

## ABSTRACT

### THE LIVED EXPERIENCE OF BEING OBESE/OVERWEIGHT AS AN ADOLESCENT

By Amy K. Bouressa

The purpose of this qualitative study was to explore how adolescents live and cope daily with the impacts of obesity/overweight. The increasing number of youths afflicted with weight problems in the United States is of epidemic proportion, and the impact of dealing with this weight crisis must be examined. The researcher examined the psychological effects of obesity/overweight on adolescents and the coping mechanisms they used. The results from this study increase knowledge on how best to intervene with prevention and treatment measures for adolescent obesity/overweight issues.

The Stress, Coping, Adaptation Theory by Lazarus was utilized as the theoretical framework for this qualitative study. It is based upon the idea that coping with stressors is individualized and largely affects health outcomes of patients depending on their adaptation to specific situations. It is applicable to this research study because it is based on the theory that psychological state, physical health, and social functioning among individuals, especially adolescents, are impacted by their coping strategies (Seiffge-Krenke, Aunola, & Nurmi, 2009).

Through open-ended interviews, participants were asked the following question; "Tell me what it was like for you to have weight problems when you were an adolescent?" Participants were obtained from a university in the Midwest and were required to meet the following criteria: a Body Mass Index of at least 25 or higher for at least 6 consecutive months between their age of 13 to 18 years. For the purpose of this study, the terms childhood and adolescent obesity/overweight were used interchangeably.

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by

Amy K. Bouressa

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APPROVAL

Richard A. Moss Advisor

4/27/11 Date Approved

PROVOST  
AND VICE CHANCELLOR

Jane R. ...

5/13/11  
Date Approved

FORMAT APPROVAL

Marcia ...

4/19/11  
Date Approved

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## **Chapter I**

### **Introduction**

#### **Introduction of Research Topic**

Obesity/overweight in America is directly correlated with numerous health conditions, such as heart disease, hypertension, diabetes, chronic fatigue, anxiety, and depression (Levi, Richardson, Segal, St. Laurent, & Vinter, 2009). In addition, billions of dollars in healthcare costs are associated with the morbidity and mortality resulting from these conditions. “During the past 30 years, adult obesity rates have doubled and childhood obesity rates have more than tripled” (Levi et al., 2009, p. 3). One objective in Healthy People 2020 (NWS HP2020–5:) states that we need, “To reduce the proportion of children and adolescents who are overweight or obese” (U.S. Department of Health and Human Services [UW-DHHS], n.d.). The prevalence of obesity/overweight in children and adolescents is increasing at a rapid rate and must be aggressively dealt with.

#### **Analysis of and Gap in Current Literature**

Current literature and research findings have identified a plethora of reasons for the weight increase among today’s youth. Findings from the National Survey of Children’s Health (NSCH, 2007) indicated that more than one-third of children ages 10 to 17 years were obese or overweight, with a BMI of greater than the 85th percentile (in Levi et al., 2009). These statistics indicate that childhood obesity is an issue of grave importance. According to Greenway (2008), if we view childhood obesity as a children’s rights issue and not just a public health issue, more effective strategies for addressing

the problem can be developed and implemented. Many areas have been examined regarding what or who is to blame for the epidemic (Kropski, Keckley, & Jensen, 2008; Levi et al., 2009; Li & Rukavina, 2008; Paoletti, 2007; Swain & Sacher, 2009).

There is a plethora of information surrounding the many reasons for an increase in childhood weight, as well as a multitude of studies which examined various treatment modalities and intervention strategies (Kropski et al., 2008; Levi et al., 2009; Li & Rukavina 2008; Paoletti, 2007; Swain & Sacher, 2009). Current research surrounding the issue of childhood/adolescent obesity/overweight and its association with psychological health is also available for review (Cornette, 2008; Goossens, Braet, Van Vlierberghe, & Meis, 2009; Gretebeck, Kazanis, Robbins, & Pender, 2006; Li & Rukavina, 2008; Li & Rukavina, 2009; Martyn-Nemeth, Penckofer, Gulanick, Velsor-Friedrich, & Bryant, 2010; Robinson, 2006). However, there is a noted gap in the literature about the actual lived experience of being obese/overweight as a child or adolescent. By exploring this lived experience and identifying common themes, appropriate interventions can be developed and implemented.

### **Significance to Advanced Practice Nurses and Rationale for the Study**

Primary care providers (PCP), specifically advanced practice nurses (APN) can play a role in reducing of the proportion of obese/overweight youths because of their position to educate and counsel families and children regarding appropriate lifestyle habits (Swain & Sacher, 2009). Swain and Sacher (2009) state that APNs can play a crucial role in dealing with adolescent weight issues; however, their research findings indicate that currently APNs are not practicing appropriate prevention strategies for their pediatric patients.

By examining the lived experience of being obese/overweight as an adolescent, the knowledge gained from the respondents may help APNs to more fully understand that patient population and be better able to treat the conditions that are encountered within the clinic setting. According to Levi et al. (2009), obesity/overweight has a detrimental effect both on youth's physical, as well as, emotional health and carries over into adulthood. Clinically, obesity/overweight affects many aspects of health, including depression in children, undesirable disease ramifications, and excessive healthcare costs (Paoletti, 2007). Advanced practice nurses must individualize their care in order to protect and treat their vulnerable population of obese/overweight pediatric patients. It can be assumed that if an APN understands the lived experience of obesity/overweight among adolescents, they will be more aware of the detrimental effects that can occur from problems with weight and the care of this population will be more effective.

### **Statement of Problem**

The problem of rising obesity/overweight rates among the country's youths is of grave proportions (Levi et al., 2009). By examining how obese/overweight affects an adolescent's life, the information gained should allow for the development of more effective interventions. Health professionals and nurses play an integral role in identifying overweight/obese children/adolescents and implementing effective treatment and support (Swain & Sacher, 2009). The consequences of obesity/overweight are now of epidemic proportions and affect communities across our nation. While it may seem that outcomes of adult obesity/overweight are clear, it is the population of today's children who will face a plethora of dire health outcomes if this epidemic is not addressed today (Levi et al., 2009).

### **Purpose of Study**

The purpose of this study was to examine the lived experience of being obese/overweight as an adolescent through interviews with undergraduate university students from a Midwest university. Through tape-recorded interviews, the participants' responses led to common themes, which can improve the treatment of childhood obesity/overweight.

### **Research Question**

“What is the lived experience of being obese/overweight as an adolescent?” was the main research question, which was answered through face-to-face interviews with six individuals who were obese/overweight during their adolescence. Other probing questions were also asked as appropriate (See Appendix B).

### **Conceptual Definitions**

“Phenomenology is defined as a science whose purpose is to describe particular phenomena, or the appearance of things, as lived experience” (Speziale & Carpenter, 2007, p. 76). In other words, this study describes how obese/overweight adolescents experienced their daily lives. It is the lived experience that allows individuals to determine what is or is not real in their lives.

*Obesity:* A BMI equal to or greater than 30 (World Health Organization [WHO], 2006). Obesity is defined as an excessively high amount of body fat or adipose tissue in relation to our lean body mass.

*Overweight:* A BMI equal to or greater than 25 (WHO, 2006). Overweight is increased body weight in relation to height, which is then compared to a standard of acceptable weight.

*Adolescence:* The period of life from puberty to maturity, terminating legally at the age of majority (Webster's Online Dictionary, 2010).

*Body Mass Index (BMI):* A common measurement tool expressing the relationship (or ratio) of weight-to-height. "It is a mathematical formula:  $BMI = (\text{weight in pounds} / (\text{height in inches} \times \text{height in inches})) \times 703$ " (Harrington, 2008, p. 3). For the purpose of this study, the WHO (2006) definition of overweight by BMI standard will be used as the standard inclusion criteria.

### **Operational Definitions**

*Obesity:* A BMI of 30 or greater.

