Shame, Stigma & Silence: Challenging Culture & Power

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Declaration

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Preface

This portfolio consists of three individual pieces, all of which are a prerequisite for the fulfilment of the Doctorate in Counselling Psychology. These include 1) an empirical study, 2) a publishable journal article inspired by the findings of the empirical study and 3) a client case study. I will begin with an exploration of the three main threads which tie each section of the portfolio together, followed by an overview of the contents of each section. I will end by reflecting on the evolution of this portfolio and reflect on both professional and personal issues which I have encountered across my training and in the writing of this thesis.

First, all sections are centred around the experiences of women, with what is explored and presented as bearing much relevance to us. Within the discipline of psychology, feminist thought has drawn attention to how women have been marginalised, ignored or otherwise rendered invisible (Lazard, McAvoy & Capdevila, 2016). This portfolio focuses on the plural identities held by women, which rejects the homogenised view of experience and the related power dynamics which serve to position all women as inferior. By exploring intersections of differences within women, this portfolio has allowed the exploration of particularly complex experiences which ordinarily deviate and fall outside of what is considered as 'normal' and 'accepted'.

Secondly, all sections consider how gendered power relations underscore women's experiences. In particular, oppressive behaviours such as shame, humiliation and stigma are conceptualised as wider societal discourses which foster powerful cultural norms of silence and portray women as weak and passive. These three sections speak to the disempowerment but also the strength, resourcefulness and resilience of women in the face of discriminatory and socially unjust conditions which dictate their world.

Thirdly, all sections focus on the importance of women's relational connections to others. Women's relationships to others are crucial, provide a sense of solace and support (Comas-Diaz & Weiner, 2013) and when compared to men may be more disturbed by a decline in relationship quality (McBride & Bagby, 2006; Whitton & Kuryluk, 2012). This portfolio aims to emphasise how the quality of relationships for women can be used as a powerful tool, where disconnection creates isolation and disempowerment, whilst connection provides a path out of self-blaming, opportunities of growth and the chance of healing. Relational disconnection as a means of coping with shame, invalidation and rejection and how connection can foster growth are discussed in the empirical study and journal article. In the clinical case study, I pay

particular attention to the development of the therapeutic relationship with my client within a cognitive behavioural therapy framework and meaningfully reflect on this as the vehicle for fostering trust, hope and connection.

Section A: Empirical Research

The Experience of the Body in British Indian Women – An Intersectionality Perspective

The first section of this portfolio is a qualitative study exploring the lived experience of the body in British Indian women. This study is heavily informed by intersectionality (Crenshaw, 1991) and endeavours to highlight how British Indian women's lives and experiences of their bodies are organised around multiple axes such as gender, race, culture and class. These give rise to interlocking systems of oppression and inequality. Indian feminists and researchers have largely abstained from focussing on issues pertaining to the body, as explained by Indian scholar and feminist Meenakshi Thapan *"…it may also be the case that Indian feminists do not view discourse on the body as problematic or deserving their particular attention in the face of more striking issues such as poverty, women's rights, violence against women, and so on"* (1995, p. 34). In the UK, there continues to be a significant dearth of literature within the Indian community about the female body, yet research has supported the existence of body dissatisfaction and disordered eating in British South Asian females (e.g. Bhugra & Bhui, 2003; Furnham & Adam-Saib, 2001). Women of colour are exposed to at least two intersected sources of discrimination – gender and race/ethnicity, thus being multiply marginalised (Carbado, 2013, Enns, Rice & Nutts, 2015). This research challenges traditional theories of body objectification which ignore the racial context of bodily experiences of ethnic minorities as they occur within wider inequalities of gendered power (Katzman & Lee, 1997). Interpretative phenomenological analysis (Smith, 2004) was used to analyse the rich interviews of nine British Indian women and their experiences of their bodies, providing further understanding to this significant gap in the literature. Through the identification of three main themes – *"The Gendered Expectations of being an Indian Woman", "Family Shaming & Criticism"* and *"The Journey Towards Coping & Resilience",* I hope to have contributed to the literature and theory in this field by encouraging the need for cultural competence and a commitment to social justice in practicing Counselling Psychologists when working with British Indian women who experience body image difficulties.

Section B: Publishable Journal Article

Power, Culture and The Body – An Intersectionality Perspective of British Indian Women's Experience with the Body

The second section of this portfolio is a publishable journal article. This journal article pays particular attention to how, for the British Indian woman, her body is inextricably tied to experiences of oppression, which are strongly informed by power and culture. This research is considered as contributing to the postmodern feminist movement, occupying a position that recognises women's diversity, where sameness and difference in identities and experiences are used to bring light to the many ways women's bodies become constituted. Rather than viewing change as solely at the core of the individual, this article views problems in inequalities, power and privilege as located in wider social structures, stressing the importance of relationships, connections and therefore collective action in supporting women with body image difficulties.

This article is written with the intention of being published in *Feminism & Psychology.* This journal was chosen as it is situated at the interface of feminism and psychology, mirroring my position as a researcher throughout this process and in my doctoral training. This journal also advances the development of feminist practice and psychology by disseminating articles that integrate research and practice, and has helped to illuminate the forces of oppression and discrimination, motivating new directions, theories and practices in feminist psychology. These factors I believe reflect the philosophy of this article which is driven by a postmodern feminist view of women's experiences, has the capacity to contribute novel findings within the field and intends to inform both psychological theory and the practice of Counselling Psychology.

Section C: Client Case Study

Maybe, maybe not

The third section of this portfolio is a clinical case study that demonstrates my practice as a trainee Counselling Psychologist. This case is based on a placement undertaken in my final year in a Maternity and Gynaecology NHS Service where I worked with a young female client, Chloe who had suffered a traumatic miscarriage. Our work was guided by the cognitive model of post-traumatic stress disorder which was used to help her manage her trauma-related symptoms of regular nightmares, high anxiety and lack of sleep.

Of most relevance to this portfolio is the conceptualisation of Chloe as an individual holding various intersecting identities; as a White female of lower socio-economic status; as a young teenage mother experiencing shame and stigma and the associated feelings of guilt, shame and isolation as a woman having suffered a miscarriage. Moreover, there is an intensification of these difficulties by powerful cultural norms of silence which discriminate against women, leaving them feeling too ashamed to disclose painful experiences related to perinatal grief (Markin & Zilcha-Mano, 2018). This case study brings to light how Chloe's complex identities collectively interlocked to create oppressive structures in her broader context which invalidated, silenced and disempowered her as a young mother experiencing perinatal grief.

Another important aspect to this case study is the focus on my therapeutic relationship with Chloe as a crucial ingredient to our work together. Relationships between women are essential to positive mental well-being by providing a sense of connection, self-esteem and support (Comas-Diaz & Weiner, 2013). This case study demonstrates that even in experiences of severe shame and loss, a strong and trusting therapeutic bond was built which between Chloe and I. For her, this helped to validate her painful affective experiences, increased her sense of connection to another and improved her self-worth during an incredibly difficult time in her life. This particular thread is strongly linked to the empirical component of this portfolio which emphasises the nourishing and protective qualities found in relational connection, whilst disconnection is often drive by shame and deepens a sense of isolation, disempowerment and oppression for women.

Evolution of Portfolio

The progression of this portfolio is inspired by links in theory, alongside clinical and personal interests. Firstly, all three sections share a postmodern feminist focus on the construction of gender, rejecting one universal possibility of the 'truth'. This stance is reflective of my practice, where I consider a wide variety of psychological approaches as equal and useful in exploring my client's realities. In line with postmodernism, I am drawn to this mode of working as it confronts the complexities of human life which may ordinarily be ignored in various ways whilst respecting, valuing and being inclusive of otherness (Cooper & McLeod, 2007). The empirical study utilises semi-structured interviews to understand individual experience, whilst the journal article emphasises how intersectionality enables the visibility of women's diverse identities and how these overlap to create complex and unique experiences of oppression. In the client case study, a strong attitude of collaboration and respect towards my client's needs guided the choice of intervention. I feel this portfolio epitomises my postmodernism attitude and pluralistic epistemological position as a trainee Counselling Psychologist.

Furthermore, my clinical experience and personal interests also form the basis upon which this portfolio was created. Throughout my training, I have found myself gravitating towards settings which are particularly complex in nature, such as chronic pain, psychosis and maternity services. Based on my own experience, uptake of these placements by trainees was very low, to which I often wondered why this was. I developed a keen interest in working with individuals who have been significantly marginalised, shamed and rendered invisible to society. Moreover, my interest in intersectionality stems from my own position as a British Asian woman and an ongoing personal exploration of how systems of power and privilege affect me. I hope by engaging in the empirical study that I have brought to light a difficult, under-researched yet significant issue of the body in British Indian women and hope to stimulate meaningful debate within the field.

Reflections on Professional and Personal Development

My development as a practitioner, researcher and as a woman have greatly shifted throughout my training. Engaging with a variety of complex secondary mental health services across all three years has more often than not significantly challenged my inner resources, caused confusion around my identity as a Counselling Psychologist and left me with a great sense of ambivalence. However, I have learned the value of seeking help, reflective practice and the centrality of authentic connections with others I feel safe with. These have profoundly influenced how I have dealt with these tensions. This is an attitude I feel that is mirrored in my own practice with clients, where the therapeutic relationship is considered as the vehicle for change. My own confusion and uncertainties, particular during the writing of this thesis has led me to develop to a more accepting attitude of the contradictions, conflict and 'mess' inherent in the human condition, also reflective of the pluralistic view I hold of the world.

These reflections mirror the commitment to my unique identity as a Counselling Psychologists within the field and in particular, the value I place on personal reflexivity. This journey has afforded me the privilege of being able to reflect on my own internal world, paying attention to the 'lumps and bumps' within myself which ordinary would have been ignored. Whilst having been an extremely challenging process, I feel this has greatly informed my view of the therapeutic relationship as an incredibly significant tool within the therapeutic endeavour. Moreover, engaging with this research has allowed me to connect, acknowledge and deepen the relationship I have with my gender and racial identities as a British Mauritian woman, a journey which is in its infancy.

The process of compiling this thesis has been a challenging, stimulating and personally significant one. I feel this portfolio demonstrates my abilities as a reflective, dynamic and thoughtful practitioner, with a strong commitment towards both my scientist and practitioner identities.

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Section A: Doctoral Research

The Experience of the Body in British Indian Women –
An Intersectionality Perspective

Abstract

Body dissatisfaction and eating disorders have been found as existing in South Asian females living in the United Kingdom. However, most research to date has relied on quantitative measures which have focused on a very limited number of variables in relation to the body. For British South Asian women, there is very little understanding of how bodily disturbances occur within more complex systems of inequality and power, rather than solely due to exposure to thinness ideals. As no research exists focusing specifically on the Indian sub-group of this population, this study aims to explore how British Indian women experience their bodies from an intersectionality perspective. More specifically, this study adheres to a feminist phenomenological stance to shed light on how the experience of the body is informed by multiple overlapping identities relating to gender, race and culture which create interlocking systems of oppression which underpin the embodied experience of the body.

Nine women participated in semi-structured interviews which were analysed using an Interpretative Phenomenological Approach. Three overarching themes were identified: *"The Gendered Expectations of being an Indian Woman"* which captures the three distinct experiences of objectification, social comparison and cultural conflict, fuelled by the gendered and racial expectations of being a British Indian woman; "*Family Shaming and Criticism"* describes how the body is the interface through which women experience criticism, shame and humiliation by their families and community, and "*The Journey Towards Coping and Resilience*" reflects how the overlap of being a female of Indian origin and brought up in Western society converge to influence how women develop strategies to cope with difficult experiences associated with their bodies.

These findings are reviewed in relation to the wider literature, grounded in a feminist perspective. This study makes links between culture, power and the body to help understand how these inform the many oppressive systems British Indian women navigate through. This study highlights various forms of relational connection needed to encourage empowerment, resilience and strength, both within women and their wider supportive systems to ultimately disrupt and oppose overriding systems of power and prejudice. The implications for clinical practice, training and future research are discussed.

1.0 Introduction Chapter

1.1 Introduction

In the United Kingdom (UK), 14% of the population are identified as those from Black and Asian Minority Ethnic (BAME) groups (Williams et al., 2007; Rees et al., 2016). South Asian-Indians constitute the second largest ethnic group in the UK (Office for National Statistics, 2012). Increases in migration after World War II has led to a long-term settlement of a large Indian community in the UK which is now in its second and third generation (Somerville & Dhudwar, 2012). The process of migration and acculturation are regarded as stressful life events, creating cultural instability and difficulties in establishing an identity (Treasure, Claudino & Zucker, 2010). Eastern societies which value collectivism, allocentrism and segregation between men and women may conflict with Western ideals of individualism, independence and freedom to date and marry (Farver, Narang & Bhadha, 2002). South Asians (SA), including Indian women living in the West are thought to stem from a unique gendered history which has historically enforced patriarchal ideologies and practices (Ahmed, 1996). Therefore, they may be subjected to strong cultural pressures, strict family principles and entrenched community values which dictate how women think, feel and behave (Furnham & Adam-Saib, 2001). Furthermore, the physically distinct features of Indian women e.g. skin colour and body type may create difficulties with assimilation and feelings of acceptance in mainstream society through membership to this ethnic minority group (Tummala-Narra, 2013). Thus, British Indian women who have roots in strong non-Western cultures, i.e. India, yet grow up in Western cultures, i.e. the UK will experience personal and cultural tensions as a result of striking a balance between opposing values, norms and expectations. This 'cultural conflict' has been found to create tension and mental stress (Mustafa, Arshia, Zaidi & Weaver, 2017), which may influence how a woman experiences her body and manifest in an eating disorder (ED) (Sussman & Truong, 2011).

Sociocultural perspectives of EDs suggest that exposure to Western standards of appearance, primarily through the media which publicises the slender idea (Orbach, 1986) gives rise to body dissatisfaction and dieting behaviours which increase the risk for developing EDs (Fredrickson & Roberts, 1997). However, acculturation is considered a distinct process for SA women, with dilemmas evoked in gender roles, family and experiences of racial discrimination (Tummala-Narra, 2013). Findings show that rates of self-harm are significantly higher in SA females aged 18-24 (Cooper et al., 2006 & Bhugra & Desi, 2002) a means of coping with stress relating to gender role expectations, cultural conflict, racism and stereotyping in the UK (Chew-Graham et al., 2002). Thus, Western based conceptualisations have been accused of

neglecting the complex meanings of eating and body disturbances as they evolve within wider inequalities of gendered power, a central tenant of the feminist perspective of EDs (Katzman & Lee, 1997). British Indian women can be considered as holding simultaneous membership in the social categories of gender, race and culture, each fostering an element of inequality or power. It is therefore imperative to move beyond acculturation alone as a cultural predictor of body dissatisfaction towards acknowledging how multiple identities, e.g. gender, race and culture intersect and inform one another to illuminate more meaningful contextual factors and how these influence the experience of the body in British Indian women and by extension, can be challenged.

Major affective disorder, particularly depression has been found as the most common of all mental health diagnoses in British SAs (Anand & Cochrane, 2005; Weich et al., 2004; Lai & Surood, 2008), highly comorbid with EDs (Eisenberg, Hunt & Speer, 2013). A number of studies suggest a rising number of EDs in SA women in the UK (Mumford & Whitehouse 1988; Abbas, 2010, Kumari, 2004), with others suggesting SAs are at higher risk of abnormal eating behaviours than other ethnic groups (Bhugra & Bhui, 2003). Despite this, there continues to be a lack of studies on the body in British Indian women which utilise a feminist perspective of the body. Little research has focused on the development of bodily disturbances in this ethnic group which account for the wider experiences of restricted agency that are structurally gendered, rather than the sole drive for thinness or any distortion of the body.

Therefore, this chapter will consider the existing literature and the ways of conceptualising the lived experience of the body in British Indian women. Firstly, this chapter will consider the globalisation of western beauty ideals and explore theoretical and phenomenological models most frequently cited in the literature, with specific reference to the embodiment of the Indian woman. Literature grounded in the intersectionality framework will then be discussed to help understand oppression and the body in SA women living in the West. There will be a brief review of the relevant findings in relation to bodily disturbances in UK based studies on the South Asian population, before discussing qualitative research specifically relating to intersectionality and the experience of the body in Asian women. This chapter will end by reviewing the barriers to seeking psychological support in SA women and will introduce the rationale for this study.

1.1.1 Definition of 'British Indian woman'

In relation to this study, the term "British Indian woman" needs to be clarified. Of the existing studies in the UK, focus is currently on British SAs. Although definition of this term is dependent on the study, it is generally considered as those originating from India, Pakistan,

Bangladesh, Sri Lanka and East Africa (Marshall & Yazdani, 2000). However, the term 'South Asian' neglects the wide diversity found within Asian communities. Assuming this group is homogenous regarding cultural beliefs, religion, class and perceptions of beauty is a misconception. Thus, this study considers a 'British Indian woman' as *a female who was born in the UK to parents originating from India and no other country in the Indian subcontinent, i.e. second generation and been living in the UK since birth.* It is important that other terms used throughout this study are also clarified.

This study supports a postmodern definition of 'culture' as not a fixed entity but a *"flexible system of values and worldviews that people live by"* (Fernando, 2012, p. 113). Fernando suggests that in order to better understand the meaning of culture, it is perhaps most useful to refer to broad categories such as Asian culture or European culture. However, this study supports that these groups are not understood as binary, or 'black' and 'white' but contain individual differences and very much overlap with one another (Fernando, 2012). Similarly, this study supports the idea that 'race' which has been considered as the fixed markers of physical appearance is now largely understood as a social-political construct, where the definition of 'race' and 'racial difference' is invented, perpetuated and reinforced by society (Gillborn, 2015). It is here that racism exists and manifests itself in various ways in different contexts, and minority groups are subject to an array of different stereotypes. Thus, critical race theory (CRT) highlights the need to understand and identify racism, discrimination and inequality within its social, economic and historical context (Matsuda, Lawrence, Delgado & Crenshaw, 1993), in line with the aims of this study. Many CRT theorists are particularly interested in how raced inequalities are moulded by processes that also reflect, and are shaped by, other dimensions of identity and social structure. This is where the concept of intersectionality is fundamental and the main theoretical framework used in this research. This is discussed in more detail later in this chapter.

1.2 Globalisation - Dominant Beauty Ideals of the West

It is argued that standards of beauty in Western countries are shaped by Western European patriarchal values (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999). Patriarchal cultures are societies which increasingly objectify women by placing them in positions of less importance and less value whilst exalting the social status of men (Striegel-Moore & Bulik, 2007). The term *Western European patriarchy* is underpinned by the colonisation of countries by other dominant and powerful societies (Carneiro, Zeytinoglu, Hort & Wilkins, 2013). Fundamental values such as the importance of gender and racial hierarchy have been passed on and considered an organising principle. The sexual objectification of women is rooted in

relatively underlying patriarchal social structures, institutions and process which are external to an individual (Fredrickson & Roberts, 1997). This section will aim to explore theories pertaining to sexual objectification and their applicability to cultural practices and attitudes of women's bodies in less Westernised countries.

1.2.1 Objectification of Women – A Feminist Perspective

The feminist critique assumes a social constructionist perspective on the female body (Rollero & De Piccoli, 2015), implying that the body is considered as a sex object, that is *"a body to consume"* (Wollast, Puvia, Bernard, Tevichapong & Klein, 2018, p.69). From this perspective, the body is regarded as a constructed object which is reduced down to a 'body' or 'body parts', rather than a reflection of a full human being. There is a dismissal of one's humanness as possessing both a body and mind, neither of which exists independently from one another (Kant, 1797). Being denied this sense of personhood leaves a person as a mere sex object in the eyes of the objectifier. Sexual focus on a female's body, rather than acknowledging her abilities in turn leads women to engage in self-objectification, internalising the objectifying observer's gaze and becoming preoccupied with her physical appearance (Fredrickson & Roberts, 1997). Sexual objectification can also present itself through implicit body monitoring and in more direct forms, such as rape and sexual harassment (Fredrickson & Roberts, 1997).

Evidence supports the transmission of patriarchal values, i.e. the privileging of Western standards of beauty and objectification to different cultures globally. The two most requested cosmetic procedures in China, Japan and South Korea is blepharoplasty where a crease is made in the upper eye-lid to create the illusion of more desirable Western European eyes, and rhinoplasty, i.e., nose job (Macer, 2012; Wong, 2009). In Japan, women with fairer complexions report to benefit from higher social status and are considered righteous than those who do not conform to Western beauty ideals (Chung, 2014). These examples demonstrate the presence of Western European patriarchy in other cultures where preoccupation with appearance, worth and social rewards presents a growing pressure for women of non-Western heritage to align themselves with this ideal. Experiencing body shame when women are unable to conform to internalised sociocultural beauty ideals may result in negative coping strategies, such as disordered eating to reduce body shame, regain a sense of control over their physical appearance and achieve beauty ideals (Cheng, Tran, Miyake & Kim, 2017).

Increases in self-objectification have been found to promote general shame, social physique anxiety, drive for thinness, impaired cognitive performance and heightened negative mood (Moradi & Huang, 2008; Gervais, Vescio & Allen, 2011; Rollero, 2013). Dehumanisation has

also been found to be related to a woman's physical appearance where objectified women are perceived to be less in warmth and morality in comparison to non-objectified women (Vaes, Paladino, & Puvia, 2011). In line with the objectification theory, the objectified share and internalise this view of themselves as lacking compassion, abilities and integrity (Loughnan, Baldissarri, Spaccatini, & Elder, 2017). These findings highlight the critical implications on psychological well-being when women internalise the view of themselves as not only an object but less human, damaging their self-esteem and reducing them down to mere machines (Haslam, 2006).

However, Fredrickson and Roberts recognised that their theory of objectification was based solely on the Western cultural context and mixed findings challenge the applicability of the theory in Eastern cultures. Ethnicity in particular has been proposed as influencing this experience and its implications on one's self-concept (Schaefer & Thompson, 2018). For instance, Black African and SA cultures are underpinned by different ideologies and stereotypes to that of Western Caucasian culture where thinness is not a symbol of femininity but rather poverty and lower caste (Flynn & Fitzgibbon, 1998; Furnham & Adam-Saib, 2001). These differing beliefs may lead to individual and unique responses to objectification, body shame and disordered eating (Watson, Robinson, Dispenza, & Nazari, 2012). This suggests a complex and distinct picture of how women engage with their bodies across different cultural groups. These findings emphasise the importance of exploring ideals of beauty with specific ethnic populations to not only extend the generalisability of objectification theory but understand how cultural and/or subcultural factors influence the extent to which ideals are adopted and acted upon.

1.2.2 Social Comparison Theory

Alongside objectification theory, the social comparison theory (Festinger, 1954) has been frequently cited in the body image literature to explain important pathways through which unrealistic body ideals are internalised.

Social comparison theory posits that people hold an innate drive to compare themselves with others to evaluate their progress on different dimensions of their lives (Festinger, 1954), including physical attractiveness. Upward comparisons are made with those perceived to be better off than oneself, whereas downward comparisons are with those regarded as worse off (Festinger, 1954). Women with higher levels of body dissatisfaction and disordered eating are more likely to make upward comparisons (Keery, van den Berg & Thompson, 2004). Objectification theory suggests that the consequences of self-objectification may occur from

the pervasive comparisons made by women to other 'ideal' and unachievable standards of beauty, being unable to resemble these (Fredrickson & Roberts, 1997).

Previous research has found that higher Facebook and magazine usage related to higher levels of self-objectification, with these relationships mediated by appearance comparisons (Fardouly, Diedrichs, Vartanian & Halliwell, 2015b). Sexually objectifying poses of thin and toned women (Boepple & Thompson, 2016), or exposure of specific body parts (e.g. only abs or legs; Tiggeman & Zacardo, 2016) are viewed as unrealistic for most women, leading to upward comparisons based on appearance and higher levels of body dissatisfaction (Myers & Crowther, 2009). However, such studies have taken place in a Western context with a large Caucasian participant base. They fail to identify if and how internalising Western beauty standard of being slim and toned are similar or different for women of ethnic minorities, considering that people internalise societal standards of beauty to different degrees (Fardouly, Willburger, & Vartanian, 2018).

Social comparison processes may also be influenced by cultural backgrounds. Individuals in Western cultures maintain an independent self whose behaviour is governed by internal thoughts, actions and feelings and assign lesser importance to the other in definition of the self (Markus & Kitayama, 1991). In contrast, those from Eastern cultures hold an interdependent self which is communal, relational and bounded by relationships which are integral to self-definition (Markus & Wurf, 1987). Studies have found higher upward social comparisons in ethnic minority Canadians (White & Lehman, 2005), with White-Canadians making more downward comparisons than Japanese participants (Ross, Heine, Wilson & Sugimori, 2005). Those from an Eastern culture more perhaps likely to hold self-critical attitudes and a drive for self-improvement which underpins their social comparison styles, rather than self-enhancement, i.e. downward comparisons (Falk & Heine, 2014).

However, studies have also documented how social class (McLaren & Kuh, 2004), age (Gimlin, 2008) and sexuality (Cogan,1999) mediate how women make meaning of their own bodies and respond to cultural standards of body image. This strongly suggests a woman's experience of her social location allows her to actively produce meaning and thus, has a subjective experience of her body, rather than being a passive recipient of fixed standard ideas of the body. Thus, the review of current theories pertaining to body image and their applicability to non-Western cultures could indicate that the well documented powers which compel women to pursue thinness do not influence all women in the same way.

1.3 Phenomenology of The Indian Woman's Body

This research supports Indian scholar and feminist Thapan's (2004) view of the embodiment of the Indian woman as located *"in time and space, race, ethnicity and gender, and history and culture which shape and limited us in different ways"* (Bordo, 1997, p.181). She draws upon the work of French sociologist Pierre Bourdieu and his most influential idea of habitus. Habitus is an experience which allows people to relate to their dominate culture through a range of activities including eating, speaking and gesturing (Bourdieu, 1984). He focused on how the physical body appears, how it is adorned and its function, acknowledging their fundamental role in creating social inequality (Bourdieu, 1979). Thus, the body is a form of capital (Wacquant, 2004). Cultural capital refers to social and cultural resources, for instance education, intelligence and appearance (Bourdieu, 1986). The body is used, thought about and managed in various different ways depending on a woman's social location, therefore communicating and reproducing her class and gender locations.

However, a classed body is also a gendered body (Fowler, 2003) in that both men and women experience their class locations differently (Bourdieu, 1977, 2001). Bourdieu's feminist critics emphasised this as a short-fall within his theory which, due to the primary focus on the recreation of class risks considering the gendered body as invisible, that is, incorporated under the umbrella of class (McCall, 1992; Hall, 1992). In the case of the West, thinness signifies a women's class advantage but also gender submission which are class and gender ideas not differentiated by Bourdieu. Moreover, addressing questions such as how people act in response to, or possibly instigate social change is inherently more difficult through the pure focus on reproducing social class (Wade, 2011). Thus, gender inequality and a gendered body are important concepts which need to be accounted for.

To address this, attention to the work of Simon de Beauvoir can be used as a theoretical guidance to understand the phenomenology of the lived experience of a woman's body. In line with other phenomenologist, most notably Merleau-Ponty, Beauvoir supports that *"to be present in the world implies strictly that there exists a body which is at once a material thing in the world and a point of view towards the world"* (Beauvoir 1949, p. 39). Thus, rather than being determined by our fixed biology, our experience of our bodies is an evolving and every day experience as both *lived and communicative bodies* (Lennon & Rachel, 2019). The use of language, sensory experiences, emotions, memory and speech give rise to our experience and intentionality of being in the world.

What is specific to Beauvoir's account is that this experience is lived differently for men and women. She is commended for identifying a distinction between sex and gender, where sex is viewed as predetermined biology and gender is the social and historical meanings attached to that biology. This is illuminated in her famous claim that "*One is not born, but rather becomes, a woman"* (Beauvoir, 1949, p. 295). Thus, the biological body and intersubjective source of experience are inextricably linked, i.e. the body and mind cannot be divorced from one another. She postulates that developing into a woman begins early in life which in turn colours the lived experience of the body in meaningful ways.

Growing up, whilst young boys are expected to behave physically with one another, girls are encouraged to behave as a *"passive object…an inert given object" (*Beauvoir, 1949, p. 306-307). During puberty, the female body becomes a source of shame, horror and disgust to which these negative descriptions continue to infiltrate into womanhood, e.g. at stages of marriage and motherhood. Beauvoir argues that these early experiences of the body for women lead to a process of internalising the view of it under the gaze of others, viewing the body in an objectified manner and using their bodies as objects for the other.

Whilst this study mirrors Beauvior's and Merleau-Ponty's phenomenological view of embodiment, it also supports the view of women as diverse individuals and are therefore not homogenised. The unique historical influences, social and cultural backgrounds and multiple held identities, such as gender and race encapsulate the lives of Indian women and are therefore undoubtedly important to how they experience their bodies. Thapan (2004) shares her detailed account of the lived, embodied experience of the Indian woman in urban India. She suggests that identity in relation to embodiment is mediated by a complex relationship between gender and class. In order to understand the multiple worlds and contexts which enshrine the Indian woman, it is important to briefly examine the phenomenological underpinnings of this study and how these relate to the lived embodied experience of the Indian woman.

Gender and embodiment are critical elements to understanding how the body is recognised, constructed, presented and adorned (Thapan, 2004). Developing an understanding of the 'embodied subjectivity' which rejects the dualistic approach of viewing gender identity as binary will allow the notion of how a woman as an embodied self is defined through her interiority and outer social world. Zimik writes that *"the body of a woman has always been considered as a site for culture and for 'others' in India"* (Zimik, 2016, p. 68), indicating a close, inextricable link between embodiment and gender, where the meaning of the female body is closely associated with particular markers of the Indian identity.

Thapan (2004) recognises that how a woman experiences her body is dependent on her social class position in multiple contexts. She writes that the notion of femininity is a 'way of being' which symbolises status, respectability and recognition and is contingent on social class positions, communicated through her appearance. Thapan considers that a middle-class woman would have expectations, both socially and culturally to be clear about what defines her femininity in an embodied state that reflects an individually constructed expression about herself. A working-class woman however would use her economic and political location to construct a definition of femininity.

Furthermore, Thapan writes that it is imperative to consider the body as located in the Indian culture. This informs various cultural practices that function as markers of women's status and roles in Indian society, together with the effect of popular culture and media which dictate how women use, perceive, strive to modify their bodies in bits and pieces and primarily, experience their embodiment in relation to others.

Embodiment has been considered as the "essence of our identity" (Moore, 1994a, p. 31) and a lived matter of gender (Hughes and Witz, 1997) which in itself is always in a process of being made and re-made, created and re-created, moulded and transformed. Drawing on Thapan's feminist literature, this research views human embodiment for the British Indian woman has having multiple constituents, i.e. gender, race, culture and class which are important to consider in relation to her lived experience. These aspects are not considered as mutually exclusive categories, but rather as the various, indivisible components which constitute the lived experience of embodiment for the Indian woman.

1.4 Intersectionality

1.4.1 Intersectionality Theory

Intersectionality approaches have deep roots in feminism and critical race theory and simultaneously considers multiple categories of identity, difference and inequality, such as gender, race and class (Else-Quest & Hyde, 2016). This paradigm focuses on the meaning and experiences embedded within these social identities and examines how interlocking systems of oppression are created and expressed within these categories in marginalised groups (Else-Quest & Hyde, 2016). Critical race theory posits that *"oppression has many faces and that focusing on only one at the expense of the other (e.g., class oppression versus racism) often elides the interconnections among them"* (Kincheloe & McLauren, 2005, p. 304).

Thus, individuals hold multiple interconnected social identities that are inextricably intertwined and fluid, all distinctively affected by inequality and power structures (Choi, Israel & Maeda, 2017). Social identities are assigned meaning and significance which surface differently across situations, cultures and histories (Else-Quest & Hyde, 2016). This approach also examines how experiences of marginalised groups through systemic and historical systems of oppression are embedded in, or perpetuated, by affiliation to multiple social categories (Else-Quest & Hyde, 2016). In particular, this approach is prized for its transformative potential, critiquing systems of inequality and power alongside inspiring social justice action geared towards diminishing systems of power and privilege (Shin et al., 2017).

Although able to highlight the major role of the dominant culture in hypothesising body disturbances and disordered eating behaviours, objectification theory negates the racial context of objectification experiences that underlie the intersectionality of gender- and race-based oppression (Moradi, 2010). Racially expanded models of objectification theory, (e.g. Moradi, 2010) considers racism as a powerful socialisation experience that can communicate ideas about social acceptance and fuel the objectification of women (Cheng, Tran, Mikaye & Kim, 2017). Racial minorities are not only exposed to the dominant social forces which plague women with images of thinness and sexually objectifying material, they can be subjected to racially oppressive treatment, or racial objectification (Cheng et al., 2017). Such biases which treat racial minorities as outcasts promote the desire for social inclusion and pave the way towards harmful pursuits such as disordered eating (Cheng, McDermott, Wong & La, 2016). An intersectionality framework which considers multiple intersections of gender, race and culture can inform our understanding of British Indian women's experiences within the historical and systemic contexts of their oppressed gendered and racial identities as women of Indian descent. What follows is a brief discussion of Indian women's oppressive experiences through the historical and systemic contexts of gender and racial objectification.

1.4.2 The Historical Context of Gender and Racial Oppression in Indian Women

India has maintained a society underpinned by traditional conservative patriarchal values (Hofstede, 1980). Zimik (2016) considers the image of an Indian woman as traditionally depicted as domesticated; a faithful wife, mother and daughter-in-law pledging allegiance to the dominate male in her life.

Under subjugated rule, the body of a woman was seen not as her own, but preserved for and moulded by years of male dominance and female-subservience, when compared to the rest of the world where women could exercise their free will, dictating how their bodies looked in line with their own values and beliefs (Zimik, 2016). A woman's body was considered as a

repository for all that symbolised her culture from how her body appeared, her eating behaviour, dress sense and how she communicated with others. Preserved sculptures and paintings of the female body which date back to ancient times in India reveal longstanding and traditional ideas of feminine beauty, with women having large breasts, broad hips and tapering legs (Das & Sharma, 2016). Historical images of women in India points to an enduring and specific version of beauty, one which Gelles (2011) suggests is unlikely to drastically change.

1.4.2.1 The Commodification of Indian Woman

Bhandari (2018) argues that Indian women are portrayed as sexual objects for the sole purpose of selling marketable products through sexualised use of her body, damaging her dignity and autonomy. Studies have found that Indian advertising has failed to reflect the progressive role of women in society, portraying them as glamourised and sexually objectified, not engaged in a qualified profession (Das, 2011; Sukumar, 2014; Shyama & Shivani, 2015). Prolonged exposure to beauty stereotypes, gender roles and social expectations have been found to lead to a warped sense of self, heightened body dissatisfaction and may prevent women working towards new opportunities outside of their pursuits towards these ideals (Eisend, 2010). This depicts women as weak and feeble objects, increasing the rate of cosmetic surgeries, EDs and levels of sexual violence against women (Bhandari, 2018). Nussbaum (2004) believes objectification is the first step towards sexual violence, such as the 2002 Gujarat riots which saw the mutilation of hundreds of Muslim women by Hindu men. Such violence is believed to stem from patriarchal ideas of men's ownership over women's bodies, sexuality, mobility and autonomy (Sharma, 2005). Indian media is viewed as inflating, rather than reducing these prejudices and stereotypes. Thus, pervasive circulation of this dominant western middle-class appearance through the media gives rise to a destabilising and contradictory expectation of a woman's embodied womanhood.

1.4.2.2 "Fair is Lovely, Dark is Ugly"

In India, recent figures show that the skin fairness industry constitutes 50% of the Indian skin market trade, with an estimated worth of $450-535 million US dollars (Banerji, 2016; Karnani, 2007). Colourism or skin-colour stratification is a movement which privileges fair skin to dark skinned individuals and dates back to the *"18th and 19th-century aesthetic preoccupation of European intellects"* (Thapan, 2004, p.424). Historical cultural ideas of beauty and fairness in India are deeply rooted in caste and community hierarchies, whereby fairness is favoured and also regarded as the manifestation of the dominant postcolonial world (Shroff, Diedrichs & Craddock, 2018).

Nadeem (2014) argued that being lighter is attached to wanting to embody a privileged other, which is contingent on existing power structures of society which connect caste, class and privilege. Research in India has found increased levels of visibility, acceptance and opportunity associated with having lighter skin, where this cultural capital is increased by the rising dominance of online media (Varghese, 2017). Typical Indian advertisements depict a dark-skinned woman as self-doubting and insecure, where her success and triumph in life is only made viable through the suggestion of a fairness cream (Sylvia, 2014). This suggests that *"fair is lovely and dark is ugly"* (Nagar, 2018, p.1), with consumers being led to believe that fairer skin will advance career and marriage prospects and therefore increase cultural capital (Li, Min, Belk, Kimura & Bahl, 2008). This suggests that the experience of discrimination and rejection based on skin colour is a likely and normalised every day experience in the lives of Indian women and men (Nagar, 2018).

