The medication caused her to overeat and gain weight over the summer. Participant 10 was raised on cooked food, prepared with lots of butter, and got seconds or third plates if she wanted to eat more. Participant 10 explained that she continued to gain weight throughout high school until her early 20s. During her 30s, participant 10 lost weight due to surgery and kept the weight off for three years, but she gained all the weight within four years. Participant 10 also attributed her weight gain to socializing at work, eating fast food, and attending parties that had a variety of foods in large quantities. The participant acknowledged that she fell prey to the way individuals should look via social media, magazines, and television. Participant 10 values the choices she made within her weight loss journey and recognizes that the quick fixes do not work. Through her lived experiences, participant 10 learned to strive for alternative food choices which incorporate portions that fit into her lifestyle.

Structural Description for Participant 11

The lived experiences participant 11, single in her late twenties, identifies as a Caribbean Black woman who traces her roots back to Haiti and Canada. Her weight loss experience began after college and has currently plateaued. Participant 11 described being raised on fried meat, saucy dishes, rice, and other high-calorie dishes. She explained that her parents were raised in a country where children were starving; they, in turn, instilled in her that food could not be thrown away. She also attributed her weight gain to being overworked, stressed, and overeating. Participant 11 acknowledged that the foods she was eating created a never-ending cycle to continue eating bad foods. She explained that she felt that she was in no position as a woman of color to turn down jobs or speak up for herself when at work, which causes more stress and gravitation for fast food. Participant 11 recognized that she would also have to change her living situation to change her eating pattern. Through her lived experiences, participant 11 learned to surround herself with supportive people and take a more active approach to her weight loss efforts.

In listening to and analyzing the data provided by these women, the researcher concluded that the participants provided detailed accounts and rich meaning of their lived experiences. In the individual textual-structural descriptions, it was evident that these women became more aware of their weight loss or obesity struggles once they reached adulthood. This acknowledgment led them to value their weight loss journey, cultural influences, and social networks and hold themselves accountable for their current

position. The researcher developed the two themes in the composite textual-structural descriptions discussed in the next section.

Composite Textual–Structural Descriptions

This section features the composite structural descriptions derived from synthesizing the individual structural descriptions and the thematic categories created in the previous sections (Moustakas, 1994). These descriptions described how the participants perceived the essence of their experiences as American Black (including African American and Caribbean Black) women, perceived reasons for not losing weight, experiences in maintaining a healthier lifestyle; psychological impact on self; and motivational needs. The themes and corresponding experiences provided the overall conclusions of the data analysis, which attempted to answer the study's research questions.

Theme 1: American Black Women's Awareness of Their Weight Loss or Obesity Experience

The data reflected the perceived reasons American Black (including African American and Caribbean Black) women were not losing weight through their expressed lived situations. Despite American Black women being among the highest in experiencing obesity, all women in the study have acknowledged that they needed to change their behaviors. The responses from the participants suggested that even though they have been classified as overweight or obese in their adult life, they continue to choose to eat the foods they were accustomed to eating. The influential factor that

affected the decision to maintain a healthier lifestyle was that they modeled the behaviors within their cultural and social environments. Even though the participants acknowledged that their cultural eating patterns and interpersonal relationships impacted how they consumed food, very few strayed from what they were taught. The essential aspect of the American Black women trying to lose weight reveals the importance of understanding food choices and finding the balance of what the individuals like and do not like to find healthier food options.

Theme: 2: Understanding the Impact of the Psychosocial Factors on Healthy Behaviors

Overall, the data reflected American Black women's need to clearly understand how several factors impacted weight loss and a healthier lifestyle. While the participants disclosed that their weight gain affected their overall health or mental well-being, some did not grasp that weight loss is not just a physical thing. The women realized food was central to their cultural and social ties to the American Black women experience; they gravitated towards the abundance, the richness and taste, and the availability of the foods. American Black women tend to put their culture, family, and other interpersonal relationships before their well-being despite its effect on them. The essential aspect of the American Black women in understanding the impact of the psychosocial factors (cultural, self-care, and social network) is to disclose the importance of bridging the gap between self and cultural heritage, finding strategies to cope, and learning to listen to their voice to find that motivation to live a healthier lifestyle.

Summary

This qualitative phenomenological research study aimed to understand the unique psychosocial factors that create barriers for American Black (including African American and Caribbean Black) women in their struggles with weight loss or obesity and maintaining healthier lifestyles. Based upon Bronfenbrenner's (1979) ecological systems model, the participants were asked to share how their culture, self-care practices, and social networks contributed to their lived experiences dealing with weight loss or obesity and maintaining a healthier lifestyle. Despite having some difficulties finding women willing to share their experiences, the researcher concluded the findings with eleven participants.

For this study, eleven women identified as American Black (including African American and Caribbean Black) women who struggled with weight loss or obesity. Each participant provided rich and detailed information about their lived experiences that were of value to researchers and practitioners. How the participants perceived their weight loss and how their efforts impacted it, cultural background, and social networks; provided an understanding of what and how they made decisions that affected their behaviors. Many of the participants valued the journey of the weight loss efforts; however, they also expressed that they still needed additional support, motivation, and further understanding of how to balance their cultural heritage while staying healthy.

The goal of this study was to answer the following two research questions:

RQ1: What role do the underlying psychosocial factors (culture, self-care, and social networks) play in American Black (including African American and Caribbean Black) women struggling with weight loss or obesity? RQ2: How do American Black (including African American and Caribbean Black) women overcome the underlying psychosocial factors (culture, self-care, and social networks) to maintain a healthier lifestyle? However, listening to these American Black women share their experiences, the researcher was inspired and impressed by their journeys. The researcher found a great need for American Black women to find balance within their lives and that it is ok to put themselves first, despite what others may say or think. The researcher also discovered a great need for programs or more professionals dedicated to the needs of American Black women, which are culturally structured. The cohesiveness would provide the attention and guidance these women may need to find the motivation to make those behavioral changes towards an overall healthier well-being.

When the interviews concluded, many women expressed that the questions asked gave them something to rethink. A few of them stated it was different to think about weight loss, but hearing it aloud gave them moments to pause and think. The researcher provided a soundboard for the women to express how they felt and allowed them to listen to what they had accomplished thus far.

As demonstrated by the lived experiences of these American Black (including African American and Caribbean Black) women, the psychosocial factors (cultural,

self-care, and social networks) impact their decision-making process related to weight loss or obesity and maintaining a healthier lifestyle. Understanding the psychosocial complexities of American Black women would benefit them and everyone in their environment. In the next chapter, the researcher will present the implications of this study's findings, recommendations, and conclusion.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

Women who identify as American Black (including African Americans and Caribbean Blacks) have the highest rate of obesity among population groups (CDC, 2015). Previous researchers, such as de Olivia et al. (2016), Griffith (2011), and Mood et al. (2011), have focused on factors such as eating behaviors, environmental issues, and physiological and psychological issues that contribute to American Black women's struggles with obesity and weight loss. Previous researchers have given little attention to the underlying psychosocial needs not being met and how they contribute to obesity among American Black women. Kelch-Oliver and Ancis (2011), Pickett and McCoy (2018), and Sallis et al. (2015) suggested that understanding weight loss and obesity among American Black women is a significant challenge due to the possible influences that contribute to decision making toward an overall healthier lifestyle.