*Overweight:* A BMI of 25 to 29.9.

*Adolescence:* Between the ages of 13 and 18 years.

*Body Mass Index (BMI):* For the purpose of this study the WHO definition of overweight by BMI standard will be used as the standard inclusion criteria.

### **Assumptions Underlying the Study**

An assumption of this study was that an appropriate sample size would be achievable. This assumption was made because of the vast proportion of adults who were obese/overweight as adolescents. Another assumption was that the information provided by the participants would be truthful. Due to the voluntary nature of the study, it

was assumed that the participants would have no reason to provide the researcher with false information.

### **Chapter Summary**

There is little knowledge about the lived experience of the population of obese/overweight adolescents. There is documented information about the psychological and social implications of being an obese/overweight adolescent (Cornette, 2008; Goossens et al., 2009; Gretebeck et al., 2006; Li & Rukavina, 2008; Li & Rukavina, 2009; Martyn-Nemeth et al. 2010; Robinson, 2006). By listening to the stories of persons who were obese/overweight as adolescents, new knowledge is identified to aid healthcare professionals, specifically APN's, understanding of the obese/overweight adolescent's lived experience. By exploring the psychological impact of childhood/adolescent obesity, APNs can more fully understand the effect obesity/overweight had for those interviewed. Results of this study should help to identify and implement more appropriate and effective interventions for the treatment of this growing epidemic.

## Chapter II

### Theoretical Framework and Literature Review

#### Introduction

The overweight and obese adolescent population is in desperate need of intervention by varying professionals and individuals within the community. Although extensive research has been completed on the topic of childhood/adolescent obesity/overweight, proper intervention strategies must be employed by the multitude of professionals and individuals surrounding the at-risk and afflicted population (Levi et al., 2009). Adolescents are struggling with many stressors in their daily lives, and coping with obesity/overweight puts them at an increased risk for psychological harm (Seiffge-Krenke, Aunola, & Nurmi, 2009). Additional research on how these individuals experience their daily lives will help professionals, including APNs, treat and decrease the current obesity/overweight epidemic.

#### Theoretical Framework

Adolescence is a time marked by intense change and has psychological consequences due to the many adjustments the individuals must make. Persons in the psychological/behavioral sciences, such as psychology, are directly involved with adolescents' developmental issues, as are primary care professionals (Seiffge-Krenke et al., 2009). As adolescents mature into adults, they experience marked psychological changes that can result in periods of high stress. Due to this potential high stress state, adolescents need to develop appropriate and positive coping strategies so that they can adapt to and handle the stresses that can come with the many changes and issues they

must deal with. Coping strategies have been defined by Lazarus, as a set of behavioral and cognitive responses that are designed to master, tolerate, or reduce the demands of a stressful situation (McEwen & Wills, 2007).

The Stress, Coping, Adaptation Theory by Lazarus (1984), identifies ways that people cope in varying stressful situations (in McEwen & Wills, 2007). This can be directly applied to persons living with overweight and obesity. Lazarus points out that coping with stress is more complicated than a simple reaction to a stressful stimulus. He believes coping is determined by individual perceptions of the stressor and is a process that is either problem-focused, or emotion-focused. Through the process of coping with stress, adaptation occurs. Adaptation gives the individual the ability to survive. Adaptation thereby affects the interdependent arenas of psychological state, physical health, and social functioning (McEwen & Wills, 2007).

Adolescent coping processes are different than those of adults due to the extreme changes they undergo as they mature into adulthood. Developmental factors must be considered in the stress/coping framework, as coping strategies change with maturation and personal experience (Seiffge-Krenke et al., 2009). Application of Lazarus' theory is relevant to the stress some adolescents experience daily when coping with overweight or obesity. Physical health and, consequently, psychological and social well being of adolescents can suffer if they employ unsuccessful coping strategies.

There is a relationship between self-esteem, stress, social support, and coping among adolescents (Seiffge-Krenke et al., 2009). Stress and low self-esteem are related to avoidant or maladaptive coping mechanisms and depression. Also, low self-esteem and avoidant coping are often related to unhealthy behaviors, such as overeating. Internal and external resources and stimuli also interact with stress, which

can in turn affect adolescents' coping styles. This affects their psychological health, social well being, and physical state. If adolescent experiences increased stress from their peers based upon weight status, they are more likely to have low self-esteem and utilize avoidant coping techniques. Unfortunately for this population, a popular form of avoidant coping is the use of food for non-nutritive reasons; this avoidant coping technique only lowers their already minimal self-esteem. Low self-esteem is also directly correlated to depressed mood. (Martyn-Nemeth et al., 2010). The Stress, Coping, and Adaptation Theory by Lazarus proved useful in analyzing the interviews of person's who were obese/overweight as adolescents.

## **Literature Review**

### **Introduction.**

Because of the epidemic of young people afflicted with obesity/overweight, the current literature surrounding this topic is on the forefront of today's medical community. Oftentimes, reasons for the increased proportion of obesity/overweight children have been explored. Other studies have looked at possible interventions to treat the problem; the involvement of communities, schools, and parents; and the psychological impact obesity/overweight has on young people has been identified (Levi et al., 2009). A gap in the literature has been identified on how adolescents live and cope daily with being a weight issue.

### **Unhealthy choices made by children.**

Reasons behind the growing epidemic of childhood obesity/overweight are wide-ranging. In a comprehensive review, Levi et al. (2009) summarized the varying reasons for this weight gain and found that children today are faced with many choices regarding

their food selections and have had a significant decrease in physical activity.

Unfortunately, because of the lack of requirements and policies in the community and school settings, children are often presented with unhealthy food and exercise/activity choices. In the United States Department of Agriculture (USDA): Center for Nutrition Policy and Promotion document (U.S. Department of Health and Human Services, 2005) it is stated that children and adolescents' diet quality is of great concern not only for the health of the child but also because habits established as children transfer to adulthood. This is far from the recommended daily 2 cups of fruit and 2 ½ cups of vegetables in the federal dietary guidelines. The poor nutritional choices that children are making are a direct result of the foods that are being offered to them in the community setting, such as schools and the home.

Young people today are faced with a plethora of choices in regard to their food selections. Unfortunately, they are often led to make unhealthy decisions. Nutritional choices that today's young people are making are usually full of excessive saturated fat and high sugar. Also, the USDA found through analysis of the Healthy-Eating Index-2005 (HEI-2005) of children ages 2 to 17 that their diets in 2003 to 2004 were less than optimal. Children need to improve the quality of their diet by increasing healthy foods, such as low glycemic index foods (whole grains, fruits, vegetables) and decreasing their intake of saturated fat, sodium, and extra calories. The choices children are making, however, are a reflection of what is being offered to them (Paoletti, 2007).

Levi et al. (2009), also revealed that children today are bombarded with high sugar snacks, portion distortion (the rise of larger portion sizes of foods and servings), as well as a lack of education on what is appropriate. This leads them to eat more calories than they physiologically need on a daily basis. Portion sizes can be largely to

blame for this caloric increase. One simple example shows that 20 years ago, one muffin was a serving size 1.5 oz. and 210 calories; today, a muffin is 4 oz. and 500 calories. This portion size shift can be seen in every facet of food and beverage today, and the public is largely unaware of the multitude of extra calories they are consuming. With the extra consumption of calories and no increase in physical activity, generalized weight gain is the result. The public should be made aware of appropriate calorie and fat intake, so they can better manage their eating habits. We can help our country's children by educating them in schools, at home, and in the clinic, as well as put policies into action that will promote wellness.

#### **Role of school systems and policy.**

According to a non-experimental longitudinal study conducted by Kennard and Snelling (2009) of three public high schools, the lack of nutrition education children received in the schools did not promote optimum health for them and is one of the leading causes of childhood obesity/overweight. Because children spend the majority of their young lives in schools, the education system is an aspect of today's world that is not only partly to blame for the epidemic, but also an avenue that can be utilized for effective intervention strategies to combat the problem. The nutritional offerings that students purchase within high schools can be influenced by guidelines stating the nutritional value of the food choices.