Women who are more dissatisfied and place value on fair skin as a means of accessing cultural capital will arguably find quick and at times risky methods to achieve these standards of beauty at the detriment of potential health risks. Compared to men, Indian women are twice as likely to use skin lightening products (Shroff et al., 2018). Skin whitening creams have been found to contain hydroquinone, steroids or mercury which can produce side effects such as scarring disfigurements, deformities among new-born babies if used during pregnancy and breast-feeding and kidney, level or nerve damage (Iyanda, Anetor & Adeniyi, 2011; National Health Service, 2017).

Thus, the experience of both gender and racial oppression of women in India is interwoven with gender, class and caste which reveals a complex lived experience of the Indian woman. Women of colour including those from SA backgrounds are perhaps more vulnerable to sexual and other forms of objectification because their identities are dually, or more, stigmatised as minority ethnic women (Moradi & Huang, 2008). This raises important questions about how women who originate from such traditional and patriarchal contexts and live in Western societies which further perpetuate gender roles and an objective focus on the female's body make sense, negotiate and cope with this bi-cultural experience.

1.5 Understanding Oppression and The Body - An Intersectional Perspective on South Asian Women living in the West

Limited studies have simultaneously focused on the intersection between gender, race and culture in the SA community in the context of the body. This section endeavours to provide a contextualised view of SA women living in the West, emphasising how cultural, historical, economic, familial, institutional and local processes give rise to constricted, oppressive and discriminatory experiences based on various intersecting social identities.

1.5.1 Culture Conflict

Culture conflict reflects the many challenges of integrating different cultures within the process of acculturation (Inman, Ladany, Constantine & Morano, 2001). The transcultural hypothesis of EDs describes anorexia nervosa as a culture-change syndrome (Dinicola, 1990b), postulating that illnesses surface at times of rapid economic, social and cultural changes as a result of human migration. Second-generation SAs based in more traditional families may have the particularly challenging task of assimilating and negotiating their Western and SA identities where collective Eastern and individualist Western values may clash (Farver et al., 2002). In a sample of second-generation SA Canadian women, intersecting pressures of merging conflicting worlds, managing traditional familial responsibilities and restrictions, and protecting traditional value and beliefs presented complex challenges for women to create an identity, find a sense of worth and feel accepted by others (Mustafa et al., 2017). These women reported feeling restricted, constrained and unhappy being trapped between both cultures. Social disconnection and isolation have been linked with increasing the likelihood of an ED (Trepal, Boie & Kress, 2012). Balancing both cultural spaces and pursuing individual desires and needs is highly risky, increasing mental stress (Katzman & Lee, 1997) and negative self-change (Ruggiero, 2001). Mustafa et al. (2017) consider their findings as a reflection of the limitations and restrictions of SA culture on young women which ultimately increase a weakened self-image when caught between such opposing worlds.

1.5.2 Parental Control & Cultural Conflict

The role of parental control and cultural conflict in SA families highlights an important intersection of how traditional ethnic and gender-related expectations create difficulties over autonomy in women living in the West. Women may be restricted from embracing values associated with a Western lifestyle through cultural freezing, the imposition of rigid values or behaviour belonging to one's country of origin (Runner, Novick & Yoshishma, 2009). The threat of losing traditional values and norms within a Western society leads families to enforce rigid rules in a bid to preserve traditional customs (Mustafa et al., 2017). Young girls may be

placed with greater responsibility of fulfilling expectations of family honour, *izzat*, (i.e. honour/respect) more so than boys (Deepak, 2005) and expected to display values of obedience, purity and piety (Furnham & Adam-Saib, 2001). Controlling behaviours such as dictating friendship groups, enforcing early curfews and insisting on arranged marriages demonstrate how parents can restrict the freedom of girls from a young age to behave in ways that ensure the prevention of family shaming (Mujtaba & Furnham, 2001). Feelings of loss of control (Mujtaba & Furnham, 2001), perceived parental conflict and parental overprotection (McCourt & Waller, 1996) may leave young SA girls with a sense of needing to be in control which may be resolved through an ED. Use of their bodies and disordered eating as an act of rebellion potentially leave females with a path through which they can regain autonomy and control in their lives.

1.5.3 Significance of Food & Gender

SA foods typically consist of high-calorie ingredients such as fatty oils, ghee (clarified butter) and starches with few raw vegetables. It is commonly perceived as less healthy in comparison to Western and European cuisines (Chapman, Ristovski-Slijepcevic & Beagan, 2011). In Canada, SA have been found to adopt eating habits more aligned to the Western lifestyle when feeling insecure about their bodies (Chapman et al., 2011; Choudhry, 1998). Cultural practices of food, such as being a shared communal activity may create difficulties in women who perhaps struggle to find 'healthy' alternatives in their cultural foods and resort to restricting SA food to avoid consuming excessive calories that cause weight gain (Choudhry, 1998). The potentially complex relationship with food becomes more apparent when considering the gendered expectations of women. Preparing food is considered the main task assigned to women and is an expression of love and gratitude towards her family (Chowbey, 2017). Expressions of both love and discontent towards family members can be communicated through food, which in some SA countries has resulted in domestic disputes and violence in relation to meal preparation (Chowbey, 2017). Coupled with the cultural practice where other people's needs are put first, it could be considered that women use food as a medium to resist these tensions, where conflict over lack of control and autonomy is considered as a motive to finding strategies of coping, for instance through restricted eating (McCourt & Waller, 1995). This illuminates the potentially complex relationship between food, culture and gendered expectations of women in SA communities.

1.5.4 Racial Discrimination

Racial discrimination operates on the level of belonging to an oppressed racial or ethnic group. It is considered a form of objectification and has been found to involve marginalisation and vilification of the physical markers of Asian features (Nadal, 2011). This dehumanises minority

women as racial objects, devoid of feelings or intrinsic uniqueness (Armenta et al., 2013). Research suggests the existence of gendered racialised stereotypes of SA women as exotic, hypersexual and submissive (Patel, 2007; Tummala-Narra, 2011). SA women may be faced with either identifying with Eastern values of submissiveness or Western values of assertiveness whilst simultaneously remaining disconnected from the possibility of SA women as powerful, reflected in the devaluing images of women in SA culture. The conflict in identification may cause tensions related to their sense of belonging in ethnic and mainstream society (Tummala-Narra, 2011). Internalising objectifying and dehumanising experiences in Asian American women (Cummins & Lehman, 2007) can produce shame and loathing which may be directed towards the physical body through disordered eating in an attempt to deflect away from managing such stressful events (Smart, Tsong, Mejia, Hayashino & Braaten, 2011). Gendered racial microaggressions have also been suggested as a unique risk factor for depression (Keum et al., 2018), which in the UK is the most common of all mental health diagnoses among SAs (Anand & Cochrane, 2005; Weich et al., 2004; Lai & Surood, 2008). This illuminates the importance of moving beyond a singular identity, e.g. gender, and towards considering multiple identities, e.g. gender and race to gage a better understanding of how the experience of belonging to these multiple groups gives rise to particular oppressive experiences which influence how women experience their bodies.

1.5.5 Colourism

Colourism operates on the level of skin tone, has its roots in colonialism and castes and is a form of discrimination experienced by both SAs and SA Americans (Banks, 2015). In the USA, this discourse is documented to remain germane, with aspirations for light skin as symbolic of a license for social mobility and economic resources (Hall, 2006; Macey, 2000). Light skin tone African American and Latino samples have been found to have higher paid salaries, work in higher-status occupations (Morales, 2008) and have fewer reports of depression (Thompson & Keith, 2001). Colourism has been found to extend to the workplace, with cases of colourism in employment discrimination in SAs who live and work in the USA (Banks, 2015). Women of darker skin tone may also suffer rejection and discrimination, having to contend with wider societal messages which advocate ‘fair is lovely and dark is ugly’ (Jain, 2005). The bind between colour, class position and privilege is considered to be internalised by SA living in their home countries and unconsciously and consciously passed across generations of immigrants in countries such as the USA (Tummala-Narra, 2007). This supports the notion the experience of the body is rooted in contextual intersecting factors such as gender, race and social class and that the power afforded to these different identities situates individuals within a social hierarchy of both privileged and marginalised statuses (Warner, Settles & Shields, 2017).

1.5.6 Body Shaming

Literature on EDs describe racial teasing as an experience involving the ridicule of physical characteristics and appearance practices, e.g. facial features, skin colour and cultural clothing in ethnic minority groups (Iyer & Haslam, 2003; Reddy & Crowther, 2007). Two studies focusing on SA American women where most women in the sample were of Indian heritage found that racial teasing is associated with body dissatisfaction and maladaptive eating behaviours (Iyer and Haslam, 2003) and significantly associated with lower self-esteem and increased levels of media internalisation (Reddy and Crowther (2007).

However, these studies neglect the gendered aspect of teasing, or shame which feminist literary has considered as the *"primary instrument of gender socialisation" (*Huckabay, 1996, p. 145), *"located in and in relation to the body"* (Probyn, 2000, p.23). Studies applying an intersectional approach have found criticism within the family regarding weight-related teasing heightens body dissatisfaction and are perceived as a normal cultural practice and display of affection in Asian American women (Brady et al., 2017). This highlights how cultural styles of communication and perhaps the tradition to respect elders (Smart et al., 2011) lead women to feel unable to challenge these comments, emphasising that body shaming comments form part of a larger system of power and gendered governance.

Nonetheless, these studies suggest a fear of being singled-out and the shameful experience of being teased on visibly different features which may generate or deepen a sense of not belonging in mainstream culture. In turn, this may lead women to disturbed eating behaviours in an attempt to reshape their bodies. The sense of being different can also heighten cultural conflict, where the pressures to integrate and balance various important cultural identities has been found to lead some women to reject their ethnic identity in an attempt to cope and avoid racial teasing (Reddy & Crowther, 2007) and embrace the values of the majority culture.

1.5.7 Diversifying Body Image in South Asian Women

Instagram is now considered one of the most popular and fastest growing social media platforms (Smart Insights, 2016) and is particularly popular amongst young women (Pew Research, 2015a). Despite research supporting that both Facebook and Instagram may negatively influence women's self-esteem and bodily concerns (e.g. Fardouly et al., 2015b; Fardouly & Vartanian, 2015; Fardouly, Willburger & Vartanian, 2018), there are a growing number of social media accounts which by contrast provide an empowering space which promotes a diverse, inclusive and honest portrayal of women's bodies. The Instagram account @browngirlgazing is an online community aimed at women from all ethnic minority backgrounds and in particular those from SA communities. This page's mission is to help

women talk about shame, their relationship with their bodies and help redefine beauty in SA cultures (Brown Girl Gazing, n.d.) Many posts show women celebrating and embracing their diverse bodies, showing unfiltered and unedited aspects of their bodily appearance such as acne, scars, hair, cellulite, stretch marks and so forth, in an effort to encourage other users to accept themselves. Other posts address stories of SA women who have struggled to manage and challenge the restrictive expectations placed on them by their families and culture which heavily dictates their sense of self and often collides with their own individual desires. Accounts such as @fit.kaur shows the journey of an Indian-Punjabi women who lives in Australia and has been disowned by her Indian-Punjabi family for pursuing her own aspirations which were deemed unacceptable to her family (Kaur, n.d). Pages such as these provide a space to help widen the sphere of how we understand body appearance, but also reveal how the daily experiences of SA women are inextricably intertwined with systems of oppression. Instagram pages such as these help to empower SA women to be more critical, confident and open when discussing their relationship with their bodies and help to cultivate an open, non-judgmental dialogue surrounding issues of gender stereotyping and shame that impact their lives.

1.5.8 The Role of Women in Urban & Rural Contexts

1.5.8.1 Women living in India

The divide between rural-and-urban, and the rich-and-poor continues to be a significant problem in India (Bhattacharyya, 2013). Evidence shows a perpetuating gender bias and a contradiction in women's experiences in rural communities. Although assigned the vital responsibility of caring for her children, family and undertaking house chores, she is also subjected to various forms of abuse and exploitation (Kapur, 2019). The perception of women as possessing limited financial and educational resources prohibit others as seeing them as resourceful, diligent and effective contributors. This reveals that how Indian women construct their identities and experience their everyday lives is heavily informed by their geographical location and their associated social-economic positioning in society.

Significant differences exist between the lives of women in rural and urban areas in India which contribute to their unique experiences. Women living in rural areas are less literate than rural and urban men as preference to education is given to males (Kapur, 2019). Women also suffer from economic poverty, where those who are employed in the agricultural sector are often expected to work longer hours than men, engage in more hazardous and unskilled manual labour and receive wages half to three-quarters of that compared to males, even when

performing similar jobs (Yasaswini, Tharaka, & Bhagavanulu, 2017). Such educational deprivation and economic exploitation exemplify a gender disparity in more rural communities and when coupled, could expose women to a variety of experiences which impose detrimental effects on daily living. A lack of education and being seen as inferior to men can lead to criminal and violent acts such as verbal abuse, physical abuse, sexual harassment, exploitation, discriminatory treatment and even child marriage (Bhattacharyya, 2013), leaving women feeling vulnerable, violated and trapped. Health care facilities are also less developed in rural when compared to urban areas in India, naturally limiting access to basic care and is further compounded by strong gender biases which privilege the well-being and health of males. Their health is more likely to be prioritised in the family and allows them to access more medical care than females who remain deprived (Kapur, 2019). Thus, women from rural communities in India confront general conditions of poverty which present barriers to enhancing their status and perpetuates the idea of women as *"liabilities"* (p. 7). These significantly inform and shape women's identities, narratives and experiences across a number of different domains.

By contrast, women in urban societies in India are considered as educationally advantaged, economically elite and more exposed to the forces of globalisation, most notably education and media culture (Thapan, 2004). Images, ideas and symbols provided by the media allow for a particular construction of identity which can be argued as vastly different from women in more rural communities. The arrival of the "new" Indian woman is described as *"an ambivalent entity shaped by the social and public domain which simultaneously portrays her as glamourous, independent, conscious of embodiment…and yet enshrined in the world of tradition through her adherence to family and national values"* (Thapan, 2004, p. 416). Thus, Thapan views a new middle-class urban Indian woman who emphasises more contemporary (non-traditional), liberated (westernised) and trendy (modern) aspects of daily life which transcends her earlier location in the domestic world. Much like women in rural communities, the pervasive circulation of this dominant western middle-class embodiment through the media gives rise to a destabilising and contradictory expectation of a woman's embodied womanhood.

1.5.8.2 South Asian & Indian women living in the UK

For SA women living in the UK, their geographical location similarly shapes everyday experiences and is an important intersection to reflect upon. In the UK, studies have found that rural areas are more advantaged than urban areas on a variety of different indices, including unemployment and crime (Pateman, 2011). The English Indices of Deprivation 2015 (IMD) is an overall combined measure of multiple deprivation experienced by people living in

an area and includes indices of deprivation in income, employment, health facilities, education, health, crime and housing (Office of National Statistics, 2016). These vastly differ throughout urban and rural areas in the UK. Yet, these all overlap to inform women's day-to-day experiences; the availability and access to resources and how they manage discrimination, oppression and inequality.

An analysis in 2016 by the Office of National Statistics using the IMD found that areas in northern England and the midlands have higher numbers of areas in the most deprived 20% of England (Office for National Statistics, 2016). More specifically, Oldham and West Bromwich both had over 60% of their local areas ranked in the most deprived 20% of areas in England (Office for National Statistics, 2016). Of the areas ranked as most deprived, this occurred consistently across a number of the IMD domains measured. Conversely, Guilford, Woking and St Albans were ranked as the least deprived areas in England, where over 50% of their local areas were ranked in the least 20% deprived areas in England. Whilst women from a SA and Indian background can be argued as dually stigmatised as minority ethnic women, belonging to a lower socioeconomic class through virtue of lower education, limited financial resources and poor access to healthcare means these women contend with a variety of additional challenges. These reveal a multifaceted and complex experience of the world which occurs across different intersections and one that is perhaps more likely to leave SA women more vulnerable to marginalising and discriminatory experiences. Exposure to poorer living conditions could mean that women from more northern parts of England form their identities very differently from those in the South, who are often more privileged and therefore have very different narratives which inform their experience of their bodies.

Furthermore, the diversity of ethnicities found across the country may also have significant implications on women's daily experiences and the challenges they face. Areas with the lowest proportion of Indians in the UK include Isles of Scilly (0%), Torridge (0.1%) and Purbeck (0.1%) (Office for National Statistics, 2011). Ethnic minority woman, particularly of Indian origin who live and/or work in these more rural areas may be more likely to feel like a minority, isolated and misunderstood through virtue of their unique heritage. This in turn may lead to higher incidences of racial discrimination, ethnic teasing, verbal/physical attacks and are perhaps less likely to be able to access relevant mental and physical health services. Conversely, the London boroughs of Harrow (26.4%), Hounslow (19%) and Brent (18.6%) have the highest percentage population of Indians in England and Wales (Office for National Statistics, 2011). A higher concentration of Indians in these more urban London areas may mean women encounter unique experiences in relation to their racial and gendered identities, such as how their communities' police their actions, integration into society and how they manage their

multiple cultural identities. Thus, we could expect to find various differences between how Indian women who live in urban, cosmopolitan areas such as London experience their bodies and how oppressive structures reveal themselves when compared to Indian women in rural areas in the UK.

1.5.9 Sexual Violence, Rape Culture & The Body

As previously mentioned, contemporary popular culture and media outlets within India have exploited images and narratives that represent stereotypical gender roles; portraying women as objects of sexual gratification. This has helped cultivate a culture which emboldens male sexual aggression and encourages violence against women. In the aftermath of a gang-rape in New Delhi in 2012; which made international headlines due to its brutality, Hindi-language films in India have been accused of perpetually depicting sexual violence and sexual harassment against women as 'normal', gendered behaviour (Ahmad, 2016). This gendered form of violence in Bollywood and Pakistani films has been found to operate at various levels; as a means of gratuitous entertainment for the viewing audience, developing the narrative and/or punishing women (Ahmad, 2016). Thus, Gill and Harrison (2019) assert that a strong rape culture exists within SA communities, further compounded by cultural concepts surrounding 'honour' and 'shame' attached to a woman and her body which can encourage and legitimise gender-based violence.

In SA culture, 'honour' has been conceptualised as a family's position within the community, where an individual's conduct is reflective of all its familial and societal members (Meeto & Mirza, 2007; Payton, 2014). Payton (2014) writes this unwritten code of conduct limits a women's psychological, sexual and physical freedoms, whilst encouraging men and familial control over women under the façade of respectability and protection of 'their' women. The topic of sex, a potential source of shame is inextricably linked to honour, shame and guilt where women have expectations to possess a 'sexually pure' body, whilst a violated body is generally regarded to be a tainted, impure and dishonoured body (Ahmad, 2016). Therefore, the behaviour of a woman and the honour of her family are strongly associated. Assigning a woman and her body as being a repository of all that is sacred and pure out of a collective is therefore a key element in the use of sexual violence against women.

Between April 2016 and March 2017, there were approximately 510,000 sexual assaults against women in the UK, with 73% of all sexual assaults reported to be perpetrated against women (Office for National Statistics, 2018). Yet, despite a growing social and professional interest in sexual violence in SA communities, these figures are understood as a significant

underestimate of the true prevalence within this ethnic community (Gill & Harrison, 2019). Social stigma, marital obligations, loss of social support after migration and expected silence found in SA immigrant women all contribute to delayed help-seeking and rape-reporting behaviour (Ahmed, Reavey & Majumdar, 2009). In SA communities, a bride is expected to leave her family home and move into her husband's and often in-law's home (Qureshi, Charsley & Shaw, 2014), a cultural norm in arranged marriage (Meeto & Mirza, 2007). This may mean that seeking help when subjected to maltreatment is incredibly challenging (Aghtaie, 2017), with fears of worsening the situation (Horvath & Brown, 2009). Whilst men dominate and control women, often the mother-in-law owing to her higher positioning within the family structure can exercise power over other women, such as her daughter-in-law due to her 'outsider' status (Menon, 2009). Thus, sexual violence can be viewed as an individual and structural mode of violence, where structural values of patriarchal cultural norms and traditions which are transmitted through generations can incite sexual violence, with perpetrators remaining unpunished.

In the situation of survivors of sexual violence within the SA community and where sexual violence is viewed as 'sexual infidelity' or 'promiscuity', these have been found to license so-called 'honour' killings (Phillips, 2010; Patel, 2014). The potential of family shame, fear and stigma impede women to report these crimes, where even if she does she is shamed for not just making a report but also being a victim in the first place (Shah, 2017). Killings undertaken by males and female family members are perhaps to escape this fate and further atrocities, whilst some women will commit suicide after being raped to preserve family honour and escape the shame and dishonour of their enemies (Ahmad, 2016). For some women, perhaps the idea of death with honour intact is a far more promising prospect than to live with dishonour, and illuminates the fear and anxiety that dishonour creates when positioning women as the embodiment of honour.

It can be argued that women who stem from strict and patriarchal backgrounds, yet reared in more liberal Western countries such as the UK will experience significant tensions and conflicts when negotiating an individual and collective sense of self. Ideas around autonomy and freedom to date and marry may collide with strong entrenched values of collectivism and segregation (Farver et al., 2002). This complex intersection between gendered roles and conflicting cultural ideologies reveals that rape and, by extension the use of a woman's body can be conceptualised as not just simply a demonstration of power and control, but also a powerful means to shame a woman and/or her family. The use of rape and the female body therefore have the capacity to humiliate the enemy, transforming women into pawns when attacking rival groups as a tool for punishment (Menon & Bhasin, 1998). This reinforces the

significance of honour and its relationship with women's bodies in SA culture but that the racialised aspects of shame ensure this emotion becomes *"lodged"* in the body of a woman (Murray, 2015, p.217).

1.6 South Asian Women – Empirical Studies on Body Disturbances & Disordered Eating

1.6.1 UK Based Studies on British South Asians

Bhugra and Bhui (2003) administered the Bulimic Investigatory Test Edinburgh (BITE) and a qualitative measure of acculturation on a random selection of participants in an ethnic minority sample. British SAs were more likely to be compulsive eaters, fast and perceive food as dominating their lives compared to other ethnic groups. Although there were no associations between BITE scores and acculturation, British SAs in particular expressed socio-centric features where family was viewed as very important and expectations were for those to conform. Thus, patterns of eating behaviours in SAs may differ from other ethnic groups. However, limitations of this study include collapsing across the category of SAs which potentially disguised differences within SA groups. Random sampling restricted the selection of participants for interviewing, thus, more stringent measures of acculturation and cultural identity are needed to further the role and importance of family needs on eating behaviour. Yet, given that findings also suggest that acculturation and ethnic identity may not be related to body disturbance and eating behaviour in this ethnic group (Iyer & Haslam, 2003), studies need to move beyond these conceptualisations and consider other culturally salient factors which give rise to a complex relationship with food and the body.

An earlier study by Ahmad, Waller and Verduyn (1994) found that Asian schoolgirls living in the UK had a greater level of bulimic attitudes than their Caucasian counterparts, reflected in higher Eating Attitudes Test (EAT-26) scores. This difference was partially explained by higher levels of parental overprotection and suggested that other factors, such as religion remained to be identified in regards to the ethnic differences in eating attitudes. A later study added to these findings and found the highest disordered eating attitudes in British Asian (Indian, Pakistani and Bengali) schoolgirls (Furnham & Adam-Saib, 2001). The authors suggest possible explanations for higher scores may reflect richer cultural diets leading young British Asians to restrict their food intake or the pressures to maintain a larger, SA body type in the face of acculturation to the thinness ideal. Thus, it is important to attend to the subjectivity of items on instruments such as EAT-26 before working with these scores which may yield

interesting and culture-specific findings. As the Bengali sample had the highest rate of disordered eating attitudes, it suggests intra-Asian differences in eating pathology which the authors acknowledge lie in social class, religion and education which were not considered during this study. Finally, maternal and paternal overprotection scores were highest in British SAs, with the Body Satisfaction Scale (BSS) the only significant predictor of EAT-26 scores. The authors speculate that perhaps the roles of parental care and overprotection may be less important than first speculated, perhaps indicating that there are other more complex factors which give rise to disordered eating in British SAs.

Mujtaba and Furnham (2001) conducted a cross-cultural study of parental conflict and EDs in a non-clinical population. British Pakistani-Asians exhibited higher EAT-26 scores, higher parental overprotection and significantly higher conflict with parents compared to British Caucasians and Pakistanis living in Pakistan. Interviews revealed that although overprotective behaviour from parents was considered a negative aspect, it was also viewed as an expression of affection in British Pakistani-Asians, highlighting the importance of qualitative measures in exploring the subjective and cultural meaning of behaviours which can be interpreted differently in the West. The authors also added that a British Asian female's transition into adulthood is laden with the additional stressors of parental control and perceived parental overprotection, underpinned by conflicting Eastern and Western values, resulting in the increased risk of developing controlling tendencies using the body. A limitation of this study includes using Pakistani females as a matched group to British Pakistani-Asians. For Pakistani girls who were born and raised in the UK, exposure and adoption of Western norms are vastly different than for females in Pakistan. Yet, both ethnic groups scored very similarly across most of the EAT-26 measure. These mixed findings suggest the possibility of many traditional cultural similarities which need to be considered concurrently with the unique historical, social and cultural locations of SA women living in the West.

Tareen, Hodes & Rangel (2005) investigated the clinical features of British SA adolescents who presented to Child and Adolescent Mental Health Services (CAMHS) with low weight. Participants exhibited with less typical ED type thinking, e.g. less fat phobia and less exercising to control weight, but more lack of appetite. The authors stipulate that less fat phobia may be driven by less negative attitudes towards body fat in SA communities (Furnham & Alibhai, 1983) and a more relational view of the self which is more likely to conform (Lee, 1995). These are different factors to that found in Caucasians where drive for thinness is linked to disordered eating (Tareen et al., 2005). However, this was a retrospective study with limitations in sample bias and use of a proforma, rather than a standardised measure or interview to assess for ethnic differences. This also raises questions of how ethnicity was

assigned given that SA are not a homogenous group. Thus, it is difficult to understand the processes which facilitate aspects such as a fear of fatness and how this differs within different ethnicities in the SA community. Studies using a more qualitative framework are better suited to gain a more in depth understanding of the relevant sociocultural factors which drive lack of eating and anchoring this knowledge in the social, historical and cultural context of women from specific ethnic backgrounds, i.e. India to better understand the different factors which give rise to difficult experiences with the body.

Mumford and Choudry (2000) investigated the relationship between body dissatisfaction and eating attitudes of women attending slimming and fitness gyms in London and Lahore, Pakistan. SAs in London expressed similar attitudes to that of their White, London based counterparts with younger women desiring a slimmer physique who were soon to be married. These women were middle-class housewives who used the gym as a means of escaping from a monotonous routine at home. However, there were significant differences in social backgrounds across all three groups which suggests that affiliation to a particular social class may create unique experiences for women which are under-stimulating and restrictive, in turn influencing how women cope. Asian women in London and Lahore also reported a decrease in body dissatisfaction (Body Shape Questionnaire scores, BSQ) with age which the authors suggest reflects the endorsement of 'Western' ideals particularly during adolescence. However, this study assumes women are the passive recipients of rigid ideals of beauty. In light of the previous research reviewed in this section which acknowledges factors such as culture conflict, it seems appropriate to move beyond a simple causal relationship grounded in the endorsement of 'Western' ideas towards acknowledging other more salient cultural and gendered factors which shape body dissatisfaction and eating attitudes.

1.6.2 Qualitative Studies on South Asian Women & Body Disturbances

Bakhshi and Baker (2011) used interpretative phenomenological analysis to explore British Indian men and women's perceptions of Indian physical appearance and related attributes. British Indian women reported to experience pressure to internalise current Indian standards of beauty, including slimness and fair skin, which were associated with cultural pressures for marriage, which in turn were influenced by media and maternal encouragement (Bakhshi and Baker, 2011). Although Indian culture was considered a homogenous entity in the study, the authors recognise regional differences in appearance ideals, e.g. fairer skin exists in Northern and Western regions of India compared to the South (Badruddoja, 2005), which further influence meaning making of this particular physical attribute. They suggest further studies ask participants to define regional differences in appearance ideals to further contextualise responses. Use of a snowball sample also may have limited the range of experiences found

and that further studies should apply more randomised methods to identify larger patterns of behaviour in British Indians in the UK. Additional demographic information such as levels of acculturation, ethnic identity and reasons for immigration may have revealed a more detailed picture of other important factors which influenced the degree participants felt the need to conform to beauty ideals.

Mustafa et al., (2017) used a phenomenological approach to explore the lived experience of an EDs in Canadian SA women. Through the attempts to follow and balance familial and cultural expectations created by the conflicting Western and Eastern cultural expectations, women experienced disconnection and alienation which was related to mental stress. Power imbalances, gender inequality and parental control were factors in the development of self-dissatisfaction and disordered eating in this group. The way in which women made sense of their ED was highly influenced by the perception, understanding and meaning ascribed to their social, cultural and family worlds which created pressures and restrictions on women in this sample. Whilst this research highlights important intersecting identities and interrogates culture conflict as a risk factor to disordered eating, it has limited applicability to SAs living in the UK who have their own unique migration and acculturative experiences. Given that SAs in UK remain the subject of racial discrimination (Karlsen & Nazroo, 2001), research using an intersectional lens could further illuminate how other oppressive experiences such as racial objectification influences how women of colour perceive and make meaning around their bodies. Furthermore, women in this sample identified as SA from diverse cultural and religious backgrounds. Thus, how culture conflict varies by education, class, religion and within other countries in South Asia, such as India remains to be explored.

Applying an intersectionality perspective to the experience of EDs in second-generation Canadian SA female youths, dual-identity conflict; family conflict; gendered roles and expectations, and access to mental health care services revealed how multiple intersecting identities impacted on participants views of themselves and their eating behaviours (Mustafa, Khanlou and Kaur, 2018). The use of interpretative interactionism (Denzin, 1989) anchored these findings in the lived experience of the participants where not only the experience of being a second-generation SA impacted mental health due to cultural conflict and acculturation, but being a female of SA background also produced unique intersecting experiences. However, the majority of recruited participants was through snowball sampling methods which may have limited the range of perspectives found in this sample. The vast majority of participants were also older in age (average age of 25 years) who were either in their recovery or had recovered from an ED and therefore may have had different experiences to youth who were currently going through the illness. The authors also suggest that further

research focuses on the experience of male youth to explore how these issues affect their self-image.

In a grounded theory intersectionality study, Brady et al (2017) proposed a novel theory of Asian American women's body experience. They found accounts of body image were contextualised within overriding systems of oppression, including racism, sexism, restrictive gender expectations and cultural definitions of beauty. These systems had both positive and negative influences on body image appraisal, ranging from self-consciousness to confidence. The authors suggest that experiences of oppression at the intersection of gender and race give rise to pertinent sources of tensions that uniquely effect Asian American women and extends previous research which has solely focused on race-related factors, e.g., racism and racial-teasing. However, of the twenty women in the sample, only two identified themselves as Indian with the majority of women of East Asian ethnicity, e.g. Chinese. Thus, no specific differences between body image stressors, beauty ideals or body image beliefs were found. As studies are found to aggregate their findings across different ethnicities (Cummins, Simmons & Zane, 2015), future studies need to focus on ethnic subgroups to identify differences or similarities in beauty norms, cultural values and experiences of discrimination that may impact on body dissatisfaction. Furthermore, socioeconomic status was not accounted for and limits how social location influences perceptions of the body. Thus, future research needs to acknowledge this intersection and how this influences the experience of the body in multiple contexts (Thapan, 2004).

1.7 Barriers to Seeking Psychological Support in British South Asian

Although empirical data still suggests the existence of disordered eating and bodily disturbances in British SA females (e.g. Furnham & Adam-Saib, 2001; Mumford and Choudry, 2000), earlier studies suggest that referrals from SA communities to specialist ED services are under-represented (Abbas et al., 2010; Waller et al., 2009). SAs are found to be less likely than their white or black counterparts to approach their GP for support (Cooper et al., 2013). Due to the limited use of mental health services in diverse and multicultural societies such as Britain, epidemiological studies may not reflect the true prevalence of EDs (Smink, van Hoeken & Hoek, 2012). As such research in this population are rare, this topic warrants further attention to address why British SA women remain under-represented and if the barriers to accessing services for the British Indian ethnic population are different.

Lack of identification of SAs with an ED at primary care level has been stipulated as a potential explanation to their lack of service usage (Waller et al., 2009). Factors such as lack of knowledge about EDs and its severity; ideals regarding body shape; family living circumstances; the role of food; stigma and confidentiality have been reported by UK SAs which may delay early access to help (Wales, Brewin, Raghavan & Arcelus, 2017). Findings also suggest a "mixed economy" of explanatory paradigms about mental health including religious and spiritual beliefs (Garrett et al., 2012, p. 149). Mental illness can be regarded as a supernatural phenomenon, a religious problem (Rethink, 2007) and at times somatised (Rehman, 2010). Lack of cultural responsiveness, i.e. the understanding of cultural values and religious beliefs, particularly when not shared by healthcare professionals can undermine treatment, prevents the utilisation of services (Minnis et al., 2003) and fosters resistance to treatment (Rehman, 2010). A more nuanced understanding of the culturally and socially rooted factors to body disturbances can tailor counselling approaches and interventions around these specific risks, such as cultural conflict issues, family tension and gendered histories and expectations. This would enhance cultural knowledge, e.g. issues of cultural membership to a group and help deliver interventions using culturally appropriate intervention skills (Sue, 2002). This could guide a therapeutic stance geared towards pluralism, that is a *"commitment to respecting, valuing and being inclusive towards otherness"* (Cooper & McLeod, 2007, p. 136). Sensitivity to the multicultural nature of society is in line with pluralism and aims to privilege the perspective of clients, help manage natural tensions which may arise during the therapeutic endeavour and ultimately drive collaboration and sustained engagement (McLeod & Cooper, 2010).

Fear of stigma, particularly family stigma and shame in the broader community may lead some SA women to ignore their eating behaviours, illness, emotions and feelings in a bid to protect themselves from these experiences (Mustafa et al., 2018). SA women also have less involvement in mental health services due to issues regarding GP confidentiality (Chew-Graham et al., 2002) which could further draw attention to and expose the family and community, causing shame. Both shame and stigma are experiences frequently cited in the mental health service engagement literature, alongside being specific to ED treatment (Hepworth & Paxton, 2007). This demonstrates the intersection of gender and culture where the pressure experienced by women to uphold *izzat*, (i.e. honour/respect) which is deeply rooted in SA culture can result in a 'conspiracy of silence' (Mustafa et al., 2017). This masks significant health concerns but also encourages silence amongst those suffering. Cultural and gender-specific campaigns and interventions with both women and their families can help to reduce the culture of silence and stigma, raise awareness of the signs and symptoms of bodily disturbances and EDs in the SA community and encourage women to seek help in these

traditional supportive systems. This also aids to confront systemic inequalities by respectfully challenging and shifting social value and practices which act as barriers for the many psychological and social difficulties experienced by marginalised groups (Ali & Sichel, 2014).

The gendered location of a women within her SA community mean that shame and honour construct complex hierarchies of power. Women are therefore repositories of honour (Kushal & Manickam, 2014) and whilst shame legitimises and obstructs behaviour, has the power to license gender violence, oppression and silence women (Cowburn, Gill & Harrison, 2015). From the feminist perspective, EDs are considered a problem associated with isolation, disconnection and oppression in young women, with gender inequality as a catalyst for psychological illnesses in some women (Katzman & Lee, 1997). Attention to intersecting locations, particularly gender, race and culture which contextualise psychological distress in this ethnic group will allow further knowledge of the societal and patriarchal sources of emotional distress, including loss of personal power (Tummala-Nara, 2011). In line with the feminist view of therapy and Counselling Psychology practice, this study aims to enhance collaboration between therapist and client by carefully considering the dynamics of the therapeutic alliance that it does not itself become yet another oppressive experience for clients (Brown, 2010). This also speaks to the commitment to a social justice agenda and calls for this to be infused within Counselling Psychology practice (Shin et al., 2017). This research could add to feminist counselling approaches, highlighting the importance of understanding, listening, empowerment and transition (Nielsen & Dewhurst, 2010) and reinforces the pluralistic epistemology of Counselling Psychology by viewing the client as an active agent of change, has the right to choose and fosters strengths that can be utilised (McLeod & Cooper, 2011).

