

Iranian Obese Women's Lived Experiences of Social and Linguistic Factors Shaping Emotional Eating Behavior: A Phenomenological Study

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Abstract

Background: Emotional eating is harmful to health and is highly prevalent in obese women. Hence, an awareness of factors underlying emotional eating is important for weight management and maintaining women's health. Research evidence indicates that several factors contribute to emotional eating behavior. The present study aimed to explore obese young Iranian women's lived experiences of social and linguistic factors shaping emotional eating behavior.

Methods: This qualitative and hermeneutic phenomenological study was conducted on 17 young women living in Kermanshah or Karaj, Iran who experienced emotional eating and had a body mass index (BMI) of 30 and higher. The participants were selected using purposive sampling with maximum variation in terms of demographic characteristics. The data were collected through in-depth individual and face-to-face interviews and analyzed using Dickelman et al's seven-step phenomenological approach.

Results: The data analysis revealed that social and linguistic factors underlying emotional eating behavior can be explained by two themes including social influence and linguistic culture. Social influence further accounted for compensating for the stigma of thinness, relieving the stigma of obesity, group conformity, and following taboos to cope with sexual and emotional desires. In addition, linguistic culture was explained by two subthemes including associating grieving with eating and the metaphor of swallowing anger.

Conclusion: Following the findings of the study, psychotherapy interventions can be planned to address emotional eating and weight management with a focus on the role of social influence and the effects of spoken language in the development of emotional eating behavior.

Keywords: Emotional eating, Obesity, Lived experiences, Hermeneutic phenomenology

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Introduction

Emotional eating is defined as eating behavior in response to stress and negative emotions (1). Studies have revealed that people who do not have any effective strategies to cope with their emotional distress are more likely to turn to emotional eating as a solution to regulate emotions. It is argued that emotional eating plays a compromising role in people's lives to cope with life's sufferings and problems. However, since this solution to cope with difficult emotional conditions has a temporary effect, it cannot eliminate or reduce negative emotions permanently (2). Moreover, research has shown that emotional eating causes many harmful consequences for humans' physical, mental, and social health (3). For example, emotional eating is positively associated with weight

gain (4,5) and laryngopharyngeal reflux symptoms (6). It also weakens self-confidence and self-efficacy in weight control and overeating stigma (3). Although emotional eating is observed in people with different body mass index (BMI) levels, it is more common in obese people (4,5). Furthermore, emotional eating predicts a greater increase in BMI in women compared to men (7-9). Accordingly, it is essential to explore various factors that contribute to the formation of emotional eating behavior in obese people, especially obese women. To this end, researchers have been trying in recent years to explain and manage obesity with a focus on emotional eating (10). Research evidence suggests that many biological and psychological factors (1), as well as parents (1,11), play a role in the development and persistence of emotional



eating. However, only a limited number of studies have addressed social factors contributing to the development of emotional eating behavior. For example, studies have shown that stigma (12) and peer pressure (13) have a positive relationship with emotional eating. However, a review of the literature showed no study on the role of language in the formation of emotional eating behavior. The role of social and linguistic factors in the formation of emotional eating behavior needs to be identified and explained from different perspectives. In addition, emotional eating behavior as a universal phenomenon also has culture-dependent characteristics (14). Thus, studying social and linguistic factors underlying this behavior in different societies provides results that fit those societies. To this end, using an exploratory perspective, the present study aimed to explain obese young Iranian women's lived experiences of social and linguistic factors shaping emotional eating behavior.

Methods

This qualitative study was conducted using the hermeneutic phenomenology approach in 2020. Qualitative studies are suitable for exploring various aspects of psychological, social, and cultural contexts of experiences (15). Besides, the hermeneutic phenomenological approach, which involves the description and interpretation of people's lived experiences about phenomena (16,17), can contribute to acquiring a deep understanding of experiences.

The participants were women who experienced emotional eating, had a BMI of 30 and higher, and were in the age group of 25 to 45 years. During the sampling procedures, the researcher asked some questions to ensure that the participants knew what emotional eating means, and if needed, provided them with some information about emotional eating. Afterward, the women who had experienced emotional eating and met the inclusion criteria were included in the study. Given the interviewer's access to women living in Kermanshah and Karaj, the participants were selected from among the women living in these two cities. Pregnant women were not included in this study due to their different BMI. Accordingly, the participants were selected using purposive sampling from among women living in different areas in the two cities to achieve maximum variation in sampling. Seven interviews were conducted in comprehensive health service centers. The remaining participants were selected from women introduced by colleagues, university students, relatives, and other volunteers identified through a notice posted on a WhatsApp group. These participants were interviewed at their homes. Sampling continued until data saturation. The data were collected through in-depth semi-structured interviews conducted individually and face-to-face with the participants. The content of all interviews was recorded. Depending on the

participants' willingness, each interview lasted 25 to 85 minutes.