A qualitative, phenomenological approach was used to conduct this study. This approach assisted in developing a better understanding of the lived experiences of American Black women (including African American and Caribbean Black women) as it related to the psychosocial factors (culture, self-care, and social networks) that contribute to their struggles with weight loss or obesity. The data gathered were from semi-structured interviews with 11 American Black women (including African American and Caribbean Black women) participants who discussed their experiences with weight loss, obesity, and maintaining a healthier lifestyle. Bronfenbrenner's ecological systems model

(1979) served as the study's theoretical framework, covering the multiple levels of experiences that impact participants' ability to make healthy choices (Sallis et al., 2015).

The study was guided by two research questions:

RQ1: What role do underlying psychosocial factors (culture, self-care, and social networks) play in American Black women (including African American and Caribbean Black women) struggling with weight loss or obesity?

RQ2: How do American Black women (including African American and Caribbean Black women) address underlying psychosocial factors (culture, self-care, and social networks) to maintain a healthy lifestyle?

The van Kaam (1966) modified approach by Moustakas (1994) was used to determine the codes, invariant constituents, and thematic categories needed to analyze the data through the interview responses. The analyzed data produced four main thematic categories: (a) perceived reasons for not losing weight, (b) experiences with maintaining a healthier lifestyle, (c) psychological impact on self, and (d) motivational needs. The thematic categories represent the participants' insights regarding their lived experiences of struggling with weight loss or obesity and maintaining a healthier lifestyle. As a result, it was uncovered that those behaviors are reinforced by the underlying psychosocial factors of cultural influences, self-care practices, and social networks for women who participate in unhealthy behaviors.

The following sections of this chapter discuss the study's results related to the ecological systems model related to previous literature. Next, the study's limitations and

recommendations for future research are provided. Then the implications of these results were discussed, including the potential implications for positive social change. A summary concluded the chapter.

Interpretation of the Findings

The data analysis in this study was based on the theoretical framework discussed in the literature review. As the leading research questions directed the study, the sub-questions (Appendix D) created the thematic categories and underlying factors from the participants' responses. This study contributes to the limited amount of research conducted to explore the unique underlying psychosocial factors of American Black women (including African American and Caribbean Black women) who struggle with weight loss or obesity and maintaining a healthier lifestyle.

Research Question 1

While analyzing the data, the following two thematic categories were identified: (a) perceived reasons for not losing weight and (b) experiences in maintaining a healthier lifestyle. These thematic categories provide insight into the internal and external factors contributing to women's weight loss outcomes. As a result, the constituents who fell under both categories consisted of (a) poor eating habits, (b) interpersonal relationships, (c) perceived outside influences, (d) attempts to change behaviors, and (e) effects of external influences. These constituents provided further insight into how the participants perceived their lived experiences of weight loss, obesity, or maintaining a healthier lifestyle.

Most participants in this study acknowledged that their unhealthy behaviors were attributed to their cultural, individual, and social environments. As stated in the previous literature, these influences can affect how individuals assume responsibility for their behaviors, interact with others, and maintain cultural values (Ozaki et al., 2020). As some participants moved from childhood to adulthood, they acknowledged that poor eating habits were established and continued out of convenience or habit. Many of them describe their relationships with others (family, friends, or coworkers) as having hindered or helped their weight loss efforts. These interactions are attributed to their cultural traditions, perceived knowledge, or ability to make the necessary effort to make behavioral changes.

American Black women take pride in their cultural heritage, and sometimes that cultural tie allows them to overlook their weight (Webb et al., 2015). Furthermore, those cultural and social network influences have created customary and traditional practices that root them in the foods they eat, the way the foods are prepared, how food is central at family or social gatherings, and how food makes them feel (Brown et al., 2019; Johnson & Carter, 2020; Pickett & McCoy, 2018; Rieger et al., 2018; Webb et al., 2015). The women in this study understand that traditions and customary practices are not always the best choice, but many continue to embark on what is familiar and known. Participants indicated they understand that portion size, lack of control, and inability to leave their comfort zone to contribute to their weight gain.

Nonetheless, moving through their life experiences, some of the women in this study acknowledged they lack self-care. The women acknowledge that changing behaviors begins and ends with them. Previous literature found that American Black women seldom include self-care in their daily routine (Walker, 2020). The women in this study indicated that they still tried to find ways to take care of themselves through eating healthier, exercising, and finding supportive friends or family members. The women expressed that despite their challenges in finding the necessary support, they value the journey they were either on or have taken to overcome their weight and move toward a healthier lifestyle.

Under Bronfenbrenner's (1977) ecological systems model, American Black women's decision-making processes are influenced by their culture, self-care practices, and social networks. The findings indicate that cultural influences, self-care, and social networks play a pivotal role in the participants' decision-making process. Historically, food had to become the fundamental component that held American Black communities together by providing them with cultural identity, nourishment stemming from slavery, or a source of comfort and survival when times get hard (Avieli & Markowitz, 2018; Hill, 2009). Whether these women had good or bad experiences with their weight loss, their surrounding environments contributed to their approach. Some participants did not consider the steps made and how much influence their environments continue to be a factor in their lives. Through understanding the roles of cultural influences and self-care, one must balance traditions and do what will promote their overall well-being. To

understand the role of social networks, one must move into like-minded environments that encourage healthier choices. A clear understanding of cultural influences and the importance of self-care and social networks would help mediate behaviors and develop a new perspective on healthier lifestyle choices.

Research Question 2

The following two thematic categories were derived in analyzing the data for the second research question: (a) psychological impact on self and (b) motivational needs. These thematic categories provide insight into the internal and external factors that may affect personal decisions to make the necessary changes toward a healthier lifestyle. As a result, the constituents that fell under both categories consisted of (a) self-awareness, (b) coping strategies, (c) support, and (d) information.

In this study, the participants described their lived experiences and made several discoveries about their weight loss journey. American Black women faced unwanted societal pressures to look a certain way, which plays a role in consuming food or excessive weight gain (Agrawal et al., 2015). Walcott-McQuigg et al. (2002) stated that individuals need to understand that their choices can influence their food choices, mental stability, and interpersonal relationships.

Many of the participants were aware of their relationship with food. For instance, a few participants mentioned they were emotional eaters, ate food during stressful situations, or ate food to make themselves happy. Even though the participants understood that excessive consumption was not good for them, they continued to overeat

at those particular times in their lives. A few participants acknowledged that they need to incorporate healthier meals, exercise, take time out for themselves, and find balance in their busy schedules.

Some participants shared that some of their efforts are supported or hindered by the individuals in their social network. Being discouraged from pursuing a weight loss journey restricts self-care practices and disrupts one's overall well-being (Jackson et al., 2015; Tang et al., 2008; Vallis, 2016). A few participants mentioned that when they felt discouraged, they would fall back into the same pattern of eating unhealthy foods or stop exercising. One participant stated that she is on a continuous cycle of starting and stopping, especially when it comes to dieting.

An individual's motivation can be affected by the people in their lives, environment, and personal experiences (Gothe & Kendall, 2016). Even though the participants acknowledged they face challenges during their journey, they still look for ways to stay focused and find ways that work for their current lifestyle. A few participants acknowledged that they need to find a way to no longer worry about what other people say or do. One participant stated that she would not follow trends or put too much stress on herself regarding her weight loss journey. This awareness can bring insight to American Black women in their understanding that they can be happy, healthy, and fit; however, they must be in the mindset of partaking in a healthier lifestyle.