According to a review of literature conducted by Kropski et al. (2008), schools can play a major role in lowering the obesity/overweight crisis facing children if they provide healthy nutrition and have a strong physical education program. Health education, physical education (P.E.), and nutrition requirements within school systems, however, are areas that demand attention and are inadequate on many levels. Within

many schools, the food and beverage options available are high in calories and low in nutritional value, and physical activity requirements are minimal.

Harrington (2008) conducted a review of literature and determined that over the past 20 years, soft-drink consumption among children and adolescents has increased over 300%, with 56% to 85% of children and adolescents consuming at least one sugar-sweetened beverage (SSB) per day. Soft drink consumption is made readily available within many schools in the United States and increases children's odds of becoming obese/overweight 1.6 times for every drink consumed beyond their usual intake. This is due largely to the high glycemic index (high sugar content) of the beverage, which decreases their insulin sensitivity, as well as decreasing satiety level, which leads to overeating. The availability of SSBs during the school day is a high contributor to the obesity crisis.

The studies reviewed by Harrington (2008) examined the following questions. Do SSBs encourage the propensity toward adolescent obesity/overweight? Will the elimination of SSBs affect the success of adolescents' weight management? Harrington concluded that the consumption of SSBs contributes to weight gain because of the high glycemic index of the drink, as well as an increase in portion size.

Much of the additional calories that are consumed by children and adolescents are from sugar-sweetened drinks, such as soda pop. High sugar drinks are made readily available during the school day to the students of most school districts around our country. Studies show that restricting foods with high glycemic index is a better prevention measure at reducing BMI in children than a typical low-calorie low-fat diet (Paoletti, 2007). "In the years of 1999-2000 adolescent females aged 12-15 consumed 4% more calories than they did between 1971-1974 and girls aged 6-9 consumed

approximately 15% more” (Levi et al. 2009, p. 27). It is likely that SSBs are a strong contributor to increasing weight status.

### **Health education and physical education in schools.**

According to a literature review by Kropski et al. (2008), current nutrition and physical activity education in schools is minimal and is in desperate need of modernization. Kropski et al. discussed a recent nationwide survey, which resulted in the conclusion that almost 65% of the parents surveyed felt that schools should play a role in the treatment and prevention of obesity/overweight. The survey revealed that although the home environment is influential in the health habits of children, interventions that occur within the schools are also influential in treating obesity/overweight.

According to Levi et al. (2009) and their review of recent surveys, the CDC’s Youth Risk Behavior Surveillance Survey (YRBSS) revealed that only 35% of high school students met the recommended levels of physical activity. This is concerning for the school systems because only 54% of high school students had a required PE class at least once a week, and only 30% of high school students had daily PE. Also, according to the CDC’s School Health Policies and Programs Study (SHPPS) national survey (2006), only 3.8% of elementary schools, 7.9% of middle schools, and 2.1% of high schools have a daily PE requirement (in Levi et al., 2009). Even though every state has some form of PE requirement, the requirements are often minimal and quite limited. Many schools have even opted to eliminate their PE programs altogether (Levi et al., 2009), even though it is recommended by the American Academy of Pediatrics that children and adolescents engage in at least 60 minutes of exercise daily. Currently nationwide, only 35% of high school students meet this recommendation.

In a review of literature, Harrington (2008) stated that because children spend all day in schools, the quality of the time they spend there is an indicator of the health values they develop as they mature. In fact, many eating and activity habits are molded within the school setting. School nutrition programs have the potential to reduce childhood obesity, but they are not currently required in many districts. Harrington indicated how important it is to regulate what our children are consuming during the school day. If the choices they are given are not monitored, or if they are not taught what is appropriate, the students will over consume on high calorie unhealthy choices whenever available. Children will continually make poor decisions in regards to what they consume, so educators must combat this by setting stricter rules and providing healthier choices.

In a study by Larsen, Mandelco, Williams, and Tiedeman (2006), it was found that clinic providers, specifically APNs, can make a difference by placing more attention on regular BMI screening. The prevention practices of APNs regarding childhood obesity need consistent use of the BMI measurement to recognize at-risk individuals. The majority of the APNs in their study reported being aware of prevention guidelines for childhood obesity, yet most were not consistently using the BMI tool. The lack of consistent measurement of BMI by APNs and other medical professionals is detrimental in the management of the weight epidemic.

Body mass index is a cost-effective, reliable tool that is easy to understand. Its value can be conveyed to parents so that education about appropriate weight can be provided. When conducted appropriately by the healthcare worker, BMI is reliable, valid, and a very appropriate tool to measure and educate on weight management (Justus, Ryan, Rockenbach, Katterapalli, & Card-Higginson., 2007). Justus et al. (2007)

reviewed BMI assessments among Arkansas's public school students as a comprehensive review of the legislated policy Act 1220, which was implemented within the state. They found that BMI was an excellent tool to identify and manage childhood obesity/overweight and fulfills the requirements of Policy 1220. Community health and school nurses were trained so that strict guidelines would be followed with each measurement to ensure accuracy. After students were measured, they were classified according to their percentile on the BMI scale. Each child's BMI, along with the importance of the information and suggestions/education for healthy lifestyle choices, were reported to the parents, who were advised to seek out their primary care provider with additional concerns. Parents sought out information about healthy living for their children. The researcher was unable to report if the weight of the obese children decreased yearly. "Studies show that when parents are taught basic nutrition, how to use food labels, and what constitutes a low-fat diet, they're more successful in losing weight and helping their children lose weight than those who are less knowledgeable" (Paoletti, 2007 p. 38).

Gretebeck et al. (2006) found that the program "Girls on the Move," an individually-tailored physical activity program, along with a nurse counseling intervention, led to a social support aspect that is necessary for overweight girls to begin and continue physical activity. The study was undertaken determine the feasibility of an individually-tailored physical activity program for adolescent girls. By use of a pre-test and post-test, girls between 6<sup>th</sup> and 8<sup>th</sup> grade who took part in the program were found to have significantly greater social support ( $p = 0.019$ ) than those in the control group, who had the physical activity portion of the analysis but no social support intervention. They concluded that similar programs would likely be beneficial to both sexes, as well as

various other childhood and adolescent age groups. Social support among this population is greatly important in order for them to engage in physical activity, which is often a difficult thing for many adolescents to achieve. Individualizing physical activity programs are one way to combat the crisis of childhood obesity/overweight.

### **Parental involvement.**

Justus et al. (2007) designed a study, which focused on the BMI tool. They looked at parental understanding of the tool and what it means related to their child's weight. They found that the more education the parents received about the BMI and healthy nutrition, the greater the nutrition of the child improved. Body mass index is a tool that can be easily utilized, with minimal cost and effort, and is one that can be understood with simple education.

Justus et al. (2007) also examined the frequency of use of the BMI tool within a school system. Findings indicated that the level of knowledge retained by the parents about health issues was greater after learning about the BMI. For example, in year one of the study, only 66% of parents could identify diabetes as a health concern for overweight children. In year four, 81% of parents could identify diabetes as a potential health risk for overweight and obese children. The American Academy of Pediatrics (2003) recommends that BMI should be calculated and plotted yearly for children.

Justus et al. also concluded that further implementation within schools may result in decreased levels of high BMI scores. This would be largely due to the education given to the children and their parents. Since legislation for BMI screening was passed in the state of Arkansas, at least 20 other states have followed with similar legislation.

Parental involvement and the education of their children's BMI status can contribute to nutrition and activity changes also outside of the school setting.