The interviews were conducted using open-ended questions. Moreover, the researcher took field notes to record the participants' behavioral and emotional reactions and their body gestures, and these notes were used in data analysis. As stated earlier, this study was a phenomenological analysis of obese young women's emotional eating and aimed to identify social and linguistic factors contributing to the formation of lived experiences of emotional eating. The following questions were asked in the interviews:

1. Would you please describe one of the experiences you had about emotional eating?
2. Is the experience you narrated similar to any other experience in your life, and what does it mean to you?
3. In what conditions do you eat more emotionally? And what is the relationship between these conditions and emotional eating?
4. What is the difference between emotional eating and normal eating?

Moreover, probing questions (e.g., What did you mean by...? Can you explain more? Please give an example) were also asked to explore deeper layers of the participants' lived experiences.

Data analysis was initiated simultaneously with data collection. The collected data were analyzed using Dickelman and colleagues' seven-step approach (16,18). In the first step, the content of each interview and the field notes were transcribed on paper. The transcripts were then typed and reviewed several times to get a general understanding of their content. In the second step, an explanatory summary was written for each interview transcript and efforts were made to extract the hidden meanings in the interviews. In the third step, the researcher, with the help of the research team members, discussed the extracted semantic units and their related themes. In the fourth step, to resolve any disagreements in interpreting the data, the researchers moved back and forth to the participants (the hermeneutic cycle). In the fifth step, the interpretative summaries and similar semantic units were merged into more general clusters. Furthermore, similar clusters were classified into main themes and subthemes. In the sixth step, a core category was developed to represent the connection between the extracted subthemes and themes. Finally, in the seventh step, the extracted themes and subthemes and an excerpt of the interview text were reviewed by the members of the research team and an external observer familiar with phenomenological research, and they revised the extracted themes.

The rigor and trustworthiness of the data and findings were established using the five criteria proposed by Lincoln and Guba (16). The credibility of the findings was ensured by allocating enough time to collecting the

data and through the researcher's prolonged involvement with the data. To confirm the dependability of the data, the researcher with an awareness of the research process, allowed the participants' experiences and interpretations to guide the research process. Moreover, to ensure the confirmability of the findings, the researcher, other members of the research team, and an external observer familiar with phenomenological research reviewed the collected data and the findings to minimize the impact of the researcher's presumptions and bias. Besides, to enhance the transferability of the findings, the researcher developed a database that contained a rich description of the data and the classified data to allow readers to judge and evaluate the findings. The authenticity of the findings was further improved by recording and transcribing the participants' statements and taking notes of their emotions and behavior during the interviews so that the voices and echoes of the participants' emotions and lives, as they lived, could be transferred to readers.

To comply with ethical protocols, before conducting each interview, the researcher explained the objectives of the study, obtained informed consent from the participants, and ensured them that their participation would be voluntary and they could leave the study at any stage. The interviews were recorded with the consent of the participants and their data were kept confidential. At the end of each interview, the respondent was appreciated.

Results

The participants in this study were 17 women living in Kermanshah ($n=9$) and in Karaj ($n=8$). The participants' education ranged from the fifth grade of primary school to the master's degree and they were from different ethnic groups: Kurds ($n=8$), Persians ($n=7$), and Turks ($n=2$). The participants' BMI ranged from 30.06 to 35.40. The data analysis revealed two main themes of *social influence* and *linguistic culture* as social and linguistic factors underlying emotional eating behavior in women. Table 1 shows the themes, subthemes, and semantic units extracted in this study:

Social influence

The analysis of the participants' statements indicated that sometimes they engaged in emotional eating under the influence of others. Thus, the participants' emotional eating was caused by negative emotions from interaction with others who influenced them. Thus, *social influence* was a factor underlying emotional eating. In addition, emotional eating under *social influence* was explained by four subthemes: *compensating the stigma of thinness*, *relieving the stigma of obesity*, *group conformity*, and *following taboos to cope with sexual and emotional desires* (Table 1).

