

# Living With Obesity: Expressions of Longing

SAGE Open Nursing  
Volume 6: 1–10  
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DOI: 10.1177/2377960819901193  
journals.sagepub.com/home/son



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## Abstract

Those who are obese experience complex moral distress. The norm in Western societies is to be slim, and people living with obesity experience challenges under the gaze of society. They feel great vulnerability and the available treatments seldom meet individual needs. New concepts of embodiment need to be developed to include phenomenological investigations. There is limited knowledge about longing among those suffering from obesity. A deeper understanding of longing from an individual perspective is required to improve treatment. The aim of this study was to gain an in-depth understanding of the experiences of longing by those suffering from obesity. The research was approved by the Norwegian Regional Committees for Medical and Health Research Ethics. An explorative phenomenological–hermeneutical design was used. Qualitative interviews were conducted with 18 participants, all with body mass indexes in the range of 30 to 45, which were then analyzed using a phenomenological–hermeneutical approach. Three main dimensions of longing were revealed: longing for normality, longing for what was lost, and longing for simplicity in life. The health service needs to understand better the longings of obese individuals to help them live their lives in greater freedom, based on their own longings and self-care. Focusing on longing may reveal a person's true desires, and the longing may be a form of resistance to the disciplinarian of society.

## Keywords

obesity, body, disciplinarian, heterotopic spaces, longing, self-care, Foucault

Date received: 5 July 2019; revised: 27 October 2019; accepted: 23 December 2019

## Introduction

The World Health Organization (2018) reports that obesity is a major health challenge. In 2016, 13% of the world's adult population was obese, that is, with a defined body mass index (BMI) of  $\geq 30$ . Living with obesity often entails challenges such as reduced quality of life and psychosocial well-being (Christiansen, Borge, & Fagermoen, 2012; Overgaard, 2002). The reduced quality of life is related to physical disability and chronic illness, as well as psychological problems and existential challenges (Bean, Stewart, & Olbrisch, 2008; Chen, Jiang, & Mao, 2009).

*failure* caused by lack of self-control (Brewis, SturtzSreetharan, & Wutich, 2018; Puhl & Heuer, 2009; Spahlholz, Baer, König, Riedel-Heller, & Luck-Sikorski, 2016). Stigma, stereotypical thinking, and objectification attract *moral pressure* from the community. This pressure can lead to self-stigma and self-objectification (Grønning, 2014; Jansen & Wehrle, 2018; Pantenburg et al., 2012; Spahlholz et al., 2016; Throsby, 2009). A hostile or indifferent view of oneself can create further alienation, and feelings of being not quite human may arise (Barber, 2016; Merrill & Grassley, 2008; Pila, Sabiston, Brunet, Castonguay, & O'Loughlin, 2015).

## Background

People with obesity are presented with moral imperatives (Throsby, 2007). Given the ideal body image in Western culture, people with obesity are subjected to a cultural understanding that obesity is a *moral*

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Several studies argue that modern health-care places excessive focus on weight and BMI (Bacon & Aphramor, 2011; Logel, Stinson, & Brochu, 2015; Tomiyama et al., 2018; Tylka et al., 2014). Health-care professionals seem to have adopted a reductionist approach when caring for people suffering from obesity (Carryer, 2001), which appears to assert that the body has potential for improvement and needs to be disciplined excessively (Grønning, Scambler, & Tjora, 2013). The health service should focus to a greater extent on the individual's experience of health regardless of weight (Tomiyama et al., 2018). Affected individuals report that they struggle with their experience of self-existence after undergoing a variety of obesity treatments (Rørtveit, Furnes, Dysvik, & Ueland, 2017). Moreover, Jansen and Wehrle (2018) claimed that because normalization and optimization of the obese body are eagerly overcome by the concepts of choice and free will, the development of new concepts of embodiment must include phenomenological investigation (Jansen & Wehrle, 2018). Thus, there is a need to explore longing from a life-world perspective, which may reveal what really matters and what people want from life.

Longing may be understood as a dynamic movement that distinguishes between desires and makes us conscious of our deepest longings in life. Dwelling on the deepest longing makes it possible to actualize the authentic desire, which is the route to the essential self (Pembroke, 2006; Ueland, Nåden, & Lindström, 2018).

