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Racial and Cultural Etiology of Body Satisfaction Among Obese, Young Adult Women

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Walden University
2018

Abstract

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by

Deirdre Moyer

MA, East Carolina University, 2010

BS, University of North Carolina at Greensboro, 2004

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Obesity, a public health issue in the United States, has been linked to numerous chronic diseases. A gap exists in the literature related to racial and cultural etiology of body satisfaction for obese women. The purpose of this qualitative phenomenological study was to describe the racial and cultural etiology of body satisfaction for obese Black women and White women residing in a rural area of the state of North Carolina. Social comparison theory provided the theoretical underpinning for this examination. The central research question was how do obese, young adult Black women and White women describe their perceptions about and experiences of the racial and cultural etiology of their body satisfaction. One-on-one interviews were used to collect data from 6 obese young adult women (3 Black women and 3 White women) between the ages of 18 and 29 years residing in a rural area of North Carolina. Braun and Clarke's 6-phase method for thematic analysis was used to analyze the data. Six themes emerged from the data analysis: (a) Black participants viewed the media through a lens of body positivity, (b) White women related media influences as confrontation with the media, (c) Black women related peer influences to include shaming and denial, (d) White women viewed peer influences as including negative comparisons and positive examples, (e) Black women related family influences to include normalizing obesity, and (f) White women related family influences as including one welcoming the outcast. The results of the study foster positive social change, as deeper understanding of racial and cultural differences regarding body satisfaction of Black women and White women could lead to positive body image and greater body satisfaction among these groups.

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Dedication

This dissertation and all academic achievements are dedicated to God; myself; my parents, Thomas and Betty (1950-2016) Moyer; and Mitch Neal. To my parents, your true love for one another will forever inspire my life experiences; even the memories of Mom's battle against cancer and her love for her family, god, and others never diminished as my father's love for her continued to grow. We miss you, Mom, and this is for you; I love you. Dad, it is your love that continues to carry me through "thick and thin," as well as your faithful prayers, love, and financial support. Mitch Neal, thank you for your love, acceptance, patience, and encouragement that have seen me through this entire process; I love you.

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Thanks to my awesome God for giving me strength and the ability to understand, learn, and develop this dissertation. I would like to thank Dr. Harold Griffin, my dissertation chairperson, for challenging me and encouraging me always. Many thanks to all the participants of the study for their willingness to engage in my research, and my family and friends for their insight and support throughout this process.

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Chapter 1: Introduction to the Study

In this study, I examined the racial and cultural etiology of body satisfaction among obese, Black and White women, between the ages of 18 and 29 years old, residing in a rural county of North Carolina. Throughout the United States, Black individuals' obesity prevalence rates are 2 to 3 times higher than those of White individuals (Fitzgibbon et al., 2012; Kokkinos et al., 2012). Some women, however, have expressed a higher comfort level with their body shape and size, despite being considered overweight or obese by the standards set out in body mass index (BMI; Fitzgibbon et al., 2012; Kokkinos et al., 2012). There is a need to understand how women have different body satisfaction that could be rooted in their race and culture.

The county in the U.S. state of North Carolina, which served as the study setting, had an obesity rate of 33%, with rates among Black women 1.35 times those of White women in 2012 (D'Agostino-McGowan, Gennarelli, Lyons, & Goodman, 2013). This study provided an increased understanding of the etiology of body image within racial and cultural differences in relation to body satisfaction. Clinical and nonclinical workers in the public and private health care sectors might benefit from this study's findings by having a deeper understanding of ways to address women's weight management within sociocultural norms. The workers could have a better understanding of how women have different body satisfaction even when they are considered overweight and obese by the standards.

This chapter begins with the background, problem, and purpose of the study. Next, I present the guiding research questions and discuss the theoretical framework,

social comparison theory. I then provide an overview of the study's nature as well define key terms. Next, assumptions, delimitations, and limitations are presented, followed by a discussion of the significance of the study. The chapter concludes with a summary of key points.

Background of the Study

This study addressed gaps in the research about women's perceptions of body satisfaction. Researchers have shown that women have become increasingly comfortable with an obese body shape and size (Sonneville et al., 2012; Webb, Warren-Findlow, Chou, & Adams, 2013). Previous researchers were unsure why the comfort level has changed. Thus, further research was needed to explain why this finding occurred. More specifically, research was needed to explore similarities and differences between young adult obese Black and White women regarding body satisfaction (J. A. Harriger & Thompson, 2012).

Body satisfaction is a significant factor in weight management and obesity, especially for women (Criado, Gilder, Kalafut, & Ehlers, 2013; Halliwell, 2013). White women, who generally perceive having a thin figure as ideal, have a low body appreciation, which encourages them to manage their weight (Halliwell, 2013). In contrast, Black obese women, who generally perceive having a full and rounded figure as the ideal form (Chaker, Chang, & Hakim-Larson, 2015), have a tendency to be satisfied with their bodies. This satisfaction discourages them from managing their weight (Chaker et al., 2015; Halliwell, 2013; Sonneville et al., 2012). As Sonneville et al. (2012) noted, women's weight perceptions contribute to their decisions to lose or gain weight as they

engage in various lifestyle behaviors. I examined the racial and cultural differences relating to obese women's self-perceptions about their own bodies.

There are significant differences in weight perceptions among women from various ethnic groups in the United States. White women have traditionally been more focused on thinness (Sonneville et al., 2012). Researchers have shown that White women generally perceive that obese Black women have greater personal body acceptance; hence, this perception increases Black women's likelihood of having larger ideal body sizes (Webb et al., 2013). In contrast, Black women generally have negative impressions of White women's preferences for thin idealization, celebrity role models, and weight management behaviors (Webb et al., 2013). Researchers have found that Black women are more comfortable with their weight regardless of their body size (Pike, Dohm, Striegel-Moore, Wilfley, & Fairburn, 2014). Other studies have indicated that both White (Puoane, Tsolekile, & Steyn, 2010) and Black women (Sonneville et al., 2012) classified as obese did not categorize themselves as such because they preferred a heavier weight and a larger body size. Black women and White women have similarities and differences in the ways they perceive their bodies that contribute to their weight preferences (Puoane et al., 2010; Sonneville et al., 2012).

Thirty-three percent of young women in the study county in North Carolina were obese in 2013 (Robert Wood Johnson Foundation, 2014). Furthermore, there are prominent disparities in obesity rates between Black women and White women (D'Agostino-McGowan et al., 2013). The new norm of women being comfortable with their body shape and size, despite the standard of being considered obese, has evolved

over time, yet its etiology is not well understood. The phenomenon related to obesity statistical trends has indicated an increased number of women becoming comfortable with their large body shape and size (Fitzgibbon et al., 2012; Kokkinos et al., 2012). For these reasons, I conducted this study in this particular county in North Carolina. I sought to provide a foundational study for future research on body satisfaction within and between populations in geographically diverse communities inside and outside the United States. The study indicated connections, cultural norms, and experiences of the study populations regarding body satisfaction in obese women.

Problem Statement

Obesity is quickly becoming one of the most prominent conditions affecting individuals. An obese person has a BMI equal to or greater than 30 (Flegal, Carroll, Kit, & Ogden, 2012). More than one third of the adult population of the United States is considered obese (Ogden, Carroll, Kit, & Flegal, 2014).

There have been a number of published studies in which researchers have successfully linked behavioral drivers of weight gain and loss to one's perception of body image, stressors, and psychological and emotional triggers (see Bagrowicz, Watanabe, & Umezaki, 2013; J. A. Harriger & Thompson, 2012; Morgan et al., 2012; Steinberg et al., 2014). Other researchers have presented a connection between obesity and a host of chronic diseases (e.g., depression, cardiovascular disease, diabetes, musculoskeletal disorders, etc.; Antin & Hunt, 2013; Gilman, 2013; J. A. Harriger & Thompson, 2012; Steinberg et al., 2014), as well as the tendency for individuals to gain excess body weight during the formative years between the ages of 18 and 29 (H. A. Harriger, Montgomery,

& Hardin, 2010). The extent to which general findings regarding body image were applicable to Black women was unclear, as much of the research on female body image has focused on White women (Poran, 2012).

In studies that have focused on body satisfaction within the Black community, researchers have found a greater degree of body satisfaction when compared to White women (Antin & Hunt, 2013; Steinberg et al., 2014). Furthermore, researchers have posited that Black women are culturally shielded from societal pressures to be thin; therefore, Black women tend to experience more body satisfaction compared to their White women counterparts (Antin & Hunt, 2013; Foley et al., 2012; Steinberg et al., 2014). Building on the previous research, there was a need for scholarly inquiry into the racial and cultural etiology of body satisfaction for obese Black women and obese White women (Bagrowicz et al., 2013). Such research could contribute to the literature by providing further exploration of the relationship between body image and obesity.

Purpose of the Study

The purpose of this qualitative phenomenological study was to describe the racial and cultural etiology of body satisfaction for obese Black women and obese White women residing in a rural area of North Carolina. I followed Moustakas's (1994) psychological phenomenological research methods in conducting my investigation. In this approach, the focus is on identifying study participants' shared experiences of a particular phenomenon and exploring associated common meanings (Moustaka, 1994). The phenomenon of interest in this study was the racial and cultural etiology of body

satisfaction as described by obese, young adult Black women and obese, young adult

White women.

Moreover, this study was conceptually grounded in social comparison theory

(Festinger, 1954). I used social comparison theory as a framework for understanding

individuals' natural inclinations to evaluate themselves through comparisons (positive

and negative) of their opinions and or abilities with those of other individuals or groups.

The study's interview questions (see Appendix A) were based on social comparison

theory and designed to evoke participants' reflections about positive and negative

comparisons with other persons. These were helpful for understanding and describing

underlying racial and cultural factors that influenced women's perceptions of personal

body satisfaction.

In summary, the research literature has indicated that obese women are becoming

increasingly comfortable with their body shape and size (Antin & Hunt, 2013; Foley et

al., 2012; Steinberg et al., 2014), despite external pressures to lower their BMI.

Historically, Black women have been more satisfied with a larger body shape and size

when compared to White women (Antin & Hunt, 2013; Steinberg et al., 2014). However,

these perceptional differences appear to be narrowing (Antin & Hunt, 2013; Foley et al.,

2012; Lu et al., 2011; Steinberg et al., 2014; Webb et al., 2013). The etiology of racial

and cultural differences regarding body satisfaction has not been well-investigated

(Bagrowicz et al., 2013). More research is needed on this phenomenon to forecast future

health care needs and identify potential approaches to weight management that may result

behavior changes within these groups. For instance, women in these two groups might

reflect on how their culture and race affects their body satisfaction and weight management.

The Centers for Disease Control and Prevention (CDC; 2016) reported the obesity rates for different groups. Among the highest for age-adjusted rates of obesity were non-Hispanic Blacks (48.1%), followed by Hispanics (42.5%), and non-Hispanic Whites (34.5%; para. 2). In the rural county in North Carolina where this study occurred, the problem of racial and cultural differences in body satisfaction was seen in terms of the increasing obesity rates among young adult women. I chose North Carolina as the focus of this study because of its high obesity rates. North Carolina ranked 25th

in the listed state of adult obesity in the United States (Trust for America's Health, 2014). In the particular county in North Carolina that was the focus of this study, 33% of the adult population was considered obese (Robert Wood Johnson Foundation, 2014).

Research Questions

In keeping with Moustakas's (1994) phenomenological research methods, I posed one central research question, followed by four procedural subquestions to provide further guidance for this study. The central research question was the following: How do obese, young adult Black women and White women describe their perceptions about and experiences of the racial and cultural etiology of their body satisfaction? The four procedural subquestions were the following:

RQ 2. What statements describe obese women's perceptions about and experiences of the racial and cultural etiology of their personal body satisfaction?

RQ 3. What themes emerge from these perceptions and experiences?

RQ 4. What are the contexts and/or other underlying precipitating factors that account for these perceptions and experiences?

RQ 5. What is the overall essence of these perceptions and experiences for Black women and for White women?

Theoretical Framework for the Study

I used social comparison theory (Festinger, 1954) as the theoretical underpinning for this study of perceptions of body shape among Black women and White women. Originally posited by Festinger (1954), social comparison theory has served as the basis for other studies whose authors have examined phenomena associated with the perceptions of body image (Hamel, Zaitsoff, Taylor, Menna, & Grange, 2012). There are nine hypotheses associated with the social comparison theory (Corcoran, Crusius, & Mussweiler, 2011; Festinger, 1954; Van Lange, Kruglanski, & Higgins, 2012), which can be clustered around associated themes:

1. There exists, in the human organism, a drive to evaluate his opinions and his abilities.

2. To the extent that objective, nonsocial means are not available, people evaluate their opinions and abilities by comparison respectively with the opinions and abilities of others.

3. The tendency to compare oneself with some other specific person decreases as the difference between his opinion or ability and one's own increases.

4. There is a unidirectional drive upward in the case of abilities which is largely absent in opinions.

5. There are nonsocial restraints which make it difficult or even impossible to change one's ability. These nonsocial restraints are largely absent for opinions.

6. The cessation of comparison with others is accompanied by hostility or derogation to the extent that continued comparison with those persons implies unpleasant consequences.

7. Any factors which increase the importance of some particular group as a comparison group for some particular opinion or ability will increase the pressure toward uniformity concerning that ability or opinion within that group.

8. If persons who are very divergent from one's own opinion or ability are perceived as different from oneself on attributes consistent with the divergence, the tendency to narrow the range of comparability becomes stronger.

9. When there is a range of opinion or ability in a group, the relative strength of the three manifestations of pressures toward uniformity will be different for those who are close to the mode of the group than those who are distant from the mode. Specifically, those close to the mode of the group will have stronger tendencies to change the positions of others, relatively weaker tendencies to narrow the range of comparison, and much weaker tendencies to change their

position compared to those who are distant from the mode of the group

(Festinger, 1954, p. 117-140).

Researchers have used Hypotheses 1 and 2 to explain why people engage in social

comparisons (Corcoran et al., 2011; Gerber, 2018). The need to know oneself, combined

with the impossibility of determining opinion and abilities by reference to the physical

world in many situations, motivates people to compare themselves to other people

(Corcoran et al., 2011). Researchers have used Hypotheses 3, 4, and 8 to show ways that

people compare themselves with others (Gerber, 2018). In essence, Festinger (1954)

postulated that people sought out others for similarity comparison or, in the case of

abilities, others who were slightly better, an action which he termed the "unidirectional

drive upwards" (p. 124). Festinger argued that when the opinions and abilities between

the comparison group and oneself were too divergent, the resulting information provided

little usefulness (Corcoran et al., 2011; Festinger, 1954; Gerber, 2018).

Finally, one could use Hypotheses 5, 6, 7, and 9 to elucidate the consequences of

social comparison of the self (Gerber, 2018). Comparisons might result in the changing

of one's opinions and abilities, an aspect which tended to be in the direction of uniformity

(i.e., assimilation; Corcoran et al., 2011; Gerber, 2018). The amount of change depends

on the importance, relevance, attraction of the comparison group, and where the inability

to reach uniformity was perceived as unpleasant (Corcoran et al., 2011; Gerber, 2018).

The purpose of this study was to describe the racial and cultural etiology of body

satisfaction. I conducted my investigation because I could find no empirical evidence to

suggest a link between sociocultural determinants and one's perception of body size and

shape. Social comparison theory provided a plausible explanation of the phenomenon and a suitable framework to guide the design and execution of the study.

This theory was related to the purpose of the study to understand the etiological differences in body satisfaction between perceptions of women from different social groups developed through the social comparison theory. Moreover, social comparison theory was related to the research questions because there was a focus on women's perceptions of their body in comparison to others. Based on hypotheses and concepts central to the social comparison theory, downward comparison was said to have positive effects, such as increasing one's subjective well-being. Conversely, upward comparison occurred when an individual performed social comparisons with others who were better off or superior (Wills, 1981).

In the literature review, research has indicated that upward comparisons can lower self-regard (Krahé & Krause, 2010). However, researchers have suggested that upward comparisons may provide an inspiration to improve (Tylka & Sabik, 2010). These upward and downward forms of motivation show that comparison depended on the perception of each individual, wherein a good type of comparison might have opposing effects on one person as compared to another. Hence, the belief was that the social comparison theory, its concepts and hypotheses, would provide a plausible explanation of the phenomenon and a suitable framework to guide the design and execution of the study. A more detailed discussion of the theoretical framework is included in Chapter 2.

Nature of the Study

I used a qualitative research design that was conceptually grounded in social comparison theory (Festinger, 1954) to explore the racial and cultural etiology of body satisfaction for obese Black women and obese White women residing in a rural area of North Carolina. More specifically, I used a phenomenological approach to obtain perceptional data from the lived experiences of the study participants. The data were analyzed using appropriate thematic analysis techniques designed to ensure credibility and dependability (Braun & Clarke, 2006). Phenomenologists have expressed concern with the shared lived experiences of persons who experience a particular phenomenon (Applebaum, 2012; A. Giorgi, 2012; B. Giorgi, 2011).

The problem driving the study was centered on the increasing proportion of the population classified as obese, especially within the state of North Carolina (CDC, 2012b; North Carolina Department of Health and Human Services, 2014). Relatively little research has focused on a growing number of people who appear satisfied with their body shape and size despite recognizing they are obese (BMI > 30), along with being consistently exposed to messaging that emphasizes the health risks associated with carrying excess weight. There was a need to develop a deeper understanding of the difference in the etiology of body satisfaction among young, obese, adult Black women and White women residing in a rural area of North Carolina (Rockingham County Department of Public Health, 2013).

To gain a deeper understanding of these differences in the etiology of body satisfaction among the target populations, one must examine the perceptions of the

participants from their lived experiences. To this end, a phenomenological research design was utilized. The data were analyzed using appropriate content analysis techniques designed to ensure credibility and dependability throughout the process.

Participants were obese, young adult, Black women and White women within a rural area of North Carolina. Data regarding the phenomenon were gathered through face-to-face, semi-structured interview tape recordings; transcripts of the tape-recorded interview sessions were prepared; field notes were taken during interview sessions, while performing content analysis, and reviewing relevant documents; and demographic data were collected from study participants. The dataset was analyzed using appropriate content techniques.

Definitions

Body image: The assessment of discrepancies between perceived body image and ideal body image (J. A. Harriger & Thompson, 2012).

Body mass index (BMI): The ratio of the weight of an individual person to his or her height (Cawley & Meyerhoefer, 2012; Flegal et al., 2012). BMI is the measure used by health care providers for classifying a person as obese, overweight, or underweight (Flegal et al., 2012; Ogden et al., 2014). An adult with BMI greater than 30 is considered obese (Flegal et al., 2012).

Body satisfaction: The degree to which an individual is satisfied with his or her physical body or individual physical parts of the body (e.g., hips, legs, arms, muscle tone, and strength) and desires to stay at this level of physical attractiveness (Sonneville et al., 2012).

Health behavior: Actions that an individual takes to prevent, maintain, or regain ideal health (Corral et al., 2012).

Assumptions

This study design included two assumptions. The first assumption was that participants would have been truthful about comfort with their body shape when they responded to the initial invitation. The second assumption was that in the interviews participants offered truthful responses to the questions. These two study assumptions did not have to be proven because these were the basis of the study to reveal truths about the research, as suggested by researchers (Merriam, 1997; Simon, 2011).