1.8 Rationale

The literature suggests that how SA women who live in Western countries experience their bodies lies at the complex intersection of gender, race, culture and class. British Indian women can be considered as an ethnic subgroup who are situated in a historical context of patriarchal systems and practices in both her British and Indian culture. Systems of oppression, restrictive gender expectations (Brady et al., 2017) and parental control (Mustafa et al., 2017) are considered as wider experiences of restricted agency which are fundamentally gendered (Katzman & Lee, 1997) and influence the relationship women have with their bodies. This extends Western-based frameworks beyond the view of ED behaviour as a difficulty related to weight, dieting and body dissatisfaction, but rather considers how identities such as gender,

race and culture intersect to give rise to issues such as cultural disconnection and oppression in women. However, to date, no study in the UK exists using an intersectionality paradigm to focus on how British Indian women develop difficult relationships with their bodies. Little is known about how systems of power and inequalities affect these women in regards to body image and how to challenge and dismantle these structures. Given that studies suggest that disordered eating may be higher in British SA females than their Caucasian counterparts (e.g., Ahmad et al., 1994; Mujtaba and Furnham, 2001), it feels important to deepen the understanding of how identities such as gender and race converge to create restrictive and oppressive experiences for women which influences their lived experiences of their bodies.

For SA women in the UK, there continues to be a lack of empirical research on body image, particularly in the British Indian sub-group. Of the existing research, there has been a large focus on EDs underpinned by a positivist position using measures such as the EAT-26, the BBS and BSQ. Whilst able to capture causal relationships and correlations, such quantitative measures only consider a limited number of variables in relation to the experience of bodily and eating disturbances and fails to capture the complex spheres through which British Indian women inhabit. Although culturally relevant aspects such as parental conflict have been found (e.g. Mujtaba & Furnham, 2001, Furnham & Adam-Saib, 2001), these UK studies provide little knowledge of how other risk factors to bodily disturbances are based on multiple intersecting identities held by British Indian women. Moreover, most studies have collapsed SAs into one category or focused on other sub-Asian populations besides Indians, producing only a limited picture of how British Indian women develop and cope with bodily disturbances. Indians constitute the second largest ethnic minority group in the UK and are considered biologically different in body shape size and skin colour (Nagar & Virk, 2017), potentially creating tension and conflict when coping with being different from mainstream society. Thus, in a group where both gender and race are highly visible social identities, there is a huge gap in the literature which requires attention through an intersectional lens to consider how these identities create oppressive experiences such as racial objectification and inform how British Indian women develop difficult relationships with their bodies.

The narrow focus beyond theories of causality, e.g. acculturation and ‘Westernisation’ is compounded by the low engagement rates and underrepresentation of the SA community in ED services. This research aims to raise awareness in mental health services of issues regarding power and inequality that dictate how women from British Indian backgrounds experience their bodies, in turn affecting their help seeking behaviours, coping styles and engagement with psychological therapy services. Increasing knowledge could also educate and better inform the SA community that mental health difficulties do not discriminate and can

affect anyone, challenging stigma and discrimination and move towards achieving more social justice for these women. In particular, this research hopes empower women who due to a gendered history have been silenced, where their bodies and minds (Mishra, 2013) have been controlled by men to uphold traditional social distinctions. This research finds itself firmly grounded in the field of Counselling Psychology, which has deep roots in multiculturalism and social justice, whilst privileging and respecting clients through fostering a collaborative therapeutic relationship. This research endeavours to encourage reflective practice which is sensitive to pertinent issues grounded in the gendered histories and expectations of Indian women living in the UK. It is this disruption and opposition of social relations of power (Crenshaw, 1989; Collins, 2000) which transform power dynamics and encourage social change (Moradi & Grzanka, 2017), an essential aspect of intersectional research.

Quantitative exploration alone limits the ability to focus on the complex relationship between the body, gender, race and culture, providing justification for why a phenomenologically based paradigm can move beyond investigating particular constructs (e.g. body dissatisfaction and eating behaviours) towards a more integrated and embodied experience of the self. For these reasons, I will conduct a qualitative study exploring how British Indian women experience their bodies, using intersectionality as a lens through which to understand how gender, race and culture amongst other identities overlap to create oppressive experiences and mediate how women make meaning of their bodies. Interpretative phenomenological analysis is the chosen methodology used to acknowledge how social, cultural and historical structures shape the subjectivity of experience, grounding participants accounts in their lived experience.

2.0 Methodology Chapter

2.1 Introduction

The aim of this chapter is to provide an overview of the methodological considerations taken to explore how British Indian women experience their bodies from an intersectionality perspective. This includes discussion of the ontological and epistemological position of this study; rationale for the chosen analytical method; detailed procedural descriptions and the measures taken to ensure that this is a sound, high quality and ethically committed piece of research. Finally, personal and epistemological reflexivity will be addressed.

2.2 Rationale for a Qualitative Approach

Existing studies pertaining to body image in the UK SA community have been, and still are largely grounded in quantitative paradigms, mainly exploring the development of body dissatisfaction and EDs through standardised measures such as the EAT-26, the BBS and BSQ. Such studies are commonly developed to evaluate the body as a trait-like construct (Zimik, 2016), aiming to capture 'something' in the real world as truthfully as possible (Willig, 2013). The positivist philosophy underlying quantitative research regards knowledge as objective, unbiased, and exists independently from both the researchers' and participants' view or knowledge about it (Willig, 2013). However, this study aligns itself with the view of human experience as subjective and individual, with the process of analysis always mediated by the researcher. Qualitative research designs aim to gain a rich understand of the texture and quality of experience, as opposed to explaining the 'truth' or 'reality' (Grbich, 2009). Thus, this study acknowledges that human observation and experience of the world is selective, thus 'partial' at best and therefore dependent on the observer (Willig, 2013). This idiographic approach is naturally aligned with my practice as a trainee Counselling Psychologist, placing importance on the subjective and uniqueness of individual experience, also reflective of the humanistic theoretical basis for Counselling Psychology.

Positivism and scientific methods such as Karl Popper's hypothetico-deductivism fail to acknowledge the role of historical, social and cultural factors in the creation of knowledge (Willig, 2001). Rather, feminists' scholars of the 1960's and 1970's argued of the importance of the researcher's own identity and location in the world in influencing the research process and findings, inevitably having a relationship with, or being implicated in the phenomena under study. Qualitative methodologies recognise the fundamental role of the researcher's own

world view on the data and how this influences the interaction between researcher and participant. Thus, any analysis produced by the researcher is always an *interpretation* of the participants experience (Willig, 2013). This view rejects the objective and isolated relationship between researcher, participant and the data that governs quantitative research. Therefore, qualitative methodologies encourage reflexivity throughout the process of research, as this constitutes the vehicle to advance our understanding of experience, consistent with the interpretative and phenomenological approach used in Counselling Psychology as a discipline.

Qualitative research views human existence and interaction as dynamic and fluid, *"far too complex to be reduced down to a few variables"* (Howitt & Cramer, 2011, p.297), neglecting essential qualities. By its nature, quantitative data is generated based on what is asked, therefore limiting the scope of exploring different dimensions of human experience. It is hoped that using a qualitative methodology may generate a more complete picture of the meaning making processes, whilst acknowledging the diversity of interpretations of how British Indian women experience their bodies. Qualitative methodologies are interested in the social and/or psychological structures and processes (Willig & Stainton-Rogers, 2008), making it imperative to understand an individual's life story, social and cultural context (Willig, 2013). This view is consistent with this study as it aims to heavily situate women in their historical, social and cultural contexts to contextualise how these inform the lived experience of the body.

In support of feminist approaches, qualitative research is idiographic and bottom-up in design, bringing to the fore the particularities of human experience in-context (Willig, 2019). Here, data can contribute to theory-building, allowing these and traditional research to be challenged in view of each participants account (Willig & Stainton-Rogers, 2008). Furthermore, interviews used in qualitative research have been considered as an intimate practice and *"a conversation between two partners about a theme of mutual interest"* (Kvale & Brinkmann, 2015, p.123). This appreciates and respects knowledge on both parts, creating an egalitarian relationship. In parallel, the role of power within this relationship is acknowledged and also reflected on as being a key ingredient influencing what knowledge the interview captures (Kvale & Brinkmann, 2015).

It is for these reasons a qualitative paradigm was chosen as it fits with the aims of this study, fosters a sense of respect, intimacy and compassion within the research process whilst naturally aligned with my personal preference and professional identity as a trainee Counselling Psychologist.

2.3 Methodology

2.3.1 Relativist Ontology

Ontology is concerned with the nature of reality and being (Ponterotto, 2005). This research adopts a *relativist* stance, related to the idea that understanding develops from an "*evolved perspective or point of view"* (Raskin, 2008, p.13). This research rejects the realist perspective that objects, actions and events exist independently from individuals, offering one universal truth (Thomas, 2009). This idea sits at the opposite end of the spectrum to relativism which alternatively proposes that the world exists in relation to our perception (Blaikie, 2007) or our construction (Reason & Bradbury, 2006). This ontological position emphasises the intersubjectivity of how reality is experienced and ultimately, the multiple realities then available to participants (Willig, 2008). This subjectivity is argued to be developed through social and cultural structures (Morrow, 2007). Furthermore, it is not possible for these 'realities' to be precisely and truthfully described as only participants have access to their own subjective experience of reality. Consequently, through the process of analysis, it is not possible for the researcher to generate true knowledge about a participant's narrative without imposing their own experiential interpretations on the data. Rather, a collaborative process occurs with the data where meanings of each subjective account offers one interpretation of subjective experience in a given context. This allows further opportunity for re-interpretation for other alternative realities to surface, rather than offering a final truth (Hughes & Sharrock, 1997).

2.3.2 Epistemology

Epistemology is concerned with the different ways of acquiring knowledge but also *why* we know what we want to know (Brown, 2002). Phenomenology aims to capture and describe the quality and texture of human experiences as they are 'lived' (Kruks, 2014). Rather than considering phenomena as scientifically objective, divorced and separate from us, phenomenology aims to grasp experience *"as we engage with them as embodied agents in the world"* (Kruks, 2014, p. 2). This epistemological position denies the Cartesian subject-object split (Hamilton, 1994) and invites an embodied, situated, immediate and affective form of experience by capturing feelings, thoughts and perceptions which give rise to our experience and consciousness in the world (Husserl, 1927).

2.3.2.1 Feminist Phenomenological Position

More specifically, this research is strongly positioned within feminist phenomenology as it brings to the fore under-researched areas, in particular female lived experience (Levesque-Lopman, 2000). Phenomenological descriptions and analysis are considered as a *"critical and*

corrective complement of expansion" (Käll & Zeiler, 2014, p. 6). This approach does not question or change phenomenological methods and concepts but enriches our understanding of women's experience by disrupting the traditional conceptualisation of masculine experience as a universal and essential norm of lived experience (Käll & Zeiler, 2014). Moreover, this position demonstrates that *"neglected regions of experience do not fall into categories of pathology but belong to the everyday lives of women"* (Käll & Zeiler, 2014, p. 6).

Drawing on Beauvoir's (1949) feminists phenomenology which brings to light the specificities of women's experience, this study supports the view that rather than being uniquely discursive, a woman's body is a site of the *facticities* of human existence (Beauvior, 2010). That is, women hold contingent but object 'facts' about their lives which are not chosen, such as biological sex characteristics, skin colour and sociocultural location and are experienced as integral to who we are. These 'givens' assume an experiential 'necessity', where despite being unable to alter these, we cannot deny or negate these as 'our own' (Kruks, 2014). The body is a *lived* situation (Beauvior, 1949), being both *constituted* by discursive and linguistic resources but also *self-constituting*, where human beings are creative agents who are able to design their own reality despite the constraints of material, biological, social and linguistic processes (Kruks, 2014). This view of the body lends itself to a feminist phenomenological position which focus's inward towards understanding the internal experiences of female participants without *"flattening sexual differences into a discursive effect"* (Kirk, 2014, p. 5). Thus, language is used as a channel through which the researcher can learn about individual experience, rather than becoming the sole focus of analysis.

Reflective of the intersectionality theoretical lens of this study, feminist phenomenology has a particular interest in the relationship between self and others involved in subjective experience, and understands and studies women's experiences at the intersections of different identities and structures of power, privilege and prejudice, and social and cultural practices (Käll & Zeiler, 2014; Oksala, 2006). Alcoff (2006) claims that gender and racialised identities which are social, are also *"most definitely physical, marked on and through the body, lived as material experience* (p. 102). In line with Young's view of feminism, this study goes beyond exploring subjectivity and identity, towards illuminating how being a woman is constitutive of 'macro-level' social structures that constrain them. Furthermore, Alcoff (2006) claims that *"noticing the way in which meanings are located on the body has the potential to disrupt current racialising processes"* (Alcoff, 2006, p. 194). This happens through acknowledging our perceptual habits which are integrated to what Merleau-Ponty calls the 'habitual body' (1962). Rather than claiming that a phenomenological approach has capacity to address contemporary racism or sexism, this approach may provide a valuable means for

unveiling and even reorienting the *"pre-conceptual, the embodied-yet-social qualities of racialised and gendered existence today"* (Kirk, 2014, p. 14), in line with intersectionality's commitment to disrupting and challenging power, and encouraging social justice.

Feminist phenomenology views sexual physical characteristics as informing the style and experience of the self. This form of inquiry provides a valuable insight into exploring *"what is the world like for this participant?"*, highlighting the idiographic and emic stance of this study (King & Horrocks, 2018), specific to the individual. At the same time, and in line with the ontology of this study, Beauvoir and Young acknowledge that despite the existence of commonalities which shape women's experiences, these will be experienced *"in historically, culturally and individually variable ways"* (Young, 2005, p.10), allowing for the exploration of multiple versions of reality. Thus, this study recognises that participants experiences are bound up by, and therefore the product of interactions with their social world.

Descriptive phenomenology aims to capture experience as it manifests itself at a given time, minimising interpretation in order to focus on *"that which lies before one in phenomenological purity"* (Husserl, 1931, p. 262). By contrast, interpretative phenomenology to which this study adheres to states that this 'purity' of description does not exist as there is always a degree of interpretation when trying to understand phenomena (Willig, 2013). Our language and experiences shape meaning and therefore, the researcher is always implicated in the data, unable to be divorced from this process and therefore producing only an *interpretation* of the participants account (Willig, 2013). Symbolic interactionism, where the mind and self develop and rely upon the process of social interactions mean the dynamic interaction between the participant and researcher allows new knowledge to be co-created between the researcher and each encounter with a participant's subjective account, which is bound by a particular context and later interpreted by the researcher (Hughs & Sharrock, 1997). Interpretative phenomenology also moves beyond the data to situate individuals within their social, cultural, theoretical and psychological context (Larkin, Watts & Clifton, 2006) to focus on the wider meaning of participant's accounts.

Willig (2013) writes that the role of the researcher is to listen to participant accounts "*empathically with an attitude of unconditional positive regard and without questioning the external validity of what the participant is saying"* (2013, p. 16), mirroring that of a person centered counsellor. This view finds itself related to feminist phenomenology, where Hamington (2008) argued for an epistemological foundation of a feminist 'embodied ethic of care'. This is grounded in the pre-discursive 'knowing' attached to our lived bodies and allows *"a fundamental connection and understanding in the flesh"* (Merleau-Ponty, 1964) that makes

care possible. This stance is reflective of my own practitioner position working with both women and men across my training.

2.4 Method

2.4.1 Interpretative Phenomenological Analysis

This research will use Interpretative Phenomenological Analysis (IPA) to analyse the interview data. Originally developed by Jonathan Smith (1996), this form of analysis is rooted in phenomenology; the detailed understanding of the participant's subjective experience and how knowledge is gained from the world around them (Smith et al., 2009). The interpretative feature of IPA also allows the researcher to make sense of and contextualise these accounts from a psychological viewpoint (Smith et al., 2009). The body is understood in this study as a site of embodied activity; one's mode of 'being in the world' (Merleau-Ponty, 1962); affected by gender, race, culture and social class, amongst other identities and situated in the 'world' which is pre-conceptual and context-giving. Thus, what appears to be the 'world' to some will not display itself identically, or even not present itself at all to others. It can therefore be argued that IPA's focus on meaning making and subjective experience provide sound justification for choosing IPA to address the research question.

IPA's theoretical roots are grounded in phenomenology, hermeneutics and idiography which will now be discussed (Smith et al., 2009).

2.4.2 Phenomenology

Husserl, who began the phenomenological movement in the 20th Century (Moran, 2000) was preoccupied with understanding the consciousness of experience and criticised the scientific empirical attitude to science. He argued that *"…we grasp the corresponding subjective experiences in which we become conscious of them…"* (Husserl, 1927, p. 1) and do not experience the world and its content in their objective state. Husserl's notion of intentionality is related here in that it highlights participants' conscious awareness of what they experience and how they experience it. To develop a 'phenomenological attitude' towards this, he stated that researchers must bracket their assumptions or 'natural attitude'. This is to enable the manifestation of the phenomena to consciousness and ensure a curious and uninvolved approach. In line with the ontological position of this study, it is impossible for the researchers experience and bias to be divorced from the research process.

Heidegger's (1993, 2010) contribution marks a departure from Husserl's transcendental endeavour towards a more hermeneutic and existential view in the world of phenomenology (Smith et al., 2009). Hermeneutic interpretation will be discussed below. Heidegger's stance supports this research in which the person is inherently part of a meaningful context and rejects the Cartesian divide of the mind and the body (Rennie, 1999). He was preoccupied with the ontological question of existence from a *worldy* perspective (Smith et al., 2009). He believed that the uniquely found quality of 'human being' is *"always already thrown into this pre-existing world of people and objects, language and culture, and cannot be meaningfully detached from it"* (Smith et al., 2009, p.17).

Sharing the same commitments towards a more contextualised view of experience, Merleau-Ponty (1962) suggested the *embodied* nature of our relationship with the world. He focused on humans as 'body-subjects', stating that *"the body no longer conceived as an object in the world, but our means of communication with it"* (Merleau-Ponty, 1962, p.106). In relation to how we relate to others, we are unable to entirely share another's experience as this is unique to the others embodied position in the world (Smith et al., 2009). The body is never in isolation, but *"engaged in the world"* (Gleeson & Frith, 2006, p.86). Based on the discussion of epistemology, this study focuses on the embodied experience and subjective meaning of the 'body'. Thus Merleau-Ponty, alongside other feminist phenomenological work provides a sound basis on which this study will be informed by.

2.4.3 Hermeneutics

The hermeneutic aspect of IPA suggests that data is interpreted by the researcher and that their assumptions influence the interpretation of the data (Gadamar, 2003). Heiddeger believed it is not possible to fully detach ourselves as researchers from phenomenological inquiry as to experience something is in some way to interpret it (Finley, 2011). For the IPA researcher, only by being 'experience-close' can one explore subjective reality, with no direct access to experience possible (Smith, 2011).

IPA could be described as a double hermeneutic cycle where the researcher makes sense of what the participant makes sense of (Smith et al., 2009). This requires a two-stage interpretative process and recognises the researchers past experiences as historically, socially and culturally context bound within the analytical process, thus denying the Cartesian dualism of person-world, mind-body and subject-object (Eatough & Smith, 2008). Reflexivity, addressed below is a fundamental part of this cyclical process as these *foreunderstandings* (Heidegger, 1962) need to be continually reviewed in light of new understandings. This is explained by Shaw (2010) to lend itself to the ontological position of this study which invites

different accounts of reality. Therefore, movement between the data is not linear but is iterative and dynamic to achieve a rich perspective. Finally, different levels of interpretation have been used. Empathic hermeneutics aims to understand individual experience by 'standing in the shoes of the participant', whilst critical hermeneutics involves creating a different account to that of the participant, thinking critically about features of meaning which they may be less aware of, therefore deepening understanding without claiming certainty (Ricoeur, 1970).

2.4.4 Idiography

Idiography is concerned with focusing on the particularities of a participant's account and illuminating the subjective realities of a small, closely bound group (Smith et al., 2009). It has been argued that the search for commonly occurring themes reduces the idiographic focus of IPA and discards themes which are not commonly shared across a sample (Wagstaff et al., 2014). However, given IPA's idiographic focus and its reluctance to claim homogeneity in its findings, the shared yet uniqueness of each particular experience has been presented and reflected in the findings (Smith et al., 2009). This requires an in-depth analysis which is thorough and systematic, together with the focus on a small, purposively-selected group. IPA has also been criticised for not allowing research to be replicated (Giorgi, 2011). However, IPA aims to produce theoretically as opposed to scientifically-based generalisations of understanding which can be linked to findings, personal and professional experiences and current literature (Smith & Osborn, 2008).

2.4.5 Rationale for Interpretative Phenomenological Analysis

IPA was the chosen qualitative approach as its theoretical underpinnings are well suited to exploring the lived experience of the body from the perspective of British Indian women. IPA's core principles are grounded in phenomenology, focusing on the detailed exploration of a person's lived experience in order to gain a deeper understanding of their world (Smith & Osbourne, 2015). In line with the feminist phenomenological stance of this study, IPA considers the lived experience as embodied, whilst socio-culturally and historically positioned (Smith et al., 2009). This suggests IPA can assume both a phenomenological and social constructivist paradigm. This example of flexibility within IPA allows this study to endorse a relativist stance towards the possibility of multiple realities, as opposed to the frequently adopted critical realist perspective in body image research. Furthermore, IPA acknowledges the importance of intersubjective language and communication in the construction of meaning, where our bodies are the site of embodied subjectivity. IPA argues that linguistic and discursive experiences are insufficient to describe people's lived experiences and is in line with this study which views the identities of women as etched onto and lived through the body, and therefore embodied.

Focusing on the meaning of the body in British Indian women using an *interpretative* rather than descriptive account is in line with IPA and aims to allow further knowledge of how the body is experienced in the context of the *"social and cultural expectations and norms which prevail at the time of data collection"* (Willig, 2013, pg. 17). This moves towards a more 'worldy' view of one's embodied position in the world. Heidegger attached phenomenology with theories of hermeneutics, postulating that human existence is inextricably bound up in people, things, language, relationships and culture (Smith, 2015), all of which are undoubtedly significant to embodied experience.

Merleau-Ponty viewed that our ability to perceive the 'other' always develops from a position of difference. This idea suggests that each individual has access to their own 'reality' which can never be entirely shared. Therefore, my version of each participants account was unavoidably interpretative and supports the ontological position of this research. In contrast to conventional phenomenology, IPA openly recognises the role of the researcher by encouraging reflexivity. This accentuates the interpretative role of the researcher and their own impact in the process. It is hoped that the value of the hermeneutic process may allow authentic and rich themes to develop through this type of qualitative endeavour.

Connection is a valued aspect of IPA which avoids alienation between researcher and participant, a central tenant of feminist phenomenology (Fisher, 2010). Furthermore, IPA, much like feminist research views participants as experts on their experience. These stances respect transparency and collaboration throughout the research process with participants (Sinopoli, 2011). The interrogation and interpretation of data in IPA also reflects feminist research, where the latent aspects of experience, integral to phenomenon are revealed, deepening the understandings of the scope and structures of women's lived experiences and can challenge the oppressive practices against women (Eatough & Smith, 2008). These reflect how phenomenology and methods such as IPA provide significant ethical and political resources to feminist practice (Kirk, 2014).

2.4.6 Rejection of Alternative Qualitative Methodologies

During the process, other alternative qualitative approaches were considered including Grounded Theory (Charmaz, 2000) and Discourse Analysis (Potter & Wetherell, 1987). A brief description of each methodology will aim to highlight why these were not chosen and why the principles of IPA are best suited to this study.

2.4.6.1 Grounded Theory

Grounded Theory (GT) has roots in sociology and symbolic interactionism, which claims that *"meaning is negotiated and understood through interactions with others in social processes"* (Starks & Trinidad, 2007, p.1372). Charmaz's (2006) post-modern position moves away from GT's original grounding in a realist ontology towards relativism, focusing on the active role of the researcher as a co-constructor of theory. Although GT focuses on social processes to form a more contextualised and dynamic approach, much like the epistemological stance of this study, it focuses on the construction of theory within a broader context, taking 'an outside in' view in comparison to 'an inside out' perspective as found in IPA (Willig, 2013). As this study focuses on the lived embodied experience of the body which concerns itself more with the internal world of a participant, rather than solely social context, causes or consequences, and with no aims of developing an explanatory theory of basic social processes, GT was deemed less well suited to this study.

2.4.6.2 Discourse Analysis

Discourse Analysis (DA) is focused on the role of language in the construction of social phenomena (Willig, 2008). A version of DA, Foucauldian Discourse Analysis (FDA) aims to understand experience through the influence of social structures and the meaning of these for those who use them in relation to power (Hook, 2007). Although these approaches provide some overlap in regards to the importance of context in knowledge and experience, language is seen as constructing reality, rather than reflecting it. Thus, both DA and FDA commit to a 'strong' social constructionist epistemology. IPA however has been described as a 'light' constructionist position, acknowledging the influence of language but also arguing that individuals cannot be reduced down to linguistic resources or seen as purely discursive agents (Eatough & Smith, 2006). The rejection of these approaches does not diminish the importance of discourse, rather that discursive resources were not the focus of this study. As previously mentioned, IPA acknowledges that one cannot detach themselves from cultural language which experience is contingent upon and constrained by. However, IPA's 'light' constructivism views lived life as more than historically embedded linguistic interaction, providing only a partial account of what people are doing when they communicate, i.e. using more than culturally available meanings (Eatough & Smith, 2008). In line with feminist phenomenology, *"the body is not only a site of discursive inscription…it is the site of both one's lived experience and one's particular style of acting, and of expressing and communicating who one is"* (Kirk, 2017, p.11).

2.5 Validity

Throughout the planning and implementation of this study, particular attention has been given the quality and validity of qualitative research. Yardley (2000) proposes that sound qualitative research should embody four key principles; *'Sensitivity to Context'* (existing theory and research, the socio-cultural context of the study for both researcher and participant, and the social context of the relationship between researcher and participant), *'Commitment and rigour'* (prolonged engagement with the research topic, depth of analysis and suitability of the sample), *'Transparency and Coherence'* (the 'fit' between theory, research question, philosophical perspective assumed and chosen method of analysis) and *'Impact and Importance'* (the theoretical, practical and socio-cultural implications of the study to the field of Counselling Psychology). This criteria of evaluating qualitative data will now be discussed and has been used to inform the methodology, procedure and reflexivity process.

Sensitivity to Context

Examining the broad range of existing relevant literature on this phenomenon demonstrates an initial sensitivity to context. This enabled me to become more familiar with contemporary conceptual ideas on body image in SA women but also highlighted the lack of qualitative methods used to explore the body within the context of being a British Indian woman. This substantiates the rationale for adopting IPA from the outset, which focuses on the *'person in context'* (Langdridge, 2007) and in line with IPA's focus on the idiographic nature of experience. This criterion also endeavoured to be achieved by utilising semi-structured interviews to allow each participant to consider their experience freely and help place them within their own socio-cultural context. This is in line with the epistemological view of this study and that of IPA which highlights the subjectivity of experience, which is embedded within a contextual milieu. This helped emphasise how language, varied family and cultural backgrounds together with the changing environments and contextual factors illuminate the meaning making of the body. Finally, it was important for me to consider my role in the research context. Reflected in more detail below, I considered how my appearance as a slim Asian woman could have resulted in the more physically dissatisfied participants to feel impeded, ashamed or judged when sharing their experience, together with reservations about if they felt I understood difficult aspects of their experience.

Commitment and Rigour

This criterion has been demonstrated through my attentiveness to all participants during data collection, in-depth engagement and commitment to the data analysis and the use of both analytical and interpretative skills which are firmly rooted in my Counselling Psychology

training. Consideration has also been given to the selection and suitability of the sample, attempting to match this to the research question and in line with the homogeneous sample required for this study.

Transparency and Coherence

I have endeavoured to clearly justify the aims of the research, the research question, the design of the research and how the analytic procedure has been carried out. This is linked to the literature and has been reviewed by my supervisor to enable a 'fit' between this research and the theoretical assumptions underpinning IPA (Smith et al., 2009). Participant verbatim has been included in the findings to illustrate the divergence and convergence within this sample and support that these themes are grounded in the participants data. Again, this aims to demonstrate a 'fit' between the data and interpretation. I have also kept detailed analytical accounts of each stage to further strengthen the coherence and transparency of this research.

Impact and Importance

Yardley writes that *"the real validity lies in whether it [the research] tells the reader something interesting, important or useful"* (Smith et al., 2009, p.183). The 'body' is an under-researched area in British Indian women, particularly from an intersectional perspective. It is hoped that findings from this study will be disseminated through publication to help develop a more culturally nuanced account of the various oppressive structures that present themselves to British Indian women as a result of their multi-layered identities and unique gendered histories. Of importance is the aim of developing the clinical practice of Counselling Psychologists when working with both women and the wider systemic system within this culture to encourage a collaborative, empowering and critical approach to reduce the effect of systemic oppressions for British Indian women.

2.6 Procedures

2.6.1 Participant Selection

The *"detailed examination of personal change"* (Smith et al., 2009, p.164) in IPA ascribes to an idiographic stance in the construction of knowledge. Therefore, a considerable personal commitment and investment is needed during both interviewing and analysing to focus closely to what each participant is saying. Furthermore, IPA has a commitment to considering the subjective experience of phenomena of specific individuals within a specific context. This

particular lens therefore requires a small, closely bound group to illuminate the shared, yet uniqueness of experience (Smith et al., 2009).

The recruitment advertisement for this study (see Appendix 1) encouraged 'British-Indian women' who had an interest in talking about their bodies and how being British and Indian influences this to contact the researcher. A British Indian woman is defined in this study as *'a female who was born in the UK to parents originating from India and no other country in the Indian subcontinent, i.e. second generation and been living in the UK since birth'.* As women's concerns around their bodies are likely to change over the lifespan (Cash, Winstead and Janda, 1986) and that British Asian females in particular may experience different forms of restrictions depending on age (Furnham & Adam-Saib, 2001), an age range of twenty-one to fifty was selected to encapsulate this. It was hoped that this range would allow for a wide spread of views and experiences of the body through belonging to both British and Indian cultures.

Purposive sampling was used to eight to ten participants. According to Smith et al. (2009), there are no specific guidelines on sample size in qualitative research. The decision to arrive at this range was born out of two main considerations. Firstly, Smith et al., (2009) suggest that purposive sampling aims not to yield generalisable results, but rather examine the points of convergence and divergence in a homogeneous group. Thus, the focus was on attempting to gain a number of subjective experiences on this phenomenon. Secondly, Smith et al., (2009) suggest that a sample size that is too large may pose greater difficulties in meeting the commitments of IPA, than one that is too small. Considering time constraints and attempting to preserve the idiographic nature of IPA through the in-depth analysis of each individual transcript, it was concluded that a maximum of ten participants was possible.

2.6.2 Inclusion and Exclusion Criteria

To assess suitability for the study, interested participants completed a brief pre-interview screening questionnaire (see Appendix 2). The inclusion criteria were that all participants must be fluent in speaking and understanding English. This is due to the necessity of language in qualitative methodology and the possibility of misinterpretation. All participants were required to be female and aged between twenty-one and fifty years old and in particular, all females needed to consider themselves as a 'British-Indian woman', as defined above.

The exclusion criteria were that participants should not be experiencing severe mental health difficulties, i.e. consider themselves to be in crises where they feel great emotional distress or anxiety, cannot cope with day-to-day life or work or thinking about suicide or self-harm; not be

actively psychotic, i.e. experiencing hallucinations or hearing voices, and not be receiving treatment as an in-patient for their mental health. These aimed to protect women against potential harm and emotional and/or psychological distress, as well as to prevent interference with any ongoing treatment.

2.6.3 Sampling & Materials

Participants were recruited through advertisement flyers. These were worded in a manner to encourage women who were interesting in talking about their bodies and racial/cultural identities to contact the researcher. The advertisement was distributed throughout the campus of City University London, advertised on Facebook and in three newsagents in the London Borough of Newham. This borough was chosen as at the time of recruitment, it had the largest Asian community in London (Office for National Statistics, 2018). However, both Facebook and advertising in Newham did not generate any responses. This in itself may be interesting and worth considering, given the well documented internalised shame of mental health difficulties in Indian women (Boge et al., 2018). It may have been that these women did not feel comfortable contacting me through these mediums which may have appeared quite daunting and unfamiliar.

Initially, four university students expressed interest in this study and contacted me through email. I then spoke to all interested participants over the telephone using my 'research phone' to introduce myself, provide brief information about the study and answer any questions. All interested participants were then emailed a copy of the information sheet (see Appendix 3) which contained more in-depth and transparent information concerning the genuine nature and rationale of the study, together with the ethical considerations of this research. It was anticipated that participants would be able to provide their full consent if they chose to participate. Participants willing to take part in the study or if they had any further questions or concerns were encouraged to contact me.

At this point, all four participants provided a snowball sampling method, where a further five acquaintances were identified as potentially interested through this initial sample. As the structure of the family and friends in India is seen as a crucial institutional of social support (Boge et al., 2018), it could be argued that there is a degree of similarity between the attitudes and beliefs and perhaps by extension, the experiences of women in this sample. It is also possible that through association to their relatives/friends that they may have felt safer to share their experiences with me. Consent to contact the five new participants was gained by the initial interested participants where a telephone call was made to each new participant to introduce myself, provide them with the information sheet and address any concerns. On

receiving emails from all nine participants expressing much interest in taking part, I again contacted each participant by telephone. I checked that they had read the information sheet and offered to go over it with them on the phone. All participants said they had read and understood the information sheet and were then emailed a brief pre-interview screening questionnaire. Participants were contacted through email to inform them if they had either been included or not included in accordance to the inclusion/exclusion criteria. For this study, all participants met the requirements and a convenient time to meet was then arranged collaboratively between the participant and myself.

A total of nine participants were interviewed and all interviews took place in booked rooms in City University, London. Demographics were collected using a demographic form (see Appendix 4). Table 1 below displays the demographics for all participants. Similar socio-economic status and education level were shared amongst participants, adding to the homogeneity in the sample. Yet, perhaps due to methods of recruitment, i.e. snowball sampling of acquaintances mean there may be a degree of similarity between the experiences of some participants. The range of ages may also be representative of the methods of recruitment and the salience of this topic for this particular group.

Age	Religion	Occupation
27	Hindu-Punjabi	Post-graduate Student
28	Muslim	Post-graduate Student
36	None	Solicitor
23	Hindu-Punjabi	Undergraduate Student
49	Hindu	Medical secretary
28	Christian	Post-graduate Student
35	Hindu	Executive assistant
33	Hindu-Punjabi	Social worker
36	Hindu	Lecturer

Table 1. Table of participants demographics

It is also worth considering that although all women identified themselves as British Indian, they reported to stem from a variety of different religious backgrounds which have undoubtedly shaped the findings of this research. Of particular relevance is that the majority of participants identified themselves as ‘Hindu’ or ‘Hindu-Punjabi’. It is important to acknowledge that Hindu-Punjabi’s and Hindu-Gujarati’s compromise of a large percentage of Hindu’s living in the UK

(Vertovec, 2013), with 52% of the Hindu population in England living in London (Office for National Statistics, 2006). Differences in the geographical origins of these sectors, e.g. Punjab, Gujarat and/or East Africa mean there are marked differences between both religious groups, with their own unique associated variations in language and dialect, socio-economic status, castes, domestic structure and religious principles which fundamentally shape patterns of migration, settlement, social institutions and identity development (Vertovec, 2013). These intersections ultimately may have shaped narratives around the female body and therefore the bodily experiences of women in this study. For instance, studies have found a considerable amount of segregation between Gujarati and Punjabi Hindu's regarding participation in religion (Bharati, 1972) and in Britain, increased levels of spatial separation between both groups (Sim, 1981). It could be argued that the geographical separation of these two groups may mean they not only live separately, but have overt and subtle social and cultural differences which inform different experiences of the body.

As no women disclosed as having any severe mental health difficulties, it could be argued that a non-clinical population was used for this study. However, in 2017/18 there were approximately 16,547 hospital admissions in the UK where ED was either a primary or secondary diagnosis, with 91% comprising of women (NICE, 2017). Thus, I wonder how differently these women experienced their bodies from those in this sample, alongside how their gender and racial identities converged to inform this experience, which would too have influenced the analysis.

2.6.4 Pilot Test

A pilot test was first conducted on two British-Indian women (see Appendix 5). As they were my acquaintances, they were not included in the final sample. Calitz (2009) suggests a pilot test in qualitative research helps to identify unclear or ambiguous questions in the interview protocol and can evaluate participants responses to, and the general content of the questions. This space also allowed me to practice my interview technique and learn how to be flexible with the schedule whilst staying close to the phenomena. This would subsequently aim to assess the usefulness of the planned interview schedule in accessing the lived experience of the participants.

Both interviews were reported to have been thought provoking and insightful, allowing participants to explore rich descriptions of their embodied experience from the standpoint of their multiple identities. I also found this highlighted the difference between being a 'therapist' and 'researcher' and that I felt more comfortable than I first anticipated as a researcher.