**Emotional impact of obesity/overweight in children and its relation to primary care.**

The negative emotional impact that obesity/overweight has on children is significant and should be examined along with its physical effects. The psychological impact of being overweight not only affects individuals as they mature into adulthood, but it can also hinder their ability to lose weight due to negative self-esteem issues (Cornette, 2008). Cornette (2008) conducted a comprehensive literature review, which examined the emotional impact of obesity on youths. Cornette found that several sources identified negative psychosocial outcomes, especially in overweight girls; however, the evidence is limited. A significant finding indicated a correlation between higher BMI and lower self-esteem. There is, however, limited information on the treatment and management of the psychological harm from weight issues. The same lack of information was seen regarding the physical impact, as well as, the psychological effect of obesity on this sample. According to Cornette, the increasing incidence of overweight and obesity affecting children in today's society gives medical professionals a strong reason to study and focus on the weight issue and its relation to emotional health. Providers such as APNs, need to be aware of the emotional health of their young patients, because unstable emotional health may lead to long-term unhappiness and failure. Providers may need to employ a multidisciplinary approach, including mental health professionals and schoolteachers, to assess and treat the psychological impact of obesity/overweight. With more research and better care, we may hope to see an increase in self-esteem and general well being of overweight children and adolescents.

### **Coping with adolescent obesity/overweight.**

Goossens et al. (2009) performed a review of literature regarding the correlation of psychological and psychosocial factors and coping skills and unhealthy eating and obesity/overweight status among youths. For obese/overweight adolescents, food and emotional eating were found to be employed as coping strategies for anxiety and depression. Anxiety and depression were correlated with food intake and emotional eating coping strategies. Goossens et al. also found that adolescents with lower self-esteem utilized more avoidance coping strategies, including emotional eating, than adolescents with higher self-esteem. Because adolescence in western culture marks an important developmental transition from the dependency of childhood to the self-sufficiency of adulthood, coping techniques are of grave importance. It is imperative that APNs recognize the coping strategies their overweight adolescent patients are employing on a daily basis so that a downward path of unhealthy eating and increased depression does not take over. Healthy eating is not only part of health promotion but is necessary to increase the self-esteem of the obese/overweight adolescent population (Martyn-Nemeth et al., 2010).

### **Weight bias among the peers of obese/overweight adolescents.**

Li and Rukavina (2009) found that high BMI status was shown to result in several forms of psychological effects on today's pediatric population, especially adolescents, such as weight bias. This is defined as the tendency to judge an individual in a negative or discriminative way due to their overweight status. Obese/overweight students often are teased during physical activities and, as a result, prefer to refrain from physical activity and physical education activity. Because of the preconceived weight bias many adolescents have, they can subconsciously treat their overweight peers in a negative

fashion. This conscious or subconscious mistreatment plays a major factor in the health and wellness of their obese/overweight peers.

### **Victimization of obese/overweight adolescents.**

According to Li and Rukavina (2008) school-aged students are often stigmatized and become easy targets of peer victimization. Obese/overweight children and adolescents have been found to be subjected to teasing, bullying, name-calling, hitting, rumors, and fewer friendships. Because youths rely strongly on their peers for their social and psychological health, the lack of peer acceptance, obese/overweight children and adolescents experience has a negative affect on their health. Li and Rukavina also found that the embarrassment and exclusion felt by obese/overweight students leads them to refrain from taking part in physical activity during the school day. This obesity bias felt by normal weight students has a negative effect on the health of their obese/overweight peers and aids in their sedentary lifestyle. Students, especially adolescents, must have focus placed upon their emotional development and the effects of obesity bias by their normal weight peers. It is an area that must be addressed so that physical activity will be increased among the targeted population.

### **Psychological ramifications of adolescent obesity/overweight.**

Neumark-Sztainer et al. (2002) found that children and adolescents are strongly influenced by the perceptions of their peers. Weight-related mistreatment appears to more strongly affect adolescents when compared to other age groups. This mistreatment has a strong adverse effect on their psychological health, largely because social identity is formed during the teenage years. The mistreatment experienced by overweight adolescents can lead to a social crisis, as well as psychological distress. Neumark-Sztainer et al. also found that the effect of weight on children and adolescents,

with regard to its association between weight-status and weight teasing, was statistically significant. They found that girls were teased more than boys and generally were more affected by the teasing. The potential implications of weight-based teasing on psychological health and social development are strong. When youths are obese/overweight, several aspects of their lives are affected including their mental health.

Severely overweight and obese children often suffer from depression, anxiety disorders, isolation from their peers, low self-esteem, and eating disorders (Levi et al., 2009). The 2007 Youth Risk Behavior Surveillance System was analyzed by National Alliance to Advance Adolescent Health (in Levi et al., 2009). Findings indicated that compared with normal-weight students, obese students were 32% more likely to have attempted suicide, to have seriously considered suicide, or to have made a plan in the past to attempt suicide. Levi et al. also found that, obese/overweight students, compared with those of normal weight, were 20% more likely to have persistent feelings of hopelessness. Mental health problems within the population of overweight and obese youth must be addressed with the same equity as physical health problems.

Young-Hyman et al. (2006) revealed that obese/overweight children and adolescents reported increased psychological and weight-related distress in comparison to their average weight peers. Their findings indicated that there appeared to be a direct relationship between increased weight and psychological distress. Conversely, they found that children who had depression or anxiety had an increased propensity for obesity.

Janssen, Craig, Boyce, and Pickett (2004) studied 5,749 boys and girls (11 to 16 years of age) and found that social and psychological ramifications felt by overweight

children, because of victimization and bullying by their peers, hindered the social development of these adolescents. They also found that there was a direct correlation between BMI and peer victimization, meaning obese/overweight adolescents were more likely to be victims of aggression from their peers. The ramifications of peer victimization experienced by these adolescents transcends into their lives as adults. Janssen et al. also found that adults, who were overweight in their adolescent years, were less likely to complete additional schooling, get married, and also tended to receive lower incomes.

Through a cross-sectional study, Meyers and Rosen (1999) found that stigmatization of obese/overweight individuals was a frequent and common experience. Findings indicated that with more exposure to stigmatization, psychological distress increased. The coping strategies of these persons are important because society outwardly objects to obese/overweight individuals, especially within the adolescent population. The negative stereotypes that obese/overweight adolescents must face show how they might cope with their overweight status over time. Obesity/overweight is directly observable and because of this, the higher the BMI, the more likely these persons are to experience stigmatization. With increased stigmatization, decreased body satisfaction and poor psychological health can result. Oftentimes the coping strategies vary widely among obese individuals and can include methods, such as poor problem-solving, confrontation, venting of emotions, finding social support, achieving cognitive modification, wishful thinking, and avoidance. Maladaptive coping strategies can include measures, such as self-criticism and avoidance of distressing situations.

As the nursing and healthcare professions build upon evidence-based practice, the analysis of health-related concepts becomes increasingly important. According to Bandura (2005), the quality of health is heavily influenced by lifestyle habits. This

enables people to exercise some measure of control over the state of their personal health. To stay healthy, people should exercise, reduce dietary fat, refrain from smoking, keep blood pressure down, and develop effective ways of managing stressors (p. 245).

It has been shown that when people adopt healthy habits they live longer healthier lives with less need of medical intervention and have decreased risk of chronic disease (Bandura, 2005). In healthcare it is far easier to prevent detrimental health behaviors than to treat them. Because the health of the nation is largely a social matter, we must work toward a collaborative change in the health habits of youth and society in general. Advanced practice nurses can facilitate the empowerment of this population by encouraging self-efficacy behaviors in children and adolescents' parents and school employees.

Robinson (2006) found that the incidence of obesity/overweight increases greatly during the adolescent years. Because this time period of becoming overweight is associated with the need for social acceptance, long-term psychological consequences can be observed among adolescents and can follow them into their adult lives. The reliance adolescents have on their peers' opinions largely affects their progressive psychological development, and because this age group experiences weight-based teasing, their psychological status is affected, which can lead to long-term consequences. Through a deeper understanding of how adolescents cope with victimization and manage other weight-related psychological impacts, APNs need to gain insight as to how to more efficiently treat and manage their overweight adolescent patients.