Scope and Delimitations

Due to the magnitude of the obesity problem, multiple social, cultural, and behavioral factors drive individuals toward weight loss or gain, which increases their risk of chronic health conditions (Ogden, Flegal, Carroll, & Johnson, 2002). I focused on the etiology of body satisfaction amongst young, adult Black women and White women who had not undergone gender reassignment surgery. Only Black women and White women were included in the study because the rural area of North Carolina, in which this study occurred, was composed of 19% of Blacks and 78% of Whites (Rockingham County Department of Public Health, 2013). This ethnic distribution was seen across the state of North Carolina, with 22% Black and 72% White (CDC, 2012b, 2015b). All females who were not Black or White were excluded from the study.

Participants included individuals between 18 to 29 years old. The reason for the 29-year-old ceiling was that females gained excessive body weight throughout their teens

and twenties (Ogden et al., 2014). Given that this study concerned females' body satisfaction, I focused on females who were in that range. Subsequently, females either younger than 18 or older than 29 were excluded.

The study was conceptually grounded in social comparison theory (Festinger, 1954). Two theories that were considered and then excluded were the health belief and social ecological models; these did not account for an individual's attitudes, beliefs, or other determinants that dictated a person's acceptance of behaviors. The health belief model has been excluded because it is a psychological model that one can use to predict health behaviors with a focus on attitudes and beliefs. The phenomenon of the study would not be covered with this model because there was no suggestion to account for behaviors that were habitual, and thus could inform the decision-making process that were increasing women's chances of being obese (Steckler, McLeroy, & Holtzman, 2010).

One could use the social ecological model to draw on network interaction among the individuals in their environments. The social ecological model was also lacking the ability to provide information on how influences on body satisfaction would interact with one another (Fleury & Lee, 2006). Only the social comparison theory was appropriate. Because this study concerned the individual's social and personal worth in comparison to others, neither of these theories would explain the data acquired in the research (Festinger, 1954).

Finally, the study was limited because it was not transferable to other populations. The findings were not transferable because these were limited to data collected from

particular Black and White female individuals. These individuals were between the ages of 18 and 29 in a rural area of North Carolina.

Limitations

This study primarily relied on conducting semi-structured interviews to reveal participants' experiences. Phenomenology was subject to two major limitations. The first and most important limitation associated with a phenomenological research design was that only participants' perceptions were collected. In the end, all that was known was what the individuals who participated in the study believed. Secondly, interviews were subject to recall bias. Participants might make errors due to poor memory, and or they might be unduly affected by recent events (Blome & Augustin, 2015). Both of these limitations were acknowledged in the study. In addition, this study might be limited due to my unconscious bias, which could lead to misinterpreting the participants' responses to the interview questions. In this study, I mitigated against unconscious bias using member checks (Ross, 2008) and through presenting the data in detail in the original language of the participants (Van Manen, 2014).

Significance of the Study

This study contributed to the literature by examining the racial and cultural etiology of body satisfaction among obese Black women and obese White women residing in a rural area of North Carolina. Contemporary weight loss programs were viewed as less than effective in populations where obesity was considered socially acceptable and even desirable (Foley et al., 2012; Garousi & Nejad, 2014). In advancing scientific knowledge, this study facilitated a deeper understanding of the etiology of body

satisfaction, thereby enabling practitioners to devise more effective weight management strategies that build upon existing weight-related sociocultural norms. As a contribution to health-related practices and policies, the resulting improvement promoted behaviors that could lead to better weight management and a corresponding reduction in the prevalence of chronic diseases for which obesity is a known risk factor. This study promoted positive social change by serving as the basis for future research on body satisfaction within and between populations and in geographically diverse communities inside and outside the United States.

Summary

The problem driving the study was the increasing proportion of the population, especially young female adults, classified as obese (Ogden et al., 2014). Specifically, the purpose of this phenomenological study was to describe the racial and cultural etiology of body satisfaction, as perceived and experienced by obese Black women and obese White women residing in a rural area of North Carolina. The aim of the study was to address a gap in the literature regarding the racial and cultural etiology of body satisfaction among this population. The study participants' descriptions of racial and cultural etiology varied between the two groups.

This study could add to existing knowledge about differences that emerged regarding the racial and cultural etiology of body satisfaction of the sample of women participants. The findings facilitated a better understanding of the relationship between the women with a BMI over 30 and their satisfaction with their body size, despite the weight factor and their vulnerability to the health risk associated with being overweight.

Chapter 2 begins with the theoretical foundation of the study: Festinger's (1954) social comparison theory. Following a discussion of social comparison theory, the literature specific to obesity is presented. The definition and prevalence of obesity are discussed, followed by a discussion of the societal, social, and psychological challenges of obesity. The next major section of the literature review addresses the research constructs of body image and body satisfaction, followed by a discussion of the etiology of body image/satisfaction among Black women and White women.

Chapter 2: Literature Review

I examined the racial and cultural etiology of body satisfaction among young adult women in North Carolina. More specifically, I used a qualitative phenomenological research approach to explore the racial and cultural etiology of body satisfaction among obese, young adult Black women and White women residing in a rural area of North Carolina. Researchers have projected that obesity will increase from 40.1% in 2013 to 47.1% by 2018 (Finkelstein et al., 2012; Lehnert, Sonntag, Konnopka, Riedel-Heller, & König, 2013; U.S. Census Bureau, 2011). Hendley et al. (2011) stated that obesity was a sensitive topic among women; therefore, one must not alienate them but inspire them to consider their values and perspectives on body image, culture, and weight management. The study served as the basis for future research on body satisfaction within and between populations and in geographically diverse communities inside and outside the United States.

Because most researchers of body image researchers have focused on White women, it is unclear how general findings regarding body image apply to Black women (Kashubeck-West et al., 2013; Webb et al., 2013). This present study is unique because I used social comparison theory (Festinger, 1954) to examine the difference in the etiology of body satisfaction among obese, young adult Black and White women living in a rural area of North Carolina. This study may serve as a foundational study for future research on body satisfaction within and between populations of geographically diverse communities inside and outside the United States.

In this chapter, I describe the strategy used to perform a comprehensive review of the available literature on the problem, topic, and theory underpinning the study. The purpose of this review is to provide a well-grounded understanding of the etiology of body image and satisfaction among obese, young adult Black women and White women residing in rural North Carolina. The discussion in the first section is the theoretical foundation of the study, Festinger's (1954) social comparison theory.   Next, the discussion is about the literature specific to obesity, specifically the definition, prevalence, and challenges of obesity. Then, the discussion will be about societal, social, and psychological challenges of obesity. The fourth section is a discussion on research constructs of body image and body satisfaction. Finally, the review will end with a discussion on etiology of body image/satisfaction among Black and White women.

Literature Search Strategy

I conducted a search of the literature using the following sources: Google Scholar, EBSCO, ERIC, PubMed, PsycINFO, Medline, Health and Psychosocial Instruments, CINAHL, and the ProQuest Dissertation and Theses database. I selected scholarly articles that were peer-reviewed. Key terms used to locate sources included *obesity*, *statistics*, *prevention*, *sociocultural*, *health promoting behaviors*, *young adult*, *body image*, *social comparison*, *weight perception*, *body satisfaction*, *weight disparity*, *rural communities*, *social determinants*, *ethnic difference*, *body mass index*, *social comparison theory*, *semi-structured interview questions*, and *Black women and White women*.

To ensure that the inquiry was comprehensive, I consulted reference sources cited in scholarly articles and texts during the literature search. A search for the phrase *young*

adult obesity among women in Google's search engine produced 95,215 results.

Narrowing the inquiry with the phrase *young adult obese Black and White women*

produced 4,190,035 results. A more specific search using Google Scholar and the phrase

young adult obese among women Black and White body satisfaction produced 24,715

results that represented peer-reviewed articles and scholarly texts. I obtained similar

results when using different databases available through the Walden University Library.

I excluded some research to keep the focus on findings that directly related to

ethnic groups. I selected literature published within the last 5 years, but some seminal

publications prior to the 10-year period proved relevant. These publications contained

valuable information and empirical evidence specific to young adult Black women and

White women about body satisfaction and body dissatisfaction. In addition, seminal

publications on the theoretical framework of social comparison were included.

Theoretical Foundation

Festinger's (1954) seminal work on the social comparison theory provided the

theoretical foundation for this study. Festinger was the first to use the term *social*

comparison (Festinger, 1954). According to social comparison theory, people naturally

evaluate their opinions and abilities by comparing them with other persons' opinions and

abilities (Festinger, 1954). Festinger explained that engagement in this comparison

process could establish a benchmark for accurate self-evaluation. Individuals may prefer

an objective benchmark, but one does not exist in most social and professional settings

(Festinger, 1954). Individuals have a tendency to conduct upward comparison when it

comes to abilities (Festinger, 1954). Upward comparison may serve as a goal to improve

future outcomes (Festinger, 1954). Festinger stated that the greater importance a person

ascribed to a particular domain of interest, the more the individual felt pressured to

reduce discrepancies between his or her behaviors and the behaviors of the person being

compared.

Based on findings from three empirical studies (Dreyer, 1954; Festinger, Torrey,

& Willeman, 1954; Hoffman, Festinger, & Lawrence, 1954), Festinger (1954) described

nine proposed explanations (or hypotheses) that are critical for understanding the human

drive for self-evaluation. The nine hypotheses underpin Festinger's social comparison

theory. As Figure 1 shows, the drive for self-evaluation is based on social comparisons,

specifically comparisons with other persons' opinions and abilities. This drive for self-

evaluation leads to social influence processes.

Social Influence Processes

H3: Tendency to compare decreases as differences increase

H4: Upward drive with abilities, not with opinions

H5: Non-social restraints with abilities, not with opinions

H6: Cessation of comparison with others

H7: Factors increasing importance of comparison group increase pressure toward uniformity

H8: Persons perceived differently affect narrowing range of comparability

H9: Strength of pressures toward uniformity differ between persons close to the group mode and persons distant from the mode

Human Drive for Self-Evaluation Based on Social Comparison (Hypotheses 1 and 2)

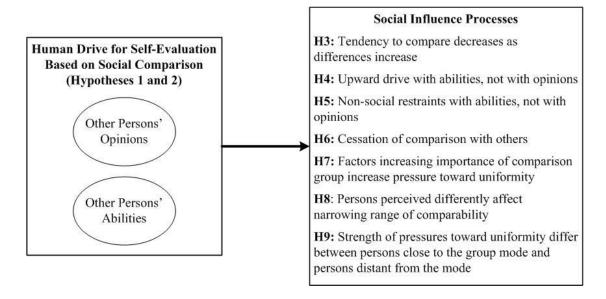Other Persons' Opinions

Other Persons' Abilities

Figure 1. Overview of Festinger's (1954) social comparison theory.

Corcoran et al. (2011) described Festinger's (1954) nine hypotheses and

categorized the hypotheses in two groups. Hypothesis 1 and Hypothesis 2 can be used to

address the reasons people engage in social comparisons, which includes the need to know one's self (Corcoran et al., 2011). Another reason to engage in social comparisons is to determine opinions and abilities by referencing these to the physical world, which, in many circumstances, could be difficult or impossible (Corcoran et al., 2011) Therefore, people are more inclined to compare themselves to other people (Corcoran et al., 2011). Individuals conduct a self-evaluation based on social comparison.

Hypotheses 3, 4, and 8 could be used to summarize with whom people would compare themselves (Corcoran et al., 2011). In essence, Festinger (1954) postulated that people seek out those persons similar to themselves for comparison or, in the case of abilities, others who were slightly better, a practice which he termed "unidirectional drive upwards" (p. 124). He argued that when the opinions and abilities between the comparison group and oneself were too divergent, the resulting information provided little usefulness (Corcoran et al., 2011; Festinger, 1954). Individuals compare themselves to other individuals they perceive are similar to them.

Hypotheses 5, 6, 7, and 9 to elucidate the consequences of the social comparison of self. Comparisons may result in the changing of one's opinions and capabilities, which tends to be in the direction of uniformity, as in assimilating with groups (Corcoran et al., 2011; Festinger, 1954). The amount of change depends on the importance, relevance, and attraction of the comparison group, in the case when the inability to reach uniformity is perceived as unpleasant (Corcoran et al., 2011). As a result of the social comparison, individuals might either have negative opinions about themselves or try to improve themselves to be more similar with the other individuals.

Schachter and Singer (1962) demonstrated that social comparison could be applied to the understanding of emotions. In their study, they found that people liked to affiliate with others in situations that aroused fear to determine if their emotions were normative (Schachter & Singer, 1962). In other words, people socially compared their emotions.

Research has indicated that different kinds of motivations may lead to different forms of social comparison (J. D. Brown, 2014; Wheeler, 2013). For example, Thornton and Arrowood (1966) suggested that under some circumstances, the goal was for one to simply self-evaluate. Other motivations attributed to social comparison theory included the goal to self-enhance by assessing others' behaviors that were perceived as better; however, there were also situations in which the goal was simply to improve self-efficacy (J. D. Brown, 2014; Wheeler, 2013). The goal of improving self-efficacy included comparisons to positive prototypes to determine how close an individual was to the ideal and negative prototypes to determine how distant an individual was from the ideal (Ashforth & Schinoff, 2016). Individuals increase their self-efficacy when they perceive that they are close to their notion of ideal selves.

The negative comparison was utilized by an individual to feel better by having a more positive outcome than the comparison target. Suls and Wheeler (2012) and Wills (1981) referred to the negative comparison as downward social comparison theory. Downward comparisons may be prevalent in situations in which an experience is a threat to self-esteem or lowers self-esteem. Essentially, in downward social comparison, a person seeks opportunities to self-enhance (Suls & Wheeler, 2012; Yudkin, Liberman,

Wakslak, & Trope, 2017). Downward social comparisons may also serve a coping

function for individuals dealing with specific personal problems, such as mental illness or

other threats (Appel, Crusius, & Gerlach, 2015; Fuhr, Hautzinger, & Meyer, 2015).

Additional research has indicated that the influence of self-esteem and personal threat

may be associated with upward comparisons as a source of inspiration that may buffer

subjective well-being (Suls & Wheeler, 2012).

The rationale for the choice of social comparison theory (Festinger, 1954) for this

present study was that it provided a useful framework for understanding the effects of

social networks on weight control thoughts and behaviors. This rationale was supported

by published researchers who have utilized social comparison theory to examine

phenomena associated with the perceptions of body image, both body image satisfaction

and body image dissatisfaction (Hamel et al., 2012). According to social comparison

theory, individuals compare themselves to others who are similar in body type, resulting

in the desire to reduce perceived discrepancies, which leads to behavior change. Of

particular note was how this theory was relevant to this present study's sample: a

minority group of young adult Black women.

Festinger (1954) addressed how group incomparability influenced social minority

groups' behaviors and opinions:

Members of minority groups, if they are unable to achieve complete

incomparability with other groups, should be somewhat less secure in their self-

evaluations. One might expect from this that within a minority group, the

pressures toward uniformity would be correspondingly stronger than in a majority

group. The minority group would seek stronger support within itself and be less well able to tolerate differences of opinion or ability, which were relevant to that group. (pp. 135-136)

Festinger's (1954) social comparison theory provided guidance for this study because there would be differences between the social minority group of young adult Black females and the social majority group of White female participants regarding pressures toward uniformity in both abilities and opinions. The purpose of this study was to describe the racial and cultural etiology of body satisfaction. Given the empirical evidence to suggest a link between sociocultural determinants and ones' perception of body size and shape, I believed the social comparison theory provided a plausible explanation of the phenomenon and a suitable framework to guide the design and execution of the study. As such, the study's research questions were developed based on Festinger's (1954) hypotheses.

To answer the study's research questions, interview questions were developed to collect data relevant to how participants from the social minority group of young adult Black females and participants from the social majority group of White females determine would compare themselves. This data derived from RQ1. RQ2 questioned how comparison groups influenced the participants' comfort with their body image. RQ3 questioned how participants viewed negative opinions of their weight among those groups with whom they did not compare themselves. I used RQ4 to question how participants handled pressures to reconcile conflicting opinions to assimilate into their comparative groups. Finally, I used RQ5 to question how the etiology of body

satisfaction differed between both participant groups in the context of social comparison processes.

Literature Review Related to Key Variables and/or Constructs

In this section of the literature review, I will present synthesis of studies about concepts important in the current study.

Obesity: Definition, Prevalence, and Challenges

Among women, body weight is a major determinant of body image (Lipowska & Lipowski, 2015), a finding which was central to the focus of this present study. Therefore, I found it appropriate to examine the literature relevant obesity and related challenges. First, definitions of obesity from the literature are provided. Second, a brief discussion of the prevalence of obesity is presented. Third, literature on the societal, social, and psychological challenges of obesity is discussed.

Definition of obesity. Two research-based medical institutions provide definitions for obesity: the CDC (2012a) and the American Medical Association (AMA). According to the CDC (2012a), a person is considered overweight or obese if body weight is higher than what is considered healthy for a given height. Factors that may affect weight include genetic makeup, overeating, eating high-fat foods, and not being physically active (CDC, 2015a). Practitioners have use the BMI, a measure of body fatness (Stoner & Cornwall, 2014), to determine if individuals are overweight or obese by calculating their weight and height (Johnson & Geller, 2016). An adult 20 years and older is considered overweight if his or her BMI score is between 25 and 29.9 kg/m, while an adult with a BMI of 30 kg/m or higher is considered obese (Johnson & Geller, 2016). These scores are consistent with

the AMA's classification of obesity as a disease (Johnson & Geller, 2016; Stoner &

Cornwall, 2014).

Prevalence of obesity. Obesity is an increasing worldwide epidemic (Goswami,

Sachdeva, & Sachdeva, 2012). Between 1980 and 2014, obesity nearly doubled

worldwide (World Health Organization [WHO], 2014). Worldwide, more than a half

billion adults over the age of 18 years were obese in 2014 (WHO, 2014). Of these obese

adults, 11% were men, and 15% were women. The highest prevalence of overweight and

obesity was in the region of the Americas (61% overweight or obese in both sexes, and

27% obese), while the lowest prevalence was in the Southeast Asia region (22%

overweight in both sexes, and 5% obese; WHO, 2014). Women are more likely to be

obese compared to men across all WHO (2014) regions.

Researchers have compared the prevalence of overweight and obesity between

Black American and White Americans (An, 2014; Ogden, Carroll, Kit, & Flegal, 2013;

Skinner & Shelton, 2014). Seventy-five percent of Black adults are overweight or obese

(69% of men and 82% of women) compared to 67.2% of White American adults (71.4%

of men and 63.2% of women; An, 2014). Specific to obesity, nearly 47.8% of Black

adults are obese (37.1% of men and 56.6% of women) compared to 32.6% of White

American adults (32.4% of men and 32.8% of women; Ogden et al., 2013). Overweight

and obesity rates also tend to be higher among the younger Blacks when compared with

White Americans, as the weight growth rate has begun at an earlier age (Skinner &

Shelton, 2014). For example, from 1999 to 2012, 35.1% Black youth were overweight

compared with 28.5% of White youth; 20.2% were obese compared with 14.3% of White

youth (Skinner & Shelton, 2014). Moreover, one of the largest health disparities in the

United States is the different obesity rates for Black women and White women

(Tomiyama, Puterman, Epel, Rehkopf, & Laraia, 2012).