A key finding from the pilot was the breadth at which both participants spoke about their experience of the body. At times, their accounts became quite generic and impersonal, e.g. their opinions on social media and marketing, and talked about their issues in terms of other people rather than themselves. Although these narratives are significant to the aims of this study, this also highlighted my need to remind participants at the beginning and during the interview of the interest on their own experiences and understanding. Smith et al., (2009) write that it is important to not pressure participants into talking about topics they may not be prepared to discuss, something that I remained attentive to during the interviews. I often wondered if seeming 'unfocused' was because of a level of discomfort, embarrassment or shame when talking about appearance and other cultural difficulties relating to the body. Thus, I made a list of helpful prompts to help redirect the conversation to the personal and subjective meaning of events and to guide the interview towards more depth concerning issues around intersecting identities (see Appendix 5).

2.6.5 Semi-Structured Interviews

A semi-structured interview approach was used. The necessary amendments were made to the interview schedule following the pilot study. This allowed for particular words to be discarded and re-wording of some questions to enable clarity and encourage a better focus on the personal meaning and experience of the body.

The questions presented to participants aimed to be open-ended and non-directive, allowing the opportunity to explore the personal experience of how women experience their bodies (Willig, 2013). The flexibility of the interview schedule aimed to allow the introduction of topics which may not have been anticipated by the researcher, find out more about a specific experience and helped me to respond naturally to the ebb and flow of each individual interview (Smith & Osborn, 2008). The interview guide also helped by outlining further questions and prompts to give voice to all nuances in the process, helping me to maintain a curious and relaxed attitude (See Appendix 6).

All questions were generated using literature pertaining to previous intersectional qualitative research on the body based on Asian American (Brady et al., 2017) and Canadian SAs (Mustafa et al., 2017; Keum et al., 2018) and using Smith et al's., (2009) guide to collecting IPA data. These aimed to gage an understanding of the individual understandings of experience and acknowledge the influence of identities, historical, social and cultural contexts, rooted in the epistemology position of this study.

2.6.6 Interview procedure

On meeting the participants, they were given the opportunity to ask any questions or voice any concerns. I responded to all questions and endeavoured to establish rapport using empathic listening, an attitude of unconditional positive regard and without questioning external validity of personal accounts to gain rich, detailed narratives. I explained each point of the consent form (See Appendix 7) to ensure that participants were given full consent to participate. This included anonymity, confidentiality and reminded them that they were free to take a break, end the interview and free to ask me questions at any point. They were also reminded that they were free to withdraw their interview at any time up until one month after the interview, without giving a reason. After this, it was explained that they would be unable to withdraw their interview from the study. Two copies of the consent form were provided and signed by the participant and myself, with one copy given to the participant.

Prior to beginning the interview, each participant was asked to complete a demographics form. This included information about age, ethnic and cultural background, religion and current occupation in order to gain contextual information about each participant. An encrypted auto-recorder was then used to record all interviews. It was stressed that there were no right or wrong answers as the interview questions were merely a guide to exploring their own subjective and unique experiences. This was proposed to situate the participant as the expert in their experience (Reid, Flowers & Larkin, 2005) and in line with the epistemological focus of this study. The interviews ranged from 50 minutes to 90 minutes.

Confirmation of room bookings at rooms in City University, London were confirmed through email with each participant. The necessary safeguards were also put in place for my safety. These included letting a close friend know the location and time of each interview. I planned to inform them before the start and after the end of each interview to confirm my safety.

Following the interview, participants were given a debrief form with links to organisations that support those with body image difficulties and my contact details in the event of wanting to withdraw, needing support or asking any questions. They were also encouraged to make use of wider support networks, such as supportive friends, family and their GP if they felt this was necessary after the interview (see Appendix 8).

All interviews were transcribed by me which helped me to become familiar with the data set of each participant. In line with Smith et al. (2009), each transcript was individually transcribed with attention paid to all spoken words, important non-verbal utterances (e.g. laughter), meaningful pauses and hesitations.

2.7 Data Analysis

The steps taken to analysis the data using IPA have been outlined by Smith et al., (2009). Whilst these guidelines exist as a frame for analysis, they were used flexibly, tentatively and when comfortable enough, were used to engage more creatively and individually with each subsequent transcript. Below is a description of each stage of the analysis.

2.7.1 Analytical procedure

1. Reading and re-reading

In line with the guidelines of IPA analysis laid out by Smith et al (2009) and the idiographic nature of this methodology, interviews were carefully analysed individually. Eatough and Smith (2006) suggest that each reading facilitates closer attention and responsiveness from the researcher to what is being said. Thus, I transcribed the data personally, listened to the audio recording of each interview whilst reading through the transcript and then read the transcript once more. This helped to immerse myself with the data and re-familiarised myself with the experience of the interview. Identification of thoughts, observations and personal reflexivity was also noted in my research diary, such as factors affecting the interaction between the participant and myself (Willig, 2001). This process was repeated for each individual interview prior to analysing them individually.

2. Initial noting

Formatting each transcript to have two large margins on each side of the page and inserting line numbers prepared the transcript for annotations. Initial examination on an exploratory level using a curious and open-minded stance helped me to take note of anything interesting and pertinent which arose in the transcript. These were noted on the right-hand margin. After extensive re-reading of the interview, three different colours were used to illustrate three levels of coding; *descriptive,* i.e. the participants relationship to events, key processes and experiences which encompass their world*, linguistic,* i.e. use of language and *conceptual*, i.e. interpretative and moving towards an overarching understanding of text, in line with Smith et al. (2009). These were noted on the left-hand margin (see Appendix 9 for an example of stages two).

3. Developing emergent themes

The next stage involved condensing the volume of detail in these notes whilst maintaining the complexity and richness of the data. Working primarily with these initial notes or “chunks” of reduced information (Smith et al., 2009, p. 91), brief statements which reflect the psychological

essence of the comments supplementing that segment were created. Here, the hermeneutic circle is demonstrated in that the 'parts' of the transcript analysed eventually come back together whole again at the end of the analysis (Smith et al., 2009). Although attempting to capture the particularities of a piece of transcript, Smith et al., (2009) write that one will inevitably be influenced by the whole of the transcript. This reinforces the hermeneutic circle where understanding the whole is established by relation to the part, and the part is understood in relation to the whole (Pietkiewicz & Smith, 2012). Furthermore, these statements reflect both the participants experience but also my interpretations (see Appendix 10 for an example of stages three).

4. Searching for connections across emergent themes

Emergent themes were typed onto a table chronologically as they occurred in the transcript and spread across a large floor space to allow me see how they might relate to each other. I then produced clusters of themes which I then labelled to reflect the themes within it. As the movement between the data is not linear but iterative and dynamic to gain richness of data (Shaw, 2010), I ensured I referred back to the transcript to confirm all themes were grounded in the data. A summary table including each thematically clustered theme and the subordinate theme with the relevant extracts from the text illustrating these themes were produced (Willig, 2001). These cluster themes were checked with my supervisor to enhance the clarity and validity of the analysis process (see Appendix 11a and 11b for two examples of stages 4).

5. Moving on to the next case

Preserving the idiographic commitments of IPA, I interacted with each transcript individually by repeating steps one to four. Engaging with each transcript independent of another helped to maintain its integrity as being unique. I also attempted to 'bracket off' my thoughts and ideas which surfaced from previous transcripts. To allow new themes to emerge, I embraced each transcript as another's individual subjective experience and maintained a curious attitude.

6. Looking for patterns across cases

After completing steps one to four for all transcripts, I began searching for connections and patterns between the different transcripts to eventually form a list of superordinate themes (Willig, 2001). To aid this, I printed out each table of emergent themes for each transcript, spread them out on the floor and searched for commonalities, differences and the frequency of pertinent themes across the participants experiences. A summary table of superordinate themes, their associated emergent themes, quotations and corresponding line numbers was produced (see Appendix 12 for an example of stage 6). This process led to the re-configuration, re-labelling and discarding of particular themes. The aim, similar to the

production of emergent themes was to produce predominate themes that depict the subjective lived experience of each participant whilst embodying higher order qualities.

As suggested by Smith et al., (2009), I created a criterion which measured the 'recurrence' of emergent and superordinate themes. In line with their recommendations when analysing large samples, the most frequently recurrent themes found in five or more of the participants interviews were included in the analysis. It was hoped that this would enrich the validity of the findings (Smith et al., 2009) and to achieve the idiographic attention of the individual whilst also making claims for the larger group. Both abstraction (i.e. like for like themes developing into higher level superordinate themes) and polarisation (i.e. oppositional relationships providing higher level superordinate themes) also drove the rationale for this criterion, endeavouring to encapsulate the different experiences of similar phenomenon across participants.

2.8 Ethical Considerations

As a scientist practitioner and member of The British Psychological Society (BPS), I give precedence to the ethical guidelines outlines by the BPS. The BPS's code of Ethics and Conduct (BPS, 2009) of *'Respect', 'Competence', 'Responsibility'* and *'Integrity'* were considered at every point during this study. Particularly, the *'Ethical principles for conducting research with human participants'* (BPS, 2009) was closely adhered to and are outlined below.

Consent

Written, informed consent was sought by all participants prior to contacting them by telephone and before the interview process.

Deception

The true and genuine nature of the study was made clear from the early stages of recruitment. No information was withheld from participants at any stage of study.

Debriefing

Participants were asked throughout the interview how they were to make sure they were not experiencing any worry or upset. A list of support services and resources were provided to all participants, regardless of whether they appeared distress.

Withdrawal from investigation

Participants were made aware that if they began to take part in the research but then changed their mind, they were free to withdraw their interview at any time up until one month after the interview, without giving a reason. After this, it was explained that they would be unable to withdraw their interview from the study. They were assured that they would not be penalised or disadvantaged if they decided to do this.

Confidentiality

Participants were ensured anonymity with all identifiable information removed from transcripts, including excepts from the transcript used in the research findings. Hard copies of both consent forms and transcripts were kept separately in a securely locked cabinet. Audio recordings and electronic transcripts were securely stored on a password protected computer. In accordance with the code of ethics outlined by the British Psychological Society (BPS, 2009), after five years all information relating to this research will be destroyed.

Protection of participants

Through the use of telephone contact and a pre-interview screening questionnaire, participants experiencing severe psychological distress, active psychotic episodes or seeking treatment as an inpatient were excluded. These measures were expected to reduce the likelihood of potential harm and/or psychological distress. Also, by cultivating a safe and empathic environment, this may have led participants to articulate new understandings and potentially experience some degree of psychological distress. Using the therapeutic skills grounded in my Counselling Psychology training, I felt confident to address these issues sensitively and contain any difficult emotions. All interviews took take place at the City University, London Campus in a booked room to ensure personal safety of the researcher and participant. A risk assessment was also completed by the researcher to cover for both risk to participant and researcher (see Appendix 13).

Giving advice

Although this did not occur during any interview, I felt prepared to reflect any observations of physical or psychological distress which may have arisen during the interview process. It was anticipated that a minimal degree of psychological distress would be experienced. Nevertheless, each participant was given a debrief sheet together with details of counselling services, the researchers contact details and advice to contact their GP to discuss any distress. Moreover, use of personal therapy and supervision by the researcher aimed to protect against unexpected psychological distress.

Obtaining ethical approval

This study gained approval from the Research Ethics Committee, City University, London (see Appendix 14 for ethics form and Appendix 15 for the granted ethics letter). No other approval from any other organisation was required for this study.

2.9 Costs

Participants were offered a £7 Amazon gift voucher in appreciation of their time and effort in contributing to this study. Therefore, the total expenses for this study was £63.

2.10 Reflexivity

Qualitative inquiry recognises the role of the researcher in affecting and shaping the research process (Willig, 2013). The social, cultural and historical context of the researcher will inevitably shape how the research is carried out (Yardley, 2000). Rather than regarding this as a negative, these *"pre-judgements"* and *"fore-understandings"* are seen as the heart of our experiencing and enmeshed when accessing experience (Finlay & Gough, 2003, p.117). Reflexivity, defined as *"the process of continually reflecting upon our interpretations of both our experience and the phenomena being studied"* (Finlay & Gough, 2003, p.117) affords us to opportunity to consider how these contribute to our influence and reaction to the research context and data which ultimately make interpretation possible (Willig, 2008). Thus, this particular kind of research encourages the researcher to think of themselves more as an 'instrument', rather than neutral and detached in the research process (Willig, 2013). The hermeneutic aspect of IPA suggests each individual will perceive the same phenomenon differently, seen through an individual lens coloured by one's own lived experience, specific understanding and historical background (Finlay & Gough, 2003). This leads to a double hermeneutic cycle where I the researcher am seeking to make sense of the participant making sense of their own world (Smith & Osborn, 2003). It is therefore necessary that I aim towards being transparent in my position within this research, reflecting on my choice for this topic and how I may influence this research.

Langdridge (2007) provides a series of questions that encourage researchers to develop a reflexive attitude to research. Four pertinent aspects emerged and are discussed below and are revisited in the discussion chapter.

2.10.1 Personal Interests in this research

I am a British born, 29-year-old Mauritian Asian female, with Indian ancestral roots. My initial interest in the topic of body image stems from my early experiences growing up and the importance I place on my physical well-being as a woman. Growing up, I remember my father showing me pictures of when he competed as a body-builder in India in his younger years. He continues to invest and show pride in his physical health even now through regularly training and dieting. Reflecting on this, I feel that from an early age these images left me with particular ideas which were implicitly valued and encouraged, i.e. appearance is important and demonstrates 'success' to others. Throughout the years of personal development, I have reflected heavily on why I have such an investment in my own body, what my relationship is with my own body and what this means to my identity as a female. Although this is something I am still grappling with, I feel that this research alongside the use of personal therapy has help guide me towards a deeper understanding of what my body means to me and how my identity as a female of ethnic origin creates particular complexities with the relationship I have with my body.

2.10.2 Ethnic influence of the researcher: Insider vs Outsider

My personal interest also stems partly from my own cultural background. I consider myself to be a British born Asian woman with parents from Mauritius. Owing to my Indian ancestral roots, traditional values and beliefs of the Indian culture have been passed down through the generations of my family. Within my family, I am the first generation to be born and bred in the UK. Since embarking on Counselling Psychology training, personal therapy has allowed me to reflect on my upbringing and family unit to recognise how my life has been moulded around implicitly valuing patriarchal structures and female obedience, both of which strongly resemble traditions of the Indian culture. Prior to engaging in this research, these were aspects of my identity which I felt detached from and were not considered as informing the experience of my body in a considerable way. Although in its infancy, exploration of these aspects of my own cultural background and the implications of how these have made me feel about my physical body and sense of self have fed my curiosity into how other women who originate from comparably strict cultures feel when they are then faced with the pervasive media images of the West which strongly dictate how they should look. It is the conflict and confusion ignited within me when considering my dual nationality as a Mauritian and British woman that has intrigued me into wanting to explore these difficulties in relation to the body within an ethnic group who are marginally represented in psychological research.

However, through considering the procedures and interview schedule, I came to realise that the 'sameness' I first assumed may not be entirely shared with my participants. Although my

ancestors originate from India, my Mauritian culture which is unique in terms of food, language and religion means that my own beliefs and assumptions about the experience of my body may differ from my participants more than I first anticipated. A somewhat shared system of cultural and religious values led me to believe I would be in an ideal position to 'understand' and give voice to these women's experiences. Using a reflexive journal, I was able to pay close attention to the 'otherness' I may represent to my participants, my own beliefs around this topic and how these may ultimately affect relational dynamics and the analysis. Whilst I am an outsider, I do still believe I am closer to understanding this experience than the average 'outsider' because of my ancestry. I was therefore mindful of particular assumptions I may hold about this ethnic group and the expectation of finding particular themes within the analysis, such as all women from an Indian or SA background having been subjected to strict cultural upbringings who in response confront feelings of frustration.

The idiographic nature of IPA which focuses on the shared, yet uniqueness of subjective experience allowed my 'otherness' or 'difference' to be used as a method of gaining a greater understanding of my impact on the data analysis process. Thus, alongside continual use of my reflective journal during the research process, my mixed position of being both an insider and outsider meant a long and sustained engagement with each transcript to ensure an honest and sound reflection of how my positioning affected this research. The inherent fatigue I experienced during the analysis phase meant it was necessary for me to take regular breaks and step back from this process to gain perspective. Supervision was also utilised in order to contain some of the more prominent and difficult emotions I encountered during the analysis process. These are discussed in more detail in the discussion chapter.

2.10.3 Position as a feminist

I feel as a female, my body has always been a large part of my identity and continues to be the case into my womanhood. I consider myself to have taken a journey into finding, an albeit fluctuating state of acceptance of my body shape and features. My journey, which I consider to be on-going has been impacted by various different factors throughout my life. This mainly includes social media, which overwhelmingly bombards us with images of the 'ideal' female body. As a woman of ethnicity, I feel these can become incredibly confusing and often demoralising as they are typically unrealistic images of women who appear vastly different in skin colour and physical proportions than my own biological make-up. As a feminist, my personal belief is that the current Western climate places a pervasively unattainable standard of appearance which serves to deflate and damage self-belief in many women globally. I have therefore made a conscious effort to distance myself from buying magazines, watching reality TV and in particular using social media platforms which fuel this problem. I am alive to my own

emotional reaction of anger and injustice which this provokes. I also believe that this influences my identity as a practitioner and a researcher and has impacted how this research was conducted. I use reflexivity further in my discussion chapter to discuss the affect this had on how I interpreted the meaning of each participant's account; my attempts to 'bracket' these beliefs to avoid the identification of themes not grounded in the transcripts and use of self-care and supervision to manage these tensions.

2.10.4 Epistemological reflexivity

The feminist phenomenological stance of this study situates each participant at the centre of the research in line with phenomenology. Whilst consideration has been taken in relation to possible power dynamics, as addressed above, I may have also been viewed as the 'expert'. This may have been further apparent by my status as a 'doctoral student'. Although IPA has been criticised for its inability to produce generalisable findings, the interpretative process of this study supports the ontology and epistemology of IPA. As Willig (2001) explains, IPA does not claim for the objective nature of anything, but the significance of the meaning researchers co-construct with the data. Thus, I was acutely aware of how my role of 'researcher' afforded me the responsibility as to how each account individually, and collectively were presented. A deeper consideration of how this ethical concern was addressed during the analysis is addressed in this discussion. In line with Willig's (2012) stance of a person-centered counselling approach when engaging in qualitative research, I aimed to maintain an empathic, curious and caring stance largely guided by the participant, reflecting feminist 'care ethics' and the value of phenomenology in informing feminist practices (Hamington, 2008).

This research adheres to the epistemological position of IPA in that the interpersonal contact with participant's and even more prolonged interaction with their accounts renders the researcher's values and lived experience inseparable from any stage of the process. Therefore, my own experiences, cultural background and beliefs, some of which have been addressed above around my own culture and body image have been recognised by means of a reflective journal throughout the research process. This is in line with Willig's (2001) epistemology underlying IPA and to ensure transparency and validity (Yardley, 2000). After each subsequent interview and transcription, initial thoughts and observations were noted. This helped to not only highlight my own processes and potential biases towards how I viewed each participant's experience but also to 'bracket' off these assumptions, in turn treating each participant interview and transcript in its own right. Consistent with the ontological position of this study which invites different accounts of reality (Shaw, 2010), reflexivity was a continual process throughout this study and cyclically reviewed in light of new understanding and

experiences with the data. In light of the process of analysis, further reflections are offered in the discussion.

3.0 Findings Chapter

3.1 Overview

This chapter discusses the three main constituent themes derived from interpretative phenomenological analysis. It aims to offer a rich and illuminative understanding of how intersecting identities of gender, race and culture give rise to difficult experiences of the body for women. Three superordinate themes with eight sub-themes will be presented, together with quotes and my interpretation of the participants interpretation of their own lived experiences. This presentation style ensured the best 'fit' between the data and interpretation (Elliot et al., 1999), in which the findings shift between the rich descriptions of each participants narrative and the higher level of interpretation. The presented themes reflect the idiosyncrasies of experience of similar phenomenon whilst also viewing participants narrative as a whole. To preserve confidentiality, each participant has been assigned a pseudonym. Table 2 below illustrates how superordinate themes and their respective sub-themes have been organised.

Superordinate Theme 1	**Superordinate Theme 2**	**Superordinate Theme 3**
The Gendered Expectations of Being an Indian Woman	**Family Shaming & Criticism**	**The Journey Towards Coping & Resilience**
The Body as a Commodity	Shame - Skin Tone	Moving Towards Acceptance
Comparing Self to Other	Body Shaming	Revealing & Hiding the Body
Cultural Conflict		Connection & Disconnection

Table 2. Superordinate themes and related emergent themes

3.2 Superordinate Theme 1 – The Gendered Expectations of being an Indian Woman

This theme captures the essence of how being raised in the Indian community and living in the West expose women to a variety of gendered and racialised expectations, which inform how they experience their bodies. There is a shared thread of objectifying the body from both the perspective of the women and others around them which is also reflected in the sub-

themes. The theme "*The Body as a Commodity"* describes how women experience their bodies as a commodity, a source of value which affords career opportunities, social acceptance and attracting a potential partner. In *"Comparing Self to Other"*, there is a cyclical relationship between women's own bodies and those of others as they objectified the other to draw an often damaging and self-deprecating comparison to their own bodies. In *"Cultural Conflict"*, there is a sense of feeling isolated, restricted and confused by belonging to British and Indian culture which is anchored in the conflicting gendered and racial expectations experienced by women.

3.2.1 The Body as a Commodity

This theme highlights how the expectations of women in their Indian society to upkeep particular levels of physical appearance leads some women to develop an objective view of their bodies. This mainly consists of experiencing their bodies as made up of valuable parts and a means of affording particular opportunities which symbolise success from a disembodied perspective.

Ranjita talks about the meaning she attaches to being an Indian woman. She views her body as a vehicle made up of different 'bits' to represent what she feels embodies an Indian woman. Interestingly, she makes a link between aesthetic traits but also an internal sense of self. Earlier in her interview, Ranjita discusses the importance of being confident, powerful and successful in her family. This indicates that her physical body represents both her exterior feminine beauty but is also symbolic of other life successes e.g. self-esteem and career. These appear to be underpinned by strong family values which threaten her social standing if she doesn't conform:

> *"…being Indian to me means you need to be pretty. It sounds weird but we all do it. So, if I go to a wedding it's always about wearing a beautiful saree. You get your hair done, nails done, you wear sandals, you look good…being Indian you need to be confident. So, when I go to work, that's how I project myself. You always make sure you have it together, you look good and getting on with it. It's all one…It sounds so bad but to get respect, it is about how you look like… they [my family] won't take you seriously." (Ranjita, 576-600)*

Her use of the second person I feel creates a distance between the 'objective' view of the self which I sense Ranjita feels uneasy and perhaps guilty about holding. Suggesting that *"it sounds weird/so bad"* supports this and perhaps felt that I may have been judging her for her opinions. I also interpret this as her recognition of the quite stringent and harsh expectations placed upon

her by her family which lead to her views of the body as a tool of gaining respect and advantage.

Sheila refers to how the *"limelight"* of Indian culture drives an attention towards her body:

> *"So being in Indian culture has sort of forced me to kind of, look after myself a little bit more better because your always in the limelight and you know, if you're looking scruffy or your just not looking up to it or if you put a bit more weight on, your just not looked at as oh a beautiful person…". (Sheila, 297-322)*

Her reference the *"limelight"* is interpreted as the strong, persistent and perhaps invasive nature of how her body is exposed to others by being Indian. Her subsequent use of the word "*force"* suggests she may feel coerced and perhaps even bullied by her culture to pay attention to her physical appearance through fear of being judged as not beautiful, therefore inadequate and inferior. I consider this to also reflect her experiences of racial discrimination at school, discussed earlier in her interview which have now left with no alternative but to occupy a disembodied relationship to her physical being, intently focusing on her appearance to provide her with a sense of worth, self-esteem and social acceptance.

Throughout Sheila's narrative, she speaks frankly about how she views her body as a commodity, with its abilities to seek career progression, gain acceptance in wider society and keep her partner sexually attracted to her. These commodities appear to be contingent on the internalised standards of feminine appearance, where Sheila views herself as an object that has been "drilled" into by her Indian culture. Preserving her physical appearance has proved itself successful by securing her current job which I interpret as an unembodied experience of the self where she heavily focuses on looking the 'part' through enhancing her separate, almost alienated body 'parts':

> *"I think that look has been drilled into me to look a certain way…I admittedly made so much effort to make sure I looked the part for this job I'm in. I made sure I had the right shoes, the right business attire. It's so important to look the part (banged on the table)…that's how I got my job…looks and the way you portray yourself play I think are at least 80% of the total thoughts of that person. That's how I read others [people] too yeah". (Sheila, 665-687)*

It is of note that Sheila found it difficult to answer questions around her feelings and mental processes. I feel this is reflective of her banging on the table which illuminates just how integral Sheila's use of her body is to her survival and a military style attitude towards how she views her body. Her judgement of others in a quantitative nature is internalised as shaping her own perspective which adds to a further sense of evaluating the use of her body on 'how much' she is able to achieve.

Padma describes being an Indian *"girl"* and because of this has to abide by gender-specific rules. She speaks candidly about how she uses clothes to hide more modest 'parts' of her body. I feel this suggests her body is viewed as a meaningful and versatile tool of displaying loyalty and respect to her elders and as an instrument to being accepted into her Indian culture and her Hindu religion:

> *"You wear Indian clothes or quite reserved clothes…being Indian as well there's a community, like everything feeds back. Recently I had my auntie's 50th…I just had my shoulders out because I knew if I did the same as her [mixed race friend wearing a very low cut top], it would be a whole other story…So definitely with Indian's there is a …you be careful sort of thing, don't go too much but if you're not with us it's OK you can go crazy but if you're with us make sure your dressed appropriately". (Padma, 237-250)*

The *"feedback"* of her actions and use of the word *"us"* suggests that she considers her body as less of her own private property but rather an entity shared in 'parts' to the *"community".* This reflects Padma's surveillance of her body parts to avoid the scrutiny and reaction of others if 'parts' of her exposed body do not uphold the strong shared traditional values of her community. I sensed a conflict in Padma, where her dichotomous view of being 'in or out' of her community based on her clothing choices conflicted with how she presents herself with her English friends. I feel this symbolises Padma's dual cultural identity where efforts to "not go [dress] too much [too exposing]" yet simultaneous attempts to remain reserved and modest perhaps underpins her fear of being rejected from her Indian community.

The body as a means of acceptance was a common thread found amongst participants. Amisha uses her anxieties around her upcoming Indian wedding to illuminate how powerful she views her body as a source of validation:

> *"I've got to remember the fact that I am 36 years old and getting married at this age, I don't want to look like an old bride and Indians are so judgey…It's*

really important for me to look good for my age, look like I've looked after myself, that's what's important to me…I think it's more about "oh, she looks good, she's slim, she looks after herself etcetera". (Amisha, 458-475)

She experiences anxieties about being branded an 'older' bride within her harsh community. I interpret her bodily experience as objectified property which belongs to others in the community. She therefore treats her appearance as a malleable component which needs to communicate specific ideas to others around her about her ability to look after herself. Amisha goes onto describe feeling like a "failure", not having been able to manage her body weight over the last year and her anxieties about aging. Thus, I interpret that her body acts as a painful physical reminder of these perceived disappointments in herself when unable to upkeep cultural pressures of appearance. She therefore attaches great importance to 'proving' her worth to herself and others through appearing to look well-groomed for her age.

This theme highlights the objective and somewhat detached relationship with the body which for these women, created a disembodied experience of being an observer of the self. The value and use of the physical body for women as a unique and powerful machine to survival is shaped upon the cultural expectations of women to upkeep high standards of physical beauty which are gendered in nature.

3.2.2 Comparing Self to Other

The use of comparison to the other surfaced in all accounts, with women using the 'other's' physical body as a measure of their own bodily worth and success. Comparison due to gendered expectations at times was compounded by belonging to the Indian culture which for some participants served to foster an extremely critical and self-depreciating narrative due to feeling inadequate. This increased an objectified view of the self, driving body dissatisfaction and negative self-perception.

Bollywood actresses were commonly used in examples to exemplify the 'ideal' woman and what women aspired to look like. Amisha uses Bollywood and Hollywood actress Priyanka Chopra to quite critically assess the extent of her failure of not being able to look like her. Amisha quantifies her failure based on being younger in age to Priyanka Chopra and looking 'worse', thus viewing both her and the other as an object which she can 'measure' herself against. Her romanticised idea of others looking *"amazing"* leaves her only able to see her 'failures' and the bad in herself. I interpret the use of Priyanka Chopra in her example as someone who Amisha feels she has a shared bodily experience with. That is, perhaps she

feels able to compare her quite critical expectations of herself against an Indian woman who experiences similar and even more stringent expectations of feminine beauty:

> *"Priyanka Chopra…she's older than me but her body is amazing like…and I always look at her, she just got married and, in her pictures, she's wearing all the outfits and I'll think how are you younger than her but you can't even look like that? In one way it's motivation and that I can still look like that if she can and then the other side is like, you're such a failure how could you not have been like that?...it's so shit… but in one way it's motivation, it's incentive, it's do-able, it's not out of your reach so I try to look at things in that way but in other times, at your vulnerable moments you think, you're such a failure." (Amisha, 288-308)*

There is a sense of conflict where the glorification of the other serves to destabilise Amisha's inner world but also acts as a motivator in the pursuit of a better physical appearance. She pivots between these two states using a meta-position on the body and viewing herself from the outside in, like an object. I interpret this as a disembodied experience for Amisha, where she has become a detached observer where her self-worth is based on her failure to embody the other.

Sheila talks of a longing to look like Jennifer Lopez from when she was a child. She believes there is a shared experience amongst women where everyone attempts to want to embody a famous celebrity:

> *"JLo [Jennifer Lopez], she's a beautiful woman. I've always wanted to look like her and never did (laugh) but you kind of always want to look like the stars because you see them on TV and they look like amazing with the perfect body shape you know, the bum size, the breast size, total hour glass figure. I mean if I had the money then I'd try and get liposuction (laugh) and try to look a little more like her…but I'm too scared to do that I think, I'd rather kill myself (laugh) than be in public if it goes wrong" (Sheila, 81-95)*

I interpret this similarly to Amisha, where her idealised view of the other as a faultless female object only leaves room for her to attend to her failures, i.e. never looking like her. The other is objectified in pieces, as is her own body which can be sculpted and worked on. Sheila's observer perspective is therefore internalised as the primary way of viewing her body. Her reference to killing herself if surgery went wrong I feel illuminates the grave disconnect between

Sheila's body and the felt sense of the lived experience of her body. This latter component felt unnoticed during this excerpt and that the mere removal of her physical body would 'fix' any surgical errors.

Chetna's discusses her use of social media and the extent of her inadequate feelings as a result of her direct and pervasive comparisons with others:

> *"You go online and it's like why don't I look like that, why don't I look like that, why don't I have eyelashes like that or big lip like that…you want to look like that because you think people will like that. I do have this constant battle wanting to look like that. I'm quite skinny and quite small then when I see other girls with boobs, bum and I'm just like (rolls eyes). Again, I have that constant struggle of wanting to be like that but then not bothered because I'm trying to be confident in myself" (Chetna, 169-219)*

The 'other' and therefore herself are viewed in 'parts' which she can control and change if she choices to do so. Her body as devoid of these 'parts' quickly and quite powerfully leaves Chetna with a sense of being imperfect and deficient. Viewing herself as "skinny" and "small" against other more voluptuous figures leaves her feeling not able to fit in as her physical proportions fail to match the others more 'glamorised' appearance.

Interestingly, Chetna later explains that due to her issues with her thyroid she finds it very difficult to gain weight, yet throughout her account continues to repeat *"why don't I look like that?".* It is as though her mind and body are separate entities, where knowledge of her condition appears to not affect her desire to embody a figure quite opposite to her own. I often wondered if this repetition was Chetna implicitly questioning me, given my similar appearance of a slim Asian female and perhaps assumed I identified with her struggle. I believe her 'battle' is one against the fierce temptation to embody the better looking 'other' to gain validation. In the last line, she intellectualises her desire to stay separate from comparisons, which I feel is more reflective of her trying to manage feelings of deep temptation and the unbearable inadequacy she faces.

Chetna goes onto express a further sense of confusion where social media adds to her not being able to fit into both Western and Eastern versions of beauty. I feel she is in fact the "Indian girls" she refers to who are in pursuit of more Western beauty ideals and therefore have lost their traditional ethnic features. However, she is still left with a sense of not looking like either *"Kylie Jenner"* or Indian actresses and heightens her feelings of inadequacy:

"…you don't really know what's real anymore. I know Kyle Jenner isn't Indian but you look at her and think oh why don't I look like that? Then you get Indian girls who want to look like that, white, light…some of the actresses don't even look Indian anymore…now they are small, their hair looks nice, skin flawless and you're like why can't I be like that?" (Chetna, 1025-1040)

This theme reflects the upward nature of comparisons, based on gendered expectations held to achieve perfection, only to perpetuate a cycle of feeling insecure, different and inadequate.

3.2.3 Cultural Conflict

This theme explores the different types of cultural conflict experienced by women. These affected how they felt about their bodies and were commonly grounded in the racial and gendered expectation placed on them by both their Indian and British cultures. A common theme was how conflicts arose primarily in the social structures of family, friends and the wider community to create restrictive, confusing and frustrating experiences of the self and body.

Ranjita describes how being skinny is a rigid and restrictive view of success that her family place on the female body. This clashes with her more flexible view of the body and mind as both connected and embodied experiences of the self. She places importance on both appearance and an internal sense of care and duty to others which symbolise self-worth:

"…they are very strict…but that's what it means to be the best. I know it sounds really shallow. For me it's changed, now it's about how you look but also how you feel and how caring and loving you are and how much you give back…so I'm more flexible with that…they are critical, I think they are too critical. I can have a little bit of flexibility. I look at a person as that person". (Ranjita, 646-663)

However, her individual sense of agency and separateness from her family is quickly contradicted with a description of herself as being critical:

"…I don't know if it's being Indian or just my family but I think we are very critical. I think it changes the way you do things. I'm quite… the family are very black and white, like go to the gym, don't eat crap anymore. I think being Indian and being in that environment has made it such a conscious thing for me to lose weight or to be slim-ish. It's not nice, I'll be honest. You're always having to think about what you look like…" (Ranjta, 796-810)

Although she displays an internal sense of agency around her own ideas and beliefs, the critical part of herself appears to be embedded within being Indian and her family. She highlights this link by changing from talking about herself to *"the family"*, perhaps reflective of how her body and sense of self are closely bound by this social structure. However, I also interpret her Indian and family identities as limiting her ability to hold more flexible and autonomous views of body image, ultimately coercing her to becoming critical and preoccupied with her body weight.

Chetna provides ample examples throughout her account about how confused she feels when she considers cultural expectations of how she should look physically. These expectations are used to guide her behaviour and appearance, which suggests a deep disembodied experience of her mind and body. Her narrative is one of being disempowered by her detached relationship with her body and lacks a sense of belonging which fuels her crave to mould her figure into something acceptable for others. I interpret Chetna's confusion with the perceived non-existent standard of beauty as very overwhelming, confusing and paralysing her ability to think, creating a self-critical narrative which serves to further damage her self-esteem:

> *"This is what it's like when I go to the temple. Like "ah you look skinny why don't you eat more?" Then you do and they say "oh she looks a bit fat". It's very contradictory…There's always that image people have of what you should be but nobody actually knows what this is… It messes with your head. It's just confusing. It's bad enough that I'm quite insecure but then on top of it, it's like oh I can't really do anything right. You can't win. You don't really know what you're supposed to do or look like really." (Chetna, 735-746)*

For other women such as Rani, there is a 'wrestle' between her dual Western and Eastern identities which oppose one another, where her need to manage traditional family practices and perceived incompatible personal needs create conflict:

> *"…I think it makes it even harder because the food in our culture is not conducive to a slim figure, I think that's something that's really hard for me because when I go on holiday to India, I go to lots of family members' homes and the food is really tasty…that makes it even harder because I'm conscious of my weight going there, then I put on more weight…It's an expression of love so think I wrestle with it because you love the food that the culture brings but you know it won't make you slim. There's definitely a conflict there." (Rani, 407-414)*

Whilst she holds aspirations of wanting to be slim, her other conflict appears to be embedded within the Indian family context where food symbolises social connection and gratitude. Rani's soft tone when referring to the *"expression of love"* leads me to believe she values and respects this tradition, to which her "wrestle" is interpreted as her feeling caught between complying with this typical form of socialisation in her Indian culture and holding contrasting aspirations of slimness. Her concerns of inevitable weight gain lead to an ongoing surveillance of her body which maintains a sense of body consciousness, tension and guilt of being caught between these two opposing worlds.