According to Carpenter, Hasin, Allison, and Faith. (2000), not only is there an association between overweight and obesity in regard to physical health complaints, but there is also a strong association between body weight and major depression, suicidal ideation, and suicide attempts. Studying the lived experience of obese/overweight children is paramount in order to learn how to appropriately combat the epidemic. The stigma and discrimination children feel has an effect on how weight status affects their daily lives.

### **Chapter Summary**

Adolescents are at great risk for psychological assaults caused by living with obesity/overweight. Current literature is extensive with regard to the topic of childhood obesity/overweight in the United States; however, further exploration into how adolescents live and cope with an obese/overweight status is critical to understanding the issues surrounding the health and wellness of this population.

## **Chapter III**

### **Methodology**

#### **Introduction**

In this study the lived experience of being obese/overweight as an adolescent was explored. Qualitative research allowed the researcher to obtain direct quotes from participants and to hear their stories. The stories bring the reader into the life of each participant and provide a glimpse into what it is like living as an obese/overweight child/adolescent. This project incorporated a qualitative descriptive phenomenological design.

#### **Method**

The following research question was explored, “What is the lived experience of being obese/overweight as an adolescent?” It was the main research question of which the study was based and was answered through face-to-face interviews with six individuals who were obese/overweight during their adolescence. Through open-ended interviews, participants who were obtained from a university in the Midwest and were required to meet the following criteria: a Body Mass Index of at least 25 or higher for at least 6 consecutive months between their age of 13 to 18 years, were asked the following question; “Tell me what it was like for you to have weight problems when you were an adolescent?” Other probing questions were also asked as appropriate (See Appendix B). The researcher worked to identify common themes present among participants who experienced their adolescent years as obese/overweight persons after obtaining the tape-recorded interviews and having them professionally transcribed.

### **Population, Sample, and Setting**

The participants were obtained through convenience and snowball sampling. Criteria for inclusion were persons who had a BMI of 25 or greater for at least 6 months when they were between the ages of 13 and 18 years. The researcher presented the study to students in several lecture halls of a Midwest university and also placed flyers around the campus explaining the study and asking for volunteers. The potential participants were instructed to email the researcher if they were interested in becoming part of the study so that an interview could be set up.

### **Data Collection Instruments**

After the emails were received, the researcher had the potential participants fill out a demographic questionnaire asking for their weight and height between the years of 13 and 18. Other questions included the number of months they lived at an obese/overweight status during adolescence, if they had a medical condition that caused their obese/overweight status, and a list of extracurricular activity involvement during their middle school and high school years. (See Appendix A). These questions were asked in order to determine if they met the inclusion criteria and to describe the sample. If the person met the inclusion criteria, an interview was scheduled at their convenience and at a place of their choice.

### **Data Collection Procedures**

Approval was obtained from the university's Institutional Review Board to ensure the protection of human participants was maintained throughout the research process.

The researcher protected the confidentiality of the participants by using codes for identification of the participants. Once a participant was identified and an interview was scheduled, informed consent was obtained (See Appendix C) and a tape-recorded interview was begun. The participant was asked to describe what it was like to be obese/overweight during his/her adolescent years. The researcher used an interview guide consisting of other probing questions to facilitate the interview. (See Appendix B).

In order to limit bias or judgment, the researcher attempted to bracket all knowledge of the subject so that she was free of preconceived ideas. This allowed the researcher to remain open to the meanings of the phenomena under investigation (Polit & Beck, 2006).

### **Data Analysis Procedures**

Colaizzi's Method (1978) of data analysis, which consists of nine procedural steps, was used for data analysis in this study (in Speziale & Carpenter, 2007). The researcher used this method ensure the phenomenon was adequately described. The steps include the following: (1) describe the phenomenon of interest; (2) collect participants' descriptions of the phenomenon; (3) read all participants' descriptions of the phenomenon; (4) return the original transcripts and extract significant statements; (5) try to spell out the meaning of each significant statement; (6) organize the aggregate formalized meanings into clusters of themes; (7) write an exhaustive description; (8) return to the participants for validation of the description; (9) if new data are revealed during the validation, incorporate them into an exhaustive description (Speziale & Carpenter, 2007). Through application of this method, study reliability and validity was increased. The researcher was immersed in the data and revisited the statements made

by the participants numerous times in order to ensure the themes identified were appropriate. After the themes were identified, they were shown to two of the participants to determine that the description reflected their experiences. This insures trustworthiness (Speziale & Carpenter, 2007).

### **Anticipated Limitations**

An anticipated limitation of this study could be the researcher's limited experience conducting research. The novice level of experience could limit the credibility of the results. Another limitation was lack of access to the current population of overweight and obese adolescents. The researcher interviewed young adults about their experience when they were adolescents; and although it is assumed that undergraduate students would be able to recall with clarity their experience of being overweight as an adolescent, the recall may be altered by hindsight. Lastly, the study may have been limited by the homogeneous sample. The researcher only interviewed participants from one geographical area who were willing and eager to discuss their experiences. The research may have been more reliable and valid had the researcher been able to access varying adolescent populations around the United States.

### **Chapter Summary**

After bracketing all preconceived ideas on the topic of obesity/overweight and adolescence, the researcher began the qualitative phenomenological study to examine the effect of weight on adolescents. The researcher identified common themes from the interviews. and from these themes. the researcher was able to identify how the daily life of overweight or obese individuals was perceived among this sample.

## **Chapter IV**

### **Results and Discussion**

#### **Results**

A gap in the literature regarding the lived experience of being obese/overweight as a child, specifically as an adolescent, was explored through qualitative research based on the question, "What is The Lived Experience of being Obese/Overweight as an Adolescent." Criteria for inclusion included persons who had a BMI of 25 or greater for at least 6 months when they were 13 to 18 years old. A demographic questionnaire was used to obtain data about their adolescent BMI status, the number of months they had lived with this obese/overweight status during their adolescent years, any medical conditions that may have been the cause of their weight, and any extracurricular activities they were involved in during that time. These data were used to determine their eligibility for inclusion and to describe the sample. Data was collected through tape-recorded interviews, averaging 30 minutes in duration, where participants were asked to describe their experiences as obese/overweight adolescents. Findings from this study should help APNs to more effectively deal with overweight and obese adolescents and also help to combat the current childhood obesity epidemic. Although there is currently a plethora of information identifying reasons for the increase in childhood weight, as well as a multitude of studies examining various treatment modalities and intervention strategies, there is little on the experience and consequences of living as an overweight/obese adolescent.

## **The Sample and Method**

To recruit respondents, the researcher made formal presentations to students in several undergraduate lecture halls on a Midwest campus and displayed flyers around the campus with contact information and a description of the study. Eight possible subjects contacted the researcher, and out of that number, six met the inclusion criteria and were included in the study. The participants contacted the researcher by email and stated their interest in the study. The demographic questionnaire was then emailed to the participant, completed by the participant, and emailed back to the researcher. After the researcher determined if inclusion criteria were met, a formal interview was scheduled. A total of six participants, three males and three females, made up the final sample. All participants were university students over the age of 18 years. The interviews took place at a location of the participants' choosing; three in private rooms reserved on campus; three in the community, with one of those at the public library; and two at a coffee shop. The participant and researcher signed consent forms before each interview began.