Under Bronfenbrenner's (1977) ecological systems model, American Black women could partake in self-care strategies that allowed them to find motivation from

within, become more aware of their environment and relationships, and still incorporate cultural traditions that met their current needs. However, despite knowing that self-care practices can benefit their health, American Black women continue not to engage in physical activities, eat fatty foods, and put others before their overall well-being (Nicholas, Gringle, & Pulliam, 2015). While online communication, like social media, has provided support in informational, emotional, and increased positive connections, the participants still sought to find programs geared towards American Black women on an individualized level. Participants also acknowledged that they wanted to find healthier versions of the cultural foods they were accustomed to and learn portion control. The findings from this study confirmed previous literature and expanded the knowledge of what American Black women are looking to address in meeting their needs.

Limitations of the Study

As stated in Chapter 1, this study had a few potential limitations. First, qualitative studies have limitations due to the research occurring in natural settings, which affects the study's outcome (Simon & Goes, 2018). The second was participants' time constraints, where the researcher must work around the participants' schedules. The third involved the accuracy of the experiences recalled by the participants. As documented in the study, the participants were encouraged to share their lived experiences as American Black (including African American and Caribbean Black) women struggling with weight loss, obesity, or maintaining a healthier lifestyle. The fourth was the difficulty of finding

individuals who were willing to be interviewed and recorded via Zoom. Despite a wide age range within the recruitment flyer (18+), the study was limited to the ages (29–51).

The final limitation was researcher bias. As the researcher considers herself an American Black woman and has struggled with weight, the researcher had to demonstrate credibility by journaling any feelings and thoughts that arose during the interviews. The journaling helped to prevent any influence while analyzing and the interpretation process. Peer review and member checking also helped minimize the researchers' biases and ensure that only the participants' lived experiences were presented.

While the shared lived experiences of these women supported previous literature, it also gave additional insight into how the eleven participants perceived their weight loss journey and how they tried to make changes. Future researchers could use insights from the present study to understand the underlying psychosocial factors of cultural influences, self-care, and social networks and address how mental health professionals assist American Black women struggling with weight loss or obesity.

Recommendations

Future research should include more qualitative studies that are more inclusive to American Black (including African American and Caribbean Black) women and contain other age ranges among this population. Studies should focus on healthier foods that incorporate culturally traditional foods and physical activities. Another study could focus on wellness programs geared explicitly towards American Black women with individualized or group counseling sessions or support groups that build on motivation

and shared experiences. Other studies could include time management skills and mindfulness in which American Black women become more aware of the importance of self-care practices. While other studies could focus on how to break the psychological boundaries in the American Black culture as it relates to food choices or consumption.

Implications

The positive change derived from the findings can assist American Black (including African American and Caribbean Black) women in understanding how their underlying psychosocial factors play a role in their decision-making process related to making healthier lifestyle choices. This information could assist in addressing the impact of their beliefs related to their cultural influences, the importance of self-care, and how they continue to interact with their social networks. Suppose American Black women become more aware of their weight loss or obesity experience and have a clearer understanding of the impact the psychosocial factors have on healthier behaviors. In that case, they may be motivated to make positive changes in their lives based on what makes them happier and overall well-being.

The findings of this study could also provide in-depth information for mental health professionals to assist American Black women who struggle with weight loss or obesity. This information could give them the ability to create a new cultural norm that is more individualized and not a one-size-fits-all treatment plan. This information also could assist in changing the messaging that is presented in the media and the way society views women of different sizes' overall health.

To summarize, this could be helpful for both American Black women and mental health professionals, especially in establishing a trusting relationship with one another. Individuals will have a clearer understanding of what they want and have a say in how they are treated. Mental health professionals could use the insights to develop individualized treatment plans and change how weight loss or obesity messaging is sent out into society. The findings contribute to the literature on the lived experiences of American Black women with regards to cultural influences, the importance of self-care, and relationships among their social networks. The findings can also further practical knowledge and facilitate changes in treatment plans, programming, and societal views or treatment of individuals struggling with weight loss or obesity.

Conclusion

Understanding the lived experiences of American Black (including African American and Caribbean Black) women is crucial when exploring how their weight issues are impacted by their cultural influences, self-care practices, and social networks. The researcher developed this study to provide insight into the roles these underlying psychosocial factors played in their lives using Bronfenbrenner's (1977) ecological systems model. The findings suggested that American Black women struggled with finding a balance within their cultural traditions and social networks while taking care of themselves overall, especially when dealing with their weight. The findings provided in-depth knowledge on how American Black women tried to navigate between the influences surrounding them and make time for themselves. For change to occur, there

needs to be an approach that addresses the problem on a multilevel aspect, including American Black women at every discussion stage. Future research is required to understand American Black women's lived experiences, including more age groups and other American Black descents.

As stated previously at the beginning of this dissertation, American Black women held the highest rate of obesity (CDC, 2015). This narrative must change. American Black women no longer need to put everyone else's needs before their own. They need to find the necessary balance between where they come from and where they want to go. For this message to be received, they must be willing to accept where they are currently, take in the information that fits them best, and move towards a healthier future. As the researcher concludes this dissertation, it was essential to present the lived experiences of American Black women to create opportunities for them to share their experiences. Acknowledging that weight and cultural ties will always be discussed within the American Black community, understanding that creating that support system to push them forward can be crucial in maintaining a healthier lifestyle. American Black women should be able to change their habits to better themselves without having to break the cultural traditions that bind them. The hope is to bring awareness, community, and cultural changes to a population that does not feel like embarking on this journey alone.

References

- Adkins-Jackson, P. B., Turner-Musa, J. & Chester, C. (2019). The path to better health for Black women: Predicting self-care and exploring its mediating effects on stress and health. *Inquiry: The Journal of Health Care Organization, Provision, and Financing*, 56, 1–8. <https://doi.org/10.1177/0046958019870968>
- Adkins-Jackson, P. B. (2020). How socioeconomic status influences self-care for Black/African American women: A differential item analysis. *Preventive Medicine Reports*, 20, 1–7. <https://doi.org/10.1016/j.pmedr.2020.101155>
- Advameg, Inc. (2020). Black West Indians in the United States. Countries and their cultures. <https://www.everyculture.com/North-America/Black-West-Indians-in-the-United-States-Orientation.html>
- Agrawal, P., Gupta, K., Mishra, V., & Agrawal, S. (2015). The psychosocial factors related to obesity: A study among overweight, obese, and morbidly obese women in India. *Women & Health*, 55(6), 623–645. <https://doi.org/10.1080/03630242.2015.1039180>
- Airhihenbuwa, C. O., Kumanyika, S., Agurs, T. D., Lowe, A., Saunders, D., & Morssink, C. B. (1996). Cultural aspects of African American eating patterns. *Ethnicity & Health*, 1(3), 245–260. <https://doi.org/10.1080/13557858.1996.9961793>
- Alleyne, S. I., & LaPoint, V. (2004). Obesity among Black adolescent girls: Genetic, psychosocial, and cultural influences. *Journal of Black Psychology*, 30(3), 344–365. <https://doi.org/10.1177/0095798404266062>

- Alvarado, M., Murphy, M. M., & Guell, C. (2015). Barriers and facilitators to physical activity amongst overweight and obese women in an Afro-Caribbean population: A qualitative study. *International Journal of Behavioral Nutrition and Physical Activity*, 12(1), 1–12. <https://doi.org/10.1186/s12966-015-0258-5>
- American Psychological Association. (2014). *Summit on obesity in African American women and girls*. <https://www.apa.org/pi/women/resources/reports/obesity.pdf>
- American Psychological Association. (2020). Social network. *APA Dictionary of Psychology*. <https://dictionary.apa.org/social-network>
- Antheunis, M. L., Tate, K., & Nieboer, T. E. (2013). Patients' and health professionals' use of social media in health care: motives, barriers and expectations. *Patient Education and Counseling*, 92(3), 426–431. <https://doi.org/10.1016/j.pec.2013.06.020>
- Antin, T. M. J., & Hunt, G. (2012). Food choice as a multidimensional experience. A qualitative study with young African American women. *Appetite*, 58(3), 856–863. <https://doi.org/10.1016/j.appet.2012.01.021>
- Avieli, N., & Markowitz, F. (2018). Slavery food, soul food, salvation food: veganism and identity in the African Hebrew Israelite Community. *African and Black Diaspora: An International Journal*, 11(2), 205-220. <https://doi.org/10.1080/17528631.2017.1394612>
- Ballantine, P. W., & Stephenson, R. J. (2011). Help me, I'm fat! Social support in online weight loss networks. *Journal of Consumer Behaviour*, 10(6), 332–337.