Rani also describes a dual cultural identity which has shaped how she has coped with difficult feelings related to her body weight through time. The manner in which she discusses the 'Indian' and 'British' parts of her cultural identity I feel is in parallel to the stark contrast between how each culture and herself view her body when distressed. I interpret that through her 'Indian culture', she has experienced her body and emotional world as invisible, unworthy and undeserving of attention. However, she has moved to strongly identifying with a more Western and individualist approach to coping which I interpret as her ability to view her body as meaningful, important and capable of change:

> *"…just from being Indian I've learned just to suppress it in some ways. Suppress it and not say anything and accept it, it's [issues of the body] not seen as important. Whereas bring British, I would say I've learned you should talk about it, that you shouldn't suppress it and it's actually something bad for you…You should reflect on it, why I'm feeling this way and how I can make myself feel better… I think the Indian context has given me very negative coping strategies…As I've grown older it's shifted more to the British side of it…I definitely cope with it in a much more healthier way." (Rani, 340-365)*

Despite her strong identification with a 'British' style of coping, she quite sadly highlights the equal strength of internalising Indian beliefs around body weight. She describes these ideas as having been "imprinted" on her. I interpret this as external and unwanted ideas which are now firmly embedded into her belief system. Thus, her dual cultural identity leaves her conflicted about her feelings towards her body when she gains weight. Through the lens of her Indian culture she experiences her body as undesirable and damaged leaving her having to contend with both her 'Indian' and 'British' side of herself:

> *"…but I would say that I think it has in some ways implicitly given me a negative idea of people who are overweight because of the connotations that family*

members have about people who are overweight. That's something I quite wish I didn't have in a way, because I feel that's fuelling my own perception of if I have put on weight or do put on weight. So, I'm quite sad that's somehow imprinted on me…" (Rani, 388-396)

Padma encounters a conflict from belonging to her Indian and English social groups:

"…in Temple, I don't want my uncles or friends or family and stuff that I'm meant to see as kind of my older sort of style but then I'm wearing what? No thank you I don't need that…but they [English friends] don't seem to understand that, but when I speak to my friends who are Indian (whispered), they say oh no I get that I'd be the same…even until this day they [English friends] don't understand…it happened just the other day (laugh). They just don't get it…" (Padma, 85-111)

I interpret Padma's frustration of feeling misunderstood as driven by her Indian values of female modesty which conflict with those held by her English friends. These two sets of values therefore collide leaving her feeling different, isolated from this peer group and perhaps embarrassed of this stricter code of conduct which only her Indian friends can identify with.

Anju describes an internal conflict where she struggles to find an acceptable and understandable explanation for why her attention is initially drawn to women with fair skin when looking at magazines and family pictures. I feel this represents a conflict between holding traditional values rooted in Indian culture and this limits her ability to hold any other, perhaps more liberal views of skin tone. She proceeds to say:

"… that kind of stuck with me for a long time and yeah…(pause). Unfortunately, it's difficult to sometimes detach myself from that… It makes me sad. It really does. It's so deeply entrenched….it's so automatic…It's like I have no control over this reaction almost. I really wish I didn't have this but I do… I do…I suppose it's just who I am". (Anju, 180-195)

Anju's tone suggests that has intense feelings of sadness and shame at the importance she places on skin colour. Her words "*automatic*" and "*no control*" could represent feeling helpless and tightly bound by her Indian cultural beliefs, restricting her ability to think any differently. This same experience was echoed by other participants who used phrases such as *"…a lot of the older ladies programme it in…"* (Padma, 360). These phrases lead me to believe that

some of the participants view the cultural idea of 'fair means your beautiful' as something so deeply entrenched that they begin to feel trapped and imprisoned by these cultural messages, disabling them from making their own decisions and feel strongly dictated by these internalised messages which shape a fragile sense of self. This is pertinent in Anju's closing sentence where the strong grip of skin fairness ideals leaves her feeling passive and submissive to her fate as person.

This theme illuminates the different ways women experience a sense of internal conflict by virtue of belonging to both Indian and British cultures. This creates tension, restriction and isolation as women try to manage a sense of self driven by both personal desires and cultural expectations attached to two opposing cultures.

3.3 Superordinate Theme 2 – Family Shaming & Criticism

This theme attempts to capture two of the most salient aspects of the body addressed by all women: skin tone and the physical body. The theme *"Shame – Skin Tone"* details how communal shame in relation to darker skin tone is experienced in the context of being an Indian woman and pertinent cultural ideas which attach beauty to fairness. In *"Body Shaming"*, the object body is described as the interface through which women are seen by others in the world and highlights the experiences of criticism and humiliation across a range of contexts including family and the wider Indian community.

3.3.1 Shame - Skin Tone

Most participants discussed being aware of strong Indian cultural values of fairness as equating to beauty. This theme highlights how the strong cultural pressure to remain fair as possible creates feelings of shame, low self-esteem and a sense of isolation which women struggle to create a distance from.

Padma describes using others as a benchmark and compares what colours do and do not suit her skin tone. Her use of the term *"Asian"* may insinuate that she views herself as belonging to this wider ethnic group and uses this group to learn how to present herself in a way she is comfortable with, i.e. not dark. She goes on to say:

> *"…that's another thing…I know that I don't like to look too dark. Even though we are Asian sort of thing, or Indian but if your too dark it's classed as oh "she's dark, she's not that pretty" but if your fairer, she is beautiful…" (Padma, 315-319)*

Padma explicitly describes actively not wanting to look darker and may be viewed as unattractive, in line with the views of her *'Asian'* culture. This view is shared with other participants. The quick interjection of *"that's another thing*" may suggest an additional pressure to appear in a certain way and appears to experience this similar attitude with others in her life:

> *"… I think my mum does it a little bit …she won't say it in a horrible way but…I'd say do you think this makes me look a bit darker (whisper) and she would be like yeah (laugh). She won't be like yeah but this makes you look OK, but then I allow that. I look fine, I look great, like ok (laugh)" (Padma, 332-338)*

Here, her mother's comment appears to have caused offence and Padma's laughter may suggest how uncomfortable she feels that others judge her 'darkness'. She appears not wanting to be noticed if she looks darker, reflected in her whisper and goes onto comfort herself when others judge her.

Amisha provides a reflection on the deep-rooted internalisation of what constitutes being beautiful and how this subsequently leaves her feeling having just returned from holiday with tanned skin:

> *"I do feel a little bit unattractive… more so (laugh). I do yeah, it's weird. I mean I do believe it…no…but yeah…my dark circles are a bit more camouflaged (laugh) but then I think oh, I should really go back to my normal colour so I feel like bright and pretty again. It's really weird…mmm...naughty girl thinking like that. I didn't realise". (Amisha, 399-410)*

Her use of humour represents a distance she creates between the painful realisation of feeling more unattractive when she is darker. She stutters considerably during this excerpt which I feel illuminates the uncomfortable conflict of assessing the 'pros' and 'cons' of being darker. I feel the word *"camouflage"* insinuates one of the 'pros' of her darker skin which serves to disguise and mask her physical flaws, i.e. dark circles, whilst the 'cons' represents the masking of her fairer skin tone which will ultimately make her feel attractive once again. She then moves towards feeling a sense of disbelief and feeling disturbed by this view, using a more playful phrase, i.e. *"naughty girl"* to possibly move away from even more uncomfortable affect associated with feeling unattractive and the shame in holding these beliefs.

Amisha also discusses how looking darker affects the planning of her upcoming Indian wedding:

> *"…I said oh I might do it [a hen do] abroad. She [her aunt] said oh you can't do that, you'll get a tan and I said OK, then she said you will be darker at your wedding and I just thought, oh for flips sake (laugh) because it massively is, the lighter you are the prettier you are…that sort of stuff really influences the wedding plans…my mum rolled her eyes at me but afterwards said it's true (laugh) I was like what? She said you've got to look good, I was like why does that mean I'm not going to look good?" (Amisha, 356-381)*

She seems to acknowledge a common narrative observed amongst other participants around the value of fair skin. Her tone throughout this excerpt is one of irritation and anger, which I feel is reflected in her laughter. This may have been a means of distancing herself from these negative feelings and the disbelief that her mother also agreed with her aunt. This is interpreted as Amisha feeling quite controlled by others around her and these perpetual ideas of beauty which both seem to be dictating what she does and how she looks before and during her wedding. I also believe Amisha feels somewhat angry with herself for perhaps actively allowing these beliefs to *"really"* influence her wedding. There appears to be a part of herself which believe in these values, yet another quite rejecting part which ultimately becomes offended at the implication of her darker skin meaning she will in fact appear less attractive.

Sheila describes her own experience of becoming darker having been in the sun and what this may mean in terms of her desirability:

> *"Sometimes I'm like oh shit, am I?...I'm like oh, everyone's going to be like "oh she's gone dark" and the fact that back in the day they didn't want to marry the dark one sort of thing so that comes into play and it's like ahh, jeez. You think your over these things then your like ohh, no it's still there sort of thing" (Sheila, 368-378)*

I interpret that Sheila anticipates being rejected by others because of her darkness, which for her and others deems her as unwanted and inferior. Alluding to being "the dark one" constructs a 'self' which is separate and impersonal, which may reflect her difficulties in tolerating being darker as an integrated part of herself. Part of Sheila may reject or feel detached from *"back in the day"* traditional beliefs, but her darkness is a reminder of the implicit, yet very present struggle she has around this. She goes onto explain further about feeling different when out socially and not attractive to other ethnic groups:

"… I don't tend to think [White men] they like many Indian girls…especially when I go out, it's different…I don't think they see which one is Indian or…they just see it as, brown…they just think oh, like what are you? I get that a lot. Well what are you?" (Sheila, 645-649)

It could be that Sheila experiences being embarrassed by others who see her as a separate, foreign, alien-like object because of her skin colour. There appears little capacity to view her as a whole human being. Many other women spoke holding the idea that 'fair is lovely and dark is ugly' and that implicit pressures are placed on women to achieve fairness, which for these women represented desirability, power and visibility.

This theme reflects the internalised importance of skin colour as informed by Indian upbringing, attached to ideas of opportunities and can create shameful and discriminatory experiences which occur within family and societal systems.

3.3.2 Body Shaming

Women explained their bodies as the interface through which they are seen and judged by others, mainly their family and wider cultural communities. Perception of their Indian culture as critical and too objectifying led to feelings of shame, body consciousness and a resentful and rejecting relationship with the body. These created profound difficulties with self-esteem and body confidence.

Anju describes experiencing intense feelings of hate towards her body. She describes a painful and shameful experience of having put weight on and acknowledging the more global hatred towards herself as a person too. Anju's goes onto explain that her feelings of hatred are compounded by feeling rejected by society for her weight:

"…I feel that being large is not accepted in our society so I think that's another battle, it's something else to fight against. If you're already trying to lose weight or whatever the issue is that makes you big, your trying to battle with that but then the battle with the public, people around you…" (Anju, 314-319)

The use of Anju's language suggests she views her body type as something which renders her an outcast from society. This then provokes a 'fight' which is perhaps indicative of feeling targeted by others for her weight and having to often defend herself against people she knows and doesn't know. There is a sense of feeling hopeless as she appears to be conflicted both

internally with the issues sustaining her weight but also externally, with others who continue to reject her.

Anju goes onto give a poignant example of how she occupies an observer position towards her body through the lens of the others objectification:

> *"…somebody said the other day [about themselves] "I look like a fat Indian woman" and it wouldn't have offended me normally but it really offended me…because I am this fat Indian woman…the reality hit that what I am feeling and what I feel about myself is actually true because the way they said it…" (Anju, 329-342)*

Anju's emphasis on the sentence *"I am this fat Indian woman"* may be interpreted as her being very self-conscious about being overweight through the criticism of others and therefore assumes a meta-perspective towards her body. It may feel easier for her to tolerate her weight by creating a distance using a foreign 'fat' object, rather than acknowledging her size as an integrated part of herself. She also demonstrates how she can utilise the other to 'confirm' the trueness of both her 'fat' body but her also more painful feelings of low self-esteem.

Rani often refers to having a heightened awareness of her body when amongst Indian family. Being surveillance by others, particularly how and when her body changes leads her to becoming preoccupied with thoughts of achieving more and looking better. She alludes to a hurtful and critical communication style which Rani appears to accept, igniting a critical view of her body. Her reference to not seeming as obsessed or anxious suggest very strong feelings of being judged based merely on her physical appearance which negatively affect her self-worth:

> *"I would say in a family context …I think it makes me I see my body in a very negative way. Whereas outside that context I wouldn't seem as obsessed or wouldn't have anxiety about how I feel at all… [In my South Asian culture] It's just the bluntness of the comments of "oh you have put on weight" or "you look different"…when you hear those comments it's that dull feeling when I think "oh I should have exercised more or taking more care of my body". (Rani, 136-163)*

Chetna describes feeling heavily criticised by her family community for her small frame:

> *"Communities, family when they always comment on "oh you've lost weight, you have put on weight" so for me, it's always I look skinny. You know, you look really skinny, stick thin. It's not a nice thing. They aren't complimenting it, they're saying why are you like that? Why aren't you putting any weight on? So, if you did put on the weight they would say why you got fat for? There's always a constant battle, you can't be content with just how you are". (Chetna, 259-277)*

Her use of the metaphor *"stick thin"* suggests that her body is viewed as an object by others who compare her to another inanimate object. Her tone of disgust during this excerpt suggests the word 'skinny' has connotations around being undernourished and scrawny which she feels others target her for. She later describes thinking people see her as ill and not looking after herself. Thus, being skinny is experienced as defective as others question what is fundamental flawed about her not gaining weight. I sensed Chetna's frustration during this excerpt which I feel illuminates' feelings of shame, feeling depersonalised and a sense of being trapped. She then goes onto experience a *"battle"* which I believe is an internal conflict to feel content with her body but also an external 'fight' with powerful societal voices.

Others appear to criticise Chetna's aging outward appearance and use this as a measurement of her readiness to marry. Chetna is left feeling immense pressure to find a partner and experiences this objectification as insufferable. She alludes to these demands being placed on her by others who ignore her internal, more painful emotional world. She herself creates her own distance from this at the end of her sentence:

> *"…they will say you look older and should get married…why haven't you found anyone yet?... I hate it, it's so much pressure. It's really hard. It's like an age thing and then what I look like, then what other people want me to look like and then inside having like no confidence. One day, let's see". (Chetna, 511-527)*

Amisha candidly discusses the verbally abusive nature of her previous romantic relationship. She experienced being humiliated and heavily criticised because of her body by her ex-partner. The pervasive objectification of her body by the other appears to have left Amisha internalising this same view of herself, whereby her failure is attached to her body which represents defeat and a failure resist the force and weight of her ex-partners comments:

"…[he] use to make comments all the time about me. I was constantly aware of how I looked. He was verbally abusive… You know when you hear those things like that about yourself, you don't forget it… [the comments] have stuck in my head a little bit… that's why I feel like a failure because I feel like I've almost succumbed to all those words and not been a better version of myself physically" (Amisha, 273-282)

This theme demonstrates the commonality of shame, humiliation and rejection on the basis of failing to meet cultural and societal demands for appearance. These experiences are heavily situated within a familial and community context which drive body consciousness and lowered self-esteem in physical appearance for these women.

3.4 Superordinate Theme 3 – The Journey Towards Coping & Resilience

This theme reflects how the overlap of being a female of Indian origin and brought up in Western society converge to influence how women develop coping strategies, together with resilience to cope with difficult feelings associated with their bodies. Three main sub-themes will be discussed; in *"Moving Towards Acceptance"*, the journey towards pride and acceptance of the body and the strategies used to cultivate these attitudes are explored; in *"Revealing and Hiding the Body"*, the use of clothing and make-up is explored is relation to self-preservation in the face of adversity and as a symbol of pride. Finally, in *"Connection & Disconnection"*, this is explored as a coping strategy, with women connecting and disconnecting from others during periods of feeling ashamed, and discriminated against because of their appearance.

3.4.1 Moving Towards Acceptance

This theme relates to particular participants who although have a degree of body dissatisfaction, felt that they had taken a journey to becoming more accepting of some aspects of their physical appearance and illuminates the meaning processes behind how these women moved towards this state.

Manisha describes having been on a journey through early experiences of searching for her individuality and identity. She appears to experience a sense of integration where her visibly different features as an Asian woman have been used positively with pride to distinguish herself from others who were different from her. She presents as unaware of feeling different

from others, which in turn allows her to feel more accepting and comfortable in herself and body:

> *"I found my way of expressing myself and exploring beauty…for me being Asian, the only Asian in that group of goths made me feel amazing. It was an absolutely unique platform to be on…finding myself and that sense of identity. It's really made me who I am today which might be why I struggle to make that direct link between image and ethnicity…I don't really see myself as different even though I look it" (Manisha, 446-455)*

Her lived experience is one of embracing and "loving" her darker skin tone which is in stark contrast to the other participants who viewed their darker skin as making them feel unattractive. She presented as bubbly and vibrant, where I felt her laughter reflects a dismissal of her darker skin as an indicator of her worth and refusing to internalise such beliefs:

> *"…I remember having a family gathering and an older uncle had made a comment to my mum that "it's a shame that she didn't get your colouring" which is really interesting and it stuck with me… I wouldn't say it heavily influenced me because I've never (laugh)… I love the sun and I love being darker (laugh) and it's not distorted my…opinion and views of me in that way… I absolutely wouldn't consider differences in skin tone an indicator of beauty or disadvantage…but it has stayed with me" (Manisha, 242-259)*

Her last few words suggest some emotional disturbance and subsequently validates this by explaining how this has informed her role as a mother:

> *"I'd like to think It has almost pushed me in the direction of making a point to my daughter to not let colour influence her judgement on people and who they are as an individual so yeah…" (Manisha, 275-279)*

Her own embodied experience of acceptance but also resilience against wider critical narratives I feel has left Manisha with an instinct to instil a less judgemental and critical attitude in her young daughter in a bid to encourage a similar level of self-esteem and confidence Manisha has in her own skin. It may be worth noting that Manisha professed to not feeling very attached to her Indian heritage, whilst other participants who expressed shame and low self-esteem around darker skin grounded their accounts to their strong Indian belief of fairness and beauty.

Zara's narrative suggests a transitional period during university which has given her freedom and autonomy over how she grooms herself. Her confidence is interpreted as both in her agency and acceptance of her distinct Indian features. Her use of an explicit I interpret as a rebellious act rejecting traditional ideas of fairer skin in her Indian culture which she later goes on to brand *"ridiculous"*.

> *"…when I got to Uni it…I think that's when my journey started off, like well I want to do things the way I want, combined with society kind of edging through with society telling you to do what you want…I started to become more confident in myself, I then thought well I don't care that I'm brown... Like now, if I go on holiday and I come back really dark, I don't give a shit and it wouldn't bother me at all…" (Zara, 450-500)*

Zara's sense of agency is acknowledged as being in a flux, between her own desires and the influence of society on her beliefs. The *"edging"* through of society I feel is indicative of how societies influence over what she deems as acceptable as always on the periphery of Zara's thoughts and 'surrounds' her own personal ideas which are at the centre of her sense of self. I would describe her attitude during the interview as 'fierce', both strong and powerful in her own views about her identity as an Indian woman. Despite her flux, this position was used to repeatedly challenge and critique the reasons for her higher levels of body acceptance. She reflects on society's use of marketing to encourage diversity and the availability of a broader range of foundation shades which I interpret as Zara's sense of feeling represented by other women. She appears to feel invested and perhaps part of this wider 'campaign' supporting darker women to feel more comfortable in their skin:

> *"…but, is that because society has now made it acceptable to come back really dark, like the models out there. It's a campaign". (Zara, 501-503)*

In comparison to most participants who pervasively compared themselves to other women as a measure of self-worth, Zara uses a 'comparator', the English woman to generate an interesting dialogue with herself which challenges the restrictive nature of being an Asian woman in a White community. She displays an inquisitive mind whereby rather than trying to embody the other to chase the 'white wedding' only sanctioned for English people by society, she powerfully rejects this idea and creates a personal definition of what it means to be an Asian woman. Zara recognises a definition which is fluid without negating other aspects of who is she, i.e. her Indian, British or Islamic identity. She actively challenges the societal constraints which try to dictate her actions as an Asian woman in England:

"Because you can't define yourself through English beauty because you're not… I find myself saying oh I can't get away with what an English person can? Why is it that she can pull it off [wearing a white wedding dress] but I can't? Is it because I don't have blue eyes? I almost find myself questioning like why is it an English person can't wear an Asian dress? Why have we put people into boxes and actually…I can still wear a white wedding dress and still be Asian" (Zara, 726-745)

Ranjita frequently frames her responses to how she understands her body through a developmental trajectory; moving from being a young adult and transitioning into womanhood which are both strongly tied to her Indian identity. Her identity has shifted in line with the values of what 'was' and now 'is' being an Indian. She now holds an additional layer to her identity which involves her appearance, displaying a sense of pride and connectedness to her heritage. I interpret Ranjita's lived experience as inextricably mediated through her body, where as her strong values symbolic of her Indian culture have changed, so too has her experience of herself:

"…to be an Indian where you have a lot of wealth it's really important so you need to eat meat, you can't just eat vegetables. Meat is a sign of wealth so we would have chicken and a lot of meat. So, growing up the identity was about being rich, it wasn't about what you look like…but now…To be an Indian now also means I need to look good. (Ranjita, 435-461)

Ranjita expresses feeling more content with her body size which is in contrast to some other participants. She acknowledges her genetic make-up and that her body has been 'given' to her by her mother and grandmother, leaving her with a more accepting attitude of her bodily fate. I feel Ranjita considers her identity as an Indian woman as something of pride, where she rejects wanting a less curvy figure which may lead her to lose her physical markers of being Indian:

"…an 8 is the norm now…It's not a norm for me. Now I'm like, it is what it is and it's OK…I know I have big hips and big bum and I know I can't wear body con dresses. I'm Indian, my body shape is different…My grandmother had big hips, my mum had big hips. So, it's also quite normal. I'm predisposed to that…I will never be straight, that would never happen. Maybe it could but I don't want it to be" (Ranjita, 475-499)

The role of social relationships for those who expressed more body satisfaction and body acceptance appears to have left some women feeling encouraged, hopeful and reassured. Women used the 'other' as a point of reference to learn from. Manisha talks fondly of her mother who she idealised growing up. I interpret that Manisha's sense of having a role model and a strong female relationship who she valued and respected meant she has learned to internalise this and now aspires to be the 'all rounded' woman she perceives her mother to be:

> *"I do remember just idolising my mum…I suppose I was exposed to not only her beauty physically but I terms of her ability to commit to things she was doing so her family, work…I think ultimately, she's the most important female in my life and for me that was really, yeah, something to admire and I still do…I remember my mum doing her eyebrows in the mirror and she would always have perfect nails…for me I've carried on with those things of being a woman and looking after yourself in that respect…" (Manisha, 590-615)*

Reflective of Zara's frank and insightful nature, she reflects on being intrigued but also in admiration of her mother who models an accepting attitude of her non-orthodox appearance as a woman. This is used to generate meaning questions for Zara who acknowledges that whilst describing herself as slim, still has some difficulties around her self-esteem:

> *"I was thinking about know what beautifies you…I look at my mum because my mum isn't like size 4, never wears make up, very rarely and I remember looking at her thinking she looks so content with the way she looks. She's not drinking anything magic. There's got to be something she's OK with. How comes I'm not? So sometimes I think I'm looking at her thinking she's so content, why am I moaning? Why am I trying to achieve something that maybe isn't probably for me? Do you know what I mean?" (Zara, 1263-1276)*

Zara demonstrates a level of curiosity and critical thinking, alluding to her pursuits of a standard of physical beauty as unattainable as an Indian woman. I felt that part of her was implicitly aiming her questions towards me, which leads me to believe she may have assumed I identified with her conflict, given that I appear to look like an Asian female.

This theme outlines the different ways in which women journeyed towards becoming more accepting and compassionate about their bodies, drawing on their supportive family systems. For these participants, movement towards acceptance also appears to closely run parallel to

building an identity throughout the developmental life span and may suggest a more embodied lived experience of the self than participants who felt less accepting of their bodies.

3.4.2 Revealing & Hiding the Body

This theme explains how women use mediums such as clothing and make-up to control their visibility to others around them. Specifically, these are seen as a means of protecting the self both physically and emotionally when feeling ashamed, self-conscious and vulnerable. For one participant, Zara, these mediums were used to symbolise pride and acceptance of her appearance and increase the visibility of her racial and religious identities.

At times of depression, Anju talks about feeling vulnerable and perhaps as a woman ashamed of her size. This leads to avoidant behaviours, i.e. isolation and wearing darker colours which may be indicative of the need to disconnect from others to avoid the shame of her body, regulating how visible she is. She acknowledges the danger of wearing bright colours which would perhaps feel too exposing and allow others to really 'see' her. Anju alludes to hiding her body but also herself as a person from others which I feel is indicative of the physical and more global shame of herself. Her weight and its effects are seen as paralysing most aspects of her life and creates disconnections in her relationships:

> *"…I think mmm…mmm…I'm not really out there, I don't really make myself socially available. I protect myself more so I won't be seen outside and I think that's how I've coped in a way…I would quite happily stay at home to avoid situations and to avoid exposing how I… you know, how I am. It was hiding in a way, wearing dark clothes, I'd never wear bright clothes… it's unhealthy and negative. I know this isn't doing anyone any good, not me, my daughter, my relationship…" (Anju, 750-770)*

Amisha conveys a sense of dependency on wearing makeup and in particular concealer. This form of make-up is viewed as helping to 'protect' herself from what I interpret as threefold; her anxieties about losing her youth, the physical reality of her body aging and preserving her current appearance. Her language suggests she views aging as quite damaging and perhaps feels she can be "*protected*" from this process. There is a sense of loss which is implied in her tone and elongation of the words *"I* ***never*** *use to wear concealer"* and *"…now there's more of a* ***need****".* Thus, I feel the heavy reliance of concealer also protects her inner world from perhaps more difficult feelings of grief for her old body:

"I personally couldn't leave the house without make up, minimal will always be concealer. I need it in my life…Concealer for me makes me feel protected because I know I don't like my face without it…I never use to wear concealer until I started noticing dark circles in my late twenties…I feel like now there's more of a need as oppose to before where it was more of an accessory to my outfit". (Amisha, 50-65)

Amisha regards make-up as a powerful tool which she uses to manage her own appearance, internal world but also the degree to which people can really 'see' her. She displays a sense of real agency over being able to control what people view of her internally and externally. This is recalled in quite a mechanical fashion where make up is her 'tool' to create distance and remain emotionally safe from others who are perhaps viewed as being unable to meet her emotional needs:

"…with make-up you can cover up a lot. People will only see what you want them to see and can only interpret what you allow to be shown. I'm not the type to be vulnerable around people, so people wouldn't know what I feel in that way. So, to the world I'll always make sure I make effort…I don't want to be vulnerable. I don't want anyone to really know". (Amisha, 623-647)

Zara's growing confidence in her darker skin tone has instilled her with a sense of boldness and bravery when wearing particular colours. Her use of clothing is described as being quite opposite to other participants, using bright colours to accentuate her skin tone, revealing her complexion and ultimately become more noticed for her distinct Indian features. I also interpret her use of clothing to reveal a part of Zara's rebellious identity. I feel she uses her clothing choices as a means of rejecting Indian cultural norms which view looking darker as unpleasant and instead privileges her own contentment, which in turn increases her visibility as a woman of colour:

"…now I think ohhh, I like that shade of yellow you know…mustard it brings out my skin tone, it makes me look a bit glowy. …now I'm a little bit more adventures so now I would wear mustard, or a bit brighter green or even if something makes me look darker or highlight my skin tone, I wouldn't care. As long as I like it and feel comfortable in it, I wouldn't have a problem if it brings out my skin tone" (Zara, 505-515)

Zara, who is of Islamic faith and wears a hijab equates her clothing style as representing her beliefs as a Muslim and a strong moral code of modesty. This particular identity can be interpreted as helping to shield her from the objectifying gaze of the other, promoting a greater appreciation and self-respect for her body. She acknowledges a spectrum of *"covering head to toe"* and wearing no make-up which I feel are examples of Zara's rebel against feeling too constricted by strict religious rules and has made her own choices as to how she expresses her faith comfortably:

> *"…dressing wise, I think oh that might look nice but it isn't as modest. Like I wouldn't leave the house in a crop top or something quite short or if I bend down that's going to show my back. So, if I am representing my religion then I don't want to go and then do that…It's all my intentions and about what God can see you do and I don't feel like I have to prove myself to somebody. By covering up head to toe I don't know who I'm proving myself too. There are people out there who are stronger and OK covering up head to toe and not wearing any make up etc and that's fine because that works for you, but it doesn't work for me." (Zara, 834-880)*

This theme partly illuminates the objective relationship of the body as a vessel used to create social disconnections and manage low self-esteem. For women such as Zara, there seems to be a sense of a connection between her body and internal emotional world. For her, using clothes to enhance her religious and racial identities was met with pride and connection, whereas for Anju and Amisha, concealing the shame of body weight and age as a woman left them driven to disconnect from those around them.

3.4.3 Connection & Disconnection

This theme reflects the different methods women use when managing the difficult relationship they have with their bodies, grounded in the connection and disconnection from the self and others. A common theme was disconnection in the face of being shamed and discriminated against by others in the family and community.

Padma discloses that she developed darker patches on her skin. She appears to have been left embarrassed, dismissed and misunderstood when confiding in her White British friends. According to Padma's tone, they have responded in a manner which affirmed her isolation from this racial group. However, reference to my "own community" is symbolic of Padma's Indian 'girl' group being exclusively for her and that she feels this is the only group who will understands the particularities of the 'Indian' problems that she faces. I interpret that she only

feels safe within this community to explore feelings around her body and that Indian women make sense and cope with these difficulties differently to other cultural groups:

> *"…Before I use to get really upset. I did cry a few times. Never really told anyone to be honest. I use to talk to the girls and stuff, especially uni girls as I like to call them, you know how you talk about everything it was nice, we all had the same issues. Whereas before if I said that, it would be "oh you have something there, how?", then it's like well never mind then. Whereas it's like oh, I have my own community (laugh). I have my girls' sort of thing". (Padma, 677-688)*

Manisha reflects thoughtfully on how her coping style is closely related to her Indian identity and upbringing. When low in mood she considers food, a symbol of comfort and hospitality in her culture as a self-soother and a meaningful way of connecting with others around her. I interpret that when distressed, the lived experience of her body is one seeking both external, i.e. food but also internal relief from her negative feelings. Although aware of an inevitable cycle of weight gain, I feel that Manisha feels strongly connected to the pain of her emotional, rather than physical world when distressed. This is reflected in her tone where she gains a sense of relief through food which overshadows her physical changes. She suggests this is a deeply internalised way of coping which she has been unconsciously unaware of:

> *"I suppose what being Indian means to me is family and ummm food. Our whole sort of social arena is around cooking, preparing, feeding one another…this is where it becomes a bit of a vicious cycle, my default is to go to treats and comfort. As a child I remember…that absolute abundance of feeding and hospitality… I think emotions are managed in that way in me through food so, it's interesting as I haven't thought about that before" (Manisha, 527-553)*

Sheila describes being bullied in school for being Asian, where being 'brown' and having facial hair made her appear visibly different from her peers. This difficult experience has now left her viewing her body as a means of survival and has learned to occupy different physical identities depending on her context. Coupled with her desire to embody Jennifer Lopez leads me to interpret that her early experiences of humiliation have forced her to distance herself from her physical markers of being Indian. She uses a simile *"like a chameleon"* to present her body as malleable and can in fact change to blend into its surroundings. The reptilian appearance of a chameleon with its long tail, large tongue and protruding eyes which does not habit in this

country I feel mirrors how isolated and out of place Sheila continues to feel when she is unable to change the less desirable 'parts' of herself to look *"right"*. This may have been an unconscious means of communicating an emotional 'part' of herself to me, to which I felt very sad:

> *"Every aspect of my life I think I play a different person and portray that imagine to look the part…it's always been like that. It's like being a chameleon you kind of change from one to another but I think the bullying when I was younger influenced that. It leaves you wanting to be accepted. So, you want to be accepted so you want to look good and the right part… I learned from a young age where I wasn't accepted at school. You learn to adapt in certain situations and groom yourself accordingly. I think that's how I was accepted and still am." (Sheila, 800-829)*

Amisha describes a sense of moving towards feeling more dissatisfied with her body as time has progressed. She reflects on grieving for her 'past' body which she describes from on observer position, e.g. *"you're not **what** you were"* and *"you're not **that** anymore"*. This meta-position suggests Amisha views her physical body through a self-objectified lens and may find it easier to feel this as a loss for a person separate and different from her, rather than for herself. She goes onto describe her 'new' body in a similar way:

> *"…now it's the thing I call the Indian curse and it's this thing you have around your belly and your hips where it doesn't matter what you eat but it hangs on to you and I always think it's an Indian curse because I never really notice it on other people…" (Amisha, 521-526)*

The "thing" she perceives around her abdomen I interpret as being a foreign, inanimate object which is divorced from her sense of self. Just as her old body, she may find it easier to accept this if thought about separate from her, rather than something that is part of her being. She views the *"thing"* as being resistant to change and clings onto her despite her efforts, which I believe feeds into her sense of grief and frustration at the loss of her former body which may have been resistant to this *"thing"*. The *"Indian curse"* suggests her body fat leaves her feeling plagued and punished by something powerful and only 'inflicted' by, and on those only from the Indian community.

Amisha displays a very strong sense of responsibility to move herself towards changing her body. She begins by dismissing the need to communicate and connect with others about feeling like a failure:

> *"If anything is going to change, it will have to come from me, that's what I learned growing up. The onus is on me. It's always my decision whether I get up or go to the gym. It's my decision whether I get enough sleep. It's my decision what I put in my mouth" (Amisha, 660-666)*

My sense is that her inner locus of control has perhaps been key to her survival through her most emotionally vulnerable times where she appears to be defiant in needing to confide in those around her. This may be linked to her experience of verbal abuse in her past relationship regarding her body which has damaged her self-esteem and through disconnection with others is now reliant on being self-sufficient. I interpret this segment as Amisha reclaiming her body as her own property from what she described to me as an oppressive relationship.

This theme demonstrates the different ways women to generate connection or disconnection with others and the self when faced with difficult experienced regarding their bodies. Whilst membership to the Indian community led to strategies of connection, such as confiding with friends only within this community, others used methods of disconnection such as using food, discarding racial identity, objectifying the self and rendering relationships with others as futile. Rooted in the shaming and invalidating social relations with others, this theme illustrates the clear intersection of how belonging to this ethnic group influences women's coping strategies relating to their bodies.

3.5 Conclusion

This chapter has presented an interpretative phenomenological analysis of all nine interview transcripts. It is apparent that salient social identities attached to gender, race and culture combine to create overwhelmingly oppressive, shameful and objectifying experiences which ultimately influence the relationship women in this sample have with their bodies. These are captured within the themes of gendered expectations, family shaming and criticism and coping and resilience which highlight the complex lived experience of the body through the highly visible gendered, racial and cultural identities of these women.

4.0 Discussion Chapter

4.1 Introduction

In this chapter, a summary of the findings will be presented in relation to the existing theory and literature, followed by personal and epistemological reflexivity which considers the role of the researcher in engaging with this research. This chapter then concludes by discussing the clinical implications of the findings for Counselling Psychology practice and training, consideration of the strengths and limitations of this study and recommendations for future research.

4.2 Research Aims & Summary of the Findings

The aim of this research was to apply an intersectionality perspective to explore the lived experience of the body in British Indian women. It was endeavoured that this study could address a significant gap in research undertaken in the UK by acknowledging the multiple intersecting identities of gender, race and culture that give rise to interlocking systems of oppression which influence how British Indian women experience their bodies.

Analysis of the participants accounts revealed unique experiences grounded in the identity of being a women (gender), originating from Indian heritage (race) and belonging to a British culture (culture). These identities interlinked to give rise to experiences relating to gendered expectations, family shaming and connection/disconnection as a means of coping. For the majority of women, these issues mainly surfaced within the family and compounded to create strong feelings of body shame, low self-esteem and isolation from others but also their own bodies. Yet for other women, past and potential experiences of oppression were met with self-acceptance, pride and compassion which were enduring and protective in nature. For these women, supportive female relationships provided courage and strength, encouraging an integration of their multiple identities. However, women who received higher levels of shaming and invalidation by their families experienced higher feelings of discontentment with bodily appearance and by extension their racial identities.