A professional was paid to transcribe each interview verbatim. Upon receiving each transcribed interview, the researcher diligently and continually read them and searched for common themes. The researcher became immersed in the data and revisited the statements made by the participants several times to ensure the themes identified were appropriate. A color-coding system was employed to highlight "stand-out" statements among the individual interviews, and upon evaluation of the interviews as whole, common color-coded themes could be identified. Although every participant's story of their lives as adolescents varied quite a bit, similarities could also be recognized. Similarities were noted in how they were treated by peers, the coping mechanisms they

had developed in response to that treatment, the personality similarities they shared, and the impact of being obese/overweight as an adolescent had affected their adult lives. Five themes were identified. They were *Life as an Outsider*, *Coping*, *Self-Esteem*, *Unhealthy Decisions*, and *Surviving Adolescence into Adulthood*.

### **Theme 1: Life as an Outsider**

The participants generally experienced treatment from their peers that did not include extreme amounts of verbal, emotional, or physical bullying; however, they all generally felt they were outsiders looking in on a world of more “normal” adolescents. One participant stated, “I was overweight my entire teenage years, and I always felt like people were making fun of me”. These feelings of non-belonging transferred over into a multitude of areas within the daily lives of the participants. Another participant remarked;

I think I withdrew from other people that I wasn't close to. I would just walk away or pretended I didn't hear them. Like, when that one girl said that to me in the hallway, I heard her say it. I didn't say anything back to her, but I did get in a fight with her the next day over nothing, really. Although, I mean, I was mad at her because of that.

The impact of obese/overweight on an adolescent causes personality changes that the participants, as adults, were able to identify as negative responses directly related to their health status.

Another participant stated, “I think it was social acceptance was probably the hardest thing. I just really felt like an outsider. And that, that was really hard, and I think I tried to fit in, but I just didn't know how.” Another remarked, “But being in a big group of people in anything that people would be watching you, yeah definitely, I did not like

being the center of attention". It seems as though all the participants felt as though they were out-of-place, and although they may not have been outwardly denied acceptance by their peers, the participants internally manifested these thoughts.

## **Theme 2: Coping**

Participants also discussed a variety of coping mechanisms that helped them deal with the treatment they encountered by their peers, family, medical providers, and teachers. Between the male and female participants, there was no identifiable variation in how they coped with their obese/overweight status. The researcher can deduce that in these six participants, gender did not affect how they coped with their obese/overweight situation. The most common coping mechanism identified was the use of food to feel better. One participant said,

I think, honestly, my coping mechanism was snacking. Yeah, because I was a big snacker. I mean, to this day, if the stress is on, I snack. I mean, it's a bad habit, I know. But, that's just, sort of, how it came about, I think. It's not necessarily that I eat poorly, it's just that I eat too much and then I snack between meals. But, it started, probably, middle school, because both my parents worked, so we had the whole house to ourselves all day long, so. Nothing better to do, just go grab something to eat, you know. I think that's where my biggest coping, I mean to this date, still is.

Another participant stated,

It would seem, like, when I did get stressed, I would be eating more and more frequently, and I would always seem to be hungry. And, since there was a lot of stress in the house, I was eating all the time.

The participants also used distancing themselves from close friends as a coping mechanism. One said, "I wasn't a nice person, I think, in general. I mean, you know, I was bitter, I mean, I wasn't a fun person to be around." Another participant remarked, I also think that I compensated for it by being mean or acting really tough, and I didn't let a lot of people be friends. I never had a big group of friends. I only had one or two close friends, and then if those people really didn't stay in touch with me, then I didn't stay in touch with them either.

A third participant stated,

I think, emotionally, I was unstable. I was volatile. If I, if some little thing set me off, then, and it was usually in a negative way. And if I felt stressed out, I would either go and eat or I would try and work out at school. But I did not like being in the weight room, lifting weights or being on the treadmill if anybody. So I would, more or less, walk around the school instead, but then people still, oh, you're not doing it right or you can't drink water when you're running, and I'm thinking, well, I need to drink water ... So, I still felt like I couldn't do anything right.

A fourth participant had similar feelings and stated,

I was pretty quiet. I felt pretty out of place in school. A lot of people would go out and do things together, and I just felt like I didn't belong with them. Yeah, I pretty much didn't do much.

And another remarked on how it was easier to change social groups rather than form intimate relationships with friends by stating, "I think I was more, I just found a different group of friends. That was easier. Like, they were still around, but it was just easier to separate myself."

These quotations display the negative impact the obese/overweight status had on these adolescents and the direct transfer of its impact on their adult lives.

Participants also found it difficult to be involved in dating and romantic relationships.

They were less likely to be asked on dates, so they lacked the initiative and confidence to develop intimate relationships. They stated that they would either cope by turning toward extreme humor or become overly shy around potential romantic situations. One participant stated;

I became very, like, outgoing and the funny girl, who ... kind of mascot, I think. I did have a nickname. This was even pre-adolescence. I think it was 6<sup>th</sup> grade, and I think I embodied the, I am, I am overweight, at that point too. And it was kind of, I was the food queen, because I liked to eat. So, they nicknamed me Food Queen. And somebody made me a necklace that said Food Queen. I mean, it was quite, quite interesting ... I embraced that, I think, because it was just who I was.

Regarding her response to potential dating prospects another participant stated, "I would shy away from a lot of those people."

Fortunately, through all of the negative experiences, there was a positive coping mechanism identified in the interviews. It was a strong focus on academic success. The participants of this study were able to expend their energies on their academics because they all seemed to spend minimal time on relationships, on physical activity, their physical appearance, or on other more trivial aspects of an average adolescent's life. Each of these participants was an undergraduate student focused on their academic success. Regarding their academic performance, one participant stated,

At the time, it was like, oh this is something I'm good at, so I'm going to put my focus and energy on that and then the other stuff I'm not so good at, I'm just sort of, kind of, ignore.

Another participant stated,

It also made me really focus on school and make other things priorities in my life. You know, I've always been a goal-oriented person. When I set my mind to doing something, I usually accomplish it. So, I wasn't worried about all the other things that the other girls were worrying about at my age, per se. I mean, I never wore the latest fashions, because I really didn't care. As long as, I got an A in school, I'm better than you because you got a C just because you're good looking.

### **Theme 3: Self-Esteem**

The participants all seemed to have a strong lack of self-esteem as they progressed through their adolescent years, due to their obese/overweight status. One participant stated;

I had trouble at school, because I just didn't feel like I belonged. I had problems fitting it, like, I wouldn't, I didn't do sports at all in school, because I just felt like I didn't belong there. It was hard to run, it was hard to coordinate everything. So, it's kind of a part of everyday life. The desks are one of those all-in-one desks, and for a bigger person, they're harder to fit it, and that was always really embarrassing. It, kind of, affects everything you do... I guess, it kind of made me feel bad about myself. It,

I guess, I kind of felt, like, I had done something wrong, even though it was, sorry (crying) nothing to do with what I had done.

A second participant stated,

I think it really took a toll on me figuring out who I am. It really put me down and hurt me, personally, just because it seemed like they were attacking the person I was on the outside, and then on the inside, it attacked the person that I am, mentally, intellectually.

Low self-esteem impacted several aspects of their lives, some of which were already identified and included an inability to maintain steady and strong relationships with their peers and feelings that they could not be active and lose weight, so they refrained from even trying. One participant outlined her lack of self-esteem by stating,

I was in basketball, and I sat on the bench a lot of times. So, when he put me in, I would get so nervous because I didn't want to mess up, and I didn't feel confident in myself to be able to run as hard as they did or, you know, be the point guard or anything like that.

Another participant remarked;

Yeah, it made me a lot less inclined to be physically active, because it just, I didn't feel like I could do it, so why should I bother caring about doing it.

I mean, I didn't do hardly any sports. A lot of gym class, I just, kind of, sat in the back and acted like I was participating, but wasn't actually really participating at all. Just because I knew that I would live up to those expectations.

Another participant stated,

(R)elationships with other people, I wasn't as confident around them and what we were doing. I really didn't get out and meet new people or talk to people that I didn't really know, just because I wasn't confident in what they thought about me. And I wasn't confident in my self-image, so I thought they would look at me, like, demeaning, I guess. So, that was really hard.

