

How do Obese Women Cope with Social Stigma? A Phenomenological Study

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Abstract

Background: The findings of many studies confirm that obesity includes social stigma. Stigma involves several stereotypes that have negative psychosocial effects. The goal of this study was to evaluate the experience of social stigma in obese women with emphasis on their coping strategies.

Methods: After the interview was done in the department with 24 Sleeve female candidate, their narratives were analyzed using descriptive phenomenological approach.

Results: Results showed that obese women had undesirable experiences of social stigma. Nevertheless, they used coping strategies to adapt with new conditions. The main strategies revealed include *social resistance; passivity; psychological problems and hysteria; extreme denial of self body image; social isolation; and ignorance of what others say (self empowerment)*.

Conclusion: Social stigma of obesity affects the obese women negatively. Although obese women use several strategies to cope, with huge social and personal costs are imposed on them. To reduce these costs, policy-makers should pay attention to *desensitization* of obesity in society with emphasis on women. To this end, they can use media instruments on the one hand and make the cultural context and infrastructures such as school and universities on the other.

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Introduction

A *social stigma* is defined as a negative attribute or identity that devalues a person within a particular context or culture.¹ Social stigma is a powerful meaningful construct that has included psychosocial negative effects. Stigmatization is mediated through the stigmatized person's understanding of how others view them and their interpretations of social contexts and social events.²

One of the main difficulties of people with stigmatized identities concerns how to respond to prejudice and discrimination they perceive.³ Miller stated that Feagin and Sikes indicated that some stigmatized people had expressed the view that it was easier to cope with blatant prejudice than it was to cope with subtle prejudice.⁴ The coping process

begins with appraisals of an event as threatening, appraisals of available resources to cope with the threat, and appraisals that the stressor is stigma related.⁵ Stigmatized people also cope constructively, for example by showing enhanced striving in the face of prejudice.⁴ One of the main difficulties of people with stigmatized identities concerns how to respond to prejudice and discrimination they perceive.³ Coping efforts are process-oriented, context-specific, and can be distinguished from the outcomes of coping efforts (i.e. whether or not they are successful).²

Due to stigmatization, obese people are vulnerable.⁶ Obesity is understood as a major medical and public health challenge, but the stigma attached to it also creates extraordinary suffering.⁷ Weight stigma is known as a psychological stressor.⁸ Obesity

is a major psychological and socioeconomic burden for affected persons and their families.⁹ Also, obesity includes gender-based stigma; that is, its negative impact is more on women than men. This is due to the biological structure of women and especially feminine body on the one hand, and the masculine social and cultural structures on the other. So, women are subject to more negative effects due to social stigma.

Because of its healthy problems and social stigma, many obese women try to control obesity. Exercise, diet control, use of some herbal and biochemical medication, and surgical procedures are common attempts. Also, some bariatric surgical techniques are gastric banding, gastric bypass, biliopancreatic diversion, and sleeve gastrectomy¹⁰ use to control obesity. Sleeve gastrectomy or laparoscopic sleeve gastrectomy (LSG) is a relatively new and effective procedure for weight loss.¹¹ Initially, partial gastrectomy was devised to resect the stomach cancers, but it became part of the bariatric arsenal.¹² Despite its nutritional deficiencies,¹³ risk and complications,¹⁴ this procedure is the most recent tool in the armamentarium of bariatric surgery.¹⁵

The goal of this study is to evaluate the lived experiences of social stigma in the women of Sleeve candidate and their coping strategies. To this end, we used the phenomenological method to evaluate the experience of social stigma in the obese women. Besides paying attention to the experiences of social stigma, the main question of this study is how obese women cope with social stigma.

Context and Participants

This is a qualitative research based on phenomenological approach that was done in 2014 in Shiraz, Iran. According to the aim of the research, we interviewed with Sleeve candidate women to gather the data. Because the investigator's sampling strategy depends ultimately on the study's aim,¹⁶ the researchers used purposive sampling that continues to saturation. In this study, we reached the saturation with 24 cases.

As mentioned, the samples include Sleeve candidates' women that refer to two governmental and semi-governmental hospital in Shiraz city, Iran. Because the study was done in team work, when the patients refer to hospitals for OR preparation, the

physician selected some of them who were willing to interview and introduced them to the interviewer. The interviewer was an expert nurse who was educated as to the goal of the research and quality of interview to be done.