       Obesity: Societal, social, and psychological Challenges. Obesity is a societal

challenge because it has replaced traditional public health concerns, such as

undernutrition and infectious diseases, as one of the most significant contributors to ill

health (Coogan et al., 2010). As such, obesity has become a major topic in the public

health literature (Coogan et al., 2010). WHO (2014) linked obesity to poor health

outcomes and all-cause mortality. Specifically, evidence has indicated that obesity

increases "the likelihood of diabetes, hypertension, coronary heart disease, stroke, certain

cancers, obstructive sleep apnea and osteoarthritis" (WHO, 2014, p. 79). Who (2014)

found it also negatively influenced reproductive performance. Moreover, the research

literature has indicated obesity as a major concern and contributor to the global scope of

this public health issue among various ethnic groups (Blacks and Whites), communities

(rural and urban), parents, school officials, and the government (CDC, 2012; WHO,

2014).

       The majority of obese individuals are not aware of the social and psychological

challenges that they may face in their day-to-day lives (Collin & Benz, 2009). For

example, one social challenge includes discrimination by health and fitness professionals

(Collin & Bentz, 2009). Other social challenges are the subject of sociocultural theories

that focus on body image disorders influenced by social and cultural ideals and

expectations, which are driven by mass media (Kakeshita & Almeida, 2006).

Conflicts exist between sociocultural ideal models of beauty/body type and the burdens of such models, resulting in the rise of "distortions and subjective body image disorders" (Kakeshita & Almeida, 2006, p. 498). These distortions and disorders can manifest in negative health and psychological outcomes, such as obesity, eating disorders, anxiety, and depression (Kimber, Couturier, Georgiades, Wahoush, & Jack, 2015). Furthermore, psychological challenges are found in the relationship between obesity and self-esteem, which can be measured (Kimber et al., 2015; O'Connor, 2014).

Research Constructs: Body Image and Body Satisfaction

Some researchers have investigated *body image* and *body satisfaction* as separate constructs (Cox et al., 2011; Webb, Butler-Ajibade, & Robinson, 2014). Conversely, other researchers have treated these terms as the same construct, such as *body image satisfaction* and *body image dissatisfaction* (Cash & Fleming, 2002; Pulvers et al., 2004). For the purpose of this present study, body image was defined as the satisfaction level a woman had with her body. In other words, the term *body image satisfaction* was used in this study. With this definition in mind, I explored the research literature on body image and body satisfaction.

Body image. Body image refers to self-evaluations of one's body appearance, and researchers have conceptualized it as a global construct (Ferguson, Muñoz, Garza, & Galindo, 2014). In his seminal work, Schilder (1950) defined body image as "the picture of our own body which we form in our mind, that is to say, the way in which the body appears to ourselves" (p. 11). Schilder (1950) maintained that a person's senses, ideas,

and feelings contributed to establishing a mental body image that was built and rebuilt throughout life (Slade, 1994).

Although this early definition underwent some changes in wording, the meaning has remained consistent in the research literature. For example, Cash and Fleming (2002) defined body image as referring to "one's perceptions and attitudes in relation to one's own physical characteristics" (p. 455). Body image can entail positive or negative satisfaction with one's body appearance, including weight, height, and proportion (Lipowska & Lipowska, 2015). Moreover, human beings make efforts to understand themselves and their environments through a blend of internal and external body image perspectives (Chan, Brykczynski, Malone, & Benner, 2010; Rotter, 1954). For example, a woman's satisfaction level is developed through various external and internal comparisons of body image, as these relate to self-esteem and emotional stability (Ferguson, Winegard, & Winegard, 2011).

Internal perspectives. Schilder (1964) initially established the concept of body image as an internal psychological phenomenon. Schilder (1964) explained the individuals' mental images of their own bodies derived from the way their bodies were introduced to them as a child. According to Fisher (2014), one's mental body image was established by senses, ideas, and feelings that most often were unconscious.

Research has indicated that the internal psychological phenomenon of body image is both complex and multidimensional (Pruzinsky & Cash, 2002; Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999). As a complex multidimensional construct, body image involves internal biological and psychological dimensions (Goswami et al., 2012), such

as perception, attitude, cognition, behavior, affect, body distortion, body satisfaction/dissatisfaction, cognitive-behavioral investment, evaluation, fear of fatness, preference for thinness, and restrictive eating (T. A. Brown, Cash, & Mikulka, 1990; Cash, 1994; Cash & Green, 1986; Cash & Henry, 1995; Gleaves, Williamson, Eberenz, Sebastian, & Barker, 1995; Slade, 1994; Williamson, 1990; Williamson, Cubic, & Gleaves, 1993; Williamson, Gleaves, Watkins, & Schlundt, 1993). Body image perceptions may be influenced by peers, parents, and media, as well as socioeconomic status, gender, and body weight (Coogan et al., 2010; Kramer, 2015).

Heintze et al. (2012) provided an example of internal interpretations of individuals who dealt with obesity. Heintze et al. compared the influence of internal and external locus of control among obese patients. Patients blamed internal factors, such as glandular or hormonal issues, slow metabolism, or stress for their obesity. As such, if internal factors were not addressed using external interventions, such as surgery, their obesity problem could not be solved.

However, in the same study, doctors perceived obesity as from a patient's internal locus of control (Heintze et al., 2012). Accordingly, doctors perceived that solutions for solving the problem of obesity were not within their locus of control. Heintze et al. (2012) argued that a contradiction existed between a patient and general practitioner's interpretation about the locus of control for obesity. Such differences influenced how each party addressed his or her role in solving obesity. The study findings showed how powerful an individual's beliefs could be on the outcome of his or her actions. The success or failure of a behavior elicited a behavioral reaction. Between this reaction and

the response to the reaction was a motivational process about whether to repeat the same behavior to experience the same reaction or whether to change the behavior to get a different response (Heintze et al., 2012).

Capers, Baughman, and Logue (2011) and Mulrooney (2012) found inequalities in the overall psychosocial and contextual determinants of body weight, obesity, and health behaviors. Internal psychological factors provided explanations for disparities in body weight and weight-loss behaviors among Black women (Huang, Moudon, Cook, & Drewnowski, 2015; Rummo et al., 2015). Changes in the environment and public policies needed to be more effective in addressing psychological factors and behaviors that could help Black women experience decreased stress and engage in healthy eating and exercise behaviors (Capers et al., 2011).

External perspectives. There was a focus in the research literature on the external social determinants of body image in relation to healthy living (Tylka & Wood-Barcalow, 2015). Specifically, researchers have examined the psychological, neurological, and sociocultural issues related to body image to understand the concerns related to lifestyle behaviors. The result has been a broadened research focus beyond the scope of psychology to include the field of public health (Tylka & Wood-Barcalow, 2015).

Rummo et al. (2015) explained various socioeconomic status neighborhoods and ethnic groups lacked concern for healthy eating, physical activity, and weight. That lack of concern developed in childhood. Researchers have suggested environmental conditions related to inadequate finances, stress, and insecurities surrounding food and exercise have exacerbated the problem of obesity. External influences stem from the perceptions an

individual has regarding the value of another individual's social group (Graham & Folkes, 2014).

Body satisfaction/body dissatisfaction. Body image is a multifaceted construct that refers to a person's perceptions and attitudes about his or her physical characteristics (Cash & Fleming, 2002). One aspect of this construct is evaluation in the form of body satisfaction or body dissatisfaction (Cash & Smolak, 2011; Tylka & Wood-Barcalow, 2015). Additionally, these body image perceptions and attitudes are associated with quality-of-life factors, including self/body-esteem, eating behaviors, and emotional stability (Cash & Fleming, 2002). In this section, the literature related to body satisfaction and body dissatisfaction is reviewed.

Evaluating physical characteristics: body satisfaction/dissatisfaction. With the aim of developing and validating an assessment capable of quantifying the effects of body image on self-experiences and life contexts, Cash and Fleming (2002) designed a quantitative test-retest study. Cash and Fleming focused on constructing a questionnaire that would integrate emerging perspectives on positive psychology (Seligman & Csikszentmihalyi, 2000). These were contrary to the common pathology-driven view. Cash and Fleming (2002) quantified both the positive and negative effects of body image. Therefore, reported results included aspects of body satisfaction and body dissatisfaction (Cash & Fleming, 2002).

Before reporting study results, Cash and Fleming (2002) described the study sample and research design. The sample was comprised of 115 female students at a large mid-Atlantic public university. The mean age of the respondents was 21.3 years ($SD =$

5.1), and 86% were not married. Of the 116 participants, 55% were White; 33% were

Black; 5% were Asian; and 7% represented other minorities. The average BMI of this

group was 24.7, ranging from 15.7 to 49.2 (SD = 6.3; Cash & Fleming, 2002).

Participants anonymously completed the 19-item Body Image Quality of Life Inventory

(BIQLI) in a private laboratory setting and returned 2 to 3 weeks after the initial

administration for a retake session. The retest session compliance rate was 96% (n =

111).

Cash and Fleming (2002) reported that the 19-item BIQLI was internally

consistent (α - .95) and stable over the 2- to 3-week period. Moreover, they found that

female participants reported more positive than negative consequences of their body

image. Specifically, "a more favorable body image quality of life was significantly

associated with higher body satisfaction (r = .66, p = .001)" (Cash & Fleming, 2002, p.

458). Additionally, their results supported prior research findings (Cash & Roy, 1999;

Milkewicz & Cash, 2000) that "women with higher BMIs would report a poorer body

image quality of life, even independent of their level of body satisfaction" (r = -.52, p =

.001; Cash & Fleming, 2002, p. 458). The BIQLI measured, among other factors, the

effects of participants' feelings relevant to self/body-esteem, eating behaviors, and

emotional stability, as discussed in the forthcoming sections.

Although Cash and Fleming (2002) included body satisfaction in their research,

studies on the topic of body dissatisfaction were prolific (i.e., Bucchianeri et al., 2015;

Cash & Smolak, 2011; J. A. Harriger & Thompson, 2012; Myers, Ridolfi, Crowther, &

Ciesla, 2012; Rodgers, McLean, & Paxton, 2015; Schaefer et al., 2015; Tylka & Wood-

Barcalow, 2015; Vander Wal, 2012). Body dissatisfaction is a psychologically salient

discrepancy between perceived body and ideal body (Myers et al., 2012). Body

dissatisfaction refers to negative subjective evaluations of particular parts of the body,

such as figure, weight, stomach, buttocks, and hips (Myers et al., 2012).

Body image dissatisfaction concerns are particularly alarming because they are

identified as risk factors for many health concerns (Vander Wal, 2012) and for depression

(Bucchianeri et al., 2015; Rodgers et al., 2015; Schaefer, et al., 2015). Moreover, the

literature has defined body dissatisfaction as the most important global measure of body

image disturbance (J. A. Harriger & Thompson, 2012). Researchers have similarly linked

it to low self-esteem, anxiety, and depression (Cash & Smolak, 2011; Tylka & Wood-

Barcalow, 2015).

Self/body-esteem. Capodilupo (2015) examined ways idealized media images

influenced body esteem and body satisfaction among Black women. The study sample

included 230 Black females who ranged in age from 20 to 36 with a mean age of 28.62

(SD = 3.80). Capodilupo (2015) described body esteem as "how a woman feels about

particular aspects of her appearance" (p. 271). Responding to an online survey,

participants were asked to rate their feelings about particular body parts or physical

features on a five-point Likert-type scale. Structural equation modeling was used, which

indicated that participants' body esteem was directly negatively impacted by higher

levels of internalized idealized media images ($\Box$x = -.32, p < .01). Moreover, results

indicated support for the claim that higher internalization of idealized media images

would predict lower levels of satisfaction with appearance ($\Box$x = -.23, p < .01;

Capodilupo, 2015). Capodilupo's (2015) findings relevant to body-esteem were consistent with other studies linking body image attitudes (i.e., satisfaction and dissatisfaction) to self-esteem (Cash & Fleming, 2002).

Eating behaviors. The level of acceptance and satisfaction with one's body image is a factor in determining the likeliness of individuals to develop eating disorders (Slater, Tiggemann, Firth, & Hawkins, 2012). One must understand that socio-cultural norms associated with preferences for thinness significantly influence women's perceptions of body image, as well as related eating behaviors (Kluck, 2010; Land, 2012; Rumsey & Harcourt, 2012; Russell-Mayhew, McVey, Bardick, & Ireland, 2012). For example, researchers have identified parental factors as influencing women's body image dissatisfaction and the tendency to adopt disordered eating behaviors (Berge, Trofholz, Fong, Blue, & Neumark-Sztainer, 2015; Lin, McCormack, Kruczkowski, & Berg, 2015; Martijn, Alleva, & Jansen, 2015).

Rumsey and Harcourt (2012) and Curtis and Loomans (2014) found that negative comments and teasing from parents were significant predictors of body image dissatisfaction and other negative outcomes, such as depression and restricted eating behaviors. Furthermore, Curtis and Loomans (2014) argued that parents' negative comments and teasing related to body image reinforced social norms of thinness and contributed to the daughters' thin-ideal internalization. Similarly, Xiao and Dolton (2016) found that intergenerational disapproval about body image was closely associated with children's body image dissatisfaction and unhealthy eating behaviors. Taken together, these studies showed ways the socio-cultural preference for thinness could result in

increased body image dissatisfaction and placing women at a higher risk of developing disordered eating behaviors (Abraczinskas, Fisak, & Barnes, 2012; Coccia & Darling, 2017; Francisco, Narciso, & Alarcão, 2013; Taniguchi, & Thompson, 2015).

Although parents' negative comments and teasing can increase the pressure for thinness, contributing to body dissatisfaction and eating behavior disorders, positive feedback increases women's body satisfaction and serves as a protective factor in disordered eating behaviors (Rodgers et al., 2015; Shloim, Hetherington, Rudolf, & Feltbower, 2015). For example, Lin et al. (2015) found that women who received positive verbal messages and comments from their mothers had a higher level of body satisfaction, as well as a lower level of eating disturbance, compared to those women who received negative comments. Similarly, Eisenberg, Berge, Fulkerson, and Neumark-Sztainer (2012) argued that parental comments and attitudes about daughters' body image could be a direct factor influencing women's body image satisfaction.

Moreover, researchers have found mothers' body image concerns and eating behaviors influence daughters' body satisfaction and eating habits (Berge, Wall, Larson, Loth, & Neumark-Sztainer, 2013). For example, Hillard, Gondoli, Corning, and Morrissey (2016) found that mothers' body image dissatisfaction and use of unhealthy weight-loss behaviors were related to daughters' body image dissatisfaction and disordered eating behaviors. Agras (2010) argued that through modeling their own body image concerns, anxiety, and weight-loss behaviors, mothers influenced daughters' body image satisfaction and eating behaviors. These studies showed how mothers' body image dissatisfaction and weight-loss efforts transmitted social and cultural expectations of

thinness to their daughters, which put pressure on the daughters to also be thin (Berge et al., 2015; Coccia & Darling, 2017; Francisco et al., 2013; Lin et al., 2015).

Conversely, socio-cultural pressure from Asian parents to be thin was weak (Lai et al., 2013). Specifically, family pressure to be thin was rarely found in Hong Kong because thinness was not valued by Chinese parents (Lai et al., 2013). Similarly, Javier and Belgrave (2015) found that Taiwanese parents valued plumpness over thinness. Swami, Tovée, and Harris (2013) explained that Asian parents subscribed to traditional Asian beliefs that thinness was associated with poverty and unhealthiness, while fatness reflected wealth and health. These beliefs exerted different influences on Asian women's body image concerns and eating behaviors (Swami et al., 2013).

Emotional stability. The level of acceptance and satisfaction with one's body image is also a factor in determining the likeliness of individuals to develop emotional disorders (Slater et al., 2012). The research evidence has indicated that persons with negative perceptions about their bodies (body dissatisfaction) "may have low self-esteem, low satisfaction in life and feeling of inferiority and pose themselves at higher risk for depression, anxiety or eating disorders" (Goswami et al., 2012, p. 169). Goswami et al. (2012) explained, "At the highest level of dissatisfaction… this may result in significant impairment of social, educational and/or operational functioning" (p. 169).

In their cross-sectional study of 96 female college students using qualitative semi-structured interviews, Goswami et al. (2012) found that high body image satisfaction was significantly related to body measurements (i.e., shape, size, weight). Specifically, the prevalence of body satisfaction was highest (85.71%) among students with low weight

(BMI <18.5 kg/m^2), while overweight students (BMI ≤ 23 kg/m^2) had a significantly

higher (54.54% prevalence of body dissatisfaction (p < .001). The researchers concluded

that proactive preventative measures should be taken to preserve high body image

satisfaction to contribute to the overall mental health development of students.

Recommended measures included those related to "personality development, acceptance

of self and individual differences while maintaining optimum weight and active life

style" (Goswami et al., 2012, p. 168).

Etiology of Body Image/Satisfaction Among Black Women and White Women

Research has indicated that Black women are less affected compared to White

women by society's emphasis on thinness (Capodilupo, 2015). Although empirical

evidence and national statistics have shown that Black women are heavier compared to

White women, Black women are usually happy with their body image (Capodilupo,

2015). However, researchers have hypothesized that positive body images among Black

women may add to the high risk of obesity by decreasing motivation for weight control

(Barnett, 2015; Duran, 2014).

Evidence has shown the complex nature of body image among Black women

(Kashubeck-West et al., 2013). Black women perceive beauty regarding personal style,

grooming, fit of clothes, hairstyle, skin tone/color, and ethnic pride (Capodilupo, 2015;

Duran, 2014). The Black community's unique view of ideal weight and body size differs

from White culture. Moreover, the multidimensional body ideals promoted within the

Black community may increase the likelihood that Black women will have greater

satisfaction with their bodies (Capodilupo, 2015).

Kashubeck-West et al. (2013) conducted a study examining factors that influenced body image attitudes of Black college women. The quantitative study examined reliability and validity estimates for three measures of body image among a sample of Black college women ($N = 278$). Factors measured included social self-esteem, racial identity attitudes, and family and personal characteristics. Statistical results indicated internal consistency estimates were adequate (α coefficients above .70) for all measures, and evidence of convergent and discriminant validity was found. Confirmatory factor analyses did not replicate the hypothesized factors measured.

Exploratory factor analyses did reveal four elements of the Sociocultural Attitudes Toward Appearance Questionnaire were similar to the hypothesized subscales, with fewer items (Kashubeck-West et al., 2013). Conversely, factors for the Multidimensional Body-Self Relations Questionnaire–Appearance Scales and the Body Dissatisfaction subscale of the Eating Disorders Inventory–3 were not similar to the subscales developed by the authors (Kashubeck-West et al., 2013). Data analyses indicated that self and sociocultural variables were associated with personal evaluation of physical appearance, fitness, and investment in health. Data analyses showed that self and sociocultural variables were associated with personal evaluation of physical appearance, fitness, and investment in health. This research study provided evidence that a father's educational achievement influenced the daughter's attitude toward her body (Kashubeck-West et al., 2013).

Some researchers have suggested Black women hold a positive body image (Kashubeck-West et al., 2013). Researchers comparing Blacks to other races have

suggested that Black women hold a positive body image when, in essence, this suggestion is not consistently supported (Duran, 2014; Kashubeck-West et al., 2013). However, these comparative studies and similar findings can contribute to resolving problematic issues related to body image and obesity.