The participants' self-esteem was strongly impacted by their obese/overweight status. Another participant stated,

I guess, the pain of not fitting in, and feeling like, I was just unattractive to everybody. And just feeling, just disgusted with myself, really. I think that was, yeah, just really, like I was not the person that I was in my body. That's really how I felt.

Regarding her response to potential dating prospects another participant stated, "I would shy away from a lot of those people."

#### **Theme 4: Unhealthy Decisions**

Findings indicated that the participants all felt their personalities suffered due to their obese/overweight status, and as a result, they lacked the necessary motivation to make healthy food and activity choices. One participant stated;

(L)ike going to the lunch room, I hated, hated lunch rooms. I would rather go and eat in the bathroom by myself than, and it wasn't because of what I was eating. I would try to eat healthy, but then I didn't want them to say, well, you ate healthy, but then you had this cookie or you had a brownie or whatever. And it just, if

didn't see me doing it, then they didn't know it was wrong or what I was doing.

Another girl remarked about her nutritional choices compared to her friends, "I mean, they would eat salads and I would eat whatever I wanted to. You know, I didn't really care." Regarding being physically active and running a mile in PE, one participant stated,

And as soon as they'd say that, it was like, well, I can't do it in the time that they wanted, and it feels like you failed every time you don't do it. And even going into it, it was just, kind of, the mood of, well, I know I'm not going to do it in their time, anyway, so why even bother trying.

This lack of motivation for healthy nutrition and activity levels played a major role in the obese/overweight status of these participants and directly transferred into other areas of their lives.

### **Theme 5: Surviving Adolescence into Adulthood**

As the participants reflected on the impact that their weight status had on their adult lives, they found that both negative, as well as positive, effects of their weight problem could be identified. Many of the participants felt that compared to their peers, they were more shy, they had lower self-esteem, they had many concerns with regard to dating and intimate relationships, and they worried a lot about acceptance. One participant stated,

For me, I really have a hard time letting people, trusting people, because I just always think that they're going to turn their back on me. And it's not solely from

being overweight, but it's part of it. Because, it's never been a positive thing in my life.

A second person remarked;

In a positive way, I've kind of learned how to deal with it, and I'm taking steps towards becoming more healthy. But, it's also a negative, as in my self-esteem is really low, and I have to really work to build that up a lot of the time. Sometimes, I feel like I'm still out of place, even with adults.

That people judge me based on my weight, like in a business setting or a job interview or setting like that. And that's really hard to work around.

A third person stated,

(M)y self-esteem in high school and beginning college was really, really low, and I spend a lot of time trying to build that back up, and just kind of, psychologically, I really have to think about what I'm eating and what I put into my body, as well as think about, like, how I, I don't know how to explain it. Like, how I look at myself and view myself everyday. I kind of have to build myself up each day.

A fourth participant remarked, "I think I'm still more withdrawn and I count on my shell a lot. But I've done some things, too, that foster and enhance confidence ... But, I do think that socially, I tend to be more withdrawn."

The personality struggles that these obese/overweight adolescents faced transferred into their adult lives. Many of the participants however, stated that they had a greater understanding about how to achieve healthy lifestyles after living as an overweight/obese adolescent. "But all those things really shaped who I am today, because, I don't know, there's a lot of scars and damage that, I think, were done through

it that I've had to work through, through counseling and stuff." Another person remarked,

So, just really learning how foods affect our bodies and the proper ways to exercise and things like that, and finding ways to exercise that I enjoy. And I think those are all ways that, you know, it's changed me for the better now that I'm older and understand a lot more. And also, I have a lot of compassion for kids in their adolescence, especially like ones who are, maybe, overweight and struggling. I'm like, I want to help you, I want to make you, you know, let you know that there's a healthy way to lose weight, and you don't have to go through the things that I went through.

## **Discussion**

Seiffge-Krenke et al. (2009) state that as adolescents mature into adults, they experience many psychological changes leading to high stress. They also state that there is a relationship between self-esteem, stress, social support, and coping among adolescents. Due to the high stress state of being an adolescent, the coping strategies they adopt are of great importance. Daily stressors of adolescence are amplified with the addition of dealing with an obese/overweight status and can be directly seen when viewing the results of this study. The participants outlined the fact that dealing with the stressors of their obese/overweight status influenced the coping mechanisms they employed, which were less than ideal. This is consistent with the literature (Goossens et al., 2009; Seiffge-Krenke et al., 2009).

Paoletti (2007) outlined the fact that the nutritional choices children are making are directly correlated with what is made available to them. The respondents of this

study all stated that it was easy to make unhealthy food choices based upon the availability of non-nutritive options. The participants also stated that they lacked the initiative to make healthy choices. Levi et al. (2009) revealed that children today are constantly offered high sugar snacks, food portions are distorted, and children do not attain the adequate education to make healthy choices. This leads to consumption of excessive calories. The participants of this study discussed a common theme that they did not care about portion sizes and calorie intake and that they also lacked the awareness of what foods would be healthy and appropriate. This is consistent with the literature (Levi et al., 2009; Martyn-Nemeth et al., 2010; Paoletti, 2007) and displays the importance of empowering today's children with the appropriate tools of knowledge and motivation for success with healthy decision-making.

Participants of this study identified that they did not put forth much effort in their PE classes in school. The current literature (Kropski et al., 2008; Levi et al., 2009; Li & Rukavina, 2008; Paoletti, 2007; Swain & Sacher, 2009) is quick to place blame on the minimal PE requirements of the school systems today, and it seems as though, based upon this study, that the literature is correct. If PE requirements were stricter and more demanding of their students to achieve success in the physical activity spectrum of their lives, perhaps children would grow up with more confidence when being physically active. According to Levi et. al. (2009), 23% of children get no exercise outside of school. This displays the importance that the schools have regarding the adoption of appropriate and effective PE and health education coursework.

There is a plethora of literature that discusses the victimization of obese/overweight adolescents, as well as a weight-bias from their peers (Li & Rukavina, 2008; Li & Rukavina, 2009; Neumark-Sztainer et al., 2002). This study did not display

this as a theme, as the participants seemed to isolate themselves due to their own self-esteem problems, as opposed to being outwardly mistreated by their peers. However, Li and Rukavina (2008) found that the embarrassment and exclusion felt by obese/overweight children leads them to refrain from taking part in physical activity during the school day, and this is consistent with the quotations made by the participants of this study. This was not because the participants were teased in their PE classes, but because they lacked the confidence to try.

Goossens et al. (2009) performed a review of the literature regarding the psychological and psychosocial factors, as well as poor coping skills and the correlation of these factors with unhealthy eating and obesity/overweight status among youths. They found that adolescents with lower self-esteem utilized more avoidance coping strategies, including emotional eating, than adolescents with higher self-esteem. Using emotional eating as a coping mechanism is supported by the results of this study with the theme of using food as a coping mechanism. It is imperative that APNs recognize the coping strategies their overweight adolescent patients are employing on a daily basis, so that a downward path of unhealthy eating and increased depression does not take over.

Cornette (2008) discussed the psychological impact of being overweight, and that not only does it affect adolescents as they mature into adulthood, but it can also hinder their ability to lose weight due to negative self-esteem issues. Results indicated that there is a direct correlation between high BMI status and lower self-esteem. Participants of the present research study all made statements to this effect. They felt that they lacked the confidence to improve their health due to underlying self-esteem issues. This is strongly consistent with current literature, which revealed that

obese/overweight children and adolescents reported increased psychological and weight-related distress in comparison to their average weight peers. Their findings indicated that there appeared to be a direct relationship between increased weight and psychological distress. Children's and adolescents' personalities are strongly influenced by the views of their peers (Neumark-Sztainer et al., 2002; Young-Hyman et al., 2006).