4.2.1 The Gendered Expectations of Being a Woman

4.2.1.1. Racial Objectification & Dehumanisation

Whilst all participants described normalised pressures to be slim and well presented, these were simultaneously in conjunction with unique racialised messages grounded in the Indian culture that dictated how women should present themselves. Women expressed feeling objectified by their Indian culture by virtue of being a woman which was considered as largely valuing them for what they could do with their bodies, rather than who they are. Almost all women reported feeling subject to strict cultural codes of conduct which required them to uphold a high standard of physical appearance. This was perceived to afford respect from family members, achieve career success and a means of remaining attractive for marriage. Equally, women also discussed the pressure and expectation to conform in a bid to avoid rejection, marginalisation and discrimination within their Indian communities. Studies using an intersectional framework have found comparable findings, where gendered roles and expectations of SA women to appear fair, slim and attractive were underpinned by enforced arranged marriages, parental pressures and feeling different from men who weren't subject to the same ideals (Mustafa et al., 2017). Amended models of objectification (e.g. Moradi, 2010; Cheng et al., 2017) acknowledge that in addition to the bombardment of Western sociocultural messages of thinness and sexual objectification, ethnic minority women suffer from racial stressors, such as racial objectification. These experiences serve to devalue the status of women (Sue, Bucceri, Lin, Nadal & Torino, 2007), increasing the need to socially conform by damaging self-esteem and perpetuates an objectified view of the self and the other (Hall, 1995; Root, 1990).

Whilst psychological research on objectification has attended to what is emphasised, i.e. the body, philosophical work has focused on what is de-emphasised or denied, i.e. personhood and humanity (Loughnan et al., 2010). The dehumanising aspect of racial objectification views minority women as racial objects lacking emotions or intrinsic uniqueness (Armenta et al., 2013). The majority of women in this study relayed their accounts from a disembodied perspective which saw their bodies reduced down to a set of parts, devoid of personhood. This type of sexual objectification is understood as a persistent form of discrimination faced predominately by women, diminishing the ability to view them as a whole human being and therefore rendering them unworthy of equal opportunities and rights (Zimmerman & Dahlberg, 2008). The objectifying and dehumanising experience of racial objectification is suggested to increase the risk of EDs as a strategy to deflect attention away from managing such stressful events (Smart et al., 2011). Similarly, women in this study who expressed higher levels of self-objectification were more strongly preoccupied with their bodies and considered this to be the

main vehicle towards social acceptance and opportunities. The desire for social inclusion through the oppressive treatment of women of colour which aims to separate dominant from non-dominant groups may increase the risk of self-loathing, body shame and EDs (Cheng et al., 2017). The experience of racial objectification grounded in the gendered and racial expectations of women in this study led to higher body surveillance and a desire to conform to cultural ideals of feminine appearance.

It is important to consider the unique sociocultural context of patriarchal power underpinning Indian culture and how power can increase objectifying dehumanisation in minorities who experience patterns of disadvantage and inequality, such as sexism (Moradi, 2013). Shame is considered disciplinary, legitimising control which serves to increase moral and social order (Zaidi, Couture-Carron & Maticka-Tyndale, 2016). Viewing a woman's body as a repository for obedience, purity and modesty has been documented as a means of controlling behaviour to restrict SA female freedom to avoid shaming the family (Mujtaba & Furnham, 2001) and perpetuate psychological control of the body (Foucault, 1982). These findings help to extend the understanding of body objectification as more than the exposure to Western 'thinness', but anchored in the unique history of racialised gendered expectations of British Indian women. Systems of oppression, such as gender expectations and restrictive beauty ideals have been found in previous research (e.g. Brady et al., 2017) and are supported by this study, which increased women's feelings of restriction, body surveillance and feelings of detachment from their physical bodies.

4.2.1.2 Upward Social Comparisons

Women displayed strong tendencies to engage in social comparisons with others, mainly female celebrities who were viewed as more physically desirable and superior. This upward social comparison appeared to be cyclical, whereby feedback motivated higher levels of body surveillance, comparisons and increased feedback, creating an intense sense of body dissatisfaction and inadequacy for women. This behaviour is in line with the social comparison theory (Festinger, 1954), where comparison is driven by an innate drive to evaluate against others. The nature of these comparisons was often driven by women wanting to be younger and look more superior which drove upward comparison.

In this study, the biased nature of comparisons appeared to bring particular individuals to mind which supported pre-existing negative views of the self and underlying impulses against high self-esteem. This type of upward comparison geared towards strategies of self-criticism and self-improvement is supported in the literature which has found more upward, rather than downward comparisons in ethnic minorities living in the West (e.g. White & Lehman, 2005;

Ross et al., 2005). Individuals stemming from Eastern cultures are said to be driven by more self-improvement goals, where success and self-esteem are contingent on the others perception that they are meeting the consensual ideals related with their roles (Falk & Heine, 2014). The maintenance of 'face' in the community means that individuals aspire to recognise areas that others perceive they fall short on, with the intention of correcting them (Hamamura & Heine, 2008). Women such as Amisha, Sheila and Chetna who throughout their accounts expressed a strong preoccupation about the expectations of appearance placed upon them were perhaps more likely to use upward comparison as their sense of self and physical bodies continue to be experienced as communal and tied up in relationships (Markus & Wurf, 1987). When unable to meet such unattainable expectations as those found in celebrities, these increased their own self-critical and self-deprecating attitudes about their appearance.

For some participants such as Chetna, the intersection of gender, race and culture left her with a sense of inadequacy and isolation through not being able to identify with neither Western or Eastern women on social media. The visibility of her racial identity appears to have increased her sense of being different, which perhaps drives her need to engage with upward comparisons with those on social media. This is further compounded by a disembodied and objectified view of herself and the other. Findings show that the exposure of body parts or sexually objectifying images of women on social media are viewed as unattainable, fuelling upward comparisons and increasing body dissatisfaction (Myers & Crowther, 2009). This finding highlights the importance of considering racial experiences within ethnic minorities which lead to women feeling insecure, different and unable to healthily assimilate themselves into society and may lead to damaging social comparisons to improve self-worth.

4.2.1.3 Cultural Conflict – a Transcultural Hypothesis

Women discussed how existing within both Eastern and Western cultures give rise to unique conflicts. SA women living in the West may have to contend with stricter cultural pressures and family principles (Furnham & Adam-Saib, 2001). Previous studies have found that in SA women living in Canada, reconciling conflicting worlds, meeting parental expectations, upkeeping family tradition and enforced strictness drive the development of body-dissatisfaction and disordered eating as women feel constrained, restricted and unhappy in these conflicting spaces (Mustafa et al., 2017). This study provides comparable findings where women reported issues with merging incompatible worlds, preserving family tradition and managing personal restrictions. Attempts to balance personal identities partly shaped by adapting to British society, and family identity firmly rooted in traditional Indian values led women to difficulties in developing a sense of self independent from their families and traditions; an increased lack of belonging and impacted assimilation into British society.

Creating an identity and finding self-worth are considered as significant challenges in the face of such conflict (Dinicola, 1990a), which for these women deepened self-dissatisfaction, despair and guilt. Loneliness and social isolation when trapped between two worlds as seen through the accounts of women in this study have been linked to disordered eating (Trepal et al, 2012).

Exclusion and rejection of individuals with a mental health illness is a common practice amongst SA communities, where the experience of psychological distress may threaten family structure and status (Loya, Reddy & Hinshaw, 2010). Strong emphasis on family harmony and social acceptance may result in individuals denying their difficulties as a real health concern to uphold family honour. Rani displayed a tension where belonging to her Indian heritage has led her to partially believe that her negative feelings towards her body should be ignored and concealed. This appears to have increased her own shame and apprehension in the event of gaining weight and branded internalised ideas as unwanted. Denial of psychological distress relating to EDs and a higher level of attention paid towards physical symptoms of the disorder have been found as associated with the shame and stigma of mental illness (Mustafa et al., 2017). In SA culture, shame and honour are fundamentally gendered and have been found to create a 'conspiracy of silence' (Mustafa et al., 2017) where psychological difficulties are concealed and women feel unable to voice their concerns with others. Thus, whilst shame permits and impedes behaviour, simultaneously has the capacity to license oppression and silence women (Cowburn et al., 2015). These forms of isolation and disconnection may lead to a preoccupation with the body and food in response to coping with such oppression (Sussman & Truong, 2011). These findings highlight how the complex dynamics of gender, racial and cultural identities can create a cyclical relationship with disconnecting from others and the self, perpetuating body disturbance and impacting the ability to seek appropriate help.

These findings support the transcultural hypothesis which considers the development of EDs as a problem rooted in cultural change (Dinicola, 1990a). Those with membership to strong Eastern cultures but who grow up in Western society are more likely to experience personal and cultural tensions. These interfere with adjustment to the society that women are currently in, preserving values and traditions from the cultures they origin from, whilst simultaneously managing the obstacles to personal development within themselves. For Indian women, these cultural conflicts may be further intensified as her body is firmly positioned within the private sphere of family and community (Talukdar, 2012) where she is placed with greater responsibility compared to men to protect the sacredness of the Indian culture. In this study, cultural conflict led women to feel trapped in both worlds, isolated from their culture and social relationships and had a strong sense of cultural obligation. These increased preoccupation

with the body and created a destabilised self-image. This stressful period of acculturation is acknowledged by researchers as creating tension and stress which could impact on how a woman experiences her body and potentially express itself through an ED (Dinicola, 1990a; Sussman & Truong, 2011). Findings from this study support the feminist perspective of EDs and bodily disturbance as a difficulty associated with isolation, disconnection and oppression in young women, with gender inequality as a catalyst for psychological illnesses in some women (Katzman & Lee, 1997).

4.2.2 Family Shaming & Criticism

4.2.2.1 Skin tone & Cultural Capital

Linked to the Bourdieuian (1986) concept of cultural capital, most women in this study viewed fairer skin as connected to being more attractive. This in turn was perceived to afford them the privileges and opportunities of finding a partner and appearing more desirable. This is consistent with findings in the UK where Indian women experience pressure to internalise cultural ideas such as fairness and slimness and is linked to cultural demands for marriage (Bakhshi & Baker, 2011). In India, this can be traced back to colour stratification used by British imperialists which advocated the power of the "white" skin and subservience of the "dark skin" (Speight, 2007). Historical caste systems in India add impetus to this idea, where fairer skin has been associated with higher castes and darker skin perceived to be of lower castes (Nagar, 2018). The combined influences of colonialism, caste system and globalisation of fair skin colour can be considered as underpinning women's desires in this study to remain fair as possible and of the denigrative view that being dark equates to being unattractive and less deserving of opportunities (Parameswaran & Cardoza, 2009b).

The rejection and intolerance of being darker was a prominent theme throughout women's narratives and led to diminished levels of self-esteem and lower body confidence. The construction of the 'dark other' which has racist connotations is considered to have become part of our unconscious and drives a strong dislike of darkness (Parameswaran & Cardoza, 2009b). Women such as Padma and Sheila revealed experiencing rejection, discrimination and bullying by others on the basis of their skin colour, feeling unattractive and targeted for their appearance. Denigration, shaming and discrimination are likely to have implications on body image, self-esteem and body dissatisfaction with self and others, where self-esteem is correlated to liking of own skin-colour (Okazawa-Ray, Robinson, & Ward, 1987). In regards to finding a partner, women are more likely to be discriminated against than men (Gist, 1953).

For Indian women who are biologically different from White women in regards to skin colour and body type (Nagar & Virk, 2017), these are likely to accumulate to "multiple jeopardy" (King, 1988), where interactive oppression characterise the lived experience of British Indian women. Findings from this study suggest that women of Indian decent living in Britain who have darker skin have to contend with wider societal messages that *"fair is lovely and dark is ugly"* (Jain, 2005) and are not merely judged more harshly for being darker, but also because of the oppressive gendered expectations to find a partner and look attractive to increase cultural capital on the matrimonial market.

4.2.2.2 Family Criticism

In Bakhshi & Baker's (2011) study, the pressures to internalise fairness and slimness which were linked to finding a suitable partner were also perceived to be heavily shaped by both media and maternal encouragement. Similarly, within this study there was a recurring theme of community and family criticism which surfaced in regards to skin tone and the body. Critical and judgemental comments pertaining to both these aspects of physical appearance increased fears of being singled-out and humiliated, which inevitably increased the dissatisfaction women felt with their skin colour and bodily physique. Studies using an intersectional framework substantiate these findings in Asian American women, where family body criticism, in particular weight-related teasing increased negative feelings of the body (Brady et al., 2017). Women experienced this type of unsolicited feedback as purposefully derogatory and objectifying leaving them feeling helpless and powerless against becoming comfortable with their appearance and preventing further instances of body shaming.

Body criticism has been considered as a normal cultural practice and form of affection in Asian communities (Brady et al., 2017). Viewed as a malicious act to lessen self-esteem and enhance shame, women appeared to feel overwhelmed with the force of critical comments and perhaps due to strong values of respecting others (Smart et al., 2011) found it difficult to disagree or challenge this feedback. This interesting finding highlights how body shaming when belonging to patriarchal societies can be conceptualised as an act of gendered power, where *"women live in a field of shame"* (Fodor, 1996, p. 229). Scholar's call for a more critical awareness of how shame's *"displacement onto female bodies"* (Mitchell, 2012, p.1) guarantees this emotion remains fundamentally gendered and where powerful social structures dictate what constitutes shame. For British Indian women, this is further compounded by the racialised aspects of shame which discipline women into maintaining izzat through their bodies, ultimately ensuring that *"shame becomes lodged in the bodies of women"* (Murray, 2015, p.217).

4.2.2.3 Relational-cultural theory

The domineering and critical experiences of women within the dynamics of the family and wider community can be usefully understood using relational-cultural theory (RCT) (Jordan, 2013). Optimal human development is viewed as the engagement in relationships characterised by authenticity, connection, mutuality and engagement. This theory has firm roots in feminist therapeutic approaches which support the welfare of clients (Frey, 2013). The RCT challenges traditional Western psychology that privileges independence, autonomy and competition as signifiers of success and suggests that these values create feelings of remoteness, restriction and insignificance in the world. Rather, RCT views the resilience found in connection with others (Jordan, 2017). A core process in RCT is that healthy, growth-fostering relationships foster mutuality which is central and similar to mutual empathy. Both people hold an individual sense of self whilst holding a mutual openness and investment in the welfare of each other and the relationship (Jordon, 2010). Where there is growth, 'five good things' are apparent: zest, creativity, worth, clarity and a sense of connection with others and willingness for more connection (Miller, 1976). However, when mutuality is absent, these *"relationships are marked by disconnection with self and others"* (Sanftner et al., 2006, p. 43).

From this perspective, EDs are regarded as *"dieases[s] of disconnection"* (Tantillo, 2006, p.86) where chronic disconnections challenge relationships through the experience of invalidation, shaming or rejection. Women in this study experienced a sense of shame and inadequacy relating to their physical appearance which, within the context of their sociocultural histories served to ensue disconnection through unequal distributions of power, deeming them as outside the valued community if they did not meet cultural ideas of appearance. Exclusion and isolation assist in the intimidation and silencing of individuals, where the more 'dominant' group control the non-dominant group through shaming (Jordan, 2017). It could be viewed that women experienced their wider society and family as declaring that their version of reality was supreme and if unmet, were judged and stratified. It is here that the stratification of power isolates, which for some individuals such as Rani, Chetna and Anju increased body surveillance and were consumed with altering their bodies in order to be accepted by these institutions which held more salience. According to the RCT, this results in individuals feeling less safe and less known, where relationships become less mutual and therefore less authentic (Jordan, 2017).

This level of disconnection where relational ruptures are not managed leads individuals to seek a myriad of methods, including food to emotionally protect against this significant pain (Trepal et al., 2012). The disembodied view of the self which was a recurrent theme throughout this study can be viewed as a type of disconnection where this strategy serves to simplify the

world and create distance from painful affective experiences, such as anxiety and anger (Trepal et al., 2012). The structure of family and friends is highly valued as a sacred institutional of social support in India (Böge et al., 2018). Thus, this research highlights the role of cultural and family power in creating feelings of disconnection, isolation and powerlessness which, for most women in this study instilled a sense of shame, resentment and negative self-image towards their bodies.

4.2.3 Coping & Resilience

4.2.3.1 Integrated Identity Appreciation

A small subgroup of women described how developing acceptance and appreciation of their multiple identities acted as protective factors against contextual conditions that exposed them to higher levels of negative body image. To date, only one study has explored how management of multiple marginalised identities in Asian American women may be associated to body image (Brady et al., 2017) and can be used to reflect on the findings of this study. In order to cope with inequalities related to their marginalised identities, e.g. experiences of sexism, racism and interpersonal conflict, Brady et al found that women engaged in one of two processes in negotiating their multiple identities. Women either integrated their identities into one holistic identity, termed 'integrated identity appreciation', or suppressed aspects of the self and compartmentalised their identities into distinct categories, termed 'disintegrated identity depreciation'. Brady et al's conceptualisations mirrored an earlier framework by Suzuki, Ahluwalia and Alimchandani (2013) which presents a multicultural counselling psychology framework for understanding Asian American women's intersecting identities. In support of both of these findings, women such as Manisha, Zara and Ranjita displayed more holistic identities, where, although experienced in flux, displayed a stronger sense of positive regard, pride and appreciation for the uniqueness and individuality afforded by their racial, gender and religious identities. These resulted in lower levels of tensions and higher levels of self-compassion and body acceptance.

These women also demonstrated a far higher level of critical consciousness (Freire, 2000). This concept has multi-systemic oppression at its core, which views internalised and structural oppression at the source of most individual and social dysfunction (Windsor, Jemal & Benoit, 2014a). This small subgroup of women had the capacity to critically reflect and in turn acted upon their oppressive and potentially oppressive circumstances. They used markedly different coping strategies to navigate experiences which could have increased body dissatisfaction, using methods such as ignoring negative feedback; social comparison and media literacy to

challenge and reject the restrictive nature of societal expectations and using clothing to enhance racial and religious visibility. These findings are theoretically consistent with critical consciousness which suggests that it is imperative that people critically reflect on their oppressive realities and challenge discriminatory and unjust social conditions to gain greater control over their identities (Freire, 2000). This particular subgroup of women were therefore more able to be resourceful at times where their sense of contentment was in flux and exercised an agency to construct a personal definition of beauty which was more flexible and self-affirming.

In further support of Brady et al's findings, these women also discussed having more positive and healthy relationships with female family members who were perceived as personifying power, competence and body confidence. This appeared to have increased women's capacity to develop a more flexible and accepting attitude towards their bodies, deemphasising the need for them to use appearance as a measure of self-worth and even informed their own behaviours as role models to their children. Evidence suggests that parents may tailor their parenting style to increase protective and positive socialisation messages related to racial group membership, which encourages pride and prepares for racial discrimination (Hughes et al., 2006). For participants such as Manisha, it may be that exposure to a positive role model, i.e. her mother and her commitments to other aspects of her life alongside her appearance has been internalised. Thus, Manisha's pride and refusal to allow skin tone bias to dictate her worth leaves her feeling empowered to further encourage her daughter to develop a similar resilience against race-related stressors.

4.2.3.2 Disintegrated Identity Appreciation

In contrast, women who experienced higher levels of body dissatisfaction and less self-acceptance found it more difficult to cope with their multiple, marginalised identities and minority related stressors related to skin tone and the body. These women had higher levels of self-criticism and preoccupation with physical appearance, which existed within the context of increased family conflict. These findings can be understood from the perspective of a more 'disintegrated identity depreciation' (Brady et al., 2017), where women found it particularly more difficult to apply the same resiliency in navigating their various cultural contexts without compromising their racial or gender identities. Some women expressed strong desires to remain as distant as possible from appearing darker, their physical markers of belonging to Indian ancestry. In the case of Chetna, her narrative is one of being powerless, often silencing the frustrated part of herself and continues to be preoccupied to mould herself into a physical appearance which others deem socially acceptable. Shame, oppression and negative

evaluations related to their social identities meant that these women found it substantially more difficult to develop a sense of self-validation and body acceptance.

4.2.3.3 Connection & Disconnection

The use of food, or at its most extreme the development of an ED can be conceptualised as a coping strategy for disconnection, i.e. a chronic lack of mutuality in relationships (Jordan, 2010). These strategies often begin as a form of self-protection (Miller & Stiver, 1997), which from the perspective of RCT arise around shame and unworthiness. Women in this study used a variety of strategies to cope with feelings of low self-esteem, vulnerability and lack of body acceptance which served to disconnect them from their own bodies and others around them. Studies have found that strategies such as blaming others, criticising, withdrawing and isolation are used with individuals with an ED to increase their sense of disconnection and emotional safety (Hartling, Rosen, Walker & Jordon, 2000). In particular, women who had experienced significant shaming and invalidation through their relationships resorted to methods such as using clothes and make-up to conceal their physical and emotional worlds from others who had threatening their self-esteem. For women such as Amisha, there was an apparent investment in diminishing her need to connect with others and developed a strong reliance on her own internal resources to manage her pain of having been in an abusive relationship. The act of social disconnection and isolation have been associated with increasing the possibility of an ED (Trepal et al., 2012).

Given that the rituals and behaviours of an ED are carried out in private, it is important to highlight the cyclical nature of isolation and EDs (Trepal, 2010). For instance, a person may withdraw to deal with overwhelming emotions, e.g. feeling out of control, stress and anger, alongside performing behaviours that are linked with their ED, e.g. bingeing, purging and excessive exercise. Isolation may become so severe that more solace is found within the disorder, than from those who surround an individual. For women in this study, the disconnecting act of isolation may have acted as a substitute form of connection. This finding is mirrored in the behaviours found in those with an ED where the connection with the disorder is based on self-harming behaviour, a false sense of connection and severs the possibility of real authentic connection with others (Trepal et al., 2012).

In line with the feminist view of this study and linked to the concept of oppression, isolation has been viewed as the *"glue that holds oppression in place"* (Laing, 1998), disempowering and immobilising individuals (Jordan, 2017). Shame is a powerful means of isolation (Jordan, 2010) and an experience which left the majority of women compelled to disconnect from others to preserve their emotional world. This disruption to growth within relationships erodes

courage, a relational concept which nurtures confidence and strength through healthy connections. This is evident in Padma's example where she discussed an increased sense of belonging when she was connected to a familiar, safe and caring group. Rather than a problem solely rooted in body dissatisfaction, diet and weight, this study supports the view of wider experiences of restricted agency as an overlooked yet fundamental antecedent to bodily disturbance and disordered eating (Katzman & Lee, 1997) in this ethnic group of women.

Adding to the scant literature is the significance of food, culture and family. In Indian culture, food is prepared and consumed publicly, representing a means of securing communal ties, love and gratitude (Choudhry, 1998). Manisha viewed food as a familiar and comforting form of care and regard, leading her to use food as a means to control her low mood and feelings of low self-esteem. Research suggests that the relationship built between food in an ED can be described as one of an ally and a replacement of genuine relational connection (Trepal et al., 2012).

However, in collectivist cultures where women are allocated the primary role of meal preparation and prioritise the needs of others over her own (Chowbey, 2017), women may experience higher levels of shame when putting her own needs first, i.e. coping in private, pushing individuals into further social isolation, secrecy and distance from others. The typical calorific diet of SA culture may increase the challenges for these women who may become conscious of their weight and struggle to seek 'healthy' alternatives (Choudhry, 1998). For Manisha, this may have ultimately led to her *"vicious cycle"* of weight gain through her fondness of treats which perpetuated negative feelings around her body image and continual need to seek this type of connection. This difficultly is further compounded given that food is a highly communal formality and may lead women to restrict cultural foods to control their weight (Choudhry, 1998), with isolation from these significant rituals deepening a sense of disconnection. These findings reveal a potentially complex relationship between food, culture and gender and how women from a SA background can develop body dissatisfaction and disordered eating in response to their racial and gender expectations.

4.2.3.4 Shame, Disconnection & Embodiment

As discussed earlier in this chapter, being unable to meet idealised cultural and media images of appearance can lead women to feel disconnected or separated from others but also their own bodies (Trepal et al., 2012). Through experiences of racial discrimination and not meeting personal expectations of physical appearance, most women displayed an attitude of objectification towards their body parts. Their bodies were no longer experienced as a subjective, personal or self-related component, but rather an impersonal and divorced entity

which bared no particular relationship to the self (Eshkevari, Rieger, Longo, Haggard & Treasure, 2014). For women such as Sheila, humiliation as a result of her skin colour led her to discard her racial identity and adopted a more mechanistic view of her body which could be changed to 'fit' her context. Feeling disconnected from the self in those with an ED creates difficulties in being able to discriminate between bodily sensations, e.g. hunger and emotions, e.g. grief and anxiety (Skårderud, 2007). Through being consumed with physical appearance, it is possible that this distracted women both internally and externally from the relational pain associated with low self-esteem and unworthiness and a method of disconnecting from their 'oppressors'. The trust and consistency provided by an ED mean individuals go on to develop a strong relationship with this behaviour (Trepal et al., 2012), and may highlight how and why a more disembodied relationship served to preclude the development of authentic and sustained connection with others for some women in this study.

Dualism

The legacy of Descartes lies in his interactionalist dualist perspective which views the separation of the mind, which thinks and is the centre of the person or soul, and the body which is solid and a mere automaton (Sanz & Burkitt, 2001). For some women such as Sheila and Amisha, ascribing to a Cartesian dualist discourse can be conceptualised as a protective factor. That is, at times of extreme distress it may have appeared easier to consider the body as separate to other aspects of the self, such as the mind. For Sheila, separation from her body and her racial identity served to protect her from further rejection, whilst for Amisha this strategy shielded her from the grief of her old body and acceptance of her new body. Cartesian dualism has been found as fundamental to women's accounts of their embodied experiences of sweating and pain (Gillies et al., 2004). The authors suggest the functional and restrictive roles of dualism of the mind and body, where a Cartesian dualist understanding of pain facilitated the management and control of their pain. The disconnection of the mind and body allows pain to be separated from the self, thus allowing the body to become a vessel to be controlled. The authors write that the experience of pain, or the loss of control of the body can lead to feelings of failure (Gillies et al., 2004).

Embodiment

Merleau-Ponty's (1962) construction of the body sits in contrast to Descartes where experience is not reduced down to the mind or brain. Perception sits neither within an individual or in the environment, but exists in-between an individual and the world. That is, our bodies are fully enmeshed in processes which constitute our lived experience of the world. As discussed, women with more integrated identity appreciation displayed more self-acceptance and pride towards their appearance. It may be that experiencing less shame and pain related

to their racial identities when compared to other women may have made it easier for them to consider these as an integrated part of the self. This idea does not fit with the dualist perspective of separating the body and mind, but rather a more embodied sense of self where mind and body are inextricably bound together. This could suggest that if part of the body significantly changes, so to would the experience of the self and the world for these particular participants.

4.2.4 Influence of Social Class, Age & Life Stages

All women in this sample were either in higher education or employment. Thus, they could be considered as holding similar social and economic position to one another. Reflecting on Thapan's (2004) idea of how social class position influences how women experience their bodies, the social positioning of these women afforded them the opportunities of knowledge, higher income and more life privileges. Access to such cultural capital inherently increases a woman's chances of becoming independent and being free to shape her own identity in ways which may violate familial and culture codes of conduct. This could explain the increasing levels of restrictions and tensions experienced by women in this sample to uphold honour and respect of the family, community and culture. These findings may therefore be indicative of particular privileges and oppressions experienced by women through virtue of their socio-economic positioning in society.

It is also noteworthy to reflect on the experiences of restriction, isolation and shame rooted in the wider community which appeared to be more commonly reported by younger participants. The majority of women were aged between 23 and 36 years old, with the exception of one participant. Thus, findings of this study may largely reflect specific barriers younger British Indian women face which are attached to this earlier stage in life. For instance, it may common for families to prepare younger women for marriage, whilst opportunities such as university and beginning work mean women take steps towards becoming increasingly independent from their families. There may be an associated 'risk' of shame if women disobey and/or digress from strict values and norms which are built to preserve honour. Thus, the oppressive nature of this study's findings may be indicative of the need of families and communities to impose restrictive and controlling methods of discipline on younger women to maintain family honour and avoid shame. By contrast, older participants who were perhaps more 'settled down', i.e. married and having had children may have felt less affected by these stringent rules and restrictions as they are viewed, both by themselves and others as fulfilling their duties as an 'honourable Indian woman'.

Other variations within women's identities as a result of their differing age groups and life stages can also be observed. During the analysis, the influence of social media was particularly more prominent amongst the youngest participants in the group, which fuelled body image comparison, deep feelings of inadequacy and despair. Amongst the two oldest participants in this study, they disclosed how being a parent shaped what and how they modelled being body confident, but also raised concerns about a breakdown of the parental relationship owing to a difficult relationship with physical appearance. Women who have had children may also encounter unique stressors such as bodily issues post-pregnancy which add further complexity to their experience of their bodies. Thus, it is important to acknowledge that women in this study were in different life stages which inherently expose them to a variety of different experiences, contexts and types of 'oppressions' which undoubtedly influences their bodily experiences.

4.2.5 Individualist vs Collectivist Cultures: Identity Processes & Identity Management

Laungani (2007) writes that a wealth of diversity can be found within and between British and Indian culture which expresses itself in various religious beliefs and practices, lifestyles, climate, education and other markers of cultural difference. Major value systems attached to both Eastern and Western cultures have a powerful influence on the development of one's identity, where values are *"the normative expectations that form the bases of familial, social, religious, legal and political order, and underpin private, familial and social conduct"* (Laungani, 2007, p. 55). Thus, the construction and expression of one's identity as an Indian woman who lives in Britain would therefore be significantly different due to an upbringing in an individualist culture, compared to being an Indian woman reared in a collectivist culture such as India.

Laungani (2007) provides a conceptual model to explain cultural differences between British (Western) approaches and Indian (Eastern) approaches across four core values: Individualism – Communalism (Collectivism); Cognitivism – Emotionalism; Free will – Determinism and Materialism – Spiritualism. It is important to note that each core value is not understood as dichotomous, but exists along a continuum. For instance, individualism exists at one end and extends to communalism at the other. This interpretation allows and embraces variability in human behaviours within and between groups and within a single culture; across different points in time and are correlated to one another.

Individualism & Communalism

Western society has a primary emphasis on individualism, which is understood as the ability to possess a degree of control over one's life, be self-reliant, be held accountable for one's actions and prioritise one's needs and goals over those of others. This 'freedom' from a

philosophical perspective is thought to create an existential loneliness. As Sartre (1992) writes, we are destined to exist in a world without meaning, other than what we as 'free' agents are able to bring to it by our efforts. Stress, anxiety and fear are therefore inflicted on an individual who views their successes or failures as a reflection of their individual efforts, making it difficult for people to share their anxieties with others. This idea links to the concept of 'psychological space' in the West which recognises and respects the separation between self and other, where the maintenance of boundaries by others not intruding is a strong upheld social value. Another important dimension to individualism is family structure in Britain. There have been disruptions to the normalised male-dominant family structure. Rising single family households, those headed by females and increases in divorce rates mean that societal changes owing to economic recessions and increasing opportunities for women have altered the roles for both men and women. Departing from collective values toward prioritising the needs of an individual may have now moved British society away from community life, where the once self-sustaining unit of a family household has now drastically changed.

By stark contrast, Indian (Hindu and Islamic) society is a highly familial and communal-focused community (Sharma, 2000). Typically, most Indians grow up and live with various extended family members. Here, the father is usually the head of the household and elders considered as very respect and important in this structure. In this family-centered environment, the interconnectedness between people means one's individuality is submerged into the identity of the collective family. In the case of mental illness, the responsibility of providing care and support to an unwell family member is located within the family and community. Remaining part of the fundamental structure of family and community is dependent on the individual conforming and respecting the norms operative within these structures and not digress to the extent where disciplinary measures are imposed. The most unique aspect to Indian society is in its historical caste system, a form of social stratification. These are, in order: Brahmins (educated elite, the priests), Kshatriyas (the noble warriors; defenders of the realm); Vaishyas (traders, businessmen, farmers) and Sudras (main function is to serve the needs of those listed above). As individuals are born into a caste, it is not possible to move upwards or downwards and is so deeply etched into one's being that although one may attempt to appear more modern, educated or Westernised, their cast origin remains fixed. Inequalities of the caste system therefore leave those belonging to lower caste exposed to multiple levels of occupational, geographical and social deprivation. Identity in the Indian culture can therefore be understood as *ascribed* from birth, rather than *achieved* through acquisition of critical stages from childhood to adulthood as conceptualised in more Western societies.

Cognitivism & Emotionalism

Pande (1968) outlines two different ways which Western and Eastern society understand their private and social worlds and the formation and maintenance of relationships. A *work-and-activity centered* society as observed in British culture is the focus on rationality, logic and control, with those from this culture more likely to operate using a cognitive approach. Restraint in the expression of feelings and emotions is understood in Laungani's model as particularly common within middle classes in England, where a 'brave' face and dignity are contingent on one another. Moreover, the formation of relationships tends to be reflective of one's efforts and investments in forging relationships, such as marriage, family situations, friends and colleagues. Laungani writes that in these societies, an individual's identity, self-image and self-esteem develops from their attitude toward work, where work defines and maintains a sense of worth. Relationships are therefore often a by-product of work and do not play a significant role in one's life.

In Indian society, there is a far stronger tendency to be *relationship-centered* as people live and share their lives with others. In comparison to the cognitive dimension used in the West, Indian's operate on an emotional dimension where volatility, dependence on others and over-emotionality are not regarded as weaknesses or repressed, but openly communicated. Emotional outbursts can be 'taken on board' by family members and be seen as customary behaviour, meaning that the possibility of causing offence or being intrusive is often far less than when compared to Western cultures. Laungani writes that surges of emotions which are understandably inevitable when in such close proximity of others provides cathartic relief. Moreover, given the hierarchical family structure of Indian households, individuals internalise and learn very early in life about *"who can say what to whom, how and with what effect"* (Laungani, 2007, p. 68). Younger members of the family and women in particular are socialised to adjust to normative expressions of feelings and emotions, often preventing them from conveying their distress to their elders. Those in relationship-centered societies may therefore be forced into relational dynamics which they are unable to deny without being severely punished. Women are therefore tightly bound by restrictions and potentially ostracised if they pursue relationships outside of their caste, causing severe stress and neurosis (Channabasavanna & Bhatti, 1982).

Free will & Determinism

In the West, it has been argued that a form of dualism exists where both free will and determinism are subscribed to. Laungani posits that free will manifests itself at a social, psychological and common-sense level, through the use of poems, proverbs and advice which advocate a *'It's in your hands'* attitudes to children and adults. Free will might therefore be

defined as non-casual, voluntary actions where an individual act's according to their own will, taking credit for their successes and accepting blame for their failures. On the contrary, scientific research in the fields of medicine, psychiatry and psychology accept a deterministic framework which emphasises causality. This idea is largely found within the Freudian framework where in life, no events or behaviours occur by chance but rather determined by one's unconscious psychological processes.

This dichotomy can also be observed when reflecting on Eastern cultures. The doctrine of karma is a significant feature of Hinduism and has existed for many centuries. The law of karma, akin to the universal law of causation states that actions lead to consequences. However, this doctrine places a far greater significance on the moral qualities of an action which can occur in one's present or past life and shape the consequences of either the present or future life. Thus, individuals in Eastern cultures believe that misfortune, suffering, pain but also good fortune, happiness and pleasure are dependent on the morality of their own actions and not of other's. These reveal themselves through each stage of a Hindu's lifecycle: at birth, in childhood, during adolescence and adulthood, in marriage, in illness and health, in good fortune and misfortune, in death, and bereavement, and *after death.* Yet, the law of karma still acknowledges that the final moral responsibility for each action lies with an individual and they therefore have freedom of choice (von Furer-Haimendorf, 1974). However, the fate of determinism as engendered by the law of karma may lead to a passivity in spirit, with the acceptance and resignation to a life of inequalities of caste and status, poverty and prejudice. Laungani posits that this is also compounded by a state of inertia. As feelings of stress and guilt are attributed to karma whilst in the West are a residual outcome of failure, it precludes an individual into taking proactive measures to allow an them to improve and challenge their conditions.

Materialism & Spiritualism

Materialism, as associated in Western philosophy concerns itself with the existence of a material, 'real' world which is external to an individual. The explanation of phenomena is sought after and perceived through a scientific framework based on empiricism and positivism, whereas any explanation which is of a non-material or supernatural nature is met with scepticism and/or dismissal. In stark contrast is the Hindu belief that the world is illusory and therefore its reality or perception lies within an individual as opposed to outside the individual as in Western frameworks. It is through contemplation and inner reflection where the goal is to *"transcend one's illusory physical existence, renounce the world of material aspirations, attain a heightened state of spiritual awareness and finally liberate oneself from the bondage of the cycle of birth and rebirth, thereby attaining moksha"* (Laungani, 2007, p. 79). As this

type of spiritual transformation transcends intellect and reason, and is achieved by adopting a meditative perspective, Indians tend to be more *inward looking* and Westerns more *outward looking* (Zimmer, 1951/1989). This type of engagement also allows for the co-existence of contradictory explanations of phenomena, including material, spiritual, physical and metaphysical, natural and supernatural, all which may appear contradictory to Western schools of thought.