Webb et al. (2013) investigated the body image and weight attitudes and beliefs among rural Black women. The study participants were Black women aged 21 to 47 who lived in rural areas. Analyzing data gathered from open-ended interviews, the researchers identified emerging themes related to this target population's attitudes and beliefs, including dissatisfaction with weight, periods of body dissatisfaction shifts, family and social pressure to self-accept, and social or physical barriers to weight loss. Participants reported social pressure to be happy with the shape "provided to them by God" (Webb et al., 2013, p. 5). Webb et al. (2013) concluded that an understanding of the underlying issues of body image was crucial to gaining knowledge instrumental for behavior change among this target population.

Research has indicated relationships exist between socioeconomic status (SES) and body image among the Black community (Barnett, 2015; Duran, 2014). Study results have shown that although Black women with lower SES were larger and their ideal body size tended to be bigger, these women were happy with their bodies (Barnett, 2015; Duran, 2014). Moreover, Black women with a higher SES tended to share body dissatisfaction equally with White women. Some data indicated that higher family incomes yielded higher body image dissatisfaction (Barnett, 2015; Duran, 2014). These study findings indicated the adoption of body image ideals existed among groups, even

though other evidence showed no relationship between SES and body image (Barnett, 2015; Duran, 2014).

Sanderson, Lupinski, and Moch (2013) took a unique approach to investigating body image among Black women attending historically Black colleges and or universities (HBCUs) and those attending predominately White colleges (PWCs). With the goal of gathering information to understand better ways culture and environment influenced college-aged (18 to 25) Black (B) women's personal body image, Sanderson et al. administered the Young Women's Experiences with Body Weight and Shape instrument (Delaney, O'Keefe, & Skene, 1997) to 383 HBCU women and 268 PWC women. Using the one-way ANOVA, the researchers analyzed the comparisons between the two groups according to five factors: (a) weight dissatisfaction, (b) slimness as quality of life, (c) interpersonal messages regarding slimness, (d) rejecting the value of thinness, and (e) valuing exercise (Sanderson et al., 2013).

Results showed that the B women attending an HBCU were statistically more satisfied with their body image on three factors: weight dissatisfaction ($p = .010$), slimness as quality of life ($p = .000$), and interpersonal messages regarding slimness ($p = .000$; Sanderson et al., 2013). The HBCU and PWC women were similar on two factors: rejecting the value of thinness ($p = .229$) and valuing exercise ($p = .828$). The researchers concluded that some level of cultural/ethnic identity was occurring among B women at the HBCUs and the PWCs, which supported research indicating that the "culture/climate one lives in and the degree they assimilate to the culture/climate pays a distinct role in their level of body satisfaction" (Sanderson et al., 2013, p. 503). Conversely, they argued,

"The type of ethnic college one matriculates at does not change the fact that they [B women at HBCUs and PWCs] tend to reject society's value of thinness and place the same value on exercise" (Sanderson et al., 2013, p. 504).

When White women were compared to their counterparts, more Black and Hispanic women under-perceived their weight statuses (Krauss, Powell, & Wada, 2012). In other words, the minority women thought they weighed less than they actually weighed. Krauss et al. (2012) found that weight misperceptions have increased, which explained the BMI portion gap between Black women and White women of 44.7% to 54.3%. Weight misperceptions also explained 13% of the Black female and White female's BMI gap. Education regarding identification and interpretation of weight status played an important role in helping one reduce the incidence and racial disparity of female obesity, as well as weight misperceptions (Krauss et al., 2012).

Comparisons between rural and urban Areas. According to Unite for Sight (2014), the focus of research should also include differences between health behaviors in the urban and rural settings (para. 1). Using a framework for examining determinants of health, researchers are identifying factors that may influence different health outcomes for urban and rural residents (Unite for Sight, 2014). The health status of rural residents is poorer than that of urban residents (Mainous & Kohrs, 1995). Research has shown that rural residents engage in more unhealthy behaviors compared to their suburban counterparts, such as smoking more, exercising less, having less nutritional diets, and being obese (Unite for Sight, 2014).

Even when considering these and other negative health behaviors, strengths of rural social life contribute to positive health outcomes. These include "dense social networks, social ties of long duration, shared life experiences, high quality of life, and norms of neighborliness, self-help, and reciprocity" (Phillips & McLeroy, 2004, p. 1663). Policy makers should draw from these strengths of rural life when addressing health issues, such as obesity, "public health, infrastructure, and economic needs of rural areas (Unite for Site, 2014, ¶7).

Larson, Story, and Nelson (2009) found that people in rural areas, generally minorities, and lower-pay neighborhoods have less access to grocery stores and locations that offer reasonable foods, crisp vegetables, and natural products (Larson et al., 2009). They showed that if neighborhoods had limited access to accommodation stores and better access to general stores, they had a tendency to have nourishment that was more beneficial and decreased levels of obesity. Because of vast undeveloped areas, rural residents had less access to medical services and were underserved by essential doctors. People must travel greater distances to access needed medical services (Larson et al., 2009; Unite for Site, 2014).

People living in urban areas experience different social situations related to greater inconsistencies in financial status, higher rates of wrongdoing, the nearness of underestimated populaces with high hazard practices, and a higher pervasiveness of mental stressors that go with the expanded thickness and differing qualities of urban areas (Larson et al., 2009). Urban physical situations are denser in populace; therefore, outdoor areas for physical activity and entertainment are limited. In addition, air quality is

regularly lower than in rural areas. Minorities and individuals with lower financial status tend to live in urban areas where access to healthcare and social services can be limited, which hinders their wellbeing (Larson et al., 2009; Unite for Site, 2014). Moreover, urban residents, because of lessened physical activity and unhealthy eating patterns, are more likely to be obese compared to rural residents (Unite for Site, 2014).

Media's influence on body image. Mass media are regarded in the literature as "the single strongest transmitter of 'unrealistic beauty ideals'" (Hargreaves & Tiggemann, 2003, p. 367). Moreover, research has consistently linked media images with women and girls' body dissatisfaction, particularly dissatisfaction with their weight (Champion & Furnham, 1999; Hargreaves & Tiggemann, 2003), which is implicated in various types of eating disorders (Kakeshita & Almeida, 2006; Kimber et al., 2015). In addition to the media's influence on body dissatisfaction and related eating disorders among women and girls, media also influence body image satisfaction. As understood in this study, media influence the satisfaction level a woman has with her body.

Kakeshita and Almeida (2006) explained how "distortions and subjective body image disorders" (p. 498) resulted from the conflicts existing between sociocultural ideals of beauty/body type and related burdens. In addition to eating disorders, these distortions and disorders could manifest in negative health and psychological outcomes, such as obesity, anxiety, and depression (Kimber et al., 2015). The research literature has implicated two contributors to sociocultural distortions and subjective body image disorders: the entertainment industry, in the visual form of film/television and live

performance (Cochran, 2010; James, 2010), and media advertising (Hargreaves & Tiggemann, 2003).

Cochran (2010) investigated the central role of corpulence (obesity) in constructing the Black female body image. Specifically, she examined "how the performance of corpulence through the Black female body has particular ideological meanings that have been articulated through visual and narrative cultures" (Cochran, 2010, p. ii). Two of Cochran's (2010) findings were relevant to this study.

The first finding showed how body size contributed to the construction of the Black female body in visual cultures and the establishment of ideals regarding difference. Cochran provided two examples of corpulence performativity in the visual culture: superstar celebrity Oprah Winfrey and a lesser-known film star, Gabourey Sidibe. Whereas Winfrey was publically "apologetic in terms of her fluctuating weight" (Cochran, 2010, p. 1), Sidibe was "unapologetic as a corpulent Black female who contradicts the traditional narratives that dictate thin White female bodies as ideal" (Cochran, 2010, p. 183). Cochran (2010) maintained that Sidibe's body has become "an emblem for pro-weight advocates" (p. 182). However, pro-weight advocacy can be counter to health and science discourses about the negative influence of obesity.

Cochran's (2010) second finding that has particular relevance to this present study concerned how Black women thinkers (i.e., Toni Morrison) and contemporary celebrities (i.e., Queen Latifah and Mo'Nique) had, directly or indirectly, engaged in "corpulence politics" (Cochran, 2010, p. 186). For example, comedian and actress, Mo'Nique, was a key figure in the movement. She "redefine[d] corpulence and encourage women to love

themselves and celebrate diversity rather than assimilate to Eurocentric ideals of beauty"
(Cochran, 2010, p. 186).

In addition to efforts to redefine obesity by encouraging women to celebrate their
diverse body sizes, reality television has influenced views about obesity since the turn of
the century. Measuring one's personal worth through comparisons to others is a natural
tendency (Festinger, 1954), but television reality shows, such as *The Bachelor, The Real
World, My Big Fat Fabulous Life,* and *The Biggest Loser*, offer unrealistic contrasting
pictures of body images (James, 2010). Having different perceptions about body image
reinforces the various high standards of society and mainstream television from "the most
attractive" to "the larger the better" in the reality television programs featuring young
women (James, 2010, p. 20). These programs confirm distorted sociocultural body
images. Television depicting healthy body images to contradict the ideal image of a size
zero and the fat-acceptance movement is needed (James, 2010; Strasburger, 2011).

Media advertisements, as well as social and peer influence, pressure women to see
themselves through mental perceptions with a distorted image. The distortion can lead to
the engagement of unhealthy lifestyle behaviors (Long, 2015). Even though individuals
claim that they do not pay attention to media advertisements, these advertisements
accumulate as data in their subconscious mind. The average American spends a total of 2
years viewing television and comes into contact with 3,000 advertisements each day over
his or her lifetime (Kilbourne, 2000). Kilbourne (2000) explained, "Women compare
themselves to these advertising images every day" (p. 2).

Examples of negative images include advertisements that create unhealthy body image associations, such as food as a comforter and a proxy for human relationships. Chocolate is often presented as a lover, and cookies are shown as a way to get children's love. The advertisement industry is increasingly featuring images of heavy-set models in their ads, which is receiving praise from individuals and weight-advocacy groups. In addition to influencing women's view of themselves, media advertisements influence women's lifestyles behaviors, such as physical activity and eating behaviors (Long, 2015).

Summary

The literature reviewed for this study included a vast amount of information dealing with numerous issues involving obese young adult Black women and White women. The issues included health beliefs, social determinants, self-efficacy, cultural norms, psychosocial health, behavior, and environmental factors that deal with body image perceptions and culture. Regarding the study's theoretical framework, social comparison theory (Festinger, 1954), the literature has indicated that Black women are less dissatisfied with their bodies than are White women despite having higher overall BMIs. However, the reasons for these differences were not well understood and continued to be investigated. Obesity in Black women and White women is not related to character flaws; rather, obesity reflects health-related behaviors and beliefs on proper weight levels and body image.

The focus of this literature review was on providing supporting information on body satisfaction levels of obese young adult women in rural North Carolina. The present

study addressed the gap in the literature relevant to the etiological differences of the two

racial and cultural groups, Black women and White women, regarding body satisfaction.

In the next chapter, the study's methodology is presented. Specifically, a qualitative

research design, phenomenology, will be used to examine the experiences of obese young

adult Black women and White women relevant to body satisfaction. The study setting and

sample are described, as well as data collection and analysis methods.

Chapter 3: Research Method

The purpose of this qualitative phenomenological study was to describe the racial and cultural etiology of body satisfaction for obese Black women and obese White women residing in a rural area of North Carolina. In this chapter, I present the research methodology for the study. I discussed the research design, along with the rationale for its selection. I also described the role of the researcher as an instrument of data collection and analysis. I also discussed the study methods, including specifics related to participant selection; data collection instrumentation; and procedures for participant recruitment, participation, and data collection; and data analysis. I will end the chapter with a summary.

Research Design and Rationale

In keeping with Moustakas's (1994) phenomenological research methods, I posed one central research question, followed by four procedural subquestions to provide guidance for the study. The central research question was the following: How do obese, young adult Black women and White women describe their perceptions about and experiences of the racial and cultural etiology of their body satisfaction? The following were the four procedural subquestions:

RQ 2. What statements describe obese women's perceptions about and experiences of the racial and cultural etiology of their personal body satisfaction?

RQ 3. What themes emerge from these perceptions and experiences?

RQ 4. What are the contexts and/or other underlying precipitating factors that account for these perceptions and experiences?

RQ 5. What is the overall essence of these perceptions and experiences for Black women and for White women?

Central Phenomenon

The central phenomenon of the study was the racial and cultural etiology of body satisfaction among young women in a rural area of North Carolina. Some researchers have defined the terms *body image* and *body satisfaction* as separate constructs (Cox et al., 2011; Webb et al., 2014). However, others have considered these terms as the same construct (e.g., body image satisfaction and body image dissatisfaction; Cash & Fleming, 2002; Pulvers et al., 2004). For the purpose of this present study, body image was defined as the satisfaction level a woman had with her body. In other words, I explored the phenomenon of body image satisfaction in this study.

Body image refers to self-evaluations of one's body appearance, and researchers have conceptualized it as a global construct (Ferguson et al., 2014). Body image is a multifaceted construct that refers to a person's perceptions and attitudes about his or her physical characteristics (Cash & Fleming, 2002). One aspect of this construct is evaluation in the form of body satisfaction or dissatisfaction (Cash & Fleming, 2002; Cash & Smolak, 2011; Tylka & Wood-Barcalow, 2015). Individuals can either have a positive or negative body image.

Qualitative Research Tradition and Rationale

I selected the qualitative research approach to explore adult women's perceptions of body satisfaction. The specific aim of this study was to examine the differences in the etiology of body satisfaction between two groups of young, obese, adults: Black women

and White women. A qualitative approach is appropriate for exploring participants'

perceptions of a phenomenon (Ivey, 2012). This approach was fitting for this study

because it allowed for an in-depth understanding of individuals and their experiences (see

Merriam, 2009). A quantitative methodology was not appropriate for this study because,

unlike a qualitative approach, quantitative methods are not designed to address the

wholeness of a phenomenon of inquiry nor do they allow for in-depth understanding of

study participants' experiences of the phenomenon (Moustakas, 1994). Another strength

of qualitative methods is the ability to collect data in study participants' existing natural

environments (Merriam, 2009; Yin, 2014). In this study, qualitative methodology will be

used.

A review of the relevant literature showed that research on young women's lived

experiences of and perceptions about body satisfaction was sparse. Therefore,

phenomenology was appropriate for this study's qualitative research design because it

enabled an exploration of young adult, obese women's (Black women and White women)

shared lived experiences of and perceptions about the phenomenon of the racial and

cultural etiology of body satisfaction. Using phenomenological methods, the researcher

attempts to understand the true essence of participants' experiences with the phenomenon

(Phillips-Pula, Strunk, & Pickler, 2011). By interviewing persons who actually

experienced the study phenomenon (i.e., body satisfaction levels of obese women), I was

able to generate an understanding of the essential qualities of that shared experience.

Role of the Researcher

As this study's researcher, my role was that of observer-as-participant. In this role, I mainly interviewed participants and recorded observations in a field journal. In qualitative research, the researcher is considered the "primary instrument for data collection and analysis" (Merriam, 2009, p. 15). Regarding data collection, my role involved observation, conducting interview and record and document (Miles, Huberman, & Saldaña, 2014, p. 42). I did not have any personal or professional relationships with the participants.

As the researcher, I had biases related to the topic of obesity and how it was a concern for young adults. In phenomenological studies, researchers use bracketing to minimize potential researcher biases (Moustakas, 1994) and establish researcher reflexivity. Researcher reflexivity is helpful for establishing the credibility and quality in qualitative research (Corbin & Strauss, 2015). Researcher reflexivity refers to the researcher reflecting systematically at every step of the research process to limit researcher bias (Corbin & Strauss, 2015). Bracketing involves scrutinizing one's "research experience, decisions, and interpretations in ways that bring the researcher into the process and allow the reader to assess how and to what extent the researcher's interests, positions, and assumptions influenced inquiry" (Charmaz, 2006, p. 188). Essentially, the researcher conducts a self-examination to determine how she or he can be present while holding herself or himself accountable in the research process (Clarke, 2005).

In this study, I practiced researcher reflexivity by reflecting on my biases in my field journal prior to and immediately following each participant interview. In this manner, I bracketed my biases, while maximizing the experience and knowledge I brought to this study, which are considered valuable, rather than hindrances to the analysis process (Charmaz, 2006; Clarke, 2005; Corbin & Strauss, 2015). There are no other ethical issues (i.e., conflicts of interest or power differentials) to disclose about this study, and incentives were not used to recruit study participants.

Another issue in bracketing researcher bias involves conducting a comprehensive literature review. Patton (2002) acknowledged how conducting a literature review in a qualitative study could be problematic because it might cause bias to the researcher that might limit his or her openness to the information that emerged during the research. However, Patton explained how a review of the relevant literature helped the researcher focus the study and make important decisions about design issues. Moreover, Moustakas (1994), a seminal expert on phenomenological research, explained that the review of the relevant literature was an important method for preparing to conduct a phenomenological study. Moustakas described different kinds of literature reviews (integrative, theoretical, methodological, and thematic).

Finally, one way of addressing potential biases is for the researcher to include in the literature review studies that she or he agreed and disagreed with, which was my aim in this study (Trochim, Donnelly, & Arora, 2016). In the literature, I included all the studies relevant to my research topic to provide a current situation about what is known about it.

Methodology

I discussed the study's methodology in this section. First, I discussed the participant selection methods. Second, I described the data collection instrumentation, followed by a description of the procedures for recruitment, participation, and data collection. Lastly, I presented the data analysis plan.

Participant Selection

This study's population is an accessible or available population, from which the researcher could realistically select participants (Gay & Airasian, 2003). The population from which the study sample was selected included obese Black women and White women, 18 to 29 years of age, who resided in a rural area of North Carolina. A purposeful sampling method, convenience sampling, was used in this study.

Convenience or purposive sampling is used in qualitative research to select a sample based on the accessibility/availability of research sites and participants, time, money, and location (Robinson, 2014). Although convenience sampling is not as credible as other sampling techniques, it is appropriate when the intent of the qualitative research is to describe or explain particular phenomenon instead of generalizing findings to a larger population (Creswell, 2007). Studies using a phenomenological methodology have a varying number of participants.

Because this study was designed to explore the phenomenon of the racial and cultural etiology of body satisfaction among young adult, obese women, the goal was to use convenience sampling techniques to target a sample of six women who resided in a rural area of North Carolina. Prior research has indicated a sample of five or more

participants as appropriate for generating data and developing themes to answer

qualitative research questions (Burns & Porter, 2007). The term *data saturation* is

typically associated with grounded theory research (Charmaz, 2006; Corbin & Strauss,

2015). However, Creswell (2014) explained its application to other qualitative research

designs in that the researcher stops gathering data when there is no new information

collected anymore. However, seminal phenomenologist Van Manen (2014) explained

that data saturation was not applicable in phenomenology because the aim was to collect

rich accounts. In other words, the focus was on describing the meaning of the

phenomenon for particular individuals who experienced it, not on discovering what was

characteristic or the same about a social group or culture (Van Manen, 2014).

Creswell (2014) argued that phenomenology studies typically included samples of

three to ten participants, while Van Manen (2014) stressed the importance of focusing on

the appropriate material. Because I used a small purposeful convenience sample,

generalizing to specific populations was not possible. One must emphasize that

phenomenology does not aim to generalize findings from an empirical sample to a

particular population (Van Manen, 2014).