In this study, we used semi-structured interview with open-ended questions for data gathering. The main questions were about experience of obesity, experience of stigma, and coping strategies with stigmatization. As mentioned before, 24 women participated in this study; their characteristics are shown in Table 1.

As is shown in Table 1, the youngest participant was twenty years and the oldest one was 59 years old. The minimum weight of the participants was 84 and the maximum range was 156 kg. The minimum range of BMI (before surgery) was 34.29 and the maximum range was 44.1365. Another descriptive analysis showed that 8 participants were single and 16 married.

In any interview, the researcher focused on lived experiences of the participants during the obesity period. The study was based on open questions. There was an attempt to create a situation in which the participants present any lived experience about obesity. When the research questions were finished and the participant didn't have anything to add, the interview was finished.

Methods

This is a qualitative method based on phenomenological approach. In this approach, narratives were evaluated and main themes related to the goal of our research were extracted. Phenomenology is a philosophy and a research method designed to explore and understand people's everyday lived experiences.¹⁷ This can be divided into two methods called descriptive phenomenology created by Husserl and interpretive-hermeneutic phenomenology created by Heidegger. This research is based on descriptive method. It calls for exploration of phenomena through direct interaction between the researcher and the objects of the study. Colaizzi has presented a 7 step strategy of descriptive phenomenological data analysis. The following steps represent Colaizzi's processes for phenomenological data analysis.

1. Reading and rereading descriptions. In this

Table 1: The participants' characteristics before surgery

| | N | Mean | Minimum | Maximum | SD* |
|-----------------|----|---------|---------|---------|---------|
| Age (years old) | 24 | 36.04 | 20 | 59 | 9.831 |
| Height (cm) | 24 | 166.04 | 152 | 179 | 7.601 |
| Weight (kg) | 24 | 121.08 | 84 | 156 | 16.312 |
| BMI | 24 | 44.1365 | 34.29 | 61.67 | 7.23225 |

*Standard Deviation

step, the researchers tried to achieve the initial understanding of experiences.

2. Extracting significant statements; which statements are important and more significant.

3. Formulating meanings

4. Categorizing the themes into clusters and validating them with the original text; extracting the main themes from the participants utterances

5. Describing

6. Returning to participants

7. Incorporating any changes based on the informants¹⁸

So, the researcher analyzed the data based on this method to evaluate the lived experiences of social stigma in obese women and their coping strategies with this problem.

Results

Based on the research questions, the analysis of the data revealed two forms of results: 1. experiences of social stigma in obese women; and 2. nature of coping strategies with that social stigma.

Experiences of Stigma

Results showed that the participants had severely negative experiences due to stigma. This stigmatization of obesity is due to the cultural and social context which doesn't include any positive approach to obesity, especially in obese women. So, all the participants presented several bad lived experiences. One aspect is about the negative approach of other people to obese women. Many of the participants stated this prejudiced approach as a bad experience.

"Many people don't love obesity; sometime they say such utterances that I get angry. They have the right to say this, but they let themselves to say anything about obesity."

Bad experiences of social stigma sometimes happen in the family, sometimes in the society, and sometimes in the workplace. Although obesity is a bad experience for all of obese women, some of them have the worst experience of stigma.

"My husband's family behave badly with me continuously; they compare me with other women constantly, teased me constantly, say that they are embarrassed to say I am their bride; I am fed up with their disgrace."

This is a severely negative experience of stigma. This woman thinks that she is disgraced by her husbands' family. As mentioned before, 16 participants

were married and these negative experiences show that married women are confronted with unbearable situations. Another married woman has similar experiences:

"I have many bad memories, but the worst of them is that in the street people refer to my husband and say "is he your son?" He is one year old more than me, but obesity is the cause that I appear to be his mother; he hates my physique very much."

Nevertheless, social stigma isn't restricted to family issues. It includes general experience in all aspects of society. Participant no13 was a teacher that expressed his stigmatization as follows:

"I am a teacher; my students gather around me and laugh at me. In an excursion with teacher, a little girl told me "if you are a teacher, why are you so rotund?""

One aspect of stigma that is related to gender is the bad experience of abnormal and anti-social behaviors of men against the obese women. One of them stated a bad experience:

"In the street, men touch me more; they rub themselves to my body; all these problems are due to the obesity."