To our knowledge, no studies have adopted the perspective of *longing* when exploring the lived experiences of obesity from a life-world perspective. Moreover, few studies have focused on experienced health rather than weight and modifiable behavior.

### Theoretical Framework

Body phenomenology thematizes how humans as subjects exist and experience themselves physically in the world in relation to context and fellow human beings. It is through the body that we live, speak, recognize, and become conscious of ourselves (Merleau-Ponty, 2002).

This study was mainly inspired by Foucauldian theories concerning how human bodies are disciplined by cultural norms (Foucault, 1977, 1982, 1983, 1988; Foucault & Miskowiec, 1986). In this context, Foucault elaborated the concepts of *heterotopic space*, *normalization*, *disciplination*, *self-care*, and *counter-power*, which may be fruitful for interpretation of suffering caused by obesity (Foucault, 1977, 1988; Foucault & Miskowiec, 1986). Foucault claimed that modern society has a similar disciplinary control over our bodies, like the historic panopticon used to monitor prisoners (Foucault, 1977; Jansen & Wehrle, 2018). Those who deviate from the norms in our society are placed in a

deviant heterotopia (Foucault & Miskowiec, 1986). Foucault elaborated on the concept of self-care (care of oneself) as an act of resistance against normalizing mechanisms (Foucault, 1982, 1983, 1988). Some quite specific forms of self-care practice lead to greater freedom in life: resistance, reflection, and boldness (Foucault, 1983).

Based on these considerations, the purpose of this article is to gain an in-depth understanding of the experiences of longing by those suffering from obesity. We address the key research question: *How does longing unfold in life when people live with obesity?*

### Methodology

We used an exploratory phenomenological–hermeneutical design in our study (Kvale & Brinkmann, 2009). Longing is a personal experience that belongs to human existence. A life-world approach was used to grasp these experiences. This approach means to be open to lived experiences by investigating the first-person perspective of the phenomenon: for example, the expression of longing related to living with obesity (K. Dahlberg, Dahlberg, & Nyström, 2008). To explore and interpret these existential phenomena, we conducted qualitative interviews with people living with obesity. Since the existing field of research has limited background and requires an in-depth understanding, this approach may be key to exploring the human life-world (Kvale & Brinkmann, 2009).

### Setting, Sample, and Data Collection Method

The participants were recruited during 2016 from a 3-week program organized by a specialist health service, which was focused on health promotion, but not specifically weight loss. Our study focused on the individual's experienced longing in everyday life when suffering from obesity and the interviews were not related to the actual program.

The program leader informed all 30 program participants about the research project by providing written information. The program leader was not involved in direct patient treatment. Those who decided to participate contacted the program leader or the first author and interviews were arranged.

Eighteen participants (15 women and 3 men) with BMI values of 30 to 45 (Table 1) joined the study. These participants represent a convenience sample insofar as they have experienced living with obesity. The inclusion criteria were a BMI  $\geq 30$  and obvious motivation to participate in an individual in-depth interview.

Confidentiality was guaranteed and the participants signed a written consent form prior to the interview.

**Table 1.** Participants ( $N = 18$ ) Background Information.

Participants	Age	Occupation	Disorder
Female	24	Unemployed	Strain injuries
Female	31	Working	High blood pressure and strain injuries
Female	33	—	Strain injuries
Female	42	On sick leave	High blood pressure and strain injuries
Female	44	Receiver of disability benefit	Low metabolism and strain injuries
Female	45	Working	—
Male	46	Working	Depression and breathing problems
Female	47	Working	Strain injuries
Female	49	Working	Strain injuries
Female	50	On sick leave	Strain injuries
Female	50	On sick leave	Low metabolism and strain injuries
Female	51	Working	Low metabolism
Female	51	Working	Low metabolism and bipolar disorder
Male	57	Receiver of disability benefit	Strain injuries
Female	58	Working	High blood pressure and strain injuries
Female	63	Retired	High blood pressure, strain injuries, and diabetes
Female	64	Retired	High blood pressure and strain injuries
Male	71	Retired	Strain injuries and breathing problems

We used qualitative in-depth interviews to deepen our insight into the experiences of longing related to living with obesity. Each interview lasted 30 to 90 minutes. As longing is tied to human existence, qualitative in-depth interviews are well suited to providing such insight (K. Dahlberg et al., 2008; Kvale & Brinkmann, 2009).