Participant selection criteria included Black women and White women who were

18 to 29 years old, satisfied with their body image, and had a BMI of 30 kg/m or higher,

which denotes obesity (Johnson & Geller, 2016). Participants were recruited through

flyers at the local community centers, local fitness facilities, local public institutions

(libraries, post offices, and health department), and pharmacies. The flyers included my

contact information (email address and phone number). Additionally, I approached the

local Partnership for Children and the local school district to obtain contact information for mailing the flyers to recruit participants within the target group who were willing to participate in this study. Recruitment continued until the target sample of six participants was achieved: three Black women and three White women.

After identifying potential participants through recruitment efforts, I facilitated a phone call with each woman to determine that she met the study's selection criteria: (a) resident of a rural area of North Carolina, (b) 18 to 29 years of age, (c) satisfied with body image, and (d) BMI of 30 kg/m or higher. The phone conversation was used as a mechanism to confirm the women were obese by asking them to self-report their height and weight to calculate their BMI.

Instrumentation

Two data collection instruments were utilized in this qualitative phenomenological study. A semi-structured interview guide (see Appendix A) was the main instrument used to collect data from young obese women relevant to their lived experiences of and perceptions about body satisfaction. The first section of the interview guide was designed to collect demographic information about the participant, as well as information about screen time and physical activity. The second section of the interview guide included questions designed to elicit responses from the participants to provide necessary data to answer the study's five research questions.

Subject matter expert field testing of the interview guide. Using a panel of subject matter experts (SMEs) to field test a data collection instrument prior to its utilization in a qualitative research study helps establish reliability (Merriam, 2009). This

study's semi-structured interview guide was field tested by a panel of subject matter experts who provided feedback on the instrument's face and content validity. First, SMEs on the study's research topic were identified and invited by email (see Appendix B) to participate on a panel to assess the validity of the study's interview guide. Three experts agreed to serve on the SME panel, and they were sent an overview of the study, the study's interview guide, and instructions for providing feedback on the validity of the interview guide (see Appendix C). The SME feedback was provided for face validity and content validity.

Face validity. Over the past 7 years, subject matter Expert Panel Member 1 (SME1) worked on numerous research studies in the areas of data collection and Institutional Review Board ethical reviews. She was involved in aspects of community-based organization and college institutional research, including completing the Fellows in Community-Based Research program at the University of North Carolina. After her review of the study's interview guide instrument, SME1 provided the following feedback regarding face validity:

> I do think the individuals participating in the study will recognize that the [interview] questions are aimed at understanding their own perceptions and attitudes towards body image. I do not feel this is in anyway negative and the questions are worded and organized in a way that promotes thought, sharing, and honest feedback (without [researcher] bias or persuasion). (para. 1)

The second member of the SME panel (SME2) was pursuing her doctorate of education in kinesiology. She taught health and physical education for almost 20 years

and was a National Board Certified teacher. SME2 provided feedback specific to the second interview question on the study instrument: "When thinking back about those women who influenced your early adolescent/young adult sense of body image, how have they, through the years, influenced the level of comfort/satisfaction you experience TODAY with your body image?" In her feedback, SME2 suggested using two additional probes, if needed to elicit meaningful responses, when asking study participants to respond to the second interview question:

1. Is it possible that the social influences on body satisfaction have changed over the years?

2. Is it possible that the social influence previously influenced negative opinions?

I used these additional interview question two probes if needed to elicit meaningful responses from the study participants.

The third member of the SME panel (SME3) taught high school English for more than 30 years, working with young Black women and young White women. Additionally, she self-identified as a woman who has struggled with her own body image and weight throughout her life. The third SME provided feedback on the face validity of the study's interview guide: "I believe that these young women will clearly understand these [interview] questions about aspects of their personal body image. The questions all seem clear, relevant, and well-worded" (para. 1).

Content validity. Regarding the interview guide instrument's content, SME1 and SME 3 responded that the interview guide questions aligned with the study proposal's

stated "purpose of the study," "theoretical foundation," and "research questions," as well as stating there was no need for any additions to the interview guide. SME1 wrote, "The questions asked in the interviews will provide additional research and data that is in line with previous studies and findings." SME2 suggested enhancements to existing probes for the third and fourth interview questions. After review, the two suggested probe enhancements were redundant in content. However, SME2's wording for these two probes was considered when conducting the interviews with study participants.

Because the three SMEs reached consensus that all the interview questions were essential for answering the study's research questions (Interview Questions 1-4 CVR = .99), the content validity index (CVI) for the entire interview guide was .99 (Lawshe, 1975). Once the Walden University Institutional Review Board approved this study, the interview guide was piloted with women who met participant selection criteria. However, these women did not participate in the study, and any necessary revisions were made.

Piloting the interview guide. Piloting the interview guide was another step taken to determine the validity of this researcher-designed instrument. Piloting of an instrument was an effective strategy for ensuring the questions remained clear and prompted the type of participant responses that were of "sufficient quality" to answer the study's research questions (Leedy & Ormrod, 2016, p. 151). The goal was to conduct interviews with two Black women and two White women who met the participant selection criteria: (a) resident of a rural area of North Carolina, (b) 18 to 29 years of age, (c) satisfied with body image, and (d) BMI of 30 kg/m or higher. Because cultural backgrounds played a role in individuals' responses to questions and the study included Black female and

White female participants, one must include representatives of both groups in the piloting of the interview guide (Leedy & Ormrod, 2016). Those women interviewed during the piloting of the interview guide did not participate in the research study.

After receiving IRB, I recruited two Black women and two White women to participate in the piloting of the interview guide. I contacted representatives of several organizations within the rural area where the study took place, including a parent-child advocacy group and a community college, to obtain contact lists of women who met the study selection criteria and might be interested in participating in the study. Additionally, I utilized a local county school district's graduate student database, as well as LinkedIn and Facebook groups, to recruit women to pilot the study's interview guide.

I phoned and or emailed potential participants to discuss the study and determine that they met the study selection criteria before inviting them to be interviewed. Those participating in the pilot interviews signed an informed consent form and assured that information collected during the interview would remain confidential. In addition to interviewing the pilot participants, I asked them about their thoughts while answering particular research questions. I transcribed the interviews and examined the transcripts to determine if the quality of the data was sufficient to answer the study research questions. If necessary, I revised the interview guide questions to enhance clarity and better aligned with the study's research questions.

The second data collection instrument was my field journal. During the one-on-one interviews, I documented observations about participants' behavioral cues, as well as my reflections about the participants' experiences of and perceptions about their personal

body image satisfaction, body image social comparison groups, pressure to reconcile

conflicting opinions about body image, and factors that might contribute to differences in

body satisfaction etiology between the Black women and White women. The field journal

also served as a means for me to bracket my biases about the phenomenon to establish

researcher reflexivity, as suggested by Moustakas (1994).

Recruitment, Participation, and Data Collection Procedures

Data collection did not begin until approval was received from the Walden

University Institutional Review Board (IRB). Once IRB approval was obtained, I began

recruiting potential study participants. The first step in the recruitment process involved

me posting informational flyers at the local community college, community centers, local

fitness facilities, pharmacies, and other public institutions where potential study

participants may frequent. I identified as the researcher on the flyers, which included my

contact information (email address and phone number). Additionally, I contacted the

local Partnership for Children and local school district to obtain contact lists of young

adult women who met the study selection criteria and might be interested in participating

in the study. I contacted these potential participants by phone and or email to discuss the

study and determine their eligibility before inviting them to participate. During the

recruitment process, I confirmed potential participants' eligibility based on the study

selection criteria. After identifying a potential participant, I arranged a phone call to

determine that she met the three selection criteria: (a) resident of a rural area of North

Carolina, (b) 18 to 29 years of age, (c) satisfied with body image, and (d) BMI of 30

kg/m or higher.

After identifying potential study participants, I sent an email invitation that stated the purpose of the study, described what was required of participants, and explained the voluntary nature of their participation, as well as efforts to maintain confidentiality (see Appendix B). One week after sending the initial invitation email, I sent a reminder email to potential participants who had not responded. Recruitment and participant confirmation efforts continued until I achieved the minimum target sample of six participants (three Black women and three White women) to gather enough experientially rich accounts to explain life as it was lived.

A. Giorgi (2008) explained that the phenomenological researcher aimed to collect greater depth of descriptive information from individuals with lived experiences of the phenomenon of inquiry; therefore, the researcher intentionally interviewed fewer participants than other qualitative studies. A small sample size provided opportunities to obtain detailed accounts of participant's personal beliefs, attitudes, experiences, and social influences to reach saturation (Creswell, 2014; Maxwell, 2013). Depending on the initial six participants' experiential descriptions of the phenomenon of inquiry (the etiology of racial/cultural differences regarding body satisfaction among young adult women), the sample might be enlarged to ensure representative examples to allow "experientially rich descriptions" of the phenomenon (Van Manen, 2014, p. 353).

On the topic of sample size in phenomenology, a unique qualitative research design, Van Manen (2014) warned that analysis of too large a number of interview transcripts could result in shallow reflection. Instead of focusing on attaining a specific number of participants, Van Manen (2014) instructed phenomenologists that their aim

should be to collect "experientially rich accounts" (p. 353). A larger sample size might present the risk of collecting too much information, thereby reducing the chances of reaching data saturation (Creswell, 2014; Maxwell, 2013; Moustakas, 1994).

After the minimum target sample of six participants (three Black women and three White women) was reached, I contacted each participant to schedule a one-on-one interview at a time and location that was convenient. I followed-up by email to confirm the date and time and location of the scheduled interview. Included in the confirmation email was an informed consent form (see Appendix D) to explain how the data and findings were kept confidential to protect the identity of the participants. I asked the participant to sign and return the informed consent form to me prior to the scheduled interview. I collected the signed informed consent forms from each participant before interviews were conducted.

The interviews lasted approximately 1 hour, and these were conducted over a 1-month period. With the participants' permission, I audio recorded the interviews using a digital audio recording device capable of generating MP3 files. The interviews were transcribed for analysis purposes within 72 hours of being conducted. An independent qualitative researcher methodology services provider transcribed the audio recordings, and a confidentiality agreement was signed by the owner. The owner was trained and certified in Protecting Human Subject Research Participants by the Collaborative Institutional Training Initiative (CITI) and held a Research Provider membership, specializing in qualitative research with the Marketing Research Association (MRA). The

Baylor University Institute for Oral History Transcript Style Guide was followed when producing client transcriptions.

During the interviews, I maintained a field journal. I used the journal as an instrument for documenting my observations about participants' behavioral cues, as well as my reflections about their experiences of and perceptions about their personal body image satisfaction, body image social comparison groups, pressure to reconcile conflicting opinions about body image, and factors that might contribute to differences in body satisfaction etiology between the Black women and White women. As such, the field journal served as an additional data analysis source for answering the study's research questions and a means to bracket my biases during the research process.

Data Analysis Plan

Qualitative research is interpretive by nature, and the researcher is described in the literature as the primary instrument for data collection and analysis (Creswell, 2014; Merriam, 2009). Therefore, the researcher's background, values, and biases may shape the interpretive process (Creswell, 2014). O'Neil, Creswell, Shop, and Plano Clark (2010) explained how subjectivity enters the research process but argued for the self-awareness of the researcher.

In a qualitative study, researchers must inform their readers about how their background may influence data analysis. Merriam (2009) explained the importance of maintaining integrity in the investigative process and recommended that the qualitative researcher identify his or her position, which is also referred to as researcher reflexivity. Researcher reflexivity involves the self-reflection of the researcher about his or her biases

and assumptions that might affect the research process. As such, I informed my readers about how my background might influence the study by including a "Researcher Reflexivity" section in the dissertation.

Before beginning the data analysis process, I prepared each audio-recorded interview for analysis by being transcribed within 72 hours of the interview being conducted and saved as a Microsoft Word® document. Confidentiality was ensured in all transcribed documents by assigning pseudonyms to protect participants' identity (e.g., BF1 and WF2). I uploaded the transcribed interviews into the qualitative data analysis (QDA) computer program NVivo12, which was used as a tool to organize and analyze the data for answering the study's five research questions. An independent qualitative research methodology service provider provided support for the audio transcriptions, as well as the NVivo12 data analysis (qualitative research methodologist has Ph.D. in education), and all supporting personnel signed a confidentiality agreement prior to providing services.

First, I compared these data to determine if there were differences in the responses between the two groups (Black women and White women). Next, I used thematic analysis techniques to conduct further inductive analysis of the interview data. I followed Braun and Clarke's (2006) six-phase method, which provided guidance for identifying, analyzing, and reporting themes within the data, as well as interpreting aspects of the research topic. The six phases included one (a) becoming familiar with the data, (b) generating initial categorical codes, (c) searching for themes, (d) reviewing themes, (e) defining and naming themes, and (f) reporting the findings in the dissertation.

During the first phase, I immersed myself in the data by reading through all participant interviews transcriptions several times before beginning the second phase of generating initial categorical codes. While reading the interview transcripts, I began taking notes to capture initial ideas that might inform my coding of the data. After becoming familiar with the data, I began the phase of open coding to identify initial categorical codes.

Boyatzis (1998) described codes as the most basic part of raw data that can be evaluated in a meaningful way about the phenomenon. Braun and Clarke (2006) described analytical data coding as the process of organizing data into meaningful groups prior to the third phase of searching for themes, which were the broader units of analysis. After all data were open-coded, I conducted further analysis to identify potential themes. Essentially, the process involved one sorting through the list of codes to determine how these might be combined to form an overarching theme (Braun & Clarke, 2006). During this phase, tables and mind maps were valuable tools for organizing codes and identifying relationships between them. In the next phase, I reviewed and refined the themes to determine how these fit together and tell the overall story about the data (Braun & Clarke, 2006). During the fifth phase, I defined and named the themes, which entailed further refining to identify the individual essence of each theme, as well as the overall essence of all the themes, which was lastly reported in the findings chapter.

Issues of Trustworthiness

The criteria for judging the rigor and trustworthiness of qualitative research parallel quantitative criteria (i.e., reliability, objectivity, internal validity, and external

validity) but are distinctive (Anney, 2014). Committed to interpretive practice, qualitative researchers employ four criteria for determining trustworthiness. The following four criteria of trustworthiness are discussed in this section: credibility, transferability, dependability, and confirmability (Schwandt, Lincoln, & Guba, 2007). Lastly, I discussed the procedures for addressing ethical issues in the study.

Techniques for Establishing Credibility

In qualitative research, credibility (internal validity) is concerned with checking for the accuracy of the findings (Creswell, 2014). In a qualitative study, credibility/validity involves determining the accuracy of findings from the perspectives of "the researcher, the participant, or the reader" (Creswell, 2014, p. 201). Creswell (2014) recommended incorporating one or more credibility/validity strategies in a research study for checking the accuracy of the findings. In the case of this study, I used three credibility/validity strategies: researcher reflexivity, triangulation, and member checking.

Researcher reflexivity is helpful for establishing credibility and quality in qualitative studies (Corbin & Strauss, 2015). This method allows the reader to scrutinize how the assumptions and biases of the researcher influenced the research process (Charmaz, 2006). Clarke (2005) recommended that qualitative researchers should ask themselves, "How can we be present and hold ourselves accountable in our research?" (p. 13).

As the researcher, I practiced researcher reflexivity by reflecting on my biases in my field journal prior to and immediately following each participant interview. In this manner, I set aside my biases, while maximizing my experience and knowledge, which

were considered valuable, rather than hindrances to the analysis process (Charmaz, 2006; Clarke, 2005; Strauss & Corbin, 1998). This journaling process incorporated procedures of researcher reflectivity as a method of ensuring validity (Moustakas, 1994).

Patton (2002) described four kinds of triangulation that one could use to establish credibility in qualitative research: methods triangulation, triangulation of sources, theory triangulation, and analytical triangulation. In this study, I used analytical triangulation. The analytical triangulation strategy was to have more than one person analyze the qualitative data. In the case of this study, I hired an independent qualitative researcher to participate at two phases of analysis: open coding and thematic analysis. This aspect added credibility to the analysis by "strengthening confidence in research conclusions drawn" (Patton, 2002, p. 556). To establish inter-rater reliability, both the independent qualitative first analyzed the raw data (interview transcripts) using the open-coding procedures described in the data analysis procedures. Next, the independent qualitative researcher and I followed the thematic analysis protocols adopted for this study. I then determined the degree to which we both agreed in the open-coding and thematic analysis of the data. The higher the percentage of agreement, the greater the inter-rater reliability.

During the open-coding sessions, both the independent qualitative researcher and I developed "clear operational definitions" (Miles et al., 2014, p. 84) for each of the emerging codes to ensure that these were applied consistently within each individual interview and across all participant interviews. This consistency was critical to the next phase of thematic analysis. In qualitative research, the unit of analysis was the quote;

therefore, respondent quotes were included in the reporting of findings to provide

"evidentiary warrant" for the analysis (Saldaña, 2013, p. 255).

The second analytical triangulation strategy that was used in this study was what

Patton (2002) referred to as "review by inquiry participants" (p. 560). Patton (2002)

explained that qualitative researchers could learn about the validity of their data analysis

by letting the individuals react to the description and conclusion of the researcher. In the

phenomenological approach, this analytical triangulation strategy was referred to as

member checking (Moustakas, 1994)

Moustakas (1994) explained that member checking was an excellent method of

ensuring credibility/validity with phenomenological interviews. Member checking was a

method for determining the accuracy of the study findings by allowing the study

participants to review some of the study findings, not the raw interview transcripts

(Creswell, 2014). To conduct member checking, I presented a draft summary of the

preliminary major findings from the thematic analysis to the study participants, which

provided them with the opportunity to comment on the truth and accuracy of the findings.

Techniques for Establishing Transferability

Although generalizability, as understood in quantitative research, could not occur

in qualitative studies (Creswell, 2014; Merriam, 2009), the external validity of a study

could be addressed in terms of transferability. Transferability refers to the extent to which

qualitative results can be transferred to other contexts and settings (Trochim, 2006). In

their seminal work, Lincoln and Guba (1985) explained that in qualitative research, "the

burden of proof lies less with the original investigator than with the person seeking to

make an application elsewhere. The original inquirer cannot know the sites to which transferability might be sought, but the appliers can and do" (p. 298). However, the investigator/researcher can help make transferability possible by providing "sufficient descriptive data" (Lincoln & Guba, 1985, p. 298). A technique for enhancing transferability entails the use of rich, description (Lincoln & Guba, 1985; Merriam, 2009). When discussing rich, thick description as a strategy to enhance transferability, Merriam (2009) explained that it referred to a detailed description of the research methodology and findings of the study.

In this study, I provided rich, thick description when writing up the findings. First, I provided individual descriptions of each study participant for the reader to consider the participants' demographic information, personal experiences, and perceptions as context for the findings. Second, when reporting on findings resulting from thematic analysis, I included quotes from participant interviews to clarity and provide additional context for the findings. Third, when helpful to clarify results, I used notes from my field journal to provide additional context.