Compensating for the stigma of thinness

Some of the participants stated they were ridiculed and

Table 1. The themes, subthemes, and semantic units extracted in this study

Themes	Subthemes	Semantic units
Social influence	Compensating for the stigma of thinness	Being ridiculed for being thin, conformity with the husband's weight, trying to achieve the body image desired by the public
	Relieving the stigma of obesity	Being humiliated because of obesity, overeating to relieve people's insults for obesity
	Group conformity	Imitating peers in overeating, giving in to others' urge to overeat
	Following taboos to cope with sexual and emotional desires	Overeating to prevent the feeling of guilt caused by breaking emotional sexual taboos, overeating to fulfill people's wishes about breaking emotional sexual taboos
Linguistic culture	Associating grieving with eating	"Eating" as a common verb root for the verb to eat and some verbs related to negative emotions such as being sad, simmering with anger, regretting, feeling unhappy, being fretful, etc.
	The metaphor of swallowing anger	Using the metaphoric phrase "eating anger" instead of "reducing and managing anger", likening overeating to opening the stomach to reduce the amount of anger in the brain

judged negatively by others because they were too thin, and one of the reasons for the formation of their emotional eating was trying to avoid the negative emotions related to the stigma of thinness and have a good feeling about their physical appearance. However, their emotional eating over time has led to their obesity. For example, one of the participants stated that she was ridiculed for being thin and tried to achieve the body image desired by other people: "*When I was a child, I was constantly told that I was skinny and I would die and crash down with the slightest touch. So, I wanted to gain a little extra weight and become prettier and more handsome*" (Participant 13).

Relieving the stigma of obesity

Some participants reported that sometimes their emotional eating was to relieve negative emotions related to the negative labels and insults they heard from others for being fat. Thus, their emotional eating behavior was motivated by the influence of those around them. A participant stated, "*My fiancé said that he didn't like my body at all. Once at their house, I was wearing a colored dress. The dress made me look fatter. He was looking awkwardly at me. I asked what the problem was. He replied that I looked terrible. He was always humiliating me and all this made me overeat again*" (Participant 8).

Group conformity

Conformity with the group in overeating can also make a person prone to emotional eating. The participants reported that they engaged in overeating due to peer pressure, imitating peers, to avoid being ridiculed, and giving in to other people's urge to overeat, "*When I was a child and we went to northern parts of the country, there*

was a competition between our relatives' children for overeating. They made fun of us and asked why we did not eat too much. They wondered why we ate so little. Thus, we decided to overeat like everyone else at the party, and my uncle's wife insisted a lot and said we should eat a lot" (Participant 2).

Following taboos to cope with sexual and emotional desires

Being influenced by people around in observing things that are considered "taboo" in the community is one of the examples of *social influence*. Accordingly, one of the participants reported that one of the factors that contributed to the formation of her emotional eating was the strategy of "eating" to prevent the feeling of guilt caused by violating sexual and emotional taboos and complying with relatives' desire about not violating these taboos: "When I was 16-17, I was getting to know my sexual desire little by little, but the feeling of guilt bothered me a lot. I had mostly emotional tendencies rather than sexual desires, and I wanted to become a good mother. Thus, I tried to avoid courtship or having any romantic relationships with boys. So, I started overeating as a strategy to remain chaste and innocent" (Participant 8).

Linguistic culture

Analysis of the statements of some participants indicated that sometimes their emotional eating was affected by their spoken language. The linguistic factors were explained by two subthemes including *associating grieving with eating* and *the metaphor of swallowing anger* (Table 1).

Associating grieving with eating

In many languages and dialects spoken in Iran, including Persian, which is the official language of this country, several verbs expressing negative emotions are compound verbs in which the word "eat" is used in the second part such as eating regret (being sad or regretful). Most of the participants in this study spoke Persian or Kermanshahi Kurdish as their mother tongue. Similarly, the verbs expressing negative emotions follow the same rule in Kermanshahi Kurdish language. Accordingly, the participants reported that they associated grieving with eating. One of the participants said, "I think that because we say "eating regret" (to grieve), we somehow associate grieving with eating. This makes us think that we can eat food instead of grieving. For example, whenever I was sad myself or my siblings were sad, my mother would bring a tray of tea, ice cream, and sweets and ask us to eat something instead of grieving. Thus, I thought grieving was exactly the same as eating and instead of being sad, one can eat" (Participant 14). Accordingly, the participants tended to associate grieving with eating, and this induced emotional eating in them.

The metaphor of swallowing anger

In most Iranian languages and dialects, the expressions

such as "eating anger" and "swallowing anger" refer to "reducing and managing anger". Accordingly, one of the participants likened her overeating to opening up her stomach to reduce the intensity of her anger: "When I get angry, I eat more unconsciously, and without any control, I eat more. I don't realize what I am doing, but I'm eating too much. It's like my stomach has been opened up to reduce the intensity of anger in my brain" (Participant 9).