<https://doi.org/10.1002/cb.374>

- Baturka, N., Hornsby, P. P., & Schorling, J. B. (2000). Clinical implications of body image among rural African American women. *Journal of General Internal Medicine, 15*(4), 235–241. <https://doi.org/10.1111/j.1525-1497.2000.06479.x>
- Bandura, A. (2004). Health promotion by social cognitive means. *Health Education Behavior, 31*(2), 145–254. <https://doi.org/10.1177/1090198104263660>
- Beauboeuf-Lafontant, T. (2003). Strong and large Black women? Exploring relationships between deviant womanhood and weight. *Gender & Society, 1*, 111. <https://doi.org/10.1177/0891243202238981>
- Becker, G., Gates, R. J., & Newsom, E. (2004). Self-care among chronically ill African Americans: Culture, health disparities, and health insurance status. *American Journal of Public Health, 94*(12), 2066–2073. <https://doi.org/10.2105/AJPH.94.12.2066>
- Befort, C. A., Thomas, J. L., Daley, C. M., Rhode, P. C., & Ahluwalia, J. S. (2008). Perceptions and beliefs about body size, weight, and weight loss among obese African American women: a qualitative inquiry. *Health Education & Behavior, 35*(3), 410–426. <https://doi.org/10.1177/1090198106290398>
- Billups, F. D. (2019). *Qualitative data collection tools: Design, development, and applications* (Vol. 55). SAGE Publications.
- Bramble, J., Cornelius, L. J., & Simpson, G. M. (2009). Eating as a cultural expression of caring among Afro-Caribbean and African American women: Understanding the

- cultural dimensions of obesity. *Journal of Health Care for the Poor and Underserved*, 20(2), 53-68. <https://doi.org/10.1353/hpu.0.0158>
- British Psychological Society. (2019). *Psychological perspectives on obesity: Addressing policy, practice, and research priorities*. <https://bit.ly/3OLUX3W>
- Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist*, 32(7), 513–531. <https://doi.org/10.1037/0003-066X.32.7.513>
- Bronfenbrenner, U. (1979). *The ecology of human development*. Harvard University Press.
- Brown, A., Houser, R. F., Mattei, J., Lichtenstein, A. H., & Folta, S. C. (2019). Qualitative exploration of cultural factors influencing diet among African-, Caribbean- and US-born Blacks living in the northeast USA. *Journal of nutritional science*, 8, e23. <https://doi.org/10.1017/jns.2019.19>
- Butryn, M. L., Forman, E., Hoffman, K., Shaw, J., & Juarascio, A. (2011). A pilot study of acceptance and commitment therapy for promotion of physical activity. *Journal of Physical Activity and Health*, 8(4), 516-522. <https://pdfs.semanticscholar.org/b51b/870075aadf4e3da7ff6a5cc0c2e1328a0dbf.pdf>
- Cameron, N. O., Muldrow, A. F., & Stefani, W. (2018). The weight of things: Understanding African American women’s perceptions of health, body image, and attractiveness. *Qualitative Health Research*, 28(8), 1242-1254.

<https://doi.org/10.1177/1049732317753588>

Campos, B., & Kim, H. S. (2017). Incorporating the cultural diversity of family and close relationships into the study of health. *American Psychologist*, 72(6), 543.-554.

<https://escholarship.org/content/qt9861s87c/qt9861s87c.pdf>

Caprio, S., Daniels, S. R., Drewnowski, A., Kaufman, F. R., Palinkas, L. A., Rosenbloom, A. L., & Schwimmer, J. B. (2008). Influence of race, ethnicity, and culture on childhood obesity: implications for prevention and treatment: a consensus statement of shaping America's health and the obesity Society.

Diabetes care, 31(11), 2211-2221. <https://doi.org/10.2337/dc08-9024>

Centers for Disease Control and Prevention (2015). CDC National Center for Health Statistics (NCHS) data brief. <https://www.cdc.gov/nchs/data/databriefs/db50.pdf>

Centers for Disease Control and Prevention (2017). Adult obesity facts.

<https://www.cdc.gov/obesity/data/adult.html>

Center for Disease Control and Prevention (CDC), (2018). Health of Black or African American non-Hispanic population.

<https://www.cdc.gov/nchs/data/hus/2018/026.pdf>

Centers for Disease Control and Prevention, (2020). About Adult BMI.

https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html

Center for Disease Control and Prevention (CDC), (2020). People with certain medical conditions. [https://www.cdc.gov/coronavirus/2019-ncov/need-extra-](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html#obesity)

[precautions/people-with-medical-conditions.html#obesity](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html#obesity)

- Chan, Z. C., Fung, Y., & Chien, W. (2013). Bracketing in Phenomenology: Only undertaken in the data collection and analysis process. *The Qualitative Report*, 18(30), 1-9. Retrieved from <https://nsuworks.nova.edu/tqr/>
- Chenail, R. J. (2011). Interviewing the investigator: Strategies for addressing instrumentation and researcher bias concerns in qualitative research. *Qualitative Report*, 16(1), 255-262. <https://files.eric.ed.gov/fulltext/EJ914046.pdf>
- Chung, S., Zhu, S., Friedmann, E., Kelleher, C., Kozlovsky, A., Macfarlane, K. W., & Griffith, K. A. (2016). Weight loss with mindful eating in African American women following treatment for breast cancer: a longitudinal study. *Supportive Care in Cancer*, 24(4), 1875-1881. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4909150/>
- Chou, W. Y. S., Prestin, A., & Kunath, S. (2014). Obesity in social media: a mixed methods analysis. *Translational Behavioral Medicine*, 4(3), 314-323. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4167901/pdf/13142_2014_Article_256.pdf
- Clarkson, P. (1996). Researching the 'therapeutic relationship' in psychoanalysis, counselling psychology and psychotherapy—a qualitative inquiry. *Counselling Psychology Quarterly*, 9(2), 143–163. <https://doi.org/10.1080/09515079608256360>
- Cox, T., Zunker, C., Wingo, B., Thomas, D.-M., & Ard, J. (2010). Body image and quality of life in a group of African American women. *Social Indicators*

Research, 99(3), 531–540. <https://doi.org/10.1007/s11205-010-9602-y>

Creswell, J. W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches* (3rd Ed.). Thousand Oaks, CA: Sage.

Creswell, J. W. (2013). *Qualitative inquiry & research design: Choosing among five approaches* (3rd Ed.). Thousand Oaks, CA: Sage.

Davis, N. L., Clance, P. R., & Gailis, A. T. (1999). Treatment approaches for obese and overweight African American women: A consideration of cultural dimensions.