Techniques for Establishing Dependability

In qualitative studies, dependability refers to the need to document the ever-changing context in which the researcher conducted the study (Merriam, 2009; Trochim, 2006). One method for ensuring consistency and dependability is the audit trail. Essentially, the audit trail is "a detailed account of how the study was conducted and how the data were analyzed" (Merriam, 2009, p. 223). Additionally, Creswell (2014) recommended developing a qualitative codebook to "make sure that there is not a drift in

the definition of codes, a shift in the meaning of thee codes during the process of coding"

(p. 203). In this study, the independent qualitative researcher and I inductively coded

categories of information emerging during the analysis. Each codebook took the form of

an evolving table to provide a listing of the emergent category codes, a label for each

code, a brief description of the code, and a full definition of the code (Creswell, 2014).

Techniques for Establishing Confirmability

One assumption in qualitative research is that the researcher brings a particular

perspective to a study (Trochim, 2006). The aim of confirmability is to understand how

values and expectations of the researcher influenced the research process and conclusions

(Maxwell, 2013). The strategy used to enhance confirmability in this study was

researcher reflexivity, which was previously discussed in this chapter. I include a

researcher reflexivity section in Chapter 4 about my critical reflections of my

background, biases, and positionality, as suggested by Merriam (2009).

<div align="center">

Ethical Procedures

</div>

Research ethics include issues associated with the practice of research, including

the process designing and conducting the study as well as reporting findings. Throughout

this study, scientific integrity was upheld to prevent any type of misconduct, as suggested

by researchers (Donner, VandeCreek, Gonsiorek, & Fisher 2008). Provisions were made

for disclosure to ensure confidentiality of participants by adhering to the Walden

University Institutional Review Board (IRB) guidelines for informed consent and

confidentiality. Consent was an ongoing process in this study because it was my

responsibility to ensure that all participants understood the terms of the study and what the study entailed.

The relationship between the researcher and the participant was dependent on the quality of the data collected. I provided confidentiality and a privacy policy to all participants. The identities of the participants were kept confidential, and their rights were protected, as suggested by researchers (Donner et al., 2008). I used informed consent to prevent deception regarding the nature of the research and the young women's participation. All study participants gave informed consent for their participation in this research study (Walden University, 2016).

The participants were provided adequate information about the requirements to participate in the study and had an opportunity to make an educated decision about whether or not to participate. Each participant was required to sign an informed consent form, which included all procedures involved in the research, the purpose of the research study, the length of time needed to conduct the study, and all risks and benefits of participation, as well as anything that could potentially cause discomfort. All participants had the right to stop research at any time and decline to participate without being penalized. I considered the perspective of empathy and caring about the research study criteria for the recruitment of potential participants. I offered them a healthy snack of fruit and vegetables for their participation.

<div align="center">**Summary**</div>

A qualitative phenomenological research design was used in this study to examine the lived experiences of obese young adult Black women and White relative to the

phenomenon of the racial and cultural etiology of body satisfaction. The primary data

collection method was semi-structured, face-to-face interviews with participants using an

interview guide (see Appendix A). The interviews were transcribed and the data analyzed

using the thematic analysis methods described by Braun and Clark (2006). The

qualitative data analysis (QDA) software NVivo12 was used to assist with data coding

and analysis procedures.

Chapter 4: Results

The purpose of this qualitative phenomenological study was to describe the racial and cultural etiology of body satisfaction for obese Black women and obese White women residing in a rural area of North Carolina. For the purposes of this study, body satisfaction was defined as the degree to which an individual was satisfied with her physical body or individual parts of the body (e.g., hips, legs, arms, muscle tone, strength) and desired to stay at this level of physical attractiveness (Sonneville et al., 2012). In keeping with Moustakas's (1994) phenomenological research methods, I posed one central research question, which I supplemented with four procedural sub questions to provide additional guidance for the study. The central research question was the following: How do obese, young adult Black women and White women describe their perceptions about and experiences of the racial and cultural etiology of their body satisfaction? Following were the four procedural sub questions:

RQ 2. What statements describe obese women's perceptions about and experiences of the racial and cultural etiology of their personal body satisfaction?

RQ 3. What themes emerge from these perceptions and experiences?

RQ 4. What are the contexts and/or other underlying precipitating factors that account for these perceptions and experiences?

RQ 5. What is the overall essence of these perceptions and experiences for Black women and for White women?

Chapter 4 begins with a description of the pilot study, followed by information on the setting for data collection and the relevant demographic characteristics of the study

participants. I then describe the implementation of the data collection and data analysis procedures in relation to how they were described in Chapter 3. Chapter 4 then includes evidence of the trustworthiness of the study's results, followed by a presentation of the results of the data analysis. The chapter concludes with a summary of the results.

Pilot Study

In addition to field-testing the study's interview guide with a panel of SMEs to establish reliability of the data collection instrument, I piloted the guide with two Black women and two White women who met the participant selection criteria, which were as follows: (a) resident of a rural area of North Carolina, (b) 18 to 29 years of age, (c) satisfied with body image, and (d) BMI of 30 kg/m or higher. The women who were interviewed during the piloting of the interview guide did not participate in the research study. I transcribed the four recorded interviews and then analyzed the transcripts to determine if the quality of the collected data was sufficient for answering the study's research questions. Based on the analysis of the piloted interview data, I determined that no changes were needed to enhance the clarity of the interview guide questions. Additionally, I determined that the interview questions aligned with the study research questions. Therefore, no revisions were made to the study's interview guide.

Setting

All interviews occurred in a secluded area of a local public library between July 20, 2017, and August 16, 2017. I believe that the privacy of the location enabled me to protect participants' confidentiality, and it allowed participants to give full and candid responses to the interview questions without the chance of being overheard by third

parties. Each participant selected a time that was convenient for her to be interviewed.

Interview times ranged between 9:30 a.m. to 4:30 p.m. Allowing the participants to select

the time at which they would be interviewed gave them the ability to schedule adequate

time for the interview. Therefore, they could give rich and detailed responses without

feeling pressured to attend to other obligations.

Demographics

I collected personal demographic data from potential participants during the

recruitment phase of the study. Four of the demographic variables were used for

determining women's eligibility to participate in the study, including height and weight

(which I used to calculate BMI), age, and ethnicity. The mean BMI for the six

participants who were selected was similar for both ethnicities (52 BMI for Black women

and 51 BMI for White women) with a standard deviation of 7.02 for Black women and

16.08 for White women. The median BMI was 53.10 for Black women and 59.90 for the

White women.

The six participants ranged in age from 19 years to 29 years. The mean age of the

Black women was 26 years, and the mean age of the White women was 21 years. Of the

six participants, one Black woman and two White women reported their highest level of

education as high school. One Black woman and one White woman reported taking some

college courses following graduation from high school. Only one participant, BF3, a

Black female, reported that she had completed a college degree. Table 1 shows the

relevant demographic characteristics of the study participants.

Table 1

Participant Demographics

Participant	Ethnicity	Body mass index	Age	Highest level of education
BF1	Black	53.1	28	High school
BF2	Black	44.4	21	Some college
BF3	Black	58.3	29	Bachelor's degree
WF1	White	59.9	23	High school
WF2	White	32.2	19	Some college
WF3	White	60.2	22	High school

Note. As the research questions that were used to guide the study emphasized the importance of the effects of racial identity on the etiology of body satisfaction, participants' pseudonyms include an abbreviated reference to their race. Pseudonyms for Black women participants include the abbreviation BF (for Black female), and pseudonyms for White women participants include the abbreviation WF (for White female).

Data Collection

First, I collected demographic data during a phone interview with prospective participants who responded to recruitment efforts. Next, I scheduled one-on-one interviews with each participant who met the study's inclusion criteria. I conducted interviews in a private room at a public library using a semi-structured interview guide (see Appendix A).

I conducted one interview of each participant. The mean duration of the interviews was approximately 30 minutes. I audio-recorded all interviews using a digital recording device. No unusual circumstances were encountered during data collection. There were no deviations from the data collection procedures, as described in Chapter 3.

Data Analysis

I transcribed all recorded interviews verbatim into Microsoft Word documents within 72 hours of the interview. I uploaded interview transcripts into NVivo 12 software for analysis. I used Braun and Clarke's (2006) six-phase method for thematic analysis to analyze the data. The six phases included one (a) becoming familiar with the data, (b) generating initial categorical codes, (c) searching for themes, (d) reviewing themes, (e) defining and naming themes, and (f) reporting the findings in the dissertation. First, I immersed myself in the data by reading and rereading the participant interview transcriptions to develop an overall familiarity with the data. In the second step, I grouped units of data that expressed similar ideas or meaning into codes, which I labeled with descriptive words or phrases. In the third phase, I grouped similar codes (i.e., codes that included data that expressed related ideas or perceptions) into larger themes. The fourth phase consisted of reviewing the themes. In this phase, I refined the themes developed in the previous phase. The fifth phase consisted of defining and naming the themes. In this phase, I further refined these while defining the themes. Lastly, the sixth phase consisted of producing the presentation of results, which are presented below. Table 2 includes the codes that were identified during the second phase of the analysis and the themes into which these were grouped.

Table 2

Data Analysis Initial Codes and Emergent Themes

Emergent theme	Initial codes contributing to theme	*N* of data units included in code	*%* of data units included in code (*N* = 87)
Theme 1: Black women and the lens of body positivity	Bouncing back	2	2.30%
	Celebrity weight loss	4	4.60%
	Confident big girls	7	8.05%
	Hyper-aware of size	2	2.30%
	Normal skinny figures	5	5.75%
	Powerful attitude	3	3.45%
	Recognizing need for change	3	3.45%
	Sexualized curves	1	1.15%
Theme 2: White women and confrontation with the media.	Aging gracefully	1	1.15%
	Avoiding extremes	1	1.15%
	Body positivity in media	2	2.30%
	"Guys like big butts"	5	5.75%
	Internet and healthy eating	1	1.15%
	No in-between	1	1.15%
	Pressure to fit a mold	2	2.30%
	Sexualized curves	1	1.15%

(continued)

Emergent theme	Initial codes contributing to theme	*N* of data units included in code	*% of data units included in code (N = 87)*
Theme 3: Black families and normalizing obesity	Being the biggest one	1	1.15%
	Born big	2	2.30%
	Focus on being presentable	1	1.15%
	Healthy eating not modeled	1	1.15%
	Preparing for challenges	2	2.30%
Theme 4: White families and welcoming the outcast.	A big beautiful sister	2	2.30%
	Athletic family	2	2.30%
	Conflict over eating	1	1.15%
	Family weight issues	1	1.15%
	Feeling different	3	3.45%
	Finding something positive	1	1.15%
	Guys raised right	1	1.15%
	Supportive family	1	1.15%
	Witnessing others' conflict	2	2.30%
Theme 5: Black women and their peers: shaming and denial	Body-negative friends	5	5.75%
	Peer perceptions of weight	6	6.90%
	Witnessing friends and family	1	1.15%

(continued)

Emergent theme	Initial codes contributing to theme	*N* of data units included in code	*%* of data units included in code (*N* = 87)
Theme 6: White women and their peers: negative comparisons and positive examples	Confidence and body positivity	3	3.45%
	Conflicted body image	2	2.30%
	Eating what I want	1	1.15%
	Lacking peer support	1	1.15%
	Not a skinny girl	3	3.45%
	Range of weights	3	3.45%

Evidence of Trustworthiness

I employed four criteria for determining trustworthiness for this qualitative phenomenological study. These included credibility, transferability, dependability, and confirmability (Schwandt et al., 2007). I will discuss each of these dimensions of trustworthiness below.

To ensure credibility, I applied Moustakas's (1994) strategy for bracketing as a means of practicing researcher reflexivity. Throughout the data collection and analysis phases of the study, I reflected on my biases in my field journal to acknowledge these and set these aside to maximize the valuable experiences and knowledge I brought to the study, as recommended by Charmaz (2006), Clarke (2005), and Strauss and Corbin (1998). For example, here is a reflection on my biases with Participant 2, an obese Black female, who described feeling good about her body compared to her roommate (an obese White female). I reacted to this disclosure with the thought, "This can't be true," but

careful and bracketed review of the interview data later allowed me to substantiate the

participant's claim that she was happy with her body image. This journaling process

incorporated procedures of researcher reflexivity as a method of ensuring validity, as well

as *confirmability* (as recommended by Moustakas, 1994).

I utilized another method to ensure credibility, which was analytical triangulation.

I used two analytical triangulation strategies. First, I hired an independent qualitative

researcher to participate at two phases of analysis, including open-coding and thematic

analysis, which added credibility to the analysis by "strengthening confidence in research

conclusions drawn" (Patton, 2002, p. 556). To establish inter-rater reliability, the

independent qualitative consultant and I analyzed the raw data (interview transcripts)

using open-coding procedures and thematic analysis protocols adopted for this study. I

also conducted member checking by allowing the study participants the opportunity to

comment on the truth and accuracy of the preliminary major findings. Participants

recommended no changes.

Transferability refers to the extent to which qualitative results can be transferred

to other contexts and settings (Trochim, 2006). Lincoln and Guba (1985) explained that a

qualitative researcher "cannot know the sites to which transferability might be sought,"

but those who seek to apply the study results to their particular contexts and settings "can

and do" (p. 298). However, the researcher can help make transferability possible by

providing "sufficient descriptive data" (Lincoln & Guba, 1985, p. 298). Merriam (2009)

explained the importance of providing "detailed description of the findings with adequate

evidence presented in the form of quotes from participant interviews, field notes, and

documents" (p. 227). In addition to including quotations from participant interviews as evidence of study findings, I have provided descriptions of the study participants and the setting of data collection.

I used two methods to ensure dependability, which refers to the need to document the ever-changing context in which the researcher conducted the study (Merriam, 2009; Trochim, 2006). First, Chapter 3 provided an audit trail, which was "a detailed account of how the study was conducted and how the data were analyzed' (Merriam, 2009, p. 223). Chapter 3 included a detailed description of how the study was conducted and how the data were analyzed using open coding and thematic analysis methods. Second, a qualitative codebook was developed to "make sure that there is not a drift in the definition of codes, a shift in the meaning of the codes during the process of coding" (Creswell, 2014, p. 203).

Results

The central research question was the following: How do obese, young adult Black women and White women describe their perceptions about and experiences of the racial and cultural etiology of their body satisfaction? The four procedural sub questions were used to provide guidance in answering the main research question. Thus, the following discussion has been made to address the first sub question (What statements describe obese women's perceptions about and experiences of the racial and cultural etiology of their personal body satisfaction?) through the inclusion of selected, representative quotations from participants' interview responses. The second sub question (What themes emerge from these perceptions and experiences?) is addressed through the

presentation of the emergent themes. I identified a theme when two or more participants of one race (66.67%) expressed similar opinions or perceptions.

To address the third sub question (What are the contexts and/or other underlying precipitating factors that account for these perceptions and experiences?), the discussion is organized according to the factors and contexts that were found to account for participants' perceptions and experiences, including media influences, family influences, and peer influences. Within the discussion related to each of these factors, the presentation is organized by themes corresponding to participants' racial identities. The fourth sub question (What is the overall essence of these perceptions and experiences for Black women and for White women?) is addressed in the chapter summary, where the themes, factors, and statements are summarized.

Media Influences

Two themes emerged to indicate how participants perceived and experienced the media as a cultural influence on their body satisfaction. However, Black participants and White participants tended to experience the influence of the media differently. Therefore, the two groups are discussed separately in the presentation of themes related to media influences.

Theme 1: Black women and the lens of body positivity. B women found reinforcement of their body satisfaction in the media, both by focusing on positive messages by and about larger women and by reinterpreting potentially negative messages about obesity. Viewing media messages through a lens of body positivity meant focusing on messages that reinforced positive self-images and ignoring, screening out, or

reinterpreting messages might have been detrimental to body satisfaction. Thus, the media entered into the etiology of Black women's body satisfaction as a concurrent or reinforcing cause, interacting with existing body satisfaction to strengthen and perpetuate this feeling. B participants focused on the behavior and attitudes of positive, plus-size role models in the media, as indicated in the following response from BF1:

> She's [Ashley Graham] actually a plus-size model, and she's very confident in her figure and she praises every other woman who's big no matter what… she says that people are always going to talk stuff no matter what even if you're skinny or if you're big so just let them hate… she's very well known as the perfect plus-size model and she, yeah, she does a lot of the stuff for the community and for other girls, as well.

In the response just quoted, BF1 cited both the confidence and community activism of Plus-Size Model, Ashley Graham, and suggested that she viewed Graham's stated method for coping with negative peer messages ("just let them hate") as exemplary. BF1 had selected a media role model whom she believed she physically resembled, rather than one who represented a physical ideal she might not have been able to attain. Therefore, she viewed media messages associated with Graham as sources of encouragement and affirmation.

BF2 cited Actress and Singer, Jennifer Hudson, as a positive, plus-size role model, saying, "I liked how confident she [Jennifer Hudson] was being a big girl." BF2 reacted to this role model's deliberate weight loss by construing it in a body-positive way and maintaining her preference for Hudson's pre-weight-loss body type:

I don't know actually why Jennifer Hudson lost all of the weight. Probably for

health reasons and stuff like that but I did like her while she was bigger because I

feel like her voice had more depth just because she had more weight to carry it.

In this response, BF2 demonstrated that she viewed media messages through the lens of

her own body positivity by choosing to admire a celebrity whom she believed she

physically resembled. By neutralizing subsequent information about this public figure

that might have negatively influenced her body satisfaction, she interpreted it differently

(e.g., as a sign of body dissatisfaction on Hudson's part).

BF3 interpreted a television show that included negative portrayals of extremely

obese people as a positive influence on her body satisfaction by contrasting those

portrayals with her own appearance and abilities. She described the show (*The 600 Pound

Life*) as a caution against overeating and losing control of her weight, but she appeared to

cite her cautionary interpretation of the program to emphasize partly the clear distinction

she perceived between herself and the people depicted:

I don't want to be confined to a little one bedroom or like a woman on the show

[*The 600 Pound Life*], she got so big she couldn't go in the bathroom so she has to

go on the back porch to use a bucket and shower with the water hose because

you're too big to get in the bathroom. You know what I'm saying? And I refuse to

be that person. I'd rather not be on this earth to be that big. (BF3)

Thus, BF3 found, in the media, a depiction of obesity so extreme that it reinforced her

experience of her own body type as a desirable attainment.

Theme 2: White women and confrontation with the media. B participants found reinforcement of their body satisfaction in the media, both by focusing on positive messages by and about larger women and by reinterpreting potentially negative messages about obesity. However, White participants tended to interpret media messages as detrimental to their body satisfaction, and they tended to establish their body satisfaction in conscious confrontation with those images. Thus, for White participants, media influences entered into the etiology of body satisfaction as an obstacle to be confronted and overcome. The sources of the impetus that allowed them to resist the influence of body-negative media messages will be discussed in relation to other themes and factors, below.

WF1 referred to media messages that made her want to wear clothes that were incompatible with her body type: "They were all about the what's hip and what's now and the trendy stuff and I never could wear hardly any of the clothes so that was a pressure because I wanted to fit in." WF1 suggested that she had established her body satisfaction in confrontation with messages from "social media, TV, magazines" by accepting her own unmodifiable physical traits as an alternative ideal:

> It's not that you don't want to be healthy, it's just you want to accept yourself right now as you are and how you'll be the rest of your life. That's the body positivity part I'm talking about, you know. Feel good in your own skin and love yourself.