Each interview began with questions such as *Please talk about your experiences of what longing is like?* Follow-up questions were aimed at uncovering thoughts and feelings in relation to their longing, such as *What is the most important/essential longing for you in the actual situation?* The same interview guide was used with each participant. However, it was a semistructured approach, with open questions to search for nuances, follow-up questions, and requests for further elaboration on answers to avoid misunderstanding.

The interviews took place in a conference room at the health promotion center and were recorded and transcribed verbatim by one of the researchers after all interviews were performed.

### Data Analysis

The interpretation of text and analyses took place on three levels: self-understanding, common sense, and theoretical interpretation (Table 2; Kvale & Brinkmann, 2009). The process of going from understanding to interpretation occurs as a hermeneutical movement between the particular, the universal, and the whole, wherein the interpreter cannot be fully aware of his or her own prejudices and preunderstanding (Gadamer, 2007). The researchers' preunderstanding was that longing as an existential phenomenon is important when struggling with health issues.

### Self-Understanding

The interviewer read all the interview transcripts to derive an intuitive initial holistic understanding and fragments of significance emerged. The coauthors participated in further readings, analysis, and discussions to reach consensus. The first stage of interpretation was to reveal the participants' self-understanding. Units of meaning were collected and small headings were inserted in parts of the texts. Parts that belonged together were arranged under preliminary headings.

### Common Sense

In the next step, the participant's self-understanding was reformulated and a new level of abstraction emerged. The units were systematized into closely connected topics. A new level of abstraction yielded the following three themes: *longing for normality*, *longing for what was lost*, and *longing for simplicity in life*. All authors were involved in discussion of the preliminary thematized data to enhance the interpretation. The first two levels of interpretation (self-understanding and common sense) are presented in the Results section.

### Theoretical Interpretation

The discussion was enriched by references to relevant theories in relation to self-understanding and common sense (Kvale & Brinkmann, 2009). The third level, theoretical interpretation, is based on other research and relevant theories that may deepen understanding of the findings, as presented in the Discussion section.

**Table 2.** Examples of Three Contexts of Interpretations.

Three contexts of interpretations		
Self-understanding	Common sense	Theoretical interpretation
I don't need to be skinny; I just want to be like everybody else, one who doesn't stand out from the crowd. You feel branded as not smart enough to understand that you should have gone on a diet.	Longing for normality	Longing as movement between different spaces Struggling with finding ones space in life, longing for normality and longing back to what was lost.
I do have a longing to be nicer looking... because I've been there! I want to find my way back to the person I once was. I've asked myself whether I might have avoided ending up in this situation. I consider it a weakness. If we were strong enough, we wouldn't be where we are.	Longing for what was lost	Longing as self-care and resistance to disciplinating power. Providing room for one's own longing toward simplicity in life might create self-understanding, self-care, and resistance to disciplination.
My aim is to be happy. I don't cry, but I may be unmotivated to live. I long to believe in myself; to know who I am, plain and simple. To live a normal life, be happy, and be OK. Just imagine having a normal existence, focusing on feeling how you are.	Longing for simplicity in life	

### Ethical Considerations

The project was approved by the Norwegian Ethical Committee (no. 2015/1720) and by the Norwegian Social Science Data Services. The participants were informed that they could withdraw from the study without giving any reason. Steps were taken to disguise the identity of the interviewees. Because the participants were in a specialized health service program, they could receive the support of professionals if needed.

### Results

The analysis of the transcribed material identified three themes relating to how the participants reflected on their longings: *longing for normality*, *longing for what was lost*, and *longing for simplicity in life*. We present the findings in the form of lightly edited verbal statements on “self-understanding” and combine quotes from several participants. Following the presentation of each theme, a “common sense” interpretation is made. Longing is clearly revealed in the empirical data and is sometimes discernible in participants’ statements.