Psychotherapy: Theory, Research, Practice, Training, 36(1), 27-35.

<https://paulineroseclance.com/pdf/TreatmentforObeseAfricanAmericanWomen.pdf>

f

de Oliveira, A. C., Leonard, T. C., Shuval, K., Skinner, C. S., Eckel, C., & Murdoch, J. C.

(2016). Economic preferences and obesity among a low-income African

American community. *Journal of Economic Behavior & Organization*, 131, 196-

208. <https://doi.org/10.1016/j.jebo.2015.11.002>

Ferrante, J. M., Seaman, K., Bator, A., Ohman-Strickland, P., Gundersen, D., Clemow,

L., & Puhl, R. (2016). Impact of perceived weight stigma among underserved

women on doctor–patient relationships. *Obesity Science & Practice*, 2(2), 128-

135. <https://doi.org/10.1002/osp4.40>

Finlay, L. (2009). Debating Phenomenological Research Methods. *Phenomenology &*

Practice, 3(1). <https://doi.org/10.29173/pandpr19818>

Fischer, C.T. (2009). Bracketing in qualitative research: Conceptual and practical

matters. *Psychotherapy Research* 19(4-5), 583-590. DOI:

10.1080/10503300902798375

- Fleury, J., & Lee, S. M. (2006). The social ecological model and physical activity in African American women. *American Journal of Community Psychology*, 37(1-2), 129-140. <https://doi.org/10.1007/s10464-005-9002-7>
- Flynn, K. J., & Fitzgibbon, M. (1998). Body images and obesity risk among Black females: A review of the literature. *Annals of Behavioral Medicine*, 20(1), 13–24. <https://doi.org/10.1007/bf02893804>
- Galletta, A. (2013). *Mastering the semi-structured interview and beyond: From research design to analysis and publication*. New York, NY: NYU Press.
- Gaston, M. H., Gayle K. Porter, P., & Thomas, V. G. (2011). Paradoxes in obesity with mid-life African American women. *Journal of the National Medical Association*, 103(1), 17–25. [https://doi.org/10.1016/s0027-9684\(15\)30238-8](https://doi.org/10.1016/s0027-9684(15)30238-8)
- Gluck, M. E., & Geliebter, A. (2002). Racial/ethnic differences in body image and eating behaviors. *Eating Behaviors*, 3(2), 143-151. [https://doi.org/10.1016/s1471-0153\(01\)00052-6](https://doi.org/10.1016/s1471-0153(01)00052-6)
- Gothe, N. P., & Kendall, B. J. (2016). Barriers, motivations, and preferences for physical activity among female African American older adults. *Gerontology and Geriatric Medicine*. <https://doi.org/10.1177/2333721416677399>
- Greaves, C., Poltawski, L., Garside, R., & Briscoe, S. (2017). Understanding the challenge of weight loss maintenance: a systematic review and synthesis of

qualitative research on weight loss maintenance. *Health Psychology Review*, 11(2), 145-163. <https://doi.org/10.1080/17437199.2017.1299583>

Griffith, D. M., Johnson, J. L., Zhang, R., Neighbors, H. W., & Jackson, J. S. (2011). Ethnicity, nativity, and the health of American Blacks. *Journal of Health Care for the Poor and Underserved* 22(1), 142-156.
<https://www.muse.jhu.edu/article/414336>

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough?: An Experiment with data saturation and variability. *Field Methods*, 18(1), 59–82.
<https://doi.org/10.1177/1525822x05279903>

Hales, C.M.; Carroll, M.D.; Fryar, C.D.; Ogden, C.L. (2020). Prevalence of obesity and severe obesity among adults: United States, 2017–2018. NCHS Data Brief, no 360. Hyattsville, MD: National Center for Health Statistics.
<https://www.cdc.gov/nchs/products/databriefs/db360.htm>

Harris, F., & Roushanzamir, E. L. (2017). # Blackgirlsrun: Promoting health and wellness outcomes using social media. *Fire!!!*, 3(1), 160-189.
<https://www.jstor.org/stable/10.5323/fire.3.1.0160>

Harris, E. T. H., Messias, D. K. H., Timmons, S. M., Felder, T. M., & Estrada, R. D. (2018). Rest among African American women: the current state of the science. *Holistic Nursing Practice*, 32(3), 143-148.
<https://doi.org/10.1097/HNP.0000000000000262Higg>

Harrison, J. (2017). Maintaining your magic: 4 Self-Care tips for Women of Color.

<https://baucemag.com/self-care-tips-african-american-women/>

Harvey, I., Sherman, L., Spears, E., Ford, C., & Green, H. (2017). Social support and diabetes self-management behavior among Caribbean, Caribbean American, and African American women: A descriptive correlation study. *Journal of Social Health and Diabetes*, 5(1), 16-24. <https://doi.org/10.4103/2321-0656.193994>

Heidegger, M. (1962). *Being and time*. (J. Macquarrie & E. Robinson, Trans). New York, NY: Harper & Row.

Higgs, S., & Thomas, J. (2016). Social influences on eating. *Current Opinion in Behavioral Sciences* 9, 1-6. <https://doi.org/10.1016/j.cobeha.2015.10.005>

Hill, S. A. (2009). Cultural Images and the Health of African American Women. *Gender & Society*, 23(6), 733–746. <https://doi.org/10.1177/0891243209346308>

Hoffer, E. P. (2020). Sick While Black: An Unhealthy Combination. *The American Journal of Medicine*. [https://www.amjmed.com/article/S0002-9343\(20\)30692-6/pdf](https://www.amjmed.com/article/S0002-9343(20)30692-6/pdf)

Horton A (2015). Adult obesity in the US: Obesity problems affecting the African American community. *Journal of Women's Health Care* 4(5) 1-4. <https://www.longdom.org/open-access/adult-obesity-in-the-us-obesity-problems-affecting-the-african-american-community-2167-0420-1000261.pdf>

Horowitz, C.R., Tuzzio, L., Rojas, M., Monteith, S.A., & Sisk, J.E. (2004). How do urban African Americans and Latinos view the influence of diet on hypertension? *Journal of Health Care for the Poor and Underserved* 15(4), 631-644.

<https://doi.org/10.1353/hpu.2004.0061>

Husserl, E. (1964). Introduction to transcendental phenomenology (Introductory essay).

In P. Koestenbaum (Ed.), *The Paris lectures*. The Hague, Netherlands: Martinus Nijhoff.

Hwang, K. O., Ottenbacher, A. J., Green, A. P., Cannon-Diehl, M. R., Richardson, O., Bernstam, E. V., & Thomas, E. J. (2010). Social support in an Internet weight loss community. *International Journal of Medical Informatics*, 79(1), 5-13.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3060773/>

Jackson, S. E., Beeken, R. J., & Wardle, J. (2015). Obesity, perceived weight discrimination, and psychological well-being in older adults in England. *Obesity*, 23(5), 1105-1111. <https://doi.org/10.1002/oby.21052>

James, D. (2004). Factors influencing food choices, dietary intake, and nutrition-related attitudes among African Americans: application of a culturally sensitive model. *Ethnicity and Health*, 9(4), 349-367.