In these utterances, the participant presents the gender-based negative experience of obesity. She has negative experience of being molested by men due to feminine body.

Coping Strategies

Human being have creativity characteristics.¹⁹ It means that human can cope with undesired and bad new experiences in all dimensions of life, such as social problems, economical bankruptcy, illness, bereavement, stigma and so on. Obese women also use their creative ability to cope with new conditions. So, the main question is how obese women cope with these social pressures. Response to this needs reading and re-reading the content of the narratives based on the descriptive phenomenological approach. By analyzing the data gathered in the interviews, five themes were discovered as to the coping strategies of obese women as follows.

Social Resistance

An analysis of the interviews revealed that one of the first themes of the study was social resistance. In this strategy, obese women try to survive their social presentation. They are not interested in leaving the society, and isolating themselves; therefore, they resist any stigma.

"If they would laugh at me, I would answer, because I am carefree; if I get angry at people's

speech, I will suffer from depression. In parties, they say it is a pity that this beautiful face is in this robust physique? I respond them I just it also. I have argued in the taxi with people a few times; even once to a man who rubbed his hand on my legs; I beat him on his face and had quite a fight."

In this case, the participant showed a tough personality. She tried to resist and survive her identity despite many social pressures. As shown, she doesn't pay tribute to society and has a resistant identity. This resistance even led to a beating. Although this case tries to defend her social identity against the social stigma and men's abnormal behavior, the main questions are: 1. How many person scan continue this resistant behavior and 2. Sometimes resistance includes high psychosocial costs. So in the long-term, this woman pays a heavy cost that affects her psychosocial dimensions.

Passivity

Another coping strategy is to accept the new conditions. Despite resistance, in this strategy, obese woman accepts all restrictions and limitations. Because her efforts to control obesity are not successful and due to many psychosocial and physical problems, she accepts the new situation. Feeling tired, loss of morale, loss of self esteem, and acceptance of all the problems are evident in this strategy. So, the woman takes a passive identity.

"I'm tired of myself. I have lost all my progresses, life, self-esteem, going to different classes, and more socializing. I'm isolated."

Passivity strategy leads to a condition in which the psychological dimension of obese woman forms passive feature. She feels she should be hermit forever. Past, present, and future times are same for her and she has not any promising applications for tomorrow. Her past is a nostalgic past. Due to obesity, she lost all opportunities and progresses, and had many negative psychosocial experiences. At present, she is involved with many physical, mental and social problems. And future time is unpredictable. In the best situation, these problems coincide with her present condition.

"Yea, I lost all opportunities of my life; obesity causes me to hate the society. I hate weddings, parties, and Norooz festival. Nothing pleases me; I have no life satisfaction. All pleasures have been taken away from me."

These utterances show that obesity leads to one who hasn't any quality of life and the obese woman accept this condition. This condition forms a habitués shape. The main point is that the obese woman doesn't try to change these deeply unpleasant conditions. Participants no 17 was a married woman who indicated that she was looking at the loss of her

family life.

"All my life is lost – it is not very stable. I've lost interest in my life. I fought with my husband, because I do not want to go, and he insists. I am depressed; I'm taking medication. Before marriage, I didn't have the problem of husband's family at least. Now life is very uncomfortable; my life will disintegrate, my husband has unreasonable excuses."

What this part says is that this woman doesn't show any resistance to keep her family life.

Psychological Problems and Hysteria

Social stigma on one hand and obese body on the other are causes of many psychological problems. Participants had severely negative experiences of psychological problem. Some of the participants had a history of psychotic medications, aggression, anxiety, and irritation.

"Severe depression, my self-esteem is down; I am afraid of life so that I feel it has devastated me; I have anxiety and stress."

When the participant # 10 referred to his psychological problems, her diagnosis of psychological problems includes important points.

"From childhood, I have cried a lot because of my obesity. I felt badly since others looked at me in bad way. Several times, for some reasons, I went to a psychiatrist and consultant. They said that my problems will be resolved if I lose weight. But I knew that my problem is nothing else."

In this interview, patient clearly referred to her psychological problems she was aware of. She implicitly points out that she has had a mental problem. Severe depression, fake happiness, low self-esteem, and fear and persistent anxiety are the sings of psychological problem that are related to one form of coping strategy. The psychological pressures sometime lead to a form of hysteria, a problematic condition in which woman needed urgent actions.