#### Longing for Normality

In the interviews, the participants were asked what they longed for, and several expressed a profound longing to be of normal weight:

Imagine having a normal weight; how would that feel?  
{12} I guess one dream is to feel that you're quite normal

when it comes to looks, the longing to be like everybody else.{2}

The longing for normality is a longing not to be seen as different. It is a desire for a normal appearance, so that they do not stand out:

I don't need to be skinny; I just want to be like everybody else, one who doesn't stand out from the crowd.{6}

Some participants perceived that they were always seen and judged:

When you buy something sweet, and stuff like that, they notice it right away. You recognize their looks, how they look down their nose at you.{7}

I think society's way of thinking is narrow-minded. It's as if they're thinking “she has not managed to do what we have.” You feel branded as not smart enough to understand that you should have gone on a diet.{6}

When participants receive a devaluing look, there is a natural desire to hide:

When I'm at the ladies' club I tend to put on my jacket, which can hide my bulk. Why are you looking at me? Are you seeing a fatso, or what? In my view, the health service and people in general believe my excessive weight is self-inflicted.{6}



Some reported they were acutely aware that judgmental and critical attitudes regarding people with large bodies applied to them:

You're measured from the moment you meet other people. And I'm worse than other people in this regard. My first evaluation of any person is, are you fat or thin? It may be that's why I think other people have the same focus. If I were them, I would think, "Why does she take that piece of cake? Why can't she leave it be? After all, she's so fat."{11}

### *Common Sense*

Some of the participants' statements are a strong confirmation of their longing for normality, for being like everyone else. Although they are simultaneously subjected to the devaluing voice of mainstream culture, they admit that they also subject overweight people to critical looks. Behind what they express about their own critical view of the body, one senses a yearning to live with greater freedom with themselves and their bodies.

### *Longing for What Was Lost*

Some participants commented that they longed for the body they once had:

I do have a longing to be nicer looking {6} I want to find my way back to the person I once was. {9}

But their memories of their former selves are accompanied by self-judgment and guilt:

We have photos at home showing that when I was three or four, I was normal, but at the age of five or six, I started swelling out.{14} What's wrong with me to let myself go until I weighed 130 kilos? It's insane.{3} I've asked myself whether I might have avoided ending up in this situation. I consider it a weakness. If we were strong enough, we wouldn't be where we are.{1}

All informants reported feelings of fatigue, alternating with a relentless fight against themselves and obesity:

Yes, I've been fat all my life... If you knew how many kilos I've lost, up and down, up and down. I've shed the weight of several people and put it back on.{7} Once I put on weight, I must fight to get it off again. It's my own fault I'm so big. I have no one to blame but myself. No one forced these kilos on me.{4}

Participants endeavor to understand themselves and their situation:

I'm positive this all stems from an experience of failure. {1} Then it's easy to resort to something good, something nice; in any case, that has been my fate, even though my body may not have benefited from it very much.{6}

### *Common Sense*

The idea of who they once were is normative throughout participants' lives. For the person who no longer experiences life within the framework of normality, such a feeling may be demanding. Yearning for who they were is problematic when they simultaneously make themselves responsible for their condition. Behind the strict judgment they direct at themselves, one senses a longing that is allowed no room because it is locked inside an attitude of self-discipline.

### *Longing for Simplicity in Life*

The interview materials suggest a yearning toward knowledge of self, finding room for oneself, experiencing joy, being at ease with oneself, and living a good life:

My aim is to be happy. I don't cry, but I may be unmotivated to live.{13} I long to believe in myself; to know who I am, plain and simple.{4} To live a normal life, be happy, and be OK.{9} Just imagine having a normal existence, focusing on feeling how you are. From now on, I will put myself first and be a little selfish.{5}

There is a longing for a functioning body and a yearning for a slimmer body:

My goal is not necessarily to get a summer body, but a body that functions in my everyday life.{14}

I wish to be more mobile, to carry myself a bit more easily in both mind and body.{5} I'm unable to go for walks with other people.{12} To be active and me being a grandmother, after all.{5}

The longing is directed toward the relationship with themselves, as well as food, but it demands the ability to avoid external condemnation:

Of course, I would like to lose weight, but more important is the relationship between me and food. I wish to have a pleasurable, safe, and comfortable relationship with food, and to find my way back to the pleasure of food.{17}

There is a longing for relaxation, for living their lives without letting in the voices from the outside world.