<https://doi.org/10.1080/1355785042000285375>

Jerome, G. J., Myers, V. H., Young, D. R., Matthews-Ewald, M. R., Coughlin, J. W., Wingo, B. C., & Brantley, P. J. (2015). Psychosocial predictors of weight loss by race and sex. *Clinical obesity*, 5(6), 342-348.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4715521/>

Johnson, V.E., & Carter, R.T., (2020). Black cultural strengths and psychosocial well-being: An empirical analysis with Black American adults. *Journal of Black*

Psychology, 46(1), 55-89. <https://doi.org/10.1177/0095798419889752>

Kagawa Singer, M. (2012). Applying the concept of culture to reduce health disparities through health behavior research. *Preventive Medicine*, 55(5), 356–361.

<https://doi.org/10.1016/j.ypmed.2012.02.011>

Kelch-Oliver, K & Ancis, J.R., (2011). Black women’s body image: An Analysis of culture-specific influences, *Women & Therapy*, 34(4), 345-358,

<https://doi.org/10.1080/02703149.2011.592065>

King, A. C., Castro, C., Wilcox, S., Eyler, A. A., Sallis, J. F., & Brownson, R. C. (2000).

Personal and environmental factors associated with physical inactivity among different racial–ethnic groups of US middle-aged and older-aged women. *Health Psychology*, 19(4), 354–364. <https://doi.org/10.1037/0278-6133.19.4.354>

Psychology, 19(4), 354–364. <https://doi.org/10.1037/0278-6133.19.4.354>

Komesaroff, P. A., & Thomas, S. (2007). Combating the obesity epidemic: Cultural problems call for cultural solutions. *Internal Medicine Journal*, 37, 287-289.

<https://doi.org/10.1111/j.1445-5994.2007.01333.x>

Krathwohl, D. R., & Smith, N. L. (2005). *How to Prepare a Dissertation Proposal:*

Suggestions for Students in Education & the Social and Behavioral Sciences.

Syracuse University Press.

Kreuter, M. W., & Haughton, L. T. (2006). Integrating culture into health information for

African American women. *American Behavioral Scientist*, 6, 794-811.

<https://doi.org/10.1177/0002764205283801>

Lee, R. E., Medina, A. V., Mama, S. K., Reese-Smith, J. Y., O’Connor, D. P., Brosnan,

- M., & Estabrooks, P. A. (2011). Health is power: an ecological, theory-based health intervention for women of color. *Contemporary clinical trials*, 32(6), 916-923. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3185198/>
- Lin, C. S. (2017). Revealing the “essence” of things: Using phenomenology in LIS research. *Qualitative and Quantitative Methods in Libraries*, 2(4), 469-478. <http://78.46.229.148/ojs/index.php/qqml/article/view/123>
- Lin, S., Faust, L., Robles-Granda, P., Kajdanowicz, T., & Chawla, N. V. (2019). Social network structure is predictive of health and wellness. *PLoS ONE*, 14(6), 1-17. <https://doi.org/10.1371/journal.pone.0217264>
- Lincoln, Y. S., & Guba, E. G. (1985) *Naturalistic Inquiry*. Beverly Hills, CA: SAGE Publications, Inc.
- Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative research: A guide to design and implementation*. San Francisco, CA: Jossey-Bass.
- Mond, J., Van den Berg, P., Boutelle, K., Hannan, P., & Neumark-Sztainer, D. (2011). Obesity, body dissatisfaction, and emotional well-being in early and late adolescence: findings from the project EAT study. *Journal of Adolescent Health*, 48(4), 373-378. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3214691/>
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: SAGE Publications, Inc.
- Nichols, T. R., Gringle, M. R., & Pulliam, R. M. (2015). “You have to put your children’s needs first or you’re really not a good mother”: Black Motherhood and

Self-Care Practices. *Women, Gender & Families of Color*, 3(2), 165–189.

<https://doi.org/10.5406/womgenfamcol.3.2.0165>

Office on Women’s Health (2019). Weight and obesity.

<https://www.womenshealth.gov/healthy-weight/weight-and-obesity>

Ozaki, C. C., Olson, A. B., Johnston-Guerrero, M. P., & Pizzolato, J. E. (2020).

Understanding persistence using a phenomenological variant of ecological systems theory. *Community College Review*, 48(3), 252–276.

<https://doi.org/10.1177/0091552120906884>

Pam, N. M.S., (2013). “CULTURE,” in PsychologyDictionary.org,

<https://psychologydictionary.org/culture/>

Pam, N. M.S., (2013). “PSYCHOSOCIAL FACTORS,” in PsychologyDictionary.org,

<https://psychologydictionary.org/psychosocial-factors/>

Pam, N. M.S., (2013). “SELF-CARE,” in PsychologyDictionary.org,

<https://psychologydictionary.org/self-care>

Parker, A. G., & Grinter, R. E. (2014). Collectivistic health promotion tools: Accounting for the relationship between culture, food and nutrition. *International Journal of Human - Computer Studies*, 72(2), 185–206.

<https://doi.org/10.1016/j.ijhcs.2013.08.008>

Patton, M. Q. (2014). *Qualitative research & evaluation methods: Integrating theory and practice*. Thousand Oaks, CA: Sage Publications, Inc.

Peoples, K. (2020). *How to write a phenomenological dissertation: A Step-by-Step guide*

(Vol. 56). Thousand Oaks, CA: Sage Publications, Inc.

Pickett, S., & Peters, R. M. (2017). Beliefs about personal weight among African American women. *Clinical Nursing Research*, 26(2), 191-204.

<https://doi.org/10.1177/1054773815606693>

Pickett, S., & McCoy, T. P. (2018). Effects of psychosocial factors on eating behaviors and BMI among African American women. *Clinical Nursing Research*, 27(8),

917-935. <https://doi.org/10.1177/1054773817713420>

Prabhat, S. (2011). "Difference between Black American and African American."

DifferenceBetween.net. <http://www.differencebetween.net/language/difference-between-black-american-and-african-american/>

Preidt, R., (2020). Rising obesity levels put Americans at risk during pandemic: CDC

<https://www.medicinenet.com/script/main/art.asp?articlekey=246913>

Reece, R. L. (2019). Coloring Weight Stigma: On Race, Colorism, Weight Stigma, and the Failure of Additive Intersectionality. *Sociology of Race and Ethnicity*, 5(3),

388–400. <https://doi.org/10.1177/2332649218795185>

Rieger, E., Sellbom, M., Murray, K., & Caterson, I. (2018). Measuring social support for healthy eating and physical activity in obesity. *British Journal of Health*

Psychology, 23(4), 1021-1039. <https://doi.org/10.1111/bjhp.12336>

Rozin, P. (2006). The integration of biological, social, cultural, and psychological

influences on food choice. In R. Shephard & M. Raats (Eds.), *The psychology of food choice* (pp. 19-40). Oxfordshire, UK: CABI.