Thus, when considering the position of Indian women, it is imperative to reflect on their placements within Western and/or Eastern cultures. The Indian women in this study were based in the UK, where their identities have been uniquely shaped by the prescriptive values of a Western society in initiating, maintaining and dictating the normative expectations which guide their behaviour. It is therefore important to acknowledge that this study does not reflect the experiences of Indian women who live in India who by comparison are guided by a unique system of rules which shapes their worldview very differently to women in this study.

4.3 Reflexivity

Reflexivity is crucial in qualitative research where Langdridge (2007) writes of the significance of the researcher to reflect on their research questions, methods and subject position in influencing the psychological knowledge produced in a research study. What follows is a consideration of the pertinent areas of reflexivity as discussed in the methodology chapter and additional areas of reflection which surfaced throughout this study.

4.3.1 Ethnic influence of the researcher: Insider vs Outsider

My position of 'difference' certainly influenced the data collection and analysis. Although first assuming a somewhat a 'shared' understanding of the strict cultural norms of the body based on my Indian ancestral roots, as the analysis progressed I became increasingly more aware of my unique Mauritian ethnicity. Although I identified with many experiences such as beliefs around fair skin and gendered expectations, I paid close attention to my 'otherness' and that the experience of my own body may be in many ways different from other participants. I also became open to the possibility that the same issues I identified as being problematic may be not be important to all women, maintaining my curiosity and openness to alternative findings during both interview and analysis. This may not have been the case if I wasn't to a degree distant from this experience. Reflecting on these assumptions meant I could 'bracket' these off, encouraging me to revisit the transcripts to ground the findings in each individual account and to appreciate each as a distinct individual experience.

I was struck by how open, generous and forthcoming all participants were when engaging with their interviews. I often wondered how my outwardly appearance of having light-to-medium toned skin, dark hair and general 'South Asian' features may have facilitated this by leading women to assume that I was in fact Indian. Being interpreted as an 'insider' may have allowed women to feel more comfortable to disclose vulnerable aspects to their experiences and assumed that these resonated with me than if I had looked like an 'outsider'. Whilst analysing the data, there were segments which I struggled to follow and make sense of which may be reflective of this. Furthermore, as reflected on in the analysis, there were also times where I felt participants were implicitly directing questions at me about their physical appearance, with the assumption that I perhaps shared their distress. In this instance, I also considered my appearance to be a factor.

In keeping with the feminist stance of this study, issues of power and privilege need to be reflected on and how these may have influenced the findings of this study. My slim physical appearance and light-to-medium toned skin could be argued to be symbolic of my position as a woman of middle-class status. In a Western society where the idea of slimness is celebrated and being 'fat' is shamed (Orbach, 2009), women in this study who experienced higher body dissatisfaction, particular those who felt larger may have felt increased levels of shame, inadequacy and perhaps perceived me as being too different from them to understand their painful experiences. Moreover, women who felt more physically dissatisfied with their skin tone may have also felt somewhat inferior through my presence, with those stemming from more critical families believing I too may have been judging them for their 'dark' skin colour. I believe these issues are reflective how of how my bodily appearance had implications on how power and privilege surfaced during this research. Women may have been left as perceiving me as 'superior' in some ways, too distant from their unique position in the world and therefore fearful that I would not understand or condemn their experiences. Thus, it is understandable that some women may have felt unable and/or unwilling to discuss particular issues relating to their bodies, influencing the findings of this study. These issues relating to power and privilege could also be compounded by the high levels of shame in this group. Sensitive topics such as sexual violence may have been viewed as a potentially 'shameful' matter, making it almost impossible for women to freely discuss with someone viewed as superior to themselves. This also could have influenced the analysis and findings of this research.

My awareness of these factors led me to utilise key therapeutic skills grounded in my Counselling Psychology training of curiosity, compassion and openness in an attempt to manage some of these in power as a result of my own position in the research and how these may have been interpreted. Yet, the idiographic nature of IPA allows opportunities for my

'otherness' to be utilised in the analysis which made sure that I re-examined all quotes and their corresponding transcripts to ensure the findings were anchored in the narratives of each participant.

4.3.2 Position as a feminist

I also believe my beliefs as a feminist inherently impacted the analysis. I felt alive to my own emotional response of anger and sadness by the degree to which these women felt ashamed, judged and humiliated, largely fuelled by their familial and community structures. Documenting these in a reflexive journal helped me to acknowledge these biases, but also used them to aid my understanding of the analytic process. It also allowed me to 'bracket' meanings which arose in one transcript and look at each case individually, in line with IPA's idiographic framework. Thus, I am confident that these feminist beliefs did not encourage themes which were not grounded in the transcripts. Yet I still acknowledge how these would have shaped how I made sense of each participant's experience, however to the same degree as any other beliefs I may hold.

4.3.3 Managing the analysis process

I also engaged with a level of self-care throughout this process owing to the rigorous process of analysis and some of the strong feelings I experienced during the analysis phase. Alongside documenting in my journal, I also took regular breaks from the analysis to create distance between myself and the analysis of each transcript. I experienced the analysis process as novel, insightful yet taxing owing to the sustained engagement needed to be able to ethically account for my insider/outsider position in this research. Thus, taking regular breaks felt necessary to manage the fatigue associated with the intense engagement with each account. This also allowed me space to process some of my strong emotions which arose and were attached to the accounts of particular participants. Another valuable tool used in the analysis process was supervision with my research supervisor. This afforded me opportunity to reflect on the meaning of my difficult feelings, how these were implicated in the data and helped me to contain some of the natural tensions which emerge when engaging in research which has a personal resonance.

4.3.4 Personal resonance with the research

Prior to engaging with this research, I considered myself quite distant from both my Mauritian ethnicity and Indian heritage, together with the cumulative meaning of how these identities have shaped my life experiences. Reflecting on the process of this research, in particular reviewing relevant literature and engaging in the analysis from an intersectional perspective has significantly enriched my understanding of some of the pertinent issues regarding gender,

culture and power. This research has increased my awareness of how my feminist values were previously grounded in the context of the West, i.e. being "influenced" by social media, but that being a woman within the context of my racial identity is equally as important to acknowledge. I feel I have a greater understanding of how interactions between these two worlds has at times created conflict and difficulties with my own lived bodily experiences. From a personal viewpoint, these are new perspectives which I believe will be integrated into my identity as a person and practitioner and therefore have informed the way in which I have conducted this research. Much like my feminist position, this research has been conducted with such rigour that I do not believe these new perspectives influenced the analytical findings from this study. However, the intention to prioritise the participant's meaning over my own during the analysis is inherently limited, (Finlay, 2008), thus, to some degree how I engaged with the data and conceptualised themes have been naturally influenced by my experience, context and background.

I was particularly struck by participants who exuded a pride towards their racial identity. Engaging with these women has been quite powerful and has motivated me to seek out more of a connection to my Mauritian and Indian roots. This process highlights that when viewing oneself as integral and enmeshed in the process of interpretation of another's subjective experience, that the researcher can be altered by the research, both personally and clinically. As this was the first time that I had engaged with IPA, I found this process to be a challenging, stimulating and fulfilling experience. I feel this stemmed from the feminist phenomenological stance of this study which is in line with the theoretical underpinnings of IPA and together were well suited to explore the lived experience of this ethnic group from an intersectional perspective. As suggested by Smith et al., (2009), the guidelines for IPA analysis were modified to my own preference. Spreading themes across the floor provided me with the visually engaging and creative task of assimilating findings. This process felt organic and the further I engaged with the findings, the more I was motivated to produce themes reflective of how I understood the transcripts. This led me to engage in the cyclical nature of analysis where I re-examined the label of themes and the corresponding quotes in the data.

4.3.5 Epistemological Reflexivity - Ethics of Interpretation

Willig (2013) argued that the act of interpretation is accompanied by ethical challenges associated with power and responsibility. If interpretation involves transforming data that belongs to someone else into new findings; alternative perspectives and presented through a different lens, then power is afforded to the interpreter as to what surfaces and what is known about another individuals experience. Langdridge (2007) states that reflexivity is especially significant when studies concern vulnerable people and communities, particularly if the

researcher has not experienced the issue studied or does not belong to the community. In these cases, researchers are at risk of misrepresenting the individuals and communities under study and formulate findings that mirror their position as the researcher, i.e. as an outsider. This then gives rise to potential interpretations which can hurt, damage or disadvantage entire social groups through the construction of the *Other* (Willig, 2012). Teo (2010) defines this as 'epistemological violence', where *"…theoretical interpretations regarding empirical results implicitly or explicitly construct the Other as inferior or problematic, despite the fact that alternative interpretations, equally viable based on the data, are available"* (Teo, 2010, p.298). Consequences include the silencing of voices of those being interpreted, ideas of inferiority and at its most extreme, the infringement of rights through harmful practices and/or policies (Willig, 2012).

Thus, researchers have an 'epistemological responsibility' to reflect meaningfully on their interpretations, together with the potential and actual consequences of these, especially if research concerns differences between social groups, i.e. 'us' and 'the Other'. My epistemological position, the intersectional stance of this study and my view of being an outsider to some degree from the phenomenon under investigation is justification as to why it is crucial that attention is paid to how to this research navigated around these ethnic challenges involving interpretation. Willig (2012) identifies three key strategies to address ethical concerns which will be addressed in turn below.

1. Keeping the research question in mind and being modest about what the research can reveal

It is hoped that by reviewing a vast amount of empirical literature in the introduction and presenting the ontological, epistemological and rationale for the chosen method in this study that a clear research aim has been formulated in relation to the phenomenological experience of the body in British Indian women. More specifically, this study applies an intersectionality lens through which to understand how social identities such as gender, race and culture overlap. It is also anticipated that by examining the strengths and limitations of the study, discussed in more detail below will highlight the other dimensions of experience which were unable to be captured by this research. This is in line with Willig's criteria, whereby no research claims to bare light on all questions relating to a phenomenon and any claims of knowledge based on research are limited.

2. Ensuring that the participant's voice is not lost

An ethical and scientific attitude should be developed in qualitative researchers (Kvale, 2003). This allows participants to be fully implicated in the production of knowledge and facilitates the *"objects of research to object to what is said about them"* (Willig, 2012, p.56). As discussed in the methodology chapter, careful attention has been paid to the ethical considerations in line with undertaking research with human participants as outlined in the BPS code of conduct (2009). These research procedures ensured that participants were *"interested, active, disobedient, fully involved in what is said about them and others"* (Latour, 2000, p.116). Furthermore, feedback at the end of the interview process was encouraged as a method of allowing participants to reflect meaningfully on their reasons for participation and if anything was gained or lost for them during the experience of the interview (See Appendix 16). Whilst I understand that the interpretation of data from this research may be my own, I aimed to explore the layers of associated meaning attached to each account whilst making no claims that these are exclusive or to 'really' know about each participant's account. By doing this I aimed to respect each participant's unique experience and the integrity of each original account.

3. Remaining open to alternative interpretations

As discussed earlier, to avoid the risk of imposing pre-conceived ideas and my own personal assumptions on the data, a reflective journal was used to minimise this eventuality and leave me open to alternative perspectives. Despite using an intersectional framework which is a specific theoretical perspective exploring power and oppression, I maintained a contextualised and narrativised view of each participant. A contextualised view grounds an individual's account in the climate of what is being said and done, whilst a narrativised view is understood as a small part in relation to a whole (Brinkmann & Kvale, 2008). These methods distance researchers from an expert "top down" assertion if rigidly bound to theoretical frameworks, leading to misunderstandings and distortions (Frosh & Emerson, 2005, p. 322).

4.4 Implications for Counselling Psychology Practice, Training & Policy

4.4.1 Psychological Intervention

Although traditionally approached as a biopsychosocial problem, researchers and feminist scholars have suggested that within ED *treatment*, the understanding and usefulness of the sociocultural influences on the disorder may be marginalised and ignored (Holmes, 2016). Relegating the social aspect of EDs to secondary within treatment renders them as peripheral and maintains an emphasis on individual pathology (Holmes, Drake, Odgers & Wilson, 2017). This study aims to interrupt this popular biomedical discourse, particularly when working with ethnic women, which is accused of pathologising women as detached from society and its structures (Easter, 2012). Rather, this study strongly advocates a multicultural psychology perspective (Sue, 2002) drawing attention to the sociocultural context of psychological distress. These findings heavily situate women within their historical, social, cultural and political dimensions and simultaneously focuses on their status as women (gender), of Indian heritage (race) and British identity (culture). This research encourages Counselling Psychologists and other mental health professionals who work in both primary care and secondary ED services to recognise the inextricably linked nature of multiple identities such as race, gender and culture, amongst other identities which increase the experience of multiple minority stress and is further perpetuated by the cultural and social structures women belong to.

This deeply contextualised view of British Indian women can help inform therapeutic practice by increasing awareness that British Indian women suffering from multiple minority stress cannot be understood by simply divorcing experiences associated with single identity classifications, e.g. gender or race. Rather, it is only through consideration of the intimately linked nature of multiple identities that the oppressive experiences affecting how women feel about their bodies may be understood Furthermore, therapists developing a self-awareness of the sociocultural context which inform the worldview of British Indian women can acknowledge and accept these views in a non-judgemental and curious manner. Such postmodern perspectives are consistent with the ethos of Counselling Psychology, moving therapists towards viewing an individual as a ‘whole’ and encouraging therapists to confront the complexity of the ‘other’ with respect and dignity (Cooper & McLeod, 2007).

This study also highlights a number of risk and maintaining factors which may increase the likelihood of lower self-esteem, body dissatisfaction and perhaps disordered eating in British

Indian women. Cultural and gender-specific psychological interventions should therefore be targeted at this ethnic group by being tailored around the specific risks as found in this study, including gendered expectations, racial objectification, culture conflict issues, family shaming and methods of disconnection. Given that a lack of identification of SAs with an ED at primary care level has been linked to their low engagement rates (Waller et al., 2009), raising awareness of these risk factors amongst Counselling Psychologists and other health professionals may increase early detection at assessment in primary care services, increase engagement rates and minimise resistance from the outset of treatment.

Integration of psychoanalysis and multicultural perspectives have focused on the function of the social context as it shapes intrapsychic and interpersonal life, and the process of the therapeutic relationship (Altman, 2010; Comas-Diaz, 2010). Based on this study, participants engaged in a variety of coping strategies to increase social disconnection when shamed or invalidated by others. It seems important for Counselling Psychologists to be aware of early transference reactions in therapy, that is the unconscious transferal of feelings and attitudes from a past significant relationship to the present, revealing one's internal world (Hinshelwood, 1989). The shame and stigma often associated with mental health difficulties and help-seeking may present challenges throughout the therapeutic relationship where clients struggle to be authentic. Such relational challenges which pull clients into using strategies of disconnection present opportunities for therapists to encourage connection (Jordan & Dooley, 2000). The therapeutic space can provide a context where clients can learn more about their body disturbances as associated to methods of disconnection in the face of relational adversity, encouraging their self-reflective capacities, decreasing shame and increasing self-compassion. Furthermore, it may be particularly important for British women belonging to the Indian community who may not typically seek psychotherapy as a form of healing, that a collaborative and transparent approach to therapy provides education of the process and nature of therapy, with an understanding of therapeutic orientation to help with initial treatment engagement.

Counter-transference feelings are all emotional reactions towards the client, such as their belonging to a social group and *"allows for greater tolerance for the therapists subjectivity*" (Lemma, 2016, p. 223). Whilst collaboration with clients fosters a more accurate and contextualised view of psychological distress as embedded in multiple systems of privilege and power, self-reflection and awareness of a therapist's own attitudes, beliefs and sociocultural history is considered and supported by this study as the core of culturally competent practice and engagement (Comas-Diaz, 2010; Sue, 2002). Identification of these increases the therapist's commitment to ensuring stereotypes and discrimination are not re-

created during assessment and treatment, and that these do not become yet another oppressive experience for women (Brown, 2010). Reflective of my position as a somewhat 'outsider' to the group in this study, practitioners should also engage in open discussions about the differences and parallels in social location between themselves and their clients. Such strategies pay close attention to how structures of power reveal themselves during therapy and given Counselling Psychology's deep roots in advocacy and social justice (Shin, 2017), it seems natural to integrate the intersectionality framework into clinical practice to deepen the understanding of power structures, enhance engagement and model a commitment to disrupting the oppressive systems which affect this ethnic group.

Recommendations of this research may also help to inform how psychological interventions can combine relationally orientated approaches, such as RCT and psychodynamic perspectives with recommended treatments for EDs. The recommended psychological treatment for anorexia nervosa and bulimia nervosa is cognitive behavioural therapy (CBT-E, Fairburn, 2008), which conceptualises EDs as cognitive disorders and use strategies which target the behaviours that maintain the disorder (The National Institute for Health and Care Excellence, 2017). As previously mentioned, RCT views EDs as a means of relational disconnection and that promoting interpersonal relationships are central to psychological well-being, rather than teaching individuals that the problems of development should be solely met on an individual level (Lenz, 2016). Interpersonal therapy (IPT, Tanofsky-Kraff & Wilfley, 2010; Wilson et al., 2007) has been considered as closely related to RCT as both approaches support the view that interpersonal difficulties are at the root of ED symptoms. As this study provides a culturally nuanced approach to understanding the role of societal power and disconnection in the context of bodily disturbance, training programmes within ED specialist services could integrate both approaches such as the skills-based framework of CBT and approaches such as RCT and IPT to promote systemic changes through fostering healthy relational connections.

4.4.2 Religious & Spiritual Interventions

Counselling psychology's commitment to multiculturalism means practitioners need to develop cultural competency to be able to explore issues of religion and spirituality in clients, both of which may strongly shape an individual's self-perception, interpretation of experience and behaviour (Cornish, Wade, Tucker & Post, 2014). Hinduism is typically marked by a deeply intense spiritual life laced with sacred beliefs and practices, prayer, a pantheon of colourful gods and goddesses, karma, ayurveda and yoga making this a richly diverse faith (Bhagwan, 2012). Studies have found that religious/spiritual faith and practices such as

attending church, are linked to lower levels of anxiety and depression (Powell, Shahabi & Thoresen, 2003), lowers mortality rate (Lucchetti, Luchetti & Koenig, 2011) and contributes to better overall outcomes for clients with chronic/terminal illness (Messina et al., 2010). This evidence suggests the need to for a holistic assessment and intervention which is religiously/spiritually sensitive to Hindu clients and allows practitioners to help clients achieve physical, psychological, social and spiritual well-being.

Holy scriptures such as the Ramayana and the Mahabharata may provide important spiritual resources at times of distress for Hindu's clients as they are both considered as deeply embedded in the Hindu psyche and significantly shape spiritual values (Bhagwan, 2012). For women who struggle with the dichotomy of Indian-Hindu values of submission and Western ideas of independence, they can be guided by such scripture to feel more empowered, focus on self-transformation and may identify with female goddess's such as "Shakti" who symbolises control, strength and courage (Navsaria & Petersen, 2007). Practitioners need to assess and identify sources of Hindu scripture, narratives and myths which relate to their deities and are meaningful to help client's grow and heal.

The channel of prayer and worship which are common Hindu practices can also be used as a means of communication with the presence of a Higher power; the supernatural or oneself; to seek protection from physical and psychological illness, comfort and forgiveness (Rodrigues, 2006). In particular, Navsaria and Peterson (2007) write that Hindu women are more likely to seek guidance from the goddesses Aditi, Parvati or Durga as they personify strength, are the life-giving power of the universe and help cure disease and provide support to people in hardship. Attending local temples of worship can also provide a deep sense of personal connection and profound interaction with divinity through holy offerings (Rodrigues, 2006). Findings have found such spiritual rituals are associated with reduced anxiety and increases a sense of mastery, security and social bonding (Spilka, 2005). Similarly, collaboration with traditional healers who in some contexts are considered a *"direct unmediated perception of the divine"* (Rodrigues, 2006, p.233) is thought to strengthen and heal through their ability to instil faith, teaching skills of self-exploration and encouraging spiritual surrender to God (Bhagwan, 2012).

Ayurvedic treatment is considered to be compatible with biopsychosocial models and rejects mind-body dualism (Rodrigues, 2006), with healing centered around the use of herbal medicine, dietary changes and massage therapy with the aim of restoring psychic balance. Referrals to ayurvedic practitioners can be a means of supporting this healing dimension of Hindu life (Bhagwan, 2012). Finally, yoga and meditation which have grown in popularity in

the West can encourage balance and harmony of the mind, body and spirit through focus on controlled breathing, posture, concentration and contemplation (Pankhania, 2005), supporting its role in the therapeutic realm.

Hindu's have been found to be suspicious of conventional therapies (Rowan, 2005), do not seek counselling easily and may assume a *"religious interpretation to the whole of life"* (Laungani, 2005, p.139). Thus, it feels imperative for practitioners to increase their knowledge of the indigenous spiritual belief systems of Hinduism as for clients, they can often provide a path to healing and growth. This would also forge practitioners the opportunity to merge traditional ancient practices with contemporary trends. This may not only provide an ethically and spiritually sensitive integrated approach to practice, but could foster reassurance and comfort for British Indian women from a Hindu background when seeking supportive services which fully respects diversity.

4.4.3 Cultural psychoeducation

There is a strong need to encourage British Indian women to build an awareness of societal and patriarchal forms of distress, such as loss of personal power, gendered expectations and family conflict. The extent to which clients perceive, understand and internalise oppressive dynamics at the intersections of their race, ethnicity, gender, class and historical context should therefore be assessed (Talleyrand, 2010). Findings from this study also suggest that having critical consciousness, i.e. a higher awareness of the distinct socioeconomic and cultural circumstances which give rise to oppressive realities increased women's abilities to challenge these systems, reject them and express considerably higher levels of self-acceptance of their physical appearance. Therapeutic practice can benefit from cultivating a greater level of critical consciousness in British Indian women, enabling them to become aware of their own gendered histories which have traditionally silenced them. Practitioners can discuss with clients about their experiences with societal discrimination, exclusion and trauma. Clients can then be guided to critique major cultural values, broaden the number of available perspectives and introduce a level of critical thinking. These psychoeducational strategies in turn would foster a greater internal capacity for women to reject, challenge and transform their realities. This idea runs in parallel to empowerment, through which individuals and groups reclaim control and their identities and diminish social injustice (Maton, 2008).

Critical consciousness is a strengths-based and collaborative approach which allows for insight and an active commitment towards finding solutions to challenging inequity (Peterson, 2014). This clinical implication finds itself well suited to the field of Counselling Psychology and its pluralist epistemological perspective. Alongside viewing clients as active agents of

change and possessing resilient qualities, pluralism allows attention to be paid to various features of engagement which therapists may avoid, such as disagreement, conflict, frustration and uncertainty (Cooper & McLeod, 2011). As found in this study, it may be that women from Indian communities in Britain experience conflicting and contradictory messages regarding personal freedom, power and responsibility to the family and community. These challenged their capacity to ascribe meaning to their differing contexts and generated an unstable sense of self. Thus, this research highlights the importance of practitioners to develop the ability to bear ambivalence and contradictory feelings within the therapeutic space. Perhaps through encouraging the framework of intersectionality can Counselling Psychologists create an arena for multiple conflicting experiences to be addressed, working towards confronting the systemic barriers to women's psychological and social difficulties, rather than a primarily reliance on individual interventions.

4.4.4 Prevention through connection

Evident in this study was that both narratives of resilience and distress were embedded in the cultural context of family. Research advocates that these narratives are individual in nature and also closely tied to cultural values, requiring clients to have access to culturally congruent support (Patel, 2007; Tummala-Nara, 2011). In cases of collective resilience where support is sought within family, friends and the community, clinicians should assess these as sources of resilience which may not be hypothesised as typical resources in Western psychology where the focus is on the skills for an individual to stand alone and be self-sufficient (Hartling, 2004). Conversely, women who experienced conflict and trauma within the family and wider societal systems experienced increased shame and low self-esteem. Despite ideas of a strong orientation towards family values as protecting against mental illness (Kogstad, Mönness, and Sörensen, 2013), these assumptions need to be challenged by healthcare professionals and a cultural awareness developed of the communal ties Indian's strongly abide by. The help seeking behaviours of Indian women in Britain may fail to comply with Western cultural norms but also increase the barriers for seeking professional help. To avoid a 'conspiracy of silence' which diminishes a woman's capacity to draw on available supportive resources, culturally specific campaigns such as family counselling that are systemic in nature and include the individual and the family unit are suggested. These could help address concerns which stem from family structure and conflict, e.g. gender roles, loss of power and culture conflict and raise awareness of the signs and symptoms of body image difficulties. These steps could help reduce the stigma, increase access to mental health and help to begin dismantling this particular systemic system of restriction for British Indian women group.

From this perspective, Counselling Psychologists can act as advocates for women by facilitating difficult discussions with family members and linking clients to other resources within and outside the Indian community. Through the lens of RCT, effective prevention must take into consideration several forms of connection. The findings of this research could stimulate initiatives on an individual level, e.g. drop-in groups which focus on relaxation training and mindfulness. Mindfulness, a Buddhist concept which encourages a focus on the present moment with a non-judgemental and accepting attitude of the experience (Kabat-Zinn, 1994). For women with a dualist, or more disembodied experience of themselves could use mindfulness as a means to focus on the entirety of the moment-to-moment experience. This could provide a more embodied experience of the body by bringing both their physical beings and its present lived experience into awareness. This setting could also provide a stable point of contact with others who have body image difficulties and emphasise social support. Initiatives on a community level, e.g. in schools and community centres within areas in the UK highly populated with Indians could increase community knowledge of societal practices involving power which give rise to difficulties such as gendered expectations, restrictions and isolation for women. This could provide a context for young girls and women to connect around the idea of body image and help normalise this conversation within the wider community, paving the way towards creating more social justice which reduces the effects of unique intersecting oppressions in this group.

The vast amount of the implications of this study could be argued as preventative in nature. This is defined as relying *"…most heavily on providing information to increase understanding, enhance attitudes and promote functional behaviour while minimising resistance"* (Choate & Schwitzer, 2009, p.165), mirrored in the recommendations for this study. Choate and Schwitzer write that prevention relates to those who do not meet the full criteria for an ED but are already experiencing problems in relation to their bodily appearance (Choate & Schwitzer, 2009), reflective of the sample in this study.

4.4.5 Addressing Sexual Violence in South Asian Communities

Calls for more research to be undertaken which addresses the links between attitudes, understandings of identity and everyday forms of violence have been suggested to try and disrupt the perception that within British SA communities, sexual violence *"doesn't happen"* (Gill & Harrison, 2019, p. 256). The literature covered in this research indicates that British SA women are highly likely to remain silent about issues regarding sexual violence to preserve notions of family unity and honour, with the additional stigma attached to 'going public' causing increased levels of marginalisation and victimisation (Gill & Harrison, 2019). Furthermore, the

violent behaviour of SA men in the Western media has been found to portray them as belonging to 'backward', 'fossilised communities', labels which by default accompanies their 'South Asian' status (Ellis, 2016; Shah, 2017). This further marginalises all members of the SA community and creates barriers to support victims and challenge perpetrators. Thus, more research needs to be done to identify the barriers to support for victims and survivors, both rooted in the family/community, statutory services and charity sectors. Increasing understanding of this issue not just within the community but also other providers, such as the police may enhance best practice by increasing their powers to protect, prevent and support women in these communities. Finally, the use of pre-marriage meetings and charity members donating time to speak in Friday prayers and sermons have been suggested as potential ways of being able to confront the narratives around 'honour' and 'shame', how these lead to victim blaming and impact disclosure (Harrison & Gill, 2018). Such interventions demonstrate how counselling psychologists can engage in advocacy and also extend their skills beyond the therapeutic room to help support and educate social and community services around about the effects of intersectionality and how these affect women who suffer sexual violence in the British SA community.

4.4.6 Training Implications

Given claims that the majority of the Counselling Psychology literature does little to consider the relationship between intersecting identities and systems of oppression, and with calls for more social justice action in the field (Shin et al., 2017), this study adds impetus to this idea and that professional training programmes need to infuse intersectionality into the curriculum, particularly given that scholars have considered social equality as a fundamental value of Counselling Psychology (Ali & Sichel, 2014; Smith, 2010). Moreover, given the various ethnic and social class backgrounds of Counselling Psychologists which inherently position them with power and privilege, it is imperative that professional training programmes focus on how systems of oppression operate in light of the typically marginalised and disadvantaged client groups who access mental health services.

4.4.7 The Expansion of Professional Activities Beyond Counselling, Psychotherapy & Academia

Vera and Speight (2003) argue that if counselling psychology is to be committed to multiculturalism, then an agenda which supports social justice and the engagement with activities which eliminate oppressions, inequalities and marginalisation needs to extend beyond the therapy room. These authors claim that counselling psychology's operalisation of

multicultural competency must broaden itself beyond recognising issues of cultural difference, injustice and marginalisation but which *"include the ability to function as a change agent at organisational, institutional and societal levels"* (Vera & Speight, 2013, p. 255). This research engages with modern feminism by recognising how the identity of counselling psychologists are one of a scientist, researcher and practitioner which offer a wealth of ways they can engage and promote feminism and empowerment for British Indian women, and all other women of ethnic minority status. Counselling psychologists can donate their time, skills and services to collaborate with charities and organisations who share the ethos of feminism, such as the Women's India Association of the UK which is a registered charity committed to empowering Indian women and children in Britain through education, rehabilitation, life skills and social welfare. Counselling psychologists can also share knowledge and advocate for policies designed to achieve more equality, e.g. affirmative action. Within the British-Indian community, counselling psychologists can be flexible in their roles by providing forms of advocacy, psycho-education and/or collaboration with community leaders, such as religious leaders. These roles can also help address social justice by fostering indigenous support within traditional healing systems and can help activate support and connection within these community outlets. As counselling psychologists, we must also continue to conduct research using intersectionality as a lens to examine issues of inequality and power to help influence policy and encourage dissemination of research which is sensitive to issues of injustice and suffering.

4.5 Strengths & Limitations and Directions for Future Research

The qualitative nature of this study aimed to give voice to a group of ethnic women in the UK whose gendered histories have traditionally silenced them. Employing an intersectionality framework has highlighted how occupying a minority status within the multiple identities of gender, race and culture give rise to unique and challenging experiences for British Indian women. Fundamental issues of power relations inform how this group of women experience their bodies and adds to the existing literature which supports the wider experiences of restricted agency as a source of bodily disturbance in SA women (e.g. Mustafa et al., 2017). IPA methodology allowed an idiographic approach that endeavoured to privilege and understand how each participant's subjective experience of their bodies was informed by their historical, social, cultural and psychological contexts (Larkin, Watts & Clifton, 2006), with the external validity of their accounts remaining unquestioned.

Due to their under-representation in body image in UK-based research, this study exclusively focused on British Indians as a sub-group of British SA. The majority of previous research concerning EDs undertaken in the UK (e.g. Bhugra & Bhui, 2003; Ahmad et al., 1994; Tareen et al., 2005) and intersectional research conducted in Canada and the USA (e.g. Mustafa et al., 2018; Brady et al., 2017) have used 'South Asian' or 'Asian American' samples. This study challenges the homogeneity of identities within these groups which neglects the wide diversity found within SA communities. This is considered a problematic discourse and fuels a *"monolithic, stagnant and sometimes non-inclusive"* (Suzuki et al., 2012, p. 6) definition of SAs. This excludes communities, viewing them as *"a part, yet apart"* (Shankar & Srikanth, 1998, p. x), increasing a sense of marginalisation. In line with my feminist position, this study applied an intersectionality framework to account for the unique migration history, ethnicity, socioeconomic status and gender amongst other identities which Indian women living in Britain hold. This aimed to view women from this community as 'whole' and shaped by their multiple intersecting identities.

Willig (2008) suggests that a limitation of IPA is that it is a mere sharing of an individual's experience, rather than being able to offer further understanding and explanation of the phenomena under exploration. The responses and words used by women during their interviews, alongside their reasons for participating and feedback on this process highlights how they were left with a greater sense of understanding certain parts to their experience they had not explored before. Participants expressed an increased understanding of the different elements of their context which inform the experience of their bodies, awareness of some of their more present struggles and some women feeling more empowered and confident through making unexpected connections (See Appendix 16). It could be suggested this went beyond the explored experience. In line with the feminist epistemological position of this study, I applied a framework underpinned by feminist counselling approaches and one which overlaps with my therapeutic practice as a trainee Counselling Psychologist of understanding, listening and empowerment (Nielsen & Dewhurst, 2010). This fostered a connection between each participant and myself throughout this process. Furthermore, IPA's focus on cognition (Willig, 2001) has been criticised as limiting its capacity to consider embodied experience (Willig, 2008). In line with Smith et al's (2009) suggestion to consider pre-reflective experiences, particular attention was paid to participants body language, feelings and metaphoric expressions throughout both the interview and analysis. This added a depth and richness to the data which was helpful in better understanding women's experiences.

The lack of responses through Facebook and newsagents in Newham during the initial recruitment stages is a worthy area of discussion. It is important to recognise that both shame

and stigma in the broader community may lead SA women to ignore difficulties related to their bodies and eating behaviours (Mustafa et al., 2017). This could possibly explain why recruiting through these mediums did not generate any interest. However, a significant number of women came forward when snowball sampling was used with the initial recruited participants. Future studies may need to consider methods of engaging British Indian women, or other SA women for psychological research. The researcher may need to make themselves more visible to these women to establish an initial relationship built on trust and transparency.

Furthermore, the snowball recruitment method which saw an additional five acquaintances recruited into this study could have limited the scope of experiences discussed in the interviews. Attitudes, beliefs and values may be shared with friends and family, increasing the similarity in women's responses. Also, participants were of similar socio-economic status and educational background. Whilst these shared characteristics and demographics add to the homogeneity of the sample and help to contextualise these findings within the social locations held by women, the participants are closely related in many ways and limits the points of divergence which can be found in the data. Therefore, future studies should employ more wider ranging and randomised recruitment methods to capture a broader pattern of culturally rooted experiences relating to the body.

Religion as discussed above undoubtedly influenced how women such Zara felt about her body. However, religion between participants were vastly different and addressed in different ways during this study, inherently influencing the findings. Future studies could aim to recruit women from similar religious backgrounds, such as Hindu's to identify how religious practices also interact with other identities to influence the experience of the body.

Despite this, the generally narrow spread of ages may also be representative of methods of recruitment and reflective of the particular oppressive experiences for women within this age bracket as discussed above. Whilst not itself a significant limitation, future studies should focus on a more specific age range, such young adolescent girls. Studies conducted in the UK have found girls aged between 15 and 19 have the highest incidence of EDs (Micali, Hagberg, Petersen & Treasure, 2013). Furthermore, past research has found that younger British SA females aged 15 to 17 years' experience more over-protection from parents than when in adulthood (Furnham & Adam-Saib, 2001). Thus, employing an intersectional focus on females in this significant period of their life could highlight different interacting intersections and oppressive systems which affect younger British Indian females and how these inform the experience of the body.

This study also focused on a non-clinical population of British Indian women. In the context of stigma, shame and the role of gender which appear closely bound to strong Indian customs, recruiting participants belonging to minority groups to engage with psychological research is extremely challenging (Brown et al 2014, Waheed et al, 2015). Whilst women with an ED diagnosis were not excluded from this study, it was hoped that by encouraging women to participate who had an interest in talking about their bodies and how being both British and Indian influences this would increase the chances of engaging this ethic group. Women volunteering themselves to participate suggests that they were willing to discuss feelings around their bodily experience in relation to their culture. Although no women disclosed as having any severe mental health difficulties, it cannot be assumed that they do not have, or have not had a diagnosis of an ED. This study therefore may not be representative of women who were currently seeking treatment for an ED or in recovery. These particular women may not have felt comfortable in participating, with the inclusion of a non-clinical population potentially increasing their sense of shame and exclusion. It would be grossly incorrect to assume that the challenges in recruiting this clinical group and potential difficulties in discussing the topic of an ED renders these women's experiences as any less valid or significant than the group studied here. It would therefore be highly recommended that future studies specifically target a clinical population of British Indian women, diagnosed with an ED. Specific phenomenological focus on an ED using an intersectional paradigm as employed by this study would increase the understanding of how food, culture and gender interact in unique ways to give rise to bodily disturbances and disordered eating. As British Indian women with an ED will have different experiences and narratives to the women in this study, it is imperative to uncover these to not only better understand the risk and maintaining factors to EDs but simultaneously add great depth to the dearth of body image literature on this ethnic sub-group in the UK.

A further limitation of this study was the definition of a "British Indian women" as *a female who was born in the UK to parents originating from India and no other country in the Indian subcontinent, i.e. second generation and been living in the UK since birth*. It could be argued that some women who have migrated to the UK from India at a young age and go through the process of acculturation consider themselves as British women. It is suggested that future studies attempt to include women who are both born in the UK and have migrated from a young age as these women may have vastly different experiences of assimilating to their Indian and British cultures and therefore experience different barriers which influence their relationship with their bodies.