The longing to escape from self-reproach is evident:

I need to liberate myself from what others are saying. We judge ourselves; what is it that gives rise to this self-reproach that I have adopted and internalized? Why should I care what others are thinking? It only makes me depressed.{11}

Finally, upon further reflection, some informants found that for which they are longing. Even while recalling some painful memories, they also remembered good memories. One participant reflected as follows on ones' childhood:

However, I think that life is not like that; it's not about what you've done wrong, or what you've done right. When you say longings, some childhood memories come back to me. That makes me realize that I do have some of the things I long for. I was taken into the kitchen and taught about food. We had a small vegetable garden. It's true, goals relate to something you want to achieve, whereas longing is more something you want to return to. So, if I can create such memories for my children.{17}

### Common Sense

The aforementioned material suggests a longing that transcends the wish for a thinner body. The longing focuses on a consciousness of emotions, such as the lack of joy and self-knowledge. When people face their longings, the relationship with themselves comes to the fore. Their longing in life is to be within the conventional and normal frameworks of human existence. Unlike everyone else, the informants experienced exclusion from their community life, such as mundane actions like going for a walk, spending time with grandchildren, and enjoying the community by sitting around a table of delicious food. A life of struggle against their weight has led to reproach becoming part of their inner conversation. The longing that follows is aimed at letting go of seeing themselves through the voices and gaze of the outside world.

### Theoretical Interpretation

The aim of this article is to gain an in-depth understanding of the experiences of longing of those suffering from obesity. Our three themes—*longing for normality*, *longing for what was lost*, and *longing for simplicity in life*—are now interpreted and discussed considering earlier research and other theories, but mainly considering Foucault's theoretical perspectives. Foucault (1988) is relevant because he focused on the influence of culture

on self-understanding through a disciplinary power as well as people's resistance to this power.

The qualitative approach involves linking theoretical concepts to the findings (Malterud, Siersma, & Guassora, 2016). Entering into a dialogue with Foucault's theoretical thinking, this interpretation goes beyond a common-sense level to search for the deeper meaning of the findings (Kvale & Brinkmann, 2009). Based on this analysis, the three thematic findings are abstracted into two main areas on which the discussion elaborates: *longing as movement between different spaces* and *longing as self-care and resistance to power*. First, longing for normality points toward finding one's space in life when exposed to a disciplinary power. Foucault called this a movement between being trapped in a space of heterotopia of deviation while searching for a space of freedom (Foucault, 1977; Foucault & Miskowiec, 1986). Second, providing room for one's own longing may create self-understanding and self-recognition and may open a way forward. This is similar to the process that Foucault called self-care and resistance to the disciplination power (counter-power; Foucault, 1988). The overall interpretation also relies on Merleau-Ponty's philosophy, as he was the first to develop a philosophy of living one's body as living one's life.

### Longing as Movement Between Different Spaces

The participants expressed their longing to be normal and to return to a thinner body. The findings revealed a longing to be normal and to be like others and be unremarkable in others' views. Furthermore, we found that being seen as obese makes one feel like an abnormal person. Those living with obesity may be vulnerable and feel less human (Christiansen et al., 2012; Merrill & Grassley, 2008). Merleau-Ponty described how a person's embodiment may become broken and the pre-reflexive embodiment as a form of innocence and immediate being in the world can be lost (Fuchs, 2002; Merleau-Ponty, 2002).

Foucault (1977, 1982) problematized the ongoing disciplinary power of culture over human bodies. The gaze of the culture is a moral imperative that becomes moral oppression. We easily exclude people with large bodies as not fitting into society and place them in the marginal space of modernity—the heterotopia of deviation (Foucault & Miskowiec, 1986). Foucault's (1977) concept of disciplining through a panopticon parallels the feeling of those with large bodies as being constantly scrutinized because their large body cannot be hidden.

In her empirical research, Bahra (2018) claimed that the negative norms and values that suppress a person living with obesity flourish under the gaze of humanism. The panoptic power is akin to constant monitoring, which disciplines bodies (Foucault, 1977). Some argue

that we need a paradigm shift in health care from focusing on weight and lifestyle change to compassion-centered health care that encourages a holistic perspective (Bacon & Aphramor, 2011; Tylka et al., 2014).