- Ruffault, A., Czernichow, S., Hagger, M. S., Ferrand, M., Erichot, N., Carette, C., & Flahault, C. (2017). The effects of mindfulness training on weight-loss and health-related behaviours in adults with overweight and obesity: A systematic review and meta-analysis. *Obesity Research & Clinical Practice*, *11*(5), 90-111.
<https://hal.archives-ouvertes.fr/hal-01369225/document>
- Salinsky, E., & Scott, W. (2003). Obesity in America: a growing threat.
https://hsrc.himmelfarb.gwu.edu/cgi/viewcontent.cgi?article=1117&context=sphhs_centers_nhpf
- Sallis, J. F., Owen, N., & Fisher, E. (2015). Ecological models of health behavior. *Health behavior: Theory, research, and practice*, *5*(43-64).
https://is.muni.cz/el/1451/podzim2017/e031/um/Prochaska_TranstheoreticalModelOfBehaviorChange.pdf#page=504
- Saunders, M. R., Watson, K. T., & Tak, H. J. (2012). Social factors in childhood and adulthood associated with adult obesity in African American and White women. *ISRN Public Health*, 1–10. <https://doi.org/10.5402/2012/931854>
- Simon, M.K., & Goes, J., (2017). *Dissertation and Scholarly Research: Recipes for Success: 2018 Edition: A Practical Guide to Start and Complete your Dissertation, Thesis, or Formal Research Project*. Seattle, WA. Dissertation Recipes LLC.
- Slatcher, R. B., & Selcuk, E. (2017). A social psychological perspective on the links between close relationships and health. *Current directions in psychological*

- science*, 26(1), 16-21. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5373007/>
- Stokols, D. (2003). The ecology of human strengths. In L. G. Aspinwall & U. M. Staudinger (Eds.), *A psychology of human strengths: Fundamental questions and future directions for a positive psychology*. (pp. 331–343). American Psychological Association. <https://doi.org/10.1037/10566-023>
- Stöppler, M.C., MD, (2020). Medical definition of weight loss. <https://www.medicinenet.com/script/main/art.asp?articlekey=53393>
- Swierad, E. M., Vartanian, L. R., & King, M. (2017). The Influence of ethnic and mainstream cultures on African Americans' health behaviors: A Qualitative study. *Behavioral Sciences (2076-328X)*, 7(3), 49. <https://doi.org/10.3390/bs7030049>
- Tang, T. S., Brown, M. B., Funnell, M. M., & Anderson, R. M. (2008). Social support, quality of life, and self-care behaviors among African Americans with type 2 diabetes. *The Diabetes Educator*, 34(2), 266-276. <https://doi.org/10.1177/0145721708315680>
- Tennant, G. A. (2016). Relationships between body areas satisfaction, exercise, and mood in obese African American women. *Journal of Black Psychology*, 42(2), 114-139. <https://doi.org/10.1177/0095798414560438>
- Thomas, J. L., Stewart, D. W., Lynam, I. M., Daley, C. M., Befort, C., Scherber, R. M. & Ahluwalia, J. S. (2009). Support needs of overweight African American women for weight loss. *American journal of health behavior*, 33(4), 339-352. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4489145/>

- Thompson, D., (2013). Study: Black women lose less weight than White women on same diet. <https://www.medicinenet.com/script/main/art.asp?articlekey=175844>
- Turner, R. N., Wildschut, T., & Sedikides, C. (2012). Dropping the weight stigma: Nostalgia improves attitudes toward persons who are overweight. *Journal of Experimental Social Psychology*, 48(1), 130-137.
<https://doi.org/10.1016/j.jesp.2011.09.007>
- Umberson, D., & Karas Montez, J. (2010). Social relationships and health: A Flashpoint for health policy. *Journal of Health and Social Behavior*, 51(1_suppl), S54-S66.
<https://journals.sagepub.com/doi/pdf/10.1177/0022146510383501>
- United States Department of Health and Human Services Office of Minority Health (2020). Obesity and African Americans.
<https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=25>
- Vallis, M. (2016). Quality of life and psychological well-being in obesity management: improving the odds of success by managing distress. *International Journal of Clinical Practice*, 70(3), 196-205.
<https://onlinelibrary.wiley.com/doi/pdf/10.1111/ijcp.12765>
- Van Kaam, A. (1966). *Existential foundations of psychology*. Pittsburgh, PA: Duquesne University Press.
- Vartanian, L. R., & Porter, A. M. (2016). Weight stigma and eating behavior: A review of the literature. *Appetite*, 102, 3-14. <https://doi.org/10.1016/j.appet.2016.01.034>
- Vasileiou, K., Barnett, J., Thorpe, S., & Young, T. (2018). Characterising and justifying

sample size sufficiency in interview-based studies: systematic analysis of qualitative health research over a 15-year period. *BMC Medical Research Methodology*, 18(1), 1–18. <https://doi.org/10.1186/s12874-018-0594-7>

Wagner, D. R., & Heyward, V. H. (2000). Measures of body composition in blacks and whites: a comparative review. *The American Journal of Clinical Nutrition*, 71(6), 1392-1402. <https://doi.org/10.1093/ajcn/71.6.1392>

Walcott-McQuigg, J. A., Chen, S. P., Davis, K., Stevenson, E., Choi, A., & Wangsrikhun, S. (2002). Weight loss and weight loss maintenance in African-American women. *Journal of the National Medical Association*, 94(8), 686-694. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2594276/pdf/jnma00325-0044.pdf>

Walker, R. (2020). *The unapologetic guide to black mental health: Navigate an unequal system, learn tools for emotional wellness, and get the help you deserve*. Oakland, CA: New Harbinger Publications. Inc.

Warren-Findlow J, Prohaska TR. (2008). Families, social support, and self-care among older African-American women with chronic illness. *American Journal of Health Promotion*. 22(5):342-349. <https://doi.org/10.4278/ajhp.22.5.342>

Webb, J. B., Wood-Barcalow, N. L., & Tylka, T. L. (2015). Assessing positive body image: Contemporary approaches and future directions. *Body Image*, 14, 130-145. <https://doi.org/10.1016/j.bodyim.2015.03.010>

Welcome, A., MD, FACOG (2017). Definition of Obesity.

<https://obesitymedicine.org/2017/08/29/definition-of-obesity/>

Wolfe, W. A. (2004). A review: maximizing social support-a neglected strategy for improving weight management with African-American women. *Ethnicity and Disease*, 14(2), 212-218. <https://www.ethndis.org/priorarchives/ethn-14-02-212.pdf>

Worthman, CM. (2010). The Ecology of Human Development: Evolving Models for Cultural Psychology. *Journal of Cross-Cultural Psychology*, 41(4):546-562. <https://doi.org/10.1177/0022022110362627>

Appendix A: Social Media Post

Research study seeks participants who have experience with weight loss or obesity

This is a new study called “*Psychosocial Complexities of American Black Women’s Experiences with Weight Loss or Obesity*” that could help care providers like doctors and counselors better understand and help American Black women with weight loss issues. For this study, you are invited to describe your personal experiences with weight loss or obesity.

This study is part of the doctoral study for Danielle Atkins, a PhD student at Walden University.

About the study:

- One 45-60 minute interview
- To protect your privacy, no names will be disclosed
- All interviews will be completed remotely

Volunteers must meet these requirements:

- 18 years old or older
- Self-identify as African American or Caribbean Black women
- Live in the United States
- Have experience(d) with weight loss or obesity issues

For More Information

For questions or to participate in this study, please email Danielle Atkins at

danielle.atkins@waldenu.edu

Appendix B: Informed Consent Form

You are invited to take part in a research study about the experiences of American Black women with weight loss or obesity. The researcher is inviting women who self-identify as African American and Caribbean Black women who are 18 years of age or older, live in the United States, and have experience(d) with weight loss or obesity issues to be in the study. This form is part of a process called “informed consent” to allow you to understand this study before deciding whether to take part.

This study is being conducted by a researcher named Danielle M. Atkins, who is a student at Walden University.

Background Information:

The purpose of this study is to gain understanding of the women’s experiences with weight loss or obesity.