"I'm nervous; my psychotic system is corrupted; I am sick. Once I had anxiety and death condition. I had shortness of breath, and for 12 days I was with nervous illness. I was quiet with gentle sedative drug injections. That's all. I was shouting that I'm going to die. I'm suffocating. The doctor said that my illness has been stress and anxiety associated with horror."

As these utterances show, this obese woman has had a period of hysteria problem, the coping strategy that has included many psychological stresses.

Extreme Denial of Self Body Image

All participants have had continuous body image

dissatisfaction. This is related to obese body so that all organs of the body, specially the feminine organs, are denied. Because their body image is more negative and they don't have any positive attitude about their body, many participants say that they don't look in the mirror. When they look at themselves in the mirror, all of them have dislike experience about their body image. The following utterances are common in the participants' speeches.

"I don't look in the mirror at all, I am very sad"; "I'm having so much regret that I have this physique"; "I have more bad feeling"; "I don't look in the mirror at all. I hate all of my body." "I hate myself, my arm, my abdomen, and my flank"; "I hate myself, I hate my abdomen and my flanks; it would be better if I was thinner." "If I see my film, I get so upset that I hate myself"; "I don't look at my physique in the mirror. I hate it."

As these utterances presented by all the participants show they are unfamiliar with their body image. They ignore their body image and they nevertheless know that this body is their body, but bypass its image. This is a self body image disregard that is a negative coping strategy.

Social Isolation

Except for two cases, other participants lived in the social isolation condition. They lived away from the community. This behavior has several forms, such as lack of participation in daily activities, lack of participation in the public, refusing to go swimming and attend family parties and celebrities. They have a social shame which increases due to social stigma. They dislike to participate in the meetings, because they believe that other people talk about their obese body directly or in indirectly.

"I become a hermit; I am not leaving the house. I don't want anyone to see me." "I will not go out much because I get so upset." "I don't travel with my family and friends. I'm hermit. I will not go to parties." "I feel too bad because I'm shy; I am fed up with fatness. I don't do some activities for which I need to go out of the house."

According to the participants, social isolation is another strategy which is unfavorable, restrictive, and negative. They have to stay at home without any active social relationship and live in their individual and private sphere.

Ignorance of what Others Say (Self Empowerment)

Another important coping strategy is that they assume that others' comments are inconsiderable and unimportant. This is a positive coping strategy. Since the obese women not only intend to reduce the

costs of social resistance, but they need to remove any experience of social isolation. In this strategy, the participants have social participation with the least psychosocial costs. This coping strategy is one self empowerment exercise so that the obese woman resolves her problem with this logical analysis. The result of this analysis is that the obese woman does not pay attention to the others' sayings and comments. This strategy has several forms. Sometimes, they ignore others' attitudes.

"People speak more, but it is not important for me, I do not wish to restrict myself. One should make her life herself, so should she be insensitive to people's sayings. she lost weight for health [not for people's sayings]."

This utterance shows that the participant uses self empowerment while respecting herself rather others. Sometimes participants cope with others' speech due to her age.

"I'm not young anymore, so it is not important for me what people say."

This utterance of a 59 year old woman reveals that social stigma is related to the age of women. So, it is important for the young women not old ones. Sometimes coping strategy is related to individual empowerment and success in the society. Participant # 4 is an athlete woman who is satisfied with her athletic and physical abilities and is coping well with the others' reactions.

"I didn't have a bad feeling. I am an athlete and have BS degree in physical education field. Because I was successful in society, I didn't feel bad. My family does not have a good attitude, but am not impressed by it and don't have a bad feeling."

Another coping strategy is about self-empowerment and certain individual and interactive techniques. The following utterance shows this specific coping strategy.

"Wherever I go somewhere, I first say, look I'm obese, don't say anything about my fatness doesn't say anything. But some obese women are ashamed to go out."

At the end, another type of self-empowerment is explored in this study. This is related to the young women that conceives her husband this way:

"Because I have a high self-esteem and have some information about psychology, I say to my husband, "see, you have the most beautiful woman in the world". In this way I influence my husband's thoughts."

Discussion

The main goal of this study is to evaluate the experience of social stigma with emphasis on the coping strategies

against it in the 24 obese women that were candidate to Sleeve surgery in two hospitals in Shiraz, Iran. Results show that the obese women have experienced several social stigmas. The stigmatization is a daily experience of these women. In family, society, work office, and sports places, they are faced with negative behavior of other people.