Our findings reveal a realization by participants that the external stigma of excessive weight has become a self-stigma. Other studies support the view that longing for a normal body seems to be influenced not only by the disciplinament of society but also by internal disciplinament (Tomiyama et al., 2018). In our view, the consequence of being seen as an improper person by others is that one also becomes improper to oneself. Tylka et al. (2014) show that weight gain is internalized and experienced in the form of body shame and appearance monitoring. According to Merleau-Ponty (2002), people not only become objects to others but also to themselves. When the body is disciplined to follow a universal standard, the obese establish other norms for themselves (Jansen & Wehrle, 2018).

In our study, the participants reported a constant effort to achieve norms, causing self-blame and a sense of fighting against themselves. Longing as expressed in our findings may be a movement between different spaces: utopia and heterotopia (Foucault & Miskowiec, 1986). Utopia may be expressed in the findings as an appeal to an earlier ideal, for a time when one had a thinner body. The dream is a movement, returning to something one has missed. As we see it, participants are in a space where they are not really at home in life, but are placed in a deviant heterotopia in line with that proposed by Foucault and Miskowiec (1986). There is a longing in the dialectical space between the past, the present, and the desired future. In this situation, the body seems to be trapped, as described by Foucault (1977). Thus, a person becomes trapped in a utopian, illusory room (Foucault & Miskowiec, 1986).

Several of the participants often ponder why they have gained weight, attributing it to their own fault, weakness, or lack of willpower. Sadness and bitterness are linked to the reasons why their bodies have become so large. Because of a hostile and unfriendly attitude toward themselves from others, they perceive that they are being scrutinized. Their attitudes toward themselves mean that they have become their own prison guards. Moreover, they do not gain full access to themselves, which implies that something in real life is lost for those who live with obesity (Foucault & Miskowiec, 1986).

### *Longing as Self-Care and Resistance to Power*

The findings tell us about peoples' inner workings, that is, their thoughts, and feelings in relation to longing. When the participants reflect on their innermost longings, they highlight possibilities more than they do their restrictions. This longing is evident. Despite having a

large body, they focus on such desires as greater happiness, peace, self-knowledge, and love. This longing focused on the simple everyday life is similar to what Foucault referred to as resisting the existing ideals of the body (Foucault, 1988; Walseth & Tidslevold, 2019). People living with obesity have an interest in improving their own bodies; the question is how free they are in this work with themselves (Jansen & Wehrle, 2018). As we see it, providing a space for one's innermost longings may create self-care and resistance against the power of society. However, when longing is directed toward normality, it is likely to be impossible to achieve.

The findings reveal that longing is not always free. The interviewees longed for the body that society has set as a standard. The disciplinary pressure from society has consequences for the obese. As such, we need a deeper understanding of the freely lived life-world position (Bahra, 2018; Foucault & Miskowiec, 1986; Fritsch, 2015; Merleau-Ponty, 2002). Longing may address the desire for an ordinary life and appears to resist both external disciplinament and self-disciplinament. The longing points toward being true to one's deepest desires in life as well as allowing space for future-oriented longing.

Bahra (2018) asked whether it is true that you can only be happy if you're thin. If only the fixed sizeist/normative idealized body is celebrated, it seems difficult to be happy outside the norm. Some studies (Bacon & Aphramor, 2011; Logel et al., 2015) highlighted self-care and self-compassionate, nonjudgmental perspectives toward oneself as being essential in achieving health.

Our findings indicate that the participants long to create their own lives on their own terms. Foucault (1982, 1983, 1988) pointed out that exposure to power and disciplinament will always trigger resistance. People living with obesity cannot escape the cultural context, but must find a way to master the influence of culture. In our findings, such self-care and counter-power are expressed as a striving for self-understanding. Fuchs (2002) claimed that taking a meta-perspective on how one understands oneself helps to cope with self-devaluation. Furthermore, "the capability of adopting a meta-perspective depends on an open interpersonal space which allows for freedom of self-distance" (Fuchs, 2002, pp. 240). According to Merleau-Ponty (2002), the only way to really live one's life fully is to achieve an inner fullness in life. It is to let the *lived body* take over and melt together with the "drama" of life that pervades the lived body. In our view, one can achieve a greater inner fullness by listening to the heart's longing. When "the inner fullness" is weak, it will be a challenge to completely own one's place, and further inner fullness is required if people are to meet the world confidently (H. Dahlberg, 2011).