WF2, while discussing her successful resistance to societal pressure to be thin, stated that she still felt this pressure from the media and society in general: "We [obese

women] know we don't have to meet the certain standard. We're sure about that now but we still feel the pressure to fit into a certain mold." WF2 confronted and resisted media messages promoting thinness as the aesthetic and sexual ideal because she felt that she was embracing a more fundamental media-promoted ideal of self-care and good health:

> I do think since I've started to be on the Internet so much that I see now a lot of things about healthy eating and I do try to embrace healthy eating and also, you know, sometimes I'll have just something like totally vegetarian and that's cool, but not because of my weight at all. Just because I think it's important to eat healthy.

> WF3 felt pressure to make her body type resemble ideals depicted in the media, as opposed to the body type of her obese mother:

> I wanted to be [like Janet Jackson and Mariah Carey] because I saw my mom and to me it was, okay, it was my mom or it was them. I never knew that there was, like, something in between and so that's why I kind of, you know, that's why I wanted to go this direction [celebrity] and not this direction [mother].

She had overcome the pressure to resemble idealized celebrities by disposing of the perceived dichotomy of ideal versus failure and accepting a "curvy" body type as a happy medium and a "sexual body image."

WF1 was a partially discrepant case. Although she established her body satisfaction in confrontation with certain media messages, she had been helped in resisting negative media messages by other media messages that reinforced her body positivity. She encountered media messages that reinforced her body positivity through

her exposure to R&B and hip-hop culture. She described the musicians who were involved in creating those cultures as conveying the following message: "They [Black R&B and hip-hop musicians] were just like, you know, 'be who you are… whatever you look like is fine.'"

Family Influences

As with media influences, Black women and White women tended to experience family influences differently. Black participants experienced their families as normalizing obesity and eating freely, while White participants experienced themselves as "outcasts" (the term used by WF1 and WF3) in their families because of their obesity, but as outcasts whom their families loved and supported.

Theme 3: Black families and normalizing obesity. Two out of three B participants stated their families contributed to the etiology of their body satisfaction by raising them to believe that their obese body types and eating habits were normal, expected, and acceptable. The third B participant (BF1) did not speak specifically of family influences as a factor contributing to her body satisfaction, except to say of her family, "We used to go out and eat a lot." This comment indicated that her family had normalized the eating of the kinds of rich, high-calorie foods typically found in restaurants.

BF1 supported this interpretation by stating that she subsequently altered her eating habits by beginning to choose healthy foods when she ate in restaurants. BF2 reported that pressure related to physical appearance in her family had been directed toward readily modifiable factors, such as clothes, hair, and cosmetics, rather than toward

body type: "When I [was] small, my mom was like, 'You need to look presentable. You need to wear a belt. You need to do this. You need to have your hair looking okay.'" BF2 reported that her family had never exerted pressure on her to alter her body type: "No, there's no pressure." BF2's mother had also explicitly reinforced her body satisfaction by reassuring her of her continued attractiveness in spite of weight gain: "I'll ask my mom, I'm like, 'Have I really gained that much weight? Am I ugly now?' And she'll be like, 'No, you're not ugly, girl!'"

BF3's family had explicitly normalized her body type, telling her, "Oh, you're supposed to be a size, and you're this size, you know," and, "Oh, you're just supposed to be big and heavy." BF3's family had also normalized eating freely and according to preference. BF3 said of the example set by her father, "my dad always been, he eats anything, I mean anything." BF3 also reported that bonding over food was part of her family's culture, saying, "It's a lifestyle thing," and mentioning in particular her aunt and her godmother (two different people), who had frequently cooked for her and her sisters. Of her aunt's generous servings, she remembered, "She cooked the way we wanted it and it could be twelve things on this whole thing and I might eat 4 out of 12, you know, and my other sister would eat that." Eating freely almost took on the character of an imperative in her family, BF3 suggested, "It was, like, 'you eat.'"

Theme 4: White families and welcoming the outcast. Unlike B participants, whose families communicated to them that obesity and eating freely were normal, expected, and acceptable, White participants derived from their perceptions of their families the sense that their body types were exceptional. However, the families of 2 out

of 3 White participants contributed to the etiology of their body satisfaction by expressing love and support for them as they were (such that these participants felt that, although their obesity was exceptional, it was not shameful or negative). WF1 described her sense of being an outcast in her family:

> The reason why I thought I was an outcast is because nobody in my family looked like me. I had a bigger butt, thicker thighs, not too much of a belly back then, um, I was hourglass pretty good, didn't have big hips like my Mama [and] one day that I realized that I was never going to fit in.

Genuinely distressed, WF1 asked her mother why she was not shaped like the other family members. Her mother resolved her sense of being an outcast and gave her a sense of belonging by referring her appearance to a branch of the family with which WF1 was less familiar: "I asked my mom. I said, 'Mom, why am I shaped like this and [not] the shape like you and [sister]?' Because I didn't understand all that and she said, 'Honey, you're built like your dad's mama's side.'" WF1 described the effect of this revelation on her body satisfaction:

> My dad's hands and feet were the same size as mine, you know, we were stocky built, ghetto booty going on or junk in the trunk, whatever you want to call it. Honestly, once I realized that, I started putting emphasis in the fact that I had a big butt because it was something that I could see positive because that meant that I had something different, something that was my own.

WF2 had an obese sister who was "disgusted" with her body type, and the rest of her family was remarkable for their athleticism: "My family has overall been pretty

athletic, and my mom was like a softball star. My grandmother was a yoga aerobics queen and still goes to the gym, and everybody in my family, my dad is a mega weight lifting person who works very hard." Therefore, WF2 expressed that her and her sister's body type were the exceptions, rather than the rule. However, her family's unstinting love and support for her as she was contributed to her body satisfaction:

> Nobody shoved me into like you should be fit...I've just always been supported just the way that I am and I don't feel bad if somebody sees me in my family sitting on a couch eating chocolate or potato chips… I've never felt pressured by anybody in my family to be a certain way and that's really special. (WF2)

WF2 was also helped in achieving body satisfaction by her admiration for the physical appearance of her older, larger sister: "I can't imagine [older, larger sister's disgust with her weight] because I just think she's gorgeous and then that leads me to, like, oh well I'm fine with myself." Although she did not learn from her sister a sense that obesity was normal—an attitude that her body-dissatisfied sister would not have been able to model for her—her perception of her sister as beautiful had helped her to believe that obesity could be beautiful, and she herself was "fine."

WF3 felt abnormal in her family because she was obese in a different way than they were:

> It's like my mom's side of the family, they're all overweight. You know, I hate to say this but they have big boobs, flat butts, and… I felt like an outcast because it's, like, okay me I'm small breasted, I have a butt, I have thighs, you know, and I'm curvy, so to speak.

BF3 compared herself to the extremely obese people portrayed in the television program *The 600 Pound Life* to arrive at a sense that her own body type was desirable in comparison. Similarly, WF3 compared herself to her mother to arrive at a sense that her present body type was desirable and worth the effort of maintaining, in order that she would not become as large as her mother: "I ate what I wanted to but at the same time, you know, I tried not to eat because I didn't want to end up like my mom." Thus, while WF1 and WF2 arrived at their body satisfaction despite feeling they were outcasts or exceptions in their families (because they were loved and accepted as they were), WF3 arrived at her body satisfaction because she saw herself as an outcast in a family she perceived as unacceptably obese.

Peer Influences

Black women and White women reported different peer influences. For B participants, peers were a source of negative messages (overt and implied) about obesity that had to be overcome to arrive at body satisfaction. For 2 out of 3 White women, comparing themselves to "skinny" peers was a source of body dissatisfaction that had to be overcome. In the cases of these White participants, contact with Black women who were perceived as body-positive regarding obesity helped them to accept their own body types.

Theme 5: Black women and their peers: shaming and denial. Two out of three B women reported that contact with their peers contributed to the etiology of their body satisfaction by shaming obesity generally and then denying (explicitly or by implication)

that the blanket condemnation applied to the participant. BF2 was often in contact with her roommate, an obese White woman who expressed despair about her obesity:

> She was like, "I'm only 200 and some pounds from having my own TV show." I said, "You're six-hundred-pound life?" She said, "Yeah." I said, "Are you excited about that?" And she was like, "No, that's why I'm telling you."...every time she went to the, um, get a snack, she said, "Moooo!," or something like that.

However, BF2's roommate expressed disgust solely regarding her own obesity and appeared to regard BF2 as a source of guidance. BF2 perceived her roommate as a kind of cautionary tale, warning her of how she might behave and feel if she allowed herself to become ashamed of her obesity:

> I don't want to get to that point [of roommate's anxiety and depression] and I don't want to get to, the point to where I don't feel like doing anything. I want to still be able to do stuff and see I really like, you know, I kind of like being a big girl some days because it's, like, not so many people are big like me and curvy.

In this way, BF2's peer contributed to the etiology of her body satisfaction by demonstrating the negative consequences of allowing her body satisfaction to lapse. However, there was tension in this arrangement. Although BF2's roommate never made negative remarks about BF2's body specifically, the roommate's vocal despair about her own body type exposed BF2 to frequent, harshly negative evaluations of obesity.

BF3 reported that she and her best friend used denials of their obesity as a source of affirmation, implying a negative evaluation of their actual body type. BF3 gave the following example of dialogue: "Now, my best friend… She says, 'I'm obese.' And, I

was like, 'Okay, medically, yeah, maybe, but to me, you skinny to me.' And she will say, 'You're skinny, too.'"

BF1 was a partially discrepant case. Her friends detracted from her body satisfaction. BF1's "skinny" friends regularly derided other "big girls," but they did not make negative comments about BF1's size in her presence: "I have some friends who they say they're my friends but they're really skinny and they're always talking about other big girls, and I'm just like that's not right because I'm big, too." Although the forbearance of BF1's friends from insulting her in her presence might have represented an exemption of BF1 from their habitual shaming of obesity, BF1 suspected that her friends made negative comments about her size when she was absent: "I feel like they [friends] probably do the same thing [talk about my weight] behind my back." She reported that this suspicion caused her to feel so "stressed" that on some days, she did not want to get out of bed.

Theme 6: White women and their peers: negative comparisons and positive examples. Two out of three White participants reported that comparing themselves to their "skinny" peers made them feel ashamed of themselves but that observing the body positivity of larger peers allowed them to overcome this shame and arrive at body satisfaction. WF1's early peers communicated to her that her weight was problematic: "I never had it [peer support system]. I mean, I had them but they were all worried about me losing weight." Contact with B peers during her adolescence contributed to her body satisfaction by modeling positivity about a "curvy" body type. However, "a lot of the Black girls at school, some of them were very jealous of me because I fit in with the rest

of them… it made me feel included… They [curvy Black women] feel good in their skin."

WF2 arrived at a negative evaluation of her body type early in life by comparing herself to thinner peers:

We would, you know, be at a gym or we would work out, we would run, and we would have practice, and everybody is cute in their little mini shorts and the little tank tops practicing in and I was never like that [the skinny volleyball players in middle school]. So, I did when I was a lot younger have a negative body image of myself because I would compare myself to these super cute, skinny girls.

Like WF1, WF2 achieved body satisfaction in part because she was exposed to the body positivity of B peers:

[I felt] better about myself [after meeting Black girls larger than me] because some of these girls are confident and are loud and bubbly and are don't seem to ever give it [their large size] a thought and there's actually, there's a girl who's at the early college… she is gorgeous and so, she's a heavy girl and she is a Black girl and she is so fun and bubbly and she dresses just flamboyant and colorful and every day I see her… I think if other people can have that [level of confidence] with a body like that is not supported by society and not supported by commercialism and just the media, then like, well I can, surely, I am fine.

WF3 was a discrepant case. Her peers did not contribute to or detract from her body satisfaction. She reported that she had friends of all sizes, such that no one-body type was normalized within her peer group.

Summary

The purpose of this qualitative phenomenological study was to describe the racial and cultural etiology of body satisfaction for obese Black women and obese White women residing in a rural area of North Carolina. To achieve this, I conducted semi-structured interviews with three obese young White women and three obese Black women residing in the target area. The central research question used to guide the study was the following: How do obese, young adult Black women and White women describe their perceptions about and experiences of the racial and cultural etiology of their body satisfaction? Four procedural subquestions were used to give additional guidance to the study. The procedural subquestions were as follows:

RQ 2. What statements describe obese women's perceptions about and experiences of the racial and cultural etiology of their personal body satisfaction?

RQ 3. What themes emerge from these perceptions and experiences?

RQ 4. What are the contexts and/or other underlying precipitating factors that account for these perceptions and experiences?

RQ5. What is the overall essence of these perceptions and experiences for Black women and for White women?

The procedural sub questions were answered through a presentation of the themes that emerged during data analysis. Contexts and underlying precipitating factors were found to include media influences, family influences, and peer influences. Statements, themes, and essences related to media influences were found to include *viewing the media through a lens of body positivity* for Black participants. B women found

reinforcement of their body satisfaction in the media, both by focusing on positive messages by and about larger women and by reinterpreting potentially negative messages about obesity. Thus, the media entered into the etiology of Black women's body satisfaction as a concurrent or reinforcing cause, interacting with existing body satisfaction to strengthen and perpetuate it.

For White women, statements, themes, and essences related to media influences were found to include *confrontation with the media.* White participants tended to interpret media messages as detrimental to their body satisfaction and tended to establish their body satisfaction in conscious confrontation with those images. Thus, for White participants, media influences entered into the etiology of body satisfaction partly as an obstacle to be confronted and overcome.

Statements, themes, and essences related to family influences were found to include *normalizing obesity* for Black women. These women's families contributed to the etiology of their body satisfaction. The families raised them to believe that their body types and their eating habits were normal, expected, and acceptable.

For White women, statements, essences, and themes related to family influences were found to include *welcoming the outcast*. White participants derived from their perceptions of their families the sense that their body types were exceptional. However, the families of White participants contributed to the etiology of their body satisfaction by expressing love and support for them as they were (such that these participants felt that, although their obesity was exceptional, it was not shameful or negative).

Statements, themes, and essences related to peer influences were found to include *shaming and denial* for Black women. B women reported that contact with their peers contributed to the etiology of their body satisfaction. This aspect occurred by shaming obesity generally, and then denying (explicitly or by implication) that the blanket condemnation applied to the study participant.

Statements, themes, and essences related to peer influences were found to include *negative comparisons and positive examples* for White women. White participants reported that comparing themselves to their "skinny" peers made them feel ashamed of themselves. However, observing the body positivity of larger peers (and particularly of Black peers) allowed them to overcome this shame and arrive at body satisfaction.

Chapter 5 includes interpretation and implications of these results. Chapter 5 also presented the limitations of the study. The recommendations of the study are also included in the final chapter, which then ends with a conclusion.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

Obesity is one of the foremost health concerns in the United States. More than one third of the adult population is considered obese (Ogden et al., 2014). Scholars have explored factors related to obesity such as behavioral drivers of weight gain that includes physical activity and sedentary behavior (Bagrowicz et al., 2013; J. A. Harriger & Thompson, 2012; Morgan et al., 2012; Steinberg et al., 2014). In addition, some scholars have linked obesity to a host of chronic diseases (e.g., depression, cardiovascular disease, diabetes, musculoskeletal disorders, etc.; Antin & Hunt, 2013; Gilman, 2013; J. A. Harriger & Thompson, 2012; Steinberg et al., 2014). The extent to which findings from the literature regarding body image are applicable to Black women is unclear, however, as much of the research on female body image has focused on White women (Poran, 2012). Obesity is one of the health issues in the country and there is little understanding about why Black and White women have different perceptions regarding body image.

Thus, there was a need for scholarly inquiry into the etiology of racial and cultural differences regarding body satisfaction for obese Black women and obese White women. As Bagrowicz et al. (2013) noted, the etiology of racial and cultural differences regarding body satisfaction has not been well investigated. More understanding of these differences is necessary to forecast future health care needs and identify potential approaches to weight management that may affect behavior changes within these groups (Bagrowicz et al., 2013). The purpose of this qualitative phenomenological study was to describe the

racial and cultural etiology of body satisfaction for obese Black women and obese White women residing in a rural area of North Carolina.

Black and White participants tended to experience the influence of the media differently. As with media influences, Black women and White women in the study tended to experience family influences differently. Black participants experienced their families as normalizing obesity and eating freely, while White participants experienced themselves as "outcasts" in their families because of their obesity, though they were outcasts whom their families loved and supported. Media has influenced the experiences of Black and White participants regarding their body image.

In addition, Black women and White women reported different peer influences. For Black participants, peers were a source of negative messages (overt and implied) about obesity that had to be overcome to arrive at body satisfaction. For two out of three White women, comparing themselves to "skinny" peers was a source of body dissatisfaction that had to be overcome. In the cases of these White participants, contact with Black women who were perceived as body-positive in relation to obesity had helped them to accept their own body type.

In this chapter, I will discuss the study results in relation to the literature and the theoretical framework. The limitations and recommendations for further research will also be presented along with the implications of the findings. The chapter concludes with a conclusion which provides a summary of the study.

Interpretation of the Findings

The central research question was the following: How do obese, young adult Black women and White women describe their perceptions about and experiences of the racial and cultural etiology of their body satisfaction? The first two themes resulting from data analysis concerned media influences on the perception of body image and body satisfaction of Black women and White women. Black women who participated in the study viewed media messages through the lens of body positivity. They ignored, screened out, or reinterpreted messages that were unfavorable to body satisfaction of Black women. Media, therefore, strengthened and perpetuated the etiology of Black women's body satisfaction. Black women participants also focused on the behavior and attitudes of positive, plus-size role models in the media. For instance, they admired Ashley Graham's method for coping with negative images about her body. Black women in the study found positive reinforcement of their body satisfaction in the media through focusing on the positive messages. This finding is consistent with other researchers' findings that Black women are not affected by society's emphasis on thinness (Capodilupo, 2015; Kashubeck-West et al., 2013). One reason may be that the Black culture has a unique view of ideal weight and body size compared to the White culture (Capodilupo, 2015; Duran, 2014). Capodilupo (2015) found that Black women were usually happy with their body image. Thus, Black women seem to have a positive body image despite their size.

The finding from this study that Black women reinterpreted potentially negative messages about obesity in media contributes new knowledge about body image and body

satisfaction among Black women. This result could be attributed to the different

perspectives of Black women in the study about ideal weight and body size. This finding

provided information about how Black women responds to media images that promote

thinness as the ideal body size. A likely conclusion is that if media makers continue to

promote this message, then obese Black women might not practice healthy eating

behaviors.

Although Black participants found reinforcement of their body satisfaction in the

media, White participants tended to interpret media messages as detrimental to their body

satisfaction. They tended to establish their body satisfaction in conscious confrontation

with those images. Media influences entered into the etiology of body satisfaction partly

as an obstacle to be confronted and overcome. White participants tended to be pressured

by media and society to be thin based on their survey responses. The finding that White

women in the study tended to confront the media in terms of ideal body size confirmed

the current knowledge in the literature showing there is a pressure for White women to be

thin (Halliwell, 2013). Capodilupo (2015) stated that White women were greatly affected

by society's emphasis on thinness. Based on the results, obese White women might be

pressured to pursue the ideal body size of thinness, an undertaking which would have

negative implications for their body satisfaction (Halliwell, 2013).