4.6 Conclusion

This study advances current research on the body by highlighting how identities associated with being a woman (gender), of Indian heritage (race) and raised in Britain (culture) simultaneously overlap to create a sense of both oppression and body appreciation in this ethnic group of women. The intersectional nature of these findings proposed to extend traditional conceptualisations of body image difficulties as a phenomenon grounded in gendered historical practices and ideologies of patriarchy for British Indian women. These findings are therefore considered as being relevant to the field of Counselling Psychology by endeavouring to strengthen psychological practice to instil a level of empowerment, resilience and education in women who are likely to present with great levels of family conflict, shame and disconnection from their own bodies and others around them. This study also proposes social justice orientated interventions that respectfully challenge social values and practices in the larger systems of inequality rooted in the family and community. These findings offer new and interesting insights into how systems of power, privilege and prejudice affect British Indian women, together with how these can be disrupted and opposed, encouraging women to reclaim control of their identities and diminish social injustice.

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Appendix 1
Recruitment advertisement

Department of Psychology
City University London

- Are you a female of Indian origin born in the UK?

- Aged 21–50?

- Would you be interested in talking about your body?

- Are you interested in talking about how being British and Indian influences this?

If you have answered yes to the above questions, then you may be eligible to participate in a psychological research study exploring how British-Indian women experience their bodies.

Participation would involve attending one interview lasting approximately 70 minutes at City, University of London. Any information provided and your participation will be kept anonymous and confidential.
In appreciation for your time, a £7 Amazon gift voucher will be provided.

For more information about this study, or to take part, please contact **Daveena Seegobin** on [redacted].

I am a Counselling Psychologist in Training at
City University, London in Northampton Square, London, EC1V 0HB.
This research is conducted under the supervision of: Dr Sara Chaudry who can be contacted at [redacted]
This study forms part of a Doctoral qualification.

This study has been reviewed by Dr Daphne Josselin and received ethics clearance through the Psychology Research Ethics Committee, City University London.
Ethics code: PSYETH (P/L) 17/18 106

If you would like to complain about any aspect of the study, please contact the Secretary to the University's Senate Research Ethics Committee on [redacted]

Appendix 2
Pre-interview screening questionnaire

Dear xxx,

Thank you for your interest in the study 'The Experience of the Body in British Indian Women'.

Prior to participating, we would be very grateful if you could fill in the attached questionnaire. This questionnaire is aimed to assess your suitability to participate in this study. Please be aware that confidentiality will be maintained throughout his process and your information will not be shared with anyone apart from the researcher and supervisor of this study.

1. Would you consider yourself to be fluent in English?

   ☐ YES ☐ NO

2. Are you between the ages of 21 and 50?

   ☐ YES ☐ NO

3. Do you agree with the following statement: **'I consider myself to a British-Indian woman', i.e. I was born in the UK, to parents originating from *India* and no other country in the Indian subcontinent and been living in the UK since birth**

   ☐ YES ☐ NO

4. Would you **CURRENTLY** consider yourself to be experiencing one or more of the following:

   ☐ Severe mental distress, i.e. consider yourself to be in crises where you feel great emotional distress or anxiety, cannot cope with day-to-day life or work or think about suicide or self-harm

   ☐ Active Psychotic episodes, i.e. experiencing hallucinations or hearing voices

   ☐ Receiving treatment as an inpatient for mental health difficulties

When complete, could you kindly email this to either Daveena Seegobin (researcher) a [redacted] We will then notify you if you are eligible. If you are not, we thank you for your interest in this study.

Thank you again for your time.
Regards,
Daveena Seegobin - Year 2 Trainee Counselling Psychologist

Appendix 3
Information Sheet

Title of study –
The Experience of the Body in British Indian women

We would like to invite you to take part in a research study. Before you decide whether you would like to take part it is important that you understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information.

What is the purpose of the study?
British-Indian women are an understudied sub-group of South-Asian's in the UK and to date, very few studies exist exploring how being British, Indian and being a woman, i.e. how these *identities* influence how British Indian women experience their own bodies. Furthermore, despite research suggesting that body image difficulties such as body dissatisfaction and eating disorders exists in British South Asian women, studies show that very few women from this community use mental health services in the UK and in particular, specialist eating disorder services. Therefore, this study will aim to explore how British Indian women experience their bodies, with a particular attention placed upon the different gender, racial and cultural identities of women.

This study forms part of the DPsych Counselling Psychology doctoral programme at City University, London.

Why have I been invited?
We are looking for 9 participants, aged 21 to 50 years old who consider themselves to be a 'British Indian woman'. This is defined in this study as *someone who was born in the UK to parents originating from India and no other country in the Indian subcontinent, i.e. second generation and been living in the UK since birth.* Due to the reliance of interviews in this study, you will need to consider yourself as being fluent in English.

If you are experiencing severe mental distress, i.e. consider yourself to be in crises where you feel great emotional distress or anxiety, cannot cope with day-to-day life or work or think about suicide or self-harm; experiencing active psychotic episodes, i.e. experiencing hallucinations or hearing voices or be receiving inpatient care for mental health difficulties as this time in your life, you will not be included in this study to protect you from potential and emotional distress, as well as preventing any interference with any ongoing treatment.

Do I have to take part?
Participation in the study is voluntary, and you can choose not to participate in part or all of the study. This includes withdrawal during the interview or avoiding answering question which are felt to be too personal or intrusive. You can withdraw at any stage of study without reason up until 1-month post-interview. After this, you will be unable to withdraw your account from the study. You will not be penalised or disadvantaged in any way if you chose to do this. If any students would like to take part, your involvement will not affect academic grades. It is up to you to decide whether or not to take part. If you do decide to take part you will be asked to sign a consent form.

What will happen if I take part?

- You will first be sent a pre-interview screening questionnaire where you will be asked questions regarding your fluency in English, age, whether you identify yourself as a British Indian woman and questions about your current mental health.
- You will then be asked to attend an interview between July 2018 and December 2018. You will be given a months' notice to allow sufficient time to plan and make changes to dates where needed.
- It is anticipated the researcher will meet you once for interview, unless any unforeseen circumstances arise post-interview.
- The interview will last approximately 60-90 minutes.
- Prior to starting the interview, you will be asked to provide demographic information including age, ethnic and cultural background; religion and current occupation.
- An individual semi-structured interview will then follow which will be audio-recorded.
- The chosen method of analysis is Interpretative Phenomenological Analysis (IPA) which aims to understand the lived experience, which in the case of this study is the lived experience of your body as a British Indian woman.
- The study will take place at the City University London campus in pre-booked interview rooms.

Expenses and Payments (if applicable)

- You will be offered a £7 Amazon gift voucher in appreciation of your time and effort in contributing to this study.

What do I have to do?
You will be asked to complete a pre-screening questionnaire and, if eligible for the study, you will be asked to provide some demographic information and attend an interview lasting 60-90 with the researcher. You will be asked to think about how you feel; think, make meaning around and understand your body as a woman who belongs to both an Indian and British culture. There are no right or wrong answers, we are more interested in your personal experience and own understanding of your body.

What are the possible disadvantages and risks of taking part?
There is a risk, although to a lesser extent for you to experience psychological stress given the nature of this study. If you become distressed during the interview, brief psychological support from the interviewer will be provided. Necessary safeguards are in place to protect you from such risks such as debriefing with the researcher and information on services which support issues regarding body image post-interview. You can also contact the following mental health services should you require additional psychological support: **MIND - 020 8519 2122 Samaritans - 08457 90 90 90.**

There are also low risks to health and safety such as theft of personal property and trips/falls. For health and safety, the interview will be conducted during office hours, in a suitable room, with little electrical equipment and effective communication systems for the researcher to raise an alarm if necessary.

What are the possible benefits of taking part?
The purpose of this study is to gain a more in depth understanding of how British Indian women experience their bodies, paying particular attention to how identities such as being a woman, being Indian and being British affect this.

By taking part in this research, it may allow professionals to gain greater insight into the unique experiences which shape how British Indian women experience their bodies and in what ways these affect them. This can hopefully raise awareness amongst healthcare professionals to help engage women from this cultural background to engage with mental health services, particular those related to eating disorders. This may also help shape future interventions regarding bodily disturbances to be culturally sensitive, paying close attention to the wider systems involved in the life of the Indian woman and improve how to therapeutically engage Indian women experiencing issues with their bodies.

Will my taking part in the study be kept confidential?

- Only the researcher and supervisor of the study will have access to all interview material.
- Audio-recordings and electronic transcriptions will be stored on a secure computer which is password protected. After transcription, these audio recordings will be deleted.
- Consent forms and hard copy transcriptions will be stored in a locked filing cabinet.
- By requirement, the researcher will keep all information related to this research safely and securely. After five years, all information will be destroyed by the researcher.
- No personally identifiable information will be sought after. Any quotes which may be used in the final project will be referred to under a pseudonym.
- Confidentially will be maintained throughout. However, restrictions on this include disclosure of abuse, violence, self-inflicted harm or harm to others.
- If the study is abandoned before completion, all data will be destroyed and participants informed.

What will happen to the results of the research study?
It is anticipated that this study once completed may be published as part of a professional peer-reviewed journal for issues relating to body image, feminism and cross-culture research. Anonymity will be maintained throughout these processes. In order to receive a copy of the publication/summary of the results, please send an email to the researcher whose details will be on the debrief form post-interview.

What will happen if I don't want to carry on with the study?
You are free to leave, without explanation or penalty, at any time during the study up until 1-month post-interview. After this, you will be unable to withdraw your interview from the study.

What if there is a problem?
If you have any problems, concerns or questions about this study, you should ask to speak to a member of the research team. If you remain unhappy and wish to complain formally, you can do this through the University complaints procedure. To complain about the study, you need to phone 020 7040 3040. You can then ask to speak to the Secretary to Senate Research Ethics Committee and inform them that the name of the project is: *'The Experience of the Body in British Indian women'.*

You could also write to the Secretary at:

[redacted]
Secretary to Senate Research Ethics Committee
Research Office, E214
City University London
Northampton Square
London
EC1V 0HB
Email: [redacted]

Who has reviewed the study?
This study has been approved by City, University of London, Psychology Research Ethics Committee, **PSYETH (P/L) 17/18 106.**

The researcher's contact details
Daveena Seegobin
Trainee Counselling Psychologist
City, University of London
Social Sciences Building
Northampton Square
London
EC1V 0HB

Email: [redacted]

The researcher supervisor's contact details

[redacted]
Counselling Psychologist
City, University of London
Social Sciences Building
Northampton Square
London
EC1V 0HB

[redacted]

Thank you for taking the time to read this information

Appendix 4
Demographic Form

1. Age: _____

2. How would you describe the following?

   - **Your ethnicity**
     This is described as your country of origin and may be related to the place of birth of your parents or ancestors.

     _____

     _____

   - **Your culture**
     This is described as a set of beliefs, values, norms and practices that are learned and shared within particular people or society.

     _____

     _____

   - **Your religion**

     _____

3. What is your current occupation (or, if you are not working, what was your previous occupation)?

   If you are a student, please state your type of course, e.g. degree, masters, doctorate:

Thank you for taking the time to answer these questions.

Appendix 5
Pilot study

1. **What does beauty in a woman mean to you?**
   - *Could you give me an example of your view of the ideal beautiful woman?*
   - *Has this changed over time? Why/how?*

2. **How would you describe your own body?**
   - How would you define this?
   - Has this changed over time? Why/How?
   - Can you tell me a bit more about that?

3. **How do you feel about your body?**
   - Only share what you feel comfortable with
   - Could you tell me a bit more?
   - Why? How?

4. **What does your body mean to you?**

5. **What aspects influence the way you feel and think about your body?**
   - Indian, raised in Britain, being a woman, clash, conflict
   - *Can you tell me a bit more about that?*
   - *How? Why?*
   - How is/was that experience for you?
   -

6. **How important is your body to your identity?**
   - *Have you always felt like this?*
   - *Has this changed over time?*
   - *Why? How?*

7. **Has the way you viewed your body changed over time?**
   - *Why do you think this is?*
   - *What aspects of your ethnicity and/or culture influenced this?*

8. **Where do you think your ideas of body image come from?**
   - *e.g. Media, family, tradition, culture, religion, stories, memories, friends*
   - *How, if at all, are these related to where your ideas of body image come from?*

9. **What sort of activities do you engage in related to body and appearance?**
   - *Exercise, diet, supplements, cosmetics*
   - *How do these make you feel about your body?*

10. **What do you think your body communicates to others?**
    - *Can body image communicate something beyond physical appearance?*
    - *Can you tell me a bit more about that?*

11. **How does being British Indian influence how you deal with negative beliefs/ideas about your body?**
    - *What is it like coping in this way?*
    - *How do you feel?*
    - *What have you learned about yourself?*

12. **How have you coped with any struggles with your body image in the past?**
    - *What were you thinking?*
    - *What did you do?*
    - *How did you feel?*
    - *How does being Indian/British/a woman impact this?*

13. **We are approaching the end of the interview. I would like to ask what your reasons were for participating in this study?**

14. **As we are at the end of the study, I wondered if there was there anything else that you feel would be important for me to know about this particular topic?**

Prompts
Why?
How?
Can you tell me more about that?
Tell me what you were thinking?
How did you feel? What was this like for you?
What do you think this says about you?
What have you learned from this?

Questions for pilot

1. **Do you understand the questions?**
2. **What problems do you envision when asking these questions?**
3. **Do you feel they are relevant to beauty and body image in British Indian women?**
4. **What changes would you make to the questions?**

Appendix 6
Interview schedule

1. **What does beauty in a woman mean to you?**
   - *Could you give me an example of your view of the ideal beautiful woman?*
   - *Has this changed over time? Why/how?*

2. **How would you describe your own body?**
   - How would you define this?
   - Has this changed over time? Why/How?
   - Can you tell me a bit more about that?

3. **How do you feel about your body?**
   - Only share what you feel comfortable with
   - Could you tell me a bit more?
   - Why? How?
   - Culture?

4. **What does your body mean to you?**

5. **What aspects influence the way you feel and think about your body?**
   - Indian, raised in Britain, being a woman, clash, conflict
   - *Can you tell me a bit more about that?*
   - *How? Why?*
   - How is/was that experience for you?
   -

6. **How important is your body to your identity?**
   - **British/Indian**
   - *Have you always felt like this?*
   - *Has this changed over time?*
   - *Why? How?*

7. **Has the way you viewed your body changed over time?**
   - *Why do you think this is?*
   - *What aspects of your ethnicity and/or culture influenced this?*

8. **Where do you think your ideas of body image come from?**
   - *e.g. Media, family, tradition, culture, religion, stories, memories, friends*
   - *How, if at all, are these related to where your ideas of body image come from?*

9. **What do you think your body communicates to others?**
   - *Can body image communicate something beyond physical appearance?*
   - *Can you tell me a bit more about that?*

- *What do you think influences this? Culture? Ethnicity?*

10. **How does being British Indian influence how you deal with negative beliefs/ideas about your body?**
    - *What is it like coping in this way?*
    - *How do you feel?*
    - *What have you learned about yourself?*

11. **How have you coped with any struggles with your body image in the past?**
    - *What were you thinking?*
    - *What did you do?*
    - *How did you feel?*
    - *How does being Indian/British/a woman impact this?*

12. **We are approaching the end of the interview. I would like to ask what your reasons were for participating in this study?**

13. **As we are at the end of the study, I wondered if there was there anything else that you feel would be important for me to know about this particular topic?**

<u>Prompts</u>
Why?
How?
Can you tell me more about that?
Tell me what you were thinking?
How did you feel? What was this like for you?
What do you think this says about you?
What have you learned from this?

Appendix 7
Consent Form

Title of Study
'The Experience of the Body in British Indian Women'

Participant name:
Ethics approval code: *PSYETH (P/L) 17/18 106*

Please initial box

1.	I agree to take part in the above City University London research project. I have had the project explained to me, and I have read the participant information sheet, which I may keep for my records. I understand this will involve: • being interviewed by the researcher • allowing the interview to be audiotaped • completing a demographic form asking about age, ethnicity, culture, religion and occupation • making myself available for a further interview should that be required	
2.	This information will be held and processed for the following purpose(s): To answer the research question '*How do British Indian women experience beauty and body image?'* I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published. The identifiable data will not be shared with any other organisation. Quotes will be included in the final research piece; however, no identifiable information will be used. All material relating to the research will be stored securely, anonymously and will be destroyed after 5 years.	
3.	I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the study up until one month after the interview. After this, I will be unable to withdraw my interview from the study. I understand that I will not be penalized or disadvantaged in any way if I choose to do this.	
4.	I agree to City, University of London recording and processing this information about me. I understand that this information will be used only for the purpose(s) set out in this statement and my consent is conditional on the University complying with its duties and obligations under the Data Protection Act 1998.	
5.	I agree to take part in the above study.	

_____ _____ _____

Name of Participant	Signature	Date
_____	_____	_____
Name of Researcher	Signature	Date

When completed, 1 copy for participant; 1 copy for researcher

---

Note to researcher: to ensure anonymity, consent forms should NOT include participant numbers and should be stored separately from data.

Appendix 8
Debrief Form

Thank you very much for taking part in this study. Now that it's finished we'd like to tell you a bit more about it.

The aim of this research study was to explore how British Indian women experience their bodies by better understanding how being British, Indian and being a woman influences this. As previously mentioned, British Indian women are an under-studied population in the UK, with little known about how they experience, feel, and understand their bodies. We anticipate that this novel piece of research will increase knowledge of the unique cultural and social factors which shape how British Indian women experience their bodies. By raising awareness of this, Counselling Psychologists and other professionals will gain a better understanding of how to engage women from this ethnic group in services such as eating disorders and provide care which accommodates for the distinctive attitudes, beliefs and values of the Indian community. It is also hoped that these findings can help create effective and tailored therapeutic interventions which will help women will feel more empowered and therefore more likely to engage in services to better their psychological well-being
.
If you have any questions regarding the research or management of the interview, which you do not wish to share with me, please contact by supervisor:
[redacted] **Department of Psychology, School of Social Sciences, City University London, Northampton Square, London, EC1V 0HB**
[redacted]

If you have experienced difficult feelings as a result of this interview, please feel free to discuss this after the interview with the researcher. Alternatively, talking to someone with whom you feel safe with e.g. a family, friend or GP may also be helpful. Alternatively, please also see the following list of counselling services which provide support for a wide range of emotional issues:

- **The Samaritans (available 24 hours a day, 365 days per year): 116 123 (UK and ROI)**

- **NHS 111 service is a 24 hours, 365 days a year service. It is staffed by a team of fully trained advisers, experienced nurses and paramedics. You can call 111 if you do not know who to call or you don't have a GP to call.**

- **BEAT (Eating Disorders) (available 3pm – 10pm 365 days a year): For the Adult Helpful, please call 0808 801 0677 or email help@beateatingdisorders.org.uk.**

  You can also access BEAT's online support groups, message boards and look through directories of other counselling services which

address body image issues at:
https://www.beateatingdisorders.org.uk/support-services

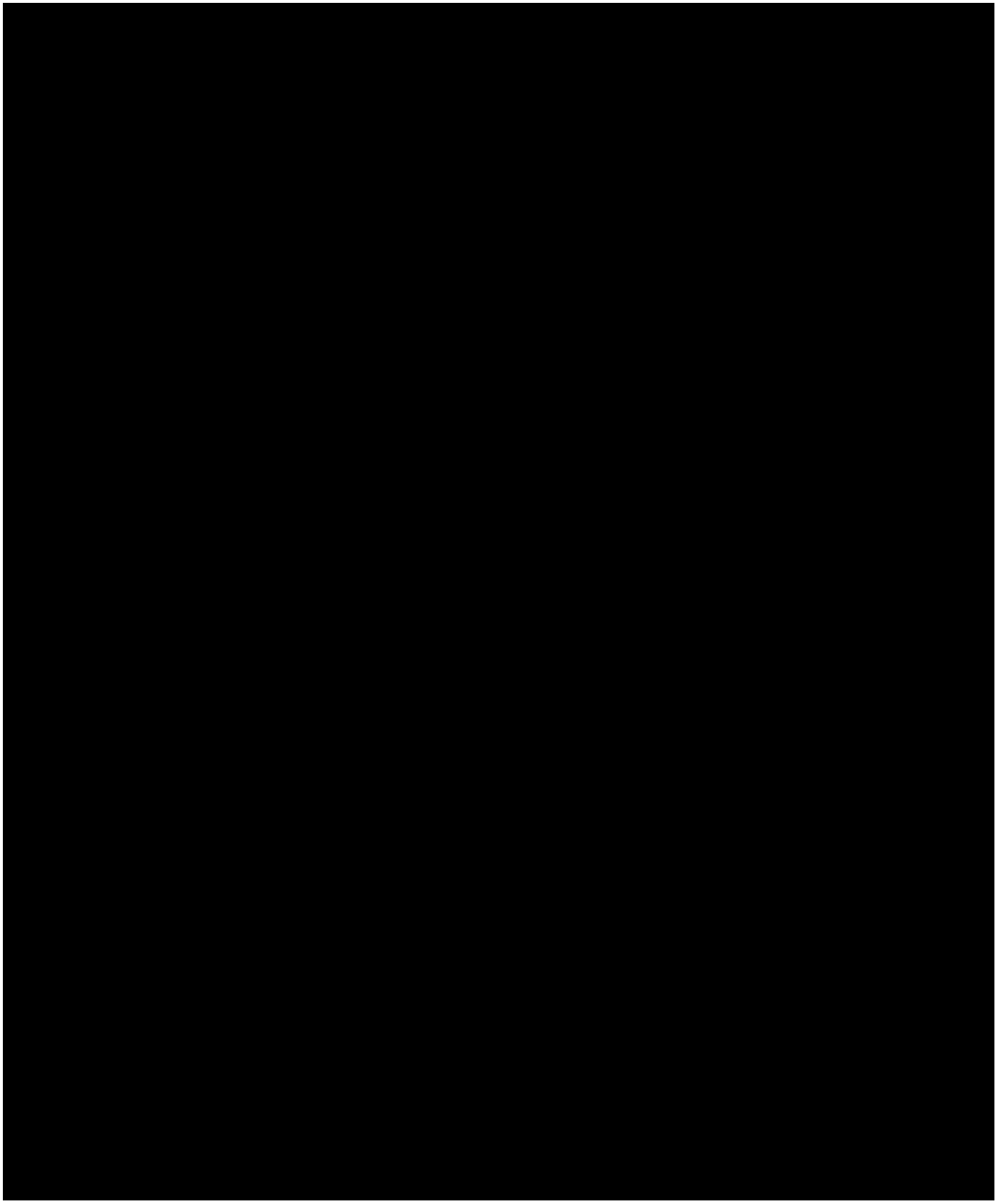
We hope you found the study interesting. If you have any other questions or would like to receive a copy of the publication/summary of the results, please do not hesitate to contact us at the following:

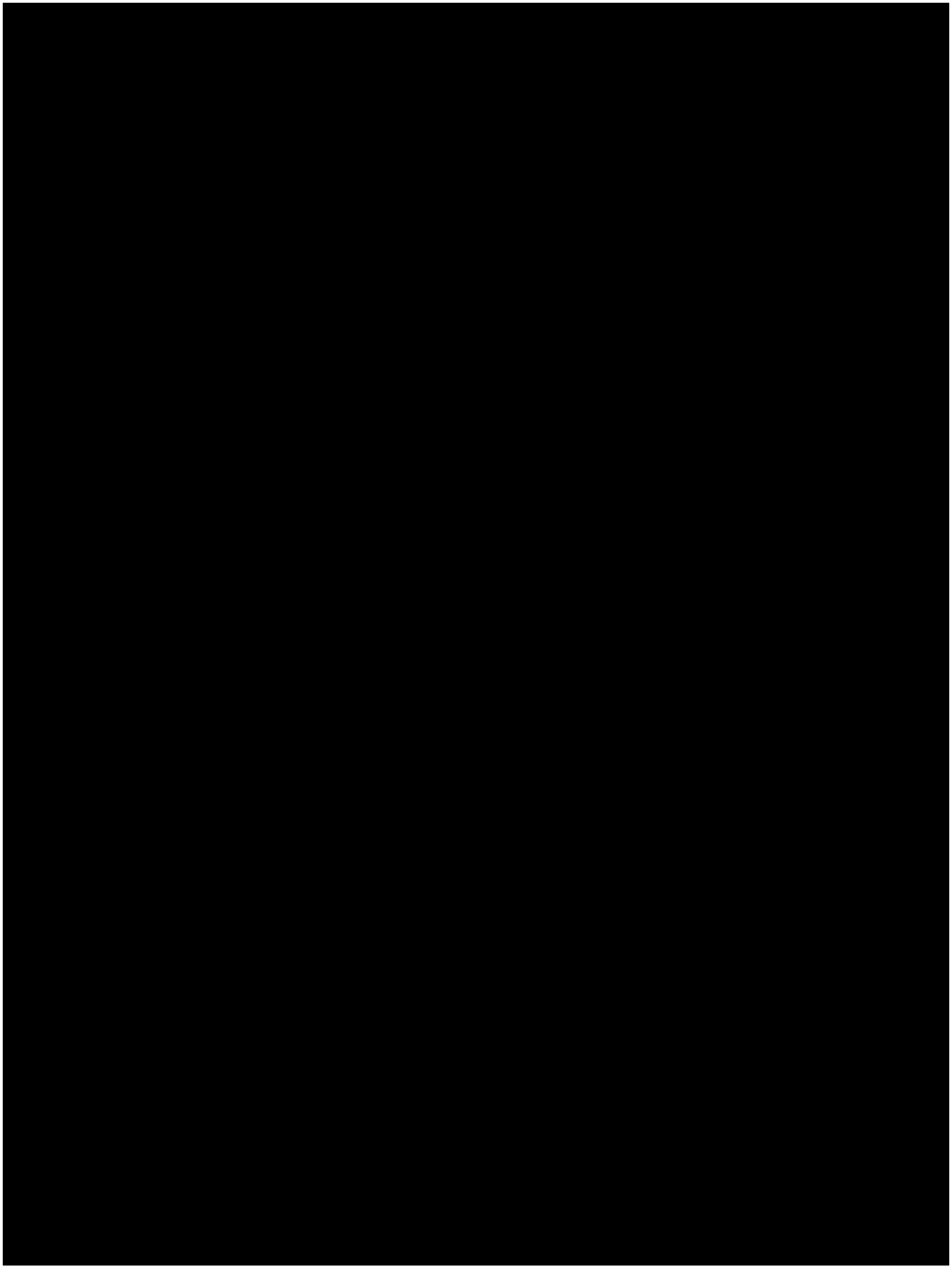
Student - Miss Daveena Seegobin [redacted]

Ethics approval code: *PSYETH (P/L) 17/18 106*

Appendix 9

Stage Two of Analysis Process: Transcript Extract for Chetna





Appendix 10

Stage Three of Analysis Process: Developing Emergent Themes in Chetna's Interview Transcript

Emergent Themes	Interview Transcript	Exploratory comments
	In terms of being Indian, if at all, how do you think this influences the way you see your body?	
Feeling targeted/criticised by community **Objectified by others** **Defective body** **Hurt/Offence at being viewed as an object/Depersonalised**	Yeah so communities, families when they always comment on oh you look really skinny, oh you have lost weight, you have put on weight so for me, it's always I look skinny. So that comes into my head and I feel oh I need to be that. You know, you look really skinny, stick thin…	**Sense of belonging to 'community' – wider and social** **Pervasive comments of others about appearance** **Experienced as hurtful, insulting** **'Skinny' – scrawny, something defective about this** **Makes her feel inadequate, needs to look different to avoid being targeted** **Critical** **Change of tone – mimicking others. feels hurt** **"Stick thin" – simile – objective and offensive. Dehumanising – using inanimate object to describe body**
	How do you feel when they make these comments?	
Dehumanised - objectified **Inadequacy** **Conflict between self and other** **Denied the ability to be accepting of self**	It's not a nice thing. They aren't complimenting it, they're saying oh why are you like that? Why aren't you putting any weight on? So, if you did put on the weight they would say why you got the fat for? There's always a constant battle, you can't be content with just how you are.	**Made to feel different, isolating her body from others. Something abnormal about her** **Critical nature of others – something she is familiar with?** **She is seen as an object to be manipulated by others?** **So inadequate she cannot ever meet expectations. Conflict** **External locus** **"Battle" – with self and others?** **Denied from being accepting of self**
	How do you feel about this conflict?	
Imagined perception of self by others	I don't know if its cultural but I think it's just people's expectations of you. I think culturally…I don't know. Maybe just to look healthy, maybe some people look at me and say oh you look	**Some confusion – trying to make sense where this comes from. Rationalising? Using explanations to answer question** **Seems unsure of self and feelings – doubting "maybe"** **Conflict repeated**

Objectified by her body type – 'skinny' **Confused in appearance by others**	really skinny, you look a bit ill. But then you get bigger and they say no you need to lose some weight. There's always an image people think you should have. You know, that you need to be a certain size but nobody actually knows what that is so its these little things.	**"ill" – she is defective, objectified by her body** **Attention paid as to what others expect of her.** **Conflict in culture causes confusion within her** **Need – her dependence on her body to be accepted. Vehicle, an object**
	How does people having these images make you feel towards your body?	
Conflicted in her sense of self **Confused by others expectations of appearance** **Shamed if she does/shamed if she doesn't** **Surveillanced by the other** **Picked apart/Targeted by others**	I think it's more, I don't know. It's a hard question. I don't think there's a set image they look out for. Like say I put on a lot of weight they would say oh why have you put on so much weight and you don't look very well. Then it goes back to being skinny and they say oh you don't look very well so there's always that back and forth thing again. They're not even sure what their image is. They are constantly picking on things…	**Difficulty in answering question about affect – reverts back to explanation** **Repeats self again** **Conflict repeated – back and fourth** **Confused by others expectations** **Dictated by outward influences** **Self-esteem contingent on others** **Her body represents state of wellbeing to others, but never achievable. Disempowering** **Something unstable in her sense of self** **Surveillanced by others** **'Picked apart' – like an object.** **Taken apart by comments**
	So…	
Criticised/Judged/Attacked for appearance	Them having a constant moan about how you look (laugh)	**"Them" vs her – she's the 'other'. Different** **Relentless comments** **Distancing self from the internal pain of shame, being embarrassed?**
	Can you tell me a bit more about your thoughts on that?	
Anger at pressures imposed on her	I think people are just obsessed with looking glamorous. They think it's important. It's hard to explain. I feel like they want you to look	**Tone – of anger. 'Obsessed'** **Upset with the level of pressure imposed on her** **'They' – I wonder if she means her too? Something difficult about acknowledging she shares same view?**

Sense of being a failure when unable to meet standards **Objectified by others & self objectifies** **Body as a function to avoid criticism/being attacked** **Fear of judgement**	like…like not really skinny but they want you to look like a nice size and have a nice body and a face done up all the time, like hair dyed and really nice clothes on 24/7. Like I will get properly dressed up because if I don't they will be like oh, why haven't you put your eyelashes (laugh) on or earrings or something like that.	**Expectations of others** **Objectified by others – made up of different parts. Also objectifies herself** **24/7 – constantly surveillanced** **Fear of being 'moaned' at, picked on so has to pay attention to appearance** **Body serves a function** **'Laugh' – uncomfortable feelings, distancing self from pressure?**
	How do you feel about that?	
Comparing self to other **Feeling inadequate** **Doubting herself/her body** **Low self-esteem** **Comparing self to other**	See when I go to wedding and stuff ill look at other people and start comparing, oh maybe I should put more make up on or I should put more lipstick on or maybe I should do my hair nicer and stuff. So, when you go your always looking around to others and comparing yourself. I do that anyway, I don't know about other people. Sorry I need my water.	**Wedding – Indian tradition** **Others are used as a benchmark** **Comparisons – feeling inadequate** **Cycle of feeling inadequate, comparing self to others who appear 'better' then drives body dissatisfaction** **Intentional, actively looks for those superior to gage her worth** **Feels like she is the only one?** **Lonely experience** **Anxiety – needed to step back. I wondered if this was to do with me? Was she comparing?**
	I understand that this can be a difficult thing to talk about and you don't have to answer anything that you feel uncomfortable with. How are you feeling?	
	It's OK, I just needed my water. I'm quite an anxious person anyway but don't worry, I'm ok to carry on.	**Perhaps needed to step back, re-gain control. Strong affective experience of embarrassment and inadequacy?**

Appendix 11a

Stage Four of Analysis Process: Table of Cluster Themes, Related Emergent Themes and Page/Line Numbers for Chetna's Transcript

CLUSTERED THEMES	PAGE NUMBER	LINE NUMBER
BODY AS A FUNCTION/VEHICLE/OBJECT		
Body as a means of finding partner	5	167
Link between age, appearance and finding a partner	15	499
Body as a means of global success, e.g. married, children	13	439
Life stages - Sense of changing body and pressure to meet partner	12	398
Body as a means of seeking direction/validation	23	747
Body as a function to avoid criticism/being attacked	10	320
SEPARATION OF MIND AND BODY		
Out of control – thyroid and being skinny	23	757
PRESSURE OF MARRAIGE		
Feeling pressure from others – age and marriage	16	511
Drowning in inadequacies	16	523
Pressure to look certain way	7	232
CULTURAL CONFLICT AND CONFUSION		
Confusing expectations of Indian community	8	249
Confusing expectations/standards of Indian community	9	275
Confusing expectations/standards of Indian community	9	290
Conflicting expectations of food and the body	22	727
Confused by expectations of culture – external locus of control?	22	737
Contradictory messages of culture, food and body	22	743
INADEQUACY AND FAILURE - COMPARISON		
Ruminating – comparing self to other via social media	4	106
Feeling out of control – social media	5	145
Inadequacy – desiring more	5	147
Body and mind consumed by social media	5	157
Objectifying self into parts to confirm inadequacies – social media	4	112
Desire to change driven by others – social media	7	208
'Measuring' self against the other – skinny vs curvy	7	214
Social media – decreasing body confidence	13	410
Desiring to look like the other – social media Rejecting her body – social media	13 31	413 1031
Feeling inadequate – Bollywood films	31	1040
Sense of being a failure when unable to meet standards	10	319

BODY EXPEREINCED AS DEFECTIVE		
Objectified by others “skinny”	8	247
Dehumanised – objectified	2	272
BODY AS CRITICISED AND ATTACKED – FAMILY CONTEXT		
Critical comments of others	8	262
Feeling under surveillance by others	9	305
Targeted by others “pick on things”	19	637
Judged on her size – hurtful	25	834
Judged/Not understood by older generation	29	965
Criticised/Judged/Attacked for appearance	10	313
Critical eye of the other – never enough?	17	557
Others re-affirming low self-esteem	16	516
Denied ability to be accepting of self	9	276
Community shaming	8	246
Hurt/Offence at being viewed as an object/Depersonalised	8	265
Surveillanced by the other	10	307
Picked apart/Targeted by others	10	321
Fear of judgement	26	865
INVISIBLE EMOTIONAL WORLD		
Other seeing body as objective – feelings/part of herself are ignored	26	826
Invisible issue to older generation	29	993
INTERNAL SENSE OF CONFLICT		
Internal conflict – should vs shouldn’t	4	122
Conflict – being skinny vs curvy	7	216
Conflict – needing to look like the other vs being happy (internal vs external?)	6	173
Skewed idea of “reality” – social media	31	1025
Idealising being confident in self	6	186
Shamed if she does/doesn’t	9	303
A RECOGNISED NEED TO MANAGE INTERNAL WORLD		
Avoidance of social media – coping with negative feelings	13	427
Managing worries re: people’s perception - focusing on the self	5	199
Attempts to rejecting pressure to conform	2	99
Challenging others – coping with negative comments	19	631

Appendix 11b

Stage Four of Analysis Process: Table of Cluster Themes, Related Emergent Themes and Page/Line Numbers for Rani's Transcript

CLUSTERED THEMES	PAGE NUMBER	LINE NUMBER
EVALUATION OF THE BODY AND IT'S FUNCTION		
To please others	7	7/156
Body is a tool to manage others perception?	13/5	306/102
To care, look after another – children	21	500
Relationship with the other. The other's gaze	21 21	484 489
Conflicted feelings about the body (content yet desiring slimness)	5	112
Shared women's desires to be slim	5	114
Shares same experience as husband	14	321
CHANGING RELATIONSHIP WITH THE SELF		
Critical voice when younger, now more accepting	20	463
Methods to controlling weigh changed	19	446
Ideas of beauty when younger vs. now	2	40
Changing body positively impacts sense of self – self-esteem/positivity	12	273
Tension between Indian and British culture	16	372
Relationship with exposure to family	2	48
Different levels of importance depending on context	12	264
CULTURAL INFLUENCE OF BEAUTY		
Influence of being brought up in UK	1 10	4 220
Expectations of appearance in Indian culture	2	45
Conflict in comparison