The findings reveal vulnerability in longing for a past that can neither be reached nor repeated. Self-understanding is related to who we are and who we want to be, and it will always imply a process of personal vulnerability (Batchelor, 2006). Self-care is characterized by an internal transformation of the individual; it presupposes freedom and a form of self-determination. Such self-care might establish a relationship with oneself that can be a source of pleasure (Jansen & Wehrle, 2018). Bahra (2018) argued for incorporating the obese body as different in itself by opening up the many possibilities and potentials for our embodiment. One possible option is to change the perspective on one's fatness, through applying a "heterotopic imagination." This means to broaden an approach to look at our bodies in an alternative way, and thereby trying to create a space in which we can experience and affirm our embodiment (Bahra, 2018; Fritsch, 2015). Such an approach has been confirmed by other research emphasizing the importance of being grounded in self-care (Bacon & Aphramor, 2011; Logel et al., 2015). When we care for ourselves, we can select the norms we want to reflect and choose the principles under which we subordinate ourselves (Jansen & Wehrle, 2018).

### **Methodological Considerations**

This study is based on information from a convenience sample of 18 participants. Although the use of a convenient sample entails a risk of limited specificity, we are also aware that the power to inform (information power) in our study appears strong, given that this sample held adequate information to develop new knowledge based on the study aim, establish theory, provide high-quality dialogue, and allow strategic analyses (Malterud et al., 2016).

The data material consisted of rich and detailed descriptions. Trustworthiness deals with establishing arguments for the most probable interpretation. Although there is no single correct interpretation, our research group is made up of several authors who analyzed and discussed alternative interpretations, and described the analysis process details, demonstrating trustworthiness. Trustworthiness also includes the question of transferability. Our results can be transferred to similar group of patients who are living with challenging health issues.

We found that Foucault's theoretical perspective regarding deviation into heterotopic space and counter-power are of great value for examining the phenomenon of longing. This theoretical perspective serves to synthesize existing knowledge as well as extend the sources of knowledge beyond the empirical interview data.

### **Conclusions**

Within the expanding field of obesity studies, we explored longing as an important approach to understanding the experiences of living with obesity. The study reveals basic longing that represent complex phenomenon with inherently conflicting aspects. On the one hand, the deepest part of longing appears to be a striving to be oneself on one's own terms. On the other hand, longing is shaped by other peoples' gaze. Moreover, a person living with obesity may experience a sense of being trapped in a room by the power structures of society.

However, longing can also be understood as a counter-power against the discipline of culture. From this longing, people establish a stronger relationship with themselves and their values instead of being subordinated to the commandments of the norm.

Focusing on longing may fill a gap in the existing research and practice. We reflect on the ethical challenges entailed by the current health care focus on changing the body rather than on developing practices that strengthen resistance and self-care. The health-care provider should be an interlocutor in distinguishing between longings that come from within, from the obese person's own freedom, and longings that come from the disciplinary power structures of culture. By listening to the persons' longing, they might be helped to accept themselves as a whole "lived body" and freely live their life on their own premises.

Further research on longing as a source of counter-power is recommended. A life-world perspective may strengthen this new subjective power and provide direction in life for those living with obesity.

### **Implications for Practice**

We suggest that nurses caring for individuals living with obesity must also encompass the existential experiences of longing to strengthen their patients' resistance and self-care. Understanding individuals' longing according to their lived body might contribute to better caring for patients struggling with their situations. Listening to a patient's own voice of longing might guide health-care personnel to provide care that alleviate suffering and supports health processes. Nurses and health providers should serve as interlocutors in distinguishing between longings that come from within—from the person's own freedom—as opposed to longings that come from the disciplinary power structures of culture.

### **Acknowledgment**

The authors would like to thank the director of the rehabilitation clinic for helping to recruit participants for the study and for facilitating interviews.



## Author Contributions

V. U., E. D., and B. F. planned the study design; V. U. was responsible for drafting the manuscript; and all authors contributed to the writing process.

## Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

## Ethical Considerations

The Norwegian Regional Committees for Medical and Health Research Ethics (no. 2015/1720) and the Norwegian Social Science Data Services approved the project.

## Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

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