On the other hand, as mentioned before, human beings try to resolve new problems. This is due to their creativity. As Sadati and colleagues mentioned, creativity is a humanistic characteristic that presents human ability.¹⁹ In this way, obese women try to cope with new undesirable conditions based on their creativity. Results show that coping strategy that leads to dealing with new conditions are: *social resistance; passivity; psychological problems and hysteria; extreme denial of self body image; social isolation; and ignorance of what others say.*

Other researchers have addressed the issue of coping strategies. All port described 13 different “ego-defenses” that targets the prejudice which may be employed in response to different situations, including obsession, denial of membership, withdrawal and passivity, clowning, strengthening in-group ties, slyness, identification with the dominant group (self-hate), aggression against own group, prejudice against out-groups, sympathy with other oppressed out-groups, fighting back (militancy), enhanced striving, and symbolic status-striving.²

Also, the study of Holmes and River with an emphasis on cognitive strategy shows that patients with mental illness have three cognitive strategies including psycho-education, cognitive restricting, and exposure.²⁰ The study conducted by Hosseini and colleagues showed that patients with epilepsy confront the disease using religious belief, seeking support, fighting the disease, defending oneself against the disease, concealing the disease, and expressing emotions.²¹

Comparison of our results with those of other studies shows that the striking points of our study is that we have focused more on social dimensions and strategies than cognitive dimension with specific attention to pathological dimensions of coping strategies. Nevertheless, comparison the results of this study with similar studies shows that obese women’s strategies include a worse condition than patients with mental health and epilepsy disorders.

Obese women are different from patients with mental health or epilepsy. A mental health patient or a person with epilepsy can enjoy social relationship without anybody knowing his illness, but the obese does not due to her body. So, obese body is an additional threatening identity that woman doesn’t conceal it. This identity manifests itself everywhere and can’t be hidden. So, obese women experience

diverse problems.

Puhl and Brownell surveyed the results of many studies about coping strategies of obese women. Results showed that obese women experienced ten coping strategies including confirmation and self-acceptance of stereotypes; self-protection; compensation; self-attribution; confrontation; social activism; avoidance and psychological disengagement; communal coping; and losing weight.⁶ Some of these findings confirm the results of our study. Nevertheless, the importance of our study is finding out the reality that many of coping strategies used by obese women include psychosocial costs.

Two Proposed Strategies for Change: Applications of Research Results

Stigma is a universal phenomenon.²² So, we should discover approaches to reduce its effects. The main point is that these strategies involve heavy costs. If we want to evaluate these strategies accurately, we can find four strategies including costs. For example, as mentioned in social resistance section, the main question is how an obese woman can challenge with others’ negative attitudes and behaviors. The fact that she should constantly be in challenge with other people is a bitter truth. In another coping strategy, we see the same condition. Psychological problems and hysteria, extreme denial of self body image, and social isolation are imbalanced coping strategy. These are corrosive coping strategies that in the long term lead to the woman’s fatigue. On the other hand, in these strategies, although the woman resolves the problem for herself, she suppresses her personal and social needs, desires, and wants. She is in an inevitable condition. From this approach, an obese woman is a vulnerable⁸ human beings that needs more attention.

Because the main cause of social stigma is social context, the main approach for provide better condition for this vulnerable group is cultural work. In this respect, desensitization of obesity and especially obese women is the main strategy. This strategy needs attention of policy makers in social, cultural, and health care system. The use of media and social planning in the schools and universities is suitable to this end.

On the other hand, the strategy of *ignorance of what others say* is an empowerment strategy that includes minimum personal and social cost for obese women. In this direction, coupling this coping approach with psychological consultation can help the obese women to use the best coping strategy with minimum costs. Team work including social worker, psychologist, and psychiatrist is the proposed solution in this way.

Conclusion

Obese women are faced with social stigma. Due to feminine body features and masculine socio-cultural structures, obesity is a gender-based phenomena. It means that the effects of social stigma is more unpleasant experiences in obese women than obese men. This research showed that obese women use five coping strategies when they confront with stigmatization. Four methods lead to personal and social restrictions. In one strategy, they try to cope with stigma on the one hand, and have normal social participation on the other. The strategy of *ignorance of what others say (self empowerment)* should be strengthened.

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