In Cornett's study (2008), the conclusion was made that there is limited information on the treatment and management of the psychological harm from weight issues. Results from that study also identified the lack of available information on the physical and psychological effects of obesity on adolescents. It was concluded that there is insufficient research surrounding the treatment of children's emotional health in relation to their weight, and that providers need to assess and deal the emotional issues of their young patients because unstable emotional health may lead to long-term unhappiness. The findings of the present study are similar to those in the literature.

In the present sample, the obese/overweight adolescents experienced direct psychological harm based upon their weight status and were physically less active. According to Carpenter et al. (2000) not only is there an association between overweight and obesity in regard to physical health complaints of adolescents, but also there is a strong association between body weight and major depression, suicidal ideation, and suicide attempts. Studying the lived experiences of obese/overweight children is paramount in order to learn how to appropriately combat the epidemic. The molding of a child's personality is of great importance and APNs should focus on building self-esteem in their obese/overweight patients in order to see the effects of their obese/overweight status decline. In a research study conducted by Larsen et al., (2006), it was found that within clinics, providers, specifically APNs, can make a difference by placing more

attention on regular BMI screening; but it is the conclusion of this research, that the obese/overweight adolescent population requires further attention to be paid to their psychological status and self-esteem in order for healthy changes to be observed with this patient population.

### **Chapter Summary**

Adolescence is a time marked by several varying stressors. Obese/overweight adolescents lack the necessary self-esteem and confidence to combat these stressors. As a result, obese/overweight adolescents develop poor coping mechanisms that only exacerbate the psychological ramifications of their disorder, as well as, continue the vicious cycle of overeating, refraining from physical activity, and gaining more weight. Advanced practice nurses can take the knowledge gained from this research, with regard to the direct correlation of psychological health and obese/overweight status in adolescents, and apply it to their treatment strategies of this at-risk population. Because of the psychological harm inflicted upon this population by weight issues, they will require a more individually-based treatment plan with special care taken to enhance their self-esteem and confidence. With a sensitive approach to the treatment of an obese/overweight adolescent, and with special attention paid to the patient's emotional health, it is hoped that long-term unhappiness and low self-esteem that transfers into adulthood can be avoided.

## Chapter V

### Conclusions, Recommendations, and Summary

#### Study Limitations

The researcher attempted to maintain an interview style that was non-biased and not leading the participants in their explanation of their experience of being obese/overweight as an adolescent. However, a limitation to this study would be the inexperience of the researcher in her ability to guide the interview. Another limitation is the small sample size of participants obtained. A larger sample would have yielded a more accurate portrayal of themes and perhaps several more themes could have been identified.

#### Conclusions

The significance of this research is that the results of this study can aid APN and other healthcare providers to more clearly understand the trials and tribulations that their obese/overweight child and adolescent patients encounter on a daily basis. By gaining and utilizing this information, more direct and patient-focused treatment strategies can be developed and employed for this special population. Professionals can utilize the information in the current literature, as well as the themes from this study, to more appropriately treat their adolescent patients. The psychological harm inflicted upon obese/overweight adolescents makes them a population of patients that healthcare providers must consider as at-risk. These patients will require office visits that not only focus on the physical aspects of their obese/overweight status, but also address the psychological health of these adolescents. Holistically treating the patient, with special

attention paid to improving their self-esteem and confidence, will yield more positive results in the weight management of this population.

### **Recommendations**

Future research regarding the lived experiences of obese/overweight adolescents should be undertaken with a larger sample size to enhance results. The male and female experiences could also be compared and contrasted. Future researchers can take aspects of this study and utilize the information obtained to pursue a larger and more comprehensive study. By obtaining a larger sample size and replicating the results, the validity and reliability would be enhanced. Also, future researchers could perhaps achieve more accurate information by directly interviewing the adolescent or childhood population about their daily lives as obese/overweight individuals.

### **Summary**

Healthcare implications of this study are vast. Providers can utilize the information obtained to improve their treatment and management of obese/overweight teens. By gaining more understanding of how adolescents experience their daily lives with weight issues, providers will be able to more closely identify with the struggles of their patients from the emotional impacts they are faced with on a daily basis. This increased awareness will help the provider gear their patient's health promotion teaching, as well as treatment modalities, in a direction that enhances their youthful patients' psychological, as well as, physical health.

APPENDIX A  
DEMOGRAPHIC DATA

Dear Participant,

Thank you for agreeing to participate in the research study designed to examine the lived experience of being overweight as an adolescent. Please fill out the following information and return it via email to the address [bourea61@uwosh.edu](mailto:bourea61@uwosh.edu). After the researcher reviews the information you will be notified of your acceptance or non-acceptance for participation in this study via a secondary email to an email account of your choosing. If you are selected to participate in the research project a future place, date, and time for a formal interview will be arranged between yourself and the researcher. Please remember that all information will remain confidential and you are allowed to withdraw from this study at any point in time. Thank you for your time.

- 1) What was your general weight \_\_\_\_\_ and height \_\_\_\_\_ during the time period of being overweight as an adolescent?
- 2) For how many months were you overweight between the ages of 13-18 \_\_\_\_\_?
- 3) List the extracurricular activities you were involved in during middle school and high school.
- 4) Have you previously been diagnosed with any illnesses or disorders that would contribute to being overweight? Yes or No

APPENDIX B  
QUESTIONNAIRE

- 1) Think back to a time when your overweight status affected you. Describe it to me, and tell me how it made you feel.
- 2) How were you treated, as a result of being overweight and how did that make you feel?
- 3) How did you find your weight status to affect your involvement in P.E. or other activities that required you to be physical among your peers?
- 4) Did being overweight during your adolescent years affect who you are today? How so?
- 5) Describe your mental and emotional health as an adolescent. Tell me about what you experienced.
- 6) Describe the stressors you experienced as an overweight adolescent and how did you cope with them?
- 7) Do you think your coping mechanisms for dealing with the stress of being overweight were healthy or helpful?

APPENDIX C  
INFORMED CONSENT

## The Lived Experience of Being Overweight as an Adolescent

Dear Participant,

Amy Bouressa of the University of Wisconsin Oshkosh Family Nurse Practitioner Program is conducting a research study to evaluate how people experience life as overweight or obese adolescents. She would appreciate your participation in this research because it will assist medical professionals in how they treat and manage their overweight/obese adolescent patients. At this point in her research she would like to conduct interviews of adults who meet the criteria of being overweight/obese during their adolescent years. Interviews will allow her to more fully understand the impact of the topic under study. Current research is in place with regard to the childhood/adolescent obesity epidemic in the United States but because the lived experience of the adolescent population is under-studied the addition of this research will benefit medical professionals and their patients. This research has been approved by the University of Wisconsin Oshkosh Institutional Review Board.

The researcher of this study feels that speaking directly with patients is the best way to achieve a full understanding of living with an overweight/obese status as an adolescent. It is not anticipated that the study will present any medical or social risk to you, other than the inconvenience of extra time required for you to talk with the researcher during an interview. Participation in this study may not benefit you directly but it will help medical professionals in the future when aiding their overweight/obese adolescent patients with their health concerns. The information gathered through the interview will be recorded anonymously. None of your identifying information will be released. If you choose to withdraw from the study at any time, you may do so without penalty and the information collected from you up to that point will be destroyed if you so desire. Once the study is completed, the results can be given to you if you so desire. In the meantime, if you have any questions, please ask or contact:

Amy Bouressa UW Oshkosh  
Oshkosh, WI 54901  
(608) 386-0026

Thank you for agreeing to participate in this research project. Your informed consent for participation in this project is necessary before the research can begin. If you have any concerns about your treatment as a participant in this study, please call or write:

Chair, Institutional Review Board For Protection of Human Participants

c/o Grants Office  
UW Oshkosh  
Oshkosh, WI 54901

\_\_\_\_\_  
Signature of Subject

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Date

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