Procedures:

This study involves the following steps:

- Take part in a confidential, audio recorded interview via zoom (phone option available) (45-60 minutes)
- Review a typed transcript of your interview to make corrections if needed (email option available) (10 minutes)
- Speak with the researcher one more time after the interview to hear the researcher’s interpretations and share your feedback (this is called member-checking and it takes 20-30 minutes, phone option available)

Here are some sample questions:

1. Describe for me your experiences with lose weight or maintaining a having a healthier lifestyle.
2. Do you think your current lifestyle impacts your eating patterns? If so, explain.
3. What are some strategies (ex. Diets, Gyms), regarding weight loss, have you taken that has/has not worked in the past?
4. How do you think you can connect your cultural influences, self-care practices and social network with your overall healthier lifestyle?

Voluntary Nature of the Study:

Research should only be done with those who freely volunteer. So, everyone involved will respect your decision to join or not. You will be treated the same at whether or not you join the study. If you decide to join the study now, you can still change your mind later. You may stop at any time. The researcher seeks 12-20 volunteers for this study.

Risks and Benefits of Being in the Study:

Being in this study could involve some risk of the minor discomforts that can be encountered in daily life, such as revealing things that are personal. With the protections in place, this study would pose minimal risk to your wellbeing.

In the event of a research related with distress or if you experience an adverse reaction, please immediately contact one of the free or low-cost clinic listed below:

- **Better Help** – <https://betterhelp.com> – 24-hour, 7 days a week online counseling

- **NYC Well** - <https://nycwell.cityofnewyork.us/en/> - 24-hour, 7 days a week access via Text “WELL” to 65173 or Call (888) NYC-WELL or Chat
- **Talkspace** – <https://try.talkspace.com> - 24-hour, 7 days a week online counseling

This study offers no direct benefits to individual volunteers. The aim of this study is to benefit society by supporting positive change in the way American Black women approach healthier lifestyle choices and giving in-depth information to those who treat or work with them.

Payment:

A small thank you gift will be provided, which would be a starter wellness kit which includes a cup, tea bags and a small candle.

Privacy:

The researcher is required to protect your privacy. Your identity will be kept confidential, within the limits of the law. The researcher’s professional role as a mandated reporter requires her to report any possible instances of potential harm to the authorities. The researcher will not use your personal information for any purposes outside of this research project. Also, the researcher will not include your name or anything else that could identify you in the study reports. If the researcher were to share this dataset with another researcher in the future, the researcher is required to remove all names and identifying details before sharing; this would not involve another round of obtaining informed consent. Data will be kept secure by the researcher on a secured external drive, all names in the study will be replaced by codes and any other personal information will be kept separately from the data set. Data will be kept for a period of at least 5 years, as required by the university.

Contacts and Questions:

You can ask questions of the researcher by email (danielle.atkins@waldenu.edu). If you want to talk privately about your rights as a participant or any negative parts of the study, you can call Walden University's Research Participant Advocate at 612-312-1210. Walden University's approval number for this study is **07-01-21-0336473** and it expires on **June 30, 2022.**

You might wish to retain this consent form for your records. You may ask the researcher or Walden University for a copy at any time using the contact info above.

Obtaining Your Consent

If you feel you understand the study and wish to volunteer, please indicate your consent by responding back to this email with "I consent".

Appendix C: Beginning Interview Guide

According to Moustakas (1994), a general interview guide is used to facilitate the participant in providing rich, in-depth descriptions of their experiences with the phenomenon under study. This is to ensure that the participants are comfortable with the interview process and have all necessary information before proceeding. Prior to the interview, my own understanding, facts and biases would be set aside, as to not interfere with the interview. This guide will be used for each participant.

Welcome! How are you today, _____ (participant name)? Thank you for participating in this research study! Are you comfortable, do you want to get anything (like water or tea) before we get started?

I will take a few minutes to explain how the interview will proceed. The purpose of this research is to understand the personal experiences associated with being an American Black woman with weight loss or obesity.

I want to remind you, you are free to withdraw from the research study at any time, and all interview sessions will be recorded, and your identity will be kept confidential. I will also be documenting a few responses and notes on this note pad.

The interview will last approximately 60 minutes; we can take breaks as needed.

Are you ready to begin? Do you have any questions before we get started?

Appendix D: Demographics

(To be completed by interviewer)

Thank you for agreeing to participate in this discussion about health practices. Before I can set up an interview, I want to make sure that you are qualified for my study. Would you answer a few quick questions for me?

1. Are you African American? Yes No

If no, what is your nationality? _____ *[If answer is anything other than African American/Caribbean (or some variation thereof), thank person for being willing to participate but explain that that nationality is not being interviewed today]*

2. Are you Caribbean? Yes No

If yes, what Caribbean country are you from? _____

[If answer is no, thank person for being willing to participate but explain that that nationality is not being interviewed today]

3. Are you a US citizen or citizen eligible? Yes No

[If answer is No, thank person for being willing to participate but explain that today we are not who are not US citizens or citizens eligible]

4. What is the primary language of that country? English Other

[If answer is anything other than English thank person for being willing to participate but explain that we are focusing on persons from English-Speaking countries today)]

5. How old are you? 18 – 24 years old _____ 25 – 34 years old _____

35 – 45 years old _____ 46 – 55 years old _____

Other age, please state: _____

6. What is your highest level of education?

Less than a High School diploma High School diploma/G.E.D
College degree Professional degree Post Graduate degree

7. What is your current employment status?

Employed full time Employed part time Retired
Student Stay at home parent Other_____

8. What is your marital status?

Single Married Divorced Separated
Widowed Living together

9. What is your annual income?

Less than \$10,000 \$10,000-\$19,000 \$20,000-\$29,000
\$30,000-\$39,000 \$40,000-\$49,000 More than \$50,000

Appendix E: Research and Interview Questions

RQ1: What role do the underlying psychosocial factors (culture, self-care, and social networks) play in American Black women (including African American and Caribbean Black women) struggling with weight loss or obesity?

1. Describe your experiences with weight loss or maintaining a having a healthier lifestyle.
2. Do you think your current lifestyle impacts your eating patterns? If so, explain.
3. If you have experienced stress, time constraints, or lack of sleep, how do you think that has affected your ability to maintain a healthier lifestyle or overall well-being?
4. How do you think your cultural environment and food choices contributes to your perception of obesity or weight loss? How does it affect your attitude and behaviors?
5. Describe your interpersonal relationships or social network (family, friends, other relationships) and your experiences with them as they relate to being an American Black woman and trying to lose weight.
6. Do the people within your social network impact your healthy lifestyle choices when it comes to: (a) attitudes and behaviors towards obesity or weight loss; (b) healthier food choices or physical activities; and (c) overall well-being? If so, explain.

RQ2: How do American Black women (including African American and Caribbean Black women) address the underlying psychosocial factors (culture, self-care, and social networks) to maintain a healthier lifestyle?

1. What are some strategies (ex. diets, gyms), regarding weight loss, have you taken that has/has not worked in the past?

2. What types of changes have you taken to improve your eating habits or overall well-being?
3. Do you have any self-care routines or carve time out of your schedule to do something just for you? If so, please explain.
4. Do you believe that if you could eliminate weight loss barriers and change behaviors, you can improve your overall health and well-being? If so, what changes can you make?
5. How do you think you can connect your cultural influences, self-care practices and social network with your overall healthier lifestyle?
6. What information would you need to help motivate you to maintain a healthier lifestyle?

Appendix F: Audit Trail

Phenomenological qualitative research study

Flyers were posted to collect participants on social media

Participants contacted the researcher via email

Interviews were conducted and recorded via Zoom for all participants

Interviews were transcribed and emailed to each participant

Data was analyzed using modified van Kaam approach used by Moustakas

All transcripts were coded, grouped into themes, and analyzed