The third and fourth themes were about the family influences on Black women

and White women's perceptions of body image and body satisfaction. Black women in

the study stated that their families contributed to the etiology of their body satisfaction by

raising them to believe that their obese body types and their eating habits were normal,

expected, and acceptable. According to participants, Black families normalize obesity, such as eating rich, high-calorie foods typically found in restaurants, eating freely, and eating according to preference.

Additionally, Black women are becoming comfortable with a heavier shape and size despite public awareness campaigns by different organizations promoting healthy behaviors such as World Health Organization (Sonneville et al., 2012; Webb et al., 2013). One of the reasons for the positive body image of Black women is their family (Webb et al., 2013). Black families accept Black women regardless of their body size, according to researchers (Webb et al., 2013). Although such acceptance is likely to foster positive body satisfaction among obese Black women, it can also lead to unhealthy eating behaviors among Black women. Black women would tend to believe that their heavier body shape and size are fine because they are comfortable with it.

White participants derived from their perceptions of their families the sense that their body types were exceptional. Based on participant responses, White families contributed to the etiology of participants' body satisfaction by expressing love and support for them as they were (such that these participants felt that, although their obesity was exceptional, it was not shameful or negative). These results are consistent with the current knowledge about the influence of families on body image of White women. Researchers have identified parental factors as influencing women's body image dissatisfaction and the tendency to adopt disordered eating behaviors (Berge et al., 2015; Lin et al., 2015; Martijn et al., 2015). Curtis and Loomans (2014) argued that parents' negative comments and teasing related to body image reinforced social norms of thinness

and contributed to their daughters' thin-ideal internalization. Similarly, Xiao and Dolton (2016) found that intergenerational disapproval about body image was closely associated with children's body image dissatisfaction and unhealthy eating behaviors. Families also have a strong influence on eating habits and body satisfaction among White participants.

In the context of the current study, the parents of the White women, especially the mothers, had positive comments to the body size of their daughters that led to the daughters' acceptance of their body size. Positive feedback increases women's body satisfaction and serves as a protective factor in disordered eating behaviors (Rodgers et al., 2015; Shloim et al., 2015). For instance, Lin et al. (2015) found that women who received positive verbal messages and comments from their mothers had a higher level of body satisfaction, as well as a lower level of eating disturbances, compared to those women who received negative comments. Similar to the results of the study, the mothers provided positive comments and messages to their daughters about their body size. While this result could lead to body satisfaction among White women, this could also lead to the promotion of unhealthy eating behaviors.

The fifth and sixth themes were about the peer influences on Black women and White women's perception of body image and body satisfaction. Black women reported that their peers contributed to the etiology of their body satisfaction by shaming obesity generally, and then denying (explicitly or by implication). Peers of Black women would make derogatory comments about other obese women but not to their peer.

The influence of peers to Black women contributed to the existing literature because no other study provided specific information about how peers influenced the

body image and body satisfaction of Black women. The results provided new knowledge about how Black women shame obesity regarding other girls but not their Black peer. This result implied the importance of the role of Black peers in body satisfaction and positive body image. While the Black peers were not shaming their Black peer and would often shame obese women when the Black peer was not around, this could lead to negative body image and body dissatisfaction to the Black peer. This behavior could also lead to the obese Black women doubting her Black peers about whether they also body shame her when she was not around.

For White women, comparing themselves to their "skinny" peers made them feel ashamed of themselves, but observing the body positivity of larger peers allowed them to overcome this shame and arrive at body satisfaction. Some White women achieved body positivity because they were exposed to the body positivity of their Black peers. This finding would mean that obese Black peers significantly influenced positive body image and body satisfaction among White women compared to their White peers.

The influence of peers to White women also contributed to the existing literature because most of the studies concluded that peers influence body dissatisfaction among females. According to Ferguson et al. (2011), peers significantly contributed to a female's body dissatisfaction. White women also tended to compare themselves to other White women who pressured them to be thin (Rodgers et al., 2015). This finding was similar to the results that White would compare themselves to White peers and would feel ashamed of their body size, which led to negative body image and body dissatisfaction.

All participants compared their body sizes to the images they saw on media, their relatives who were either heavier or thinner, and their peers who were also either heavier or thinner. According to the social comparison theory, people naturally evaluate their opinions and abilities by comparing them with other persons' opinions and abilities (Festinger, 1954). Comparing oneself to others can be a benchmark for accurate self-evaluation (Festinger, 1954).

Festinger (1954) presented his social comparison theory in the form of nine hypotheses. Hypotheses 5, 6, 7, and 9 elucidate the consequences of the social comparison of self. Hypothesis 5 indicated that nonsocial restraints with abilities, not with opinions (Festinger, 1954). The results confirmed this hypothesis because Black and White women compared themselves to other people, whether they see these individuals on media, family members, or even their peers.

Hypothesis 6 indicated the cessation of comparison with others (Festinger, 1954). In the context of the results, the confirmation of this hypothesis was inconclusive. Some women stopped comparing themselves to other people who are unlike themselves. However, some women also did not stop comparing themselves, especially to persons similar to themselves, such as in the case of Black women.

Hypothesis 7 states the factors increasing importance of comparison group increase pressure toward uniformity (Festinger, 1954). Comparisons may result in the changing of one's opinions and capabilities that tend to be in the direction of uniformity, as in assimilating with groups (Corcoran et al., 2011; Festinger, 1954). This hypothesis

was confirmed by the results. Both Black women and White women compared themselves to other people and assimilated to the body characteristics of the group.

Hypothesis 9 states that the strength of pressures toward uniformity differ between persons close to the group mode and persons distant from the mode (Festinger, 1954). The amount of change is dependent on the importance, relevance, and attraction of the comparison group and in the case when the inability to reach uniformity is perceived as unpleasant (Corcoran et al., 2011). For Black women, they had positive body image, even if they were obese because the comparison group for Black women accepted and promoted a heavier body characteristic. The ability to reach uniformity is pleasant. Conversely, for White Women, most of the time they had negative body image because the comparison group pressures them to be thin.

Limitations of the Study

The focus of the study was about how media, family, and peers influenced the racial and cultural etiology of obese, young adult Black women and White women's body satisfaction. Other factors, aside from media, family, and peers, might have influenced the experience of body image and body satisfaction on Black women and White women. Moreover, demographic variables, such as age, educational background, and socioeconomic status, were not included in the study. These demographic variables might also influence the racial and cultural etiology of obese, young adult Black women and White women's body satisfaction.

Based on the results of the current study, participants who were not 100% satisfied with their body shape and size were included in the study. For instance, one

participant shared that when she asked her mother if she noticed that she had gained weight, her mother did not respond. If she were satisfied with her body, she would not have asked her mother this question. In addition, some White participants felt ashamed with their image when comparing themselves to other White women. These participants revealed the ashamed feelings during the recruitment phase, the individuals shared when asked whether they were satisfied with their body and answered affirmatively. Perhaps, these individuals were satisfied with their body but not all the time as evidenced by specific examples mentioned.

There were limitations to the methodology applied in this study. One of the limitations was that only participants' perceptions were collected. I had to trust that the responses of the participants were accurate and true. In addition, the interviews were subject to recall bias, which meant that participants might make errors due to poor memory, and or they might be unduly affected by recent events. The participants were assured that the information they shared would remain confidential. Moreover, their identities remained anonymous. There was also a reminder that they should share information that they were confident was accurate and true to describe the phenomenon studied.

The sample size also limited the study, as there were only six women interviewed. According to the literature of Van Manen (2014), the typical sample size for phenomenological studies can be anywhere between 5 and 25, which assumes the participants are all in the same group. The current study had sample size of six; however, these individuals do not belong to a single group because the sample was stratified

according to race. This would mean that the sample size was only three: three Blacks and three Whites.

Researcher bias might also affect the results. My unconscious bias did not lead to misinterpreting the participants' responses to the interview questions. Moreover, I was also the one who interpreted the data. Member checks were used to mitigate against unconscious bias. Moreover, the data collection and data analysis procedures were described in detail.

Recommendations

Future studies could replicate the current study. The current study was unique because it compared the racial and cultural etiology of body satisfaction for obese Black women and obese White women. More information is needed to determine the factors that influence body image perceptions of obese Black women and obese White women.

Future researchers could explore other factors that influence body image and body satisfaction of Black women and White women. Demographic variables such as age, educational background, and socioeconomic background could play a role in the development of image and body satisfaction of Black women and White women. Future researchers could explore these demographic factors to provide more knowledge in the discipline.

The current study focused on the racial and cultural etiology of body satisfaction for obese Black women and obese White women. Future researchers could also explore and compare the racial and cultural etiology of body satisfaction for obese Latina women

and other minority groups. This could provide more knowledge about how body satisfaction could be different based on racial groups.

A quantitative study could be conducted based from the results of the study. A quantitative study could also mean larger sample size that is representative of the female population. A larger sample size would be recruited from different states and different minority groups. Moreover, a quantitative study could lead to results that can be generalized about the racial and cultural etiology of body satisfaction of obese Black women and obese White women.

Implications

There was a gap in the literature regarding the racial and cultural etiology of body satisfaction among this population. This study provided information about the similarities and differences of the racial and cultural etiology of body satisfaction for obese Black women and obese White women. The results of the study added more knowledge to the existing knowledge about differences that might emerge regarding the racial and cultural etiology of body satisfaction of these two groups. Additional knowledge would lead to a deeper understanding of how women perceive body satisfaction.

The results of the study facilitated a deeper understanding of the etiology of body satisfaction, thereby enabling practitioners to devise more effective weight management strategies that build upon existing weight-related sociocultural norms. Through the results of the study, behaviors that could lead to better weight management and a corresponding reduction in the prevalence of chronic diseases, for which obesity was a known risk factor, could be promoted.

The results showed that media influenced Black women and White women's body satisfaction differently. While Black women tended to respond positively to the messages of media because it promoted that a heavier body for Black women was good, it could influence unhealthy eating behaviors for Black women. Similarly, White women tended to confront body images on media because it pressured them to be thin, which could also promote unhealthy eating behaviors. Media should promote a healthy body and healthy eating behaviors, not that there was an ideal body size for women. Policy-makers could develop policies to ensure that media promoted healthy body images and body satisfaction.

Families were also found to have a considerable influence on normalizing obesity for Black and White women. Families should practice healthy eating behaviors, especially the parents since children often imitate the behavior of their parents. Families should also continue providing positive messages and comments; however, they should ensure their encouragement would not lead to unhealthy bodies and unhealthy eating behaviors.

Peers influenced body image and body satisfaction among Black women and White women. Individuals should realize the influence they have over their peers. They should be able to support their peers into having a positive body image and greater body satisfaction.

The study promoted positive social change because I provided information based on body satisfaction within and between populations and in geographically diverse communities. The promotion of a healthy body image and healthy eating behaviors for all

populations was important to lessen the risk of obesity or eating disorders. Moreover, the promotion of healthy body image could also help in promoting and increasing body satisfaction among women.

Conclusion

The etiology of racial and cultural differences regarding body satisfaction was not well investigated (Bagrowicz et al., 2013), but one must understand this phenomenon to forecast future healthcare needs and identify potential approaches to weight management that will affect behavior changes within these groups. The purpose of this qualitative phenomenological study was to describe the racial and cultural etiology of body satisfaction for obese Black women and obese White women residing in a rural area of North Carolina. One central research question was posed, followed by four procedural subquestions that were used to provide additional guidance for the study. The central research question was the following: How do obese, young adult Black women and White women describe their perceptions about and experiences of the racial and cultural etiology of their body satisfaction?

One-on-one interviews were used to collect data. Data were collected from six obese young adult women residing in a rural area of North Carolina, including three Black women and three White women between the ages of 18 and 29 years. Braun and Clarke's (2006) six-phase method for thematic analysis was used to analyze the data. The six phases included (a) becoming familiar with the data, (b) generating initial categorical codes, (c) searching for themes, (d) reviewing themes, (e) defining and naming themes, and (f) reporting the findings in the dissertation.

Six themes emerged from the data analysis. First, the media entered into the etiology of Black women's body satisfaction as a concurrent or reinforcing cause, interacting with existing body satisfaction to strengthen and perpetuate it. Second, White participants tended to interpret media messages as detrimental to their body satisfaction and tended to establish their body satisfaction in conscious confrontation with those images. Third, family influences were found to include *normalizing obesity* for Black women, whose families contributed to the etiology of their body satisfaction by raising them to believe that their body types and their eating habits were normal, expected, and acceptable. Fourth, for White women, family influences were found to include *welcoming the outcast*. Fifth, peer influences were found to include *shaming and denial* for Black women. Sixth, peer influences were found to include *negative comparisons and positive examples* for White women.

The results of the study could provide positive social change as deeper understanding of racial and cultural differences regarding body satisfaction of Black women and White women could lead to positive body image and greater body satisfaction among these groups. Moreover, the media, family, and peers should consider their influence in body image and body satisfaction of Black women and White women. The results of the study could also lead to promotion of a healthy body image and healthy eating behaviors among women.

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Appendix A: Interview Guide

A. Participant Demographic Information

   a. Height:

   b. Weight:

   c. BMI (Researcher calculation based on height/weight):

   d. Age:

   e. Ethnicity (Black individuals or White individuals):

   f. Highest Level of Education:

B. Interview Questions

   1. Growing up, we often compare ourselves to others while shaping our own personal sense of identity. Think back to your early adolescent and young adult years. Tell me about the women or women groups you compared yourself with in terms of your body image, both positive and negative comparisons. (RQ #1)
          a. Who were these women? Were they your peers/classmates, family members, church/social club members, or celebrities? Can you name some of them?
          b. Which of these women did you <u>NOT</u> want to be like in terms of body image? Why?
          c. Which of these women did you <u>ASPIRE</u> to be like in terms of body image? Why?
          d. Can you describe how you decided which of these women you would continue to compare yourself to?
   2. When thinking back about those women who influenced your early adolescent/young adult sense of body image, how have they, through the years, influenced the level of comfort/satisfaction you experience TODAY with your body image? (RQ #2)
   3. Sometimes other people or groups of people express NEGATIVE opinions about others' weight. Can you name some individuals or groups that you do NOT compare yourself with who've expressed their negative opinions about your weight? (RQ #3)
          a. What do you think of their opinions? Do you agree or disagree?
          b. How have you reacted/responded (internally and/or externally) to these persons/groups' negative opinions? Can you give me an example?

4. When thinking about those women with whom you DO compare yourself, do you feel pressure (internal and/or external) to become more like them? If so, how have you handled this pressure you feel? (RQ #4)
    a. Have you made any new lifestyle choices? If so, what are these new choices and how are they different from previous choices?
    b. Have you tried to change dietary habits? If so, in what ways?
    c. What about overall health behaviors, have you made any changes in these? What do these changes look like?
    d. Have you made any changes in how you manage your weight? Can you describe these weight management changes for me?

Appendix B: Subject Matter Expert Panel Invitation

Dear _____,

I am a doctoral student at Walden University in the midst of developing my dissertation proposal for submitting to the university's Institutional Review Board (IRB) for approval. I am proposing to investigate the topic of etiological differences in body satisfaction amongst obese, young adult Black women and White women. I am writing to invite you to serve on a panel of subject matter experts for the purpose of helping me establish the validity of my data collection instrument.

My proposed qualitative study will utilize a phenomenological research design. The study sample will be comprised of obese young adult Black women and White women who reside in a rural area of North Carolina. Data will be collected through face-to-face, semi-structured interviews. The data collection instrument will be a semi-structured interview guide developed specifically for this study. I am requesting your assistance with establishing face validity and content validity of the interview guide.

In the case of face validity, I will be seeking your feedback about study participants' perceptions about the interview questions. Specifically, will the young women view the interview questions as valid for measuring aspects of their personal satisfaction with their body image? I will also be seeking your feedback to determine the content validity of the interview guide. Specifically, is the interview guide properly designed to measure participants' body satisfaction, defined for this study as the satisfaction level a woman has with her body?

If you agree to serve on my study's subject matter expert panel, I will provide you with an overview of the proposed study's design that includes the interview guide along with instructions to guide your participation. Thank you for considering my request, and I hope to hear from you soon. Please do not hesitate to contact me with any questions.

Sincere regards,

Deidre Moyer

Appendix C: Subject Matter Expert Panel Instructions

Dear _____,

Thank you for agreeing to serve on a panel of subject matter experts for the purpose of helping me establish the validity of my dissertation study's data collection instrument. The attached document provides an overview of my proposed study's design that includes the data collection instrument, a semi-structured interview guide.

To assist with establishing the validity of the study's interview guide, please read the attached overview of the study and provide feedback in the following three areas:

A. Face Validity
"Face validity is the extent to which, on the surface, an instrument looks like it is measuring a particular characteristic [or phenomenon]. Face validity is often useful for ensuring the cooperation of people who are participating in a research study" (Leedy & Ormrod, 2016, p. 97).

When reviewing the attached interview guide, be thinking about the obese young adult Black women and White women who will be participating in the study. Do you think they will perceive the interview questions as inquiring about aspects of their personal body image? Do you have any recommendations for improving any of the individual questions to ensure the cooperation of the study participants? If so, list your recommendations according to specific interview questions (i.e., IQ #1a, IQ #2c, IQ #3d).

Your Feedback:

B. Content Validity
"Content validity is the extent to which a measurement instrument is a representative sample of the content area (domain) being measured...A measurement instrument has high content validity if its items or questions reflect the various parts of the content domain in appropriate proportions and if it requires the particular behaviors and skills that are central to that domain" (Leedy & Ormrod, 2016, p. 97).

While reviewing the study overview, pay particular attention to three sections: Purpose of the Study, Theoretical Foundations, and Research Questions. Does the interview guide, as a whole, adequately reflect the content described in these three sections? If not, what needs to be added to the interview guide to ensure that the three content areas are addressed?

Your Feedback:

C. Your Brief Biographical Sketch as a Subject Matter Expert:

Appendix D: Resources for Participants for Emotional Support

Daymark Recovery Services
405 NC 65
(336) 342-8316 Main
(888) 581-9988 If In Crisis, Please Call:
(336) 342-8316 After Hours Call
(336) 342-8352 Fax
Reidsville, NC 27320
Web Site: http://www.daymarkrecovery.org

Free Clinic of Reidsville
315 South Main Street
(336) 349-3220 ext. 300 Appointment Line
(336) 349-3220 Main
(336) 349-2725 Fax
Reidsville, NC 27320
Email: clinic@freeclinicrc.org
Web Site: http://www.freeclinicrc.org

Genesis Counseling Associates
307 West Morehead Street
(336) 342-6130 Main
Reidsville, NC 27323
Email: cbw@FLC.net

Help, Inc. Center Against Violence
335 Country Home Road
P.O. Box 16
(336) 342-3332 24-Hour Crisis Line
(336) 342-3331 Main
(336) 342-6377 Fax
Wentworth, NC 27375
Email: aboles@co.rockingham.nc.us
Web Site: www.helpinc-centeragainstviolence.org

Rockingham County Department of Public Health
371 NC 65
Suite 204
(336) 342-8140 Main
(336) 342-8356 Fax
Wentworth, NC 27375
Email: gmartin@co.rockingham.nc.us
Web Site: http://www.rockinghamcountypublichealth.org

Rockingham County Department of Social Services
361 NC Hwy 65
(336) 342-3537 Protective Services Hotline
(336) 634-1847 Fax
(336) 342-1394 Main
Wentworth, NC 27375
Web Site: http://www.co.rockingham.nc.us