Discussion

The findings of this study indicated that social influence (being influenced by others) and linguistic culture (being influenced by spoken language) contribute to the formation of participants' emotional eating. According to the American Psychological Association (APA), social influence refers to "any change in an individual's thoughts, feelings, or behaviors caused by other people, who may be present or whose presence is imagined, expected, or only implied, or interpersonal processes that can cause individuals to change their thoughts, feelings, or behaviors" (19). The phenomenon of social influence manifests itself in various ways. Accordingly, the data in the present study indicated that themes such as stigma, group conformity, and following taboos are considered examples of social influence that can lead individuals to engage in emotional eating behavior. By definition, stigma is an "attribute that is deeply discrediting" in the community. This attribute is so important and differentiating that a person who bears it is defined by the same attribute, such as blind, lame, or crazy. Thus, the person is seen as less valued or worthless and his/her identity is distorted (20). Emotional eating to compensate for the stigma of thinness or emotional overeating to relieve the negative emotions induced in individuals with the stigma of obesity, or in other words, emotional eating to relieve the stigma of obesity, both express behaviors done under the influence of public judgment and negative labels or because of the social influence of others. A review of the literature showed no study that has directly addressed the relationship between emotional eating and the stigma of thinness. However, some studies have examined the relationship between emotional eating and the stigma of obesity and reported that emotional eating matches the stigma of obesity and social discrimination based on weight (12,21). Since stigma induces negative emotions such as the feelings of shame, hopelessness, etc. in individuals (20), these negative emotions can trigger emotional eating in them (22-23). Hence, the stigma of thinness, similar to the stigma of obesity, can be affected by the social influence of others and cause emotional eating behavior. Furthermore, research evidence suggests that an awareness of sociocultural values related to appearance leads to a decrease in perceived satisfaction with one's appearance, which in turn leads to disordered eating behaviors (24). Furthermore, research findings

(25) indicated that individuals use emotional eating to relieve the negative emotions caused by the stigma of thinness or the stigma of fatness, which has negative consequences for thin or obese individuals. Another factor that contributed to the formation of the theme of social influence was group conformity, which is defined as a change in behavior or belief as a result of real or imagined group pressure from another person or a group of people (26). Research evidence shows that conformity with the group is associated with emotional eating behavior. For example, both the pressure to lose weight and the pressure to become muscular from peers are associated with frequent emotional eating in girls and boys, and these associations are explained through the internalization of appearance-related ideals (13). The present study also showed that following taboos to cope with sexual and emotional desires also leads to emotional eating. Accordingly, emotional sexual desire (or emotional sexual activity) has a positive relationship with the desire for emotional eating (or emotional eating behavior), and in general, sex and eating, like other natural rewards, have a significant commonality and are related to each other in many ways (27). For instance, some women in the present study likened emotional eating to having sex. Accordingly, we can argue that some people relieve the psychological pressure caused by encountering sexual and emotional taboos through emotional eating.

The term linguistic culture used in the current study to highlight the role of spoken language in the formation of emotional eating is one of the specialized terms in the field of sociolinguistics and linguistic anthropology. Linguistic culture is defined as the “sum totality of ideas, values, beliefs, attitudes, prejudices, myths, religious strictures, and all the other cultural ‘baggage’ that speakers bring to their dealings with language from their culture” (28). No study has yet addressed the effect of linguistic culture on emotional eating. However, research findings suggested that language can affect people’s behavioral performance, including health behaviors such as obesity (29). Accordingly, we can assume that language probably affects people’s eating behavior, including emotional eating behavior.

The present study was conducted with some limitations. For instance, the research sample did not include men, other age groups of women, and individuals from other regions and ethnicities in Iran which need to be eliminated in future research.

Conclusion

This study addressed social factors contributing to emotional eating from several and even new perspectives and provided some unique findings about the role of spoken language in the formation of emotional eating. These findings link emotional eating behavior to social psychology and sociolinguistics. The contributions of

this study can also be used to develop valid hypotheses for quantitative research and at the same time provide deep insights into planning psychotherapy interventions on emotional eating and weight management.

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Authors’ Contribution

Conceptualization: Ehteram Ebrahimi, Fatemeh Mohammadi Shirmahaleh, Mojtaba Habibi Asgarabad.

Data curation: Ehteram Ebrahimi.

Formal analysis: Ehteram Ebrahimi, Fatemeh Mohammadi Shirmahaleh, Mojtaba Habibi Asgarabad, Marjan Mardani Hamooleh.

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Methodology: Ehteram Ebrahimi, Fatemeh Mohammadi Shirmahaleh, Mojtaba Habibi Asgarabad, Marjan Mardani Hamooleh.

Project administration: Ehteram Ebrahimi.

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Visualization: Marjan Mardani Hamooleh.

Writing—original draft: Ehteram Ebrahimi, Marjan Mardani Hamooleh.

Competing Interests

The authors declared that they have no conflict of interest.

Ethical Approval

The protocol for this study was approved with the code of ethics IR.IAU.K.REC.1399.006 by the ethics committee of Islamic Azad University, Karaj Branch. Before conducting each interview, the objectives of the study were explained, informed consent was obtained from the participants. Then the interviews were recorded with the consent of the participants and their information was kept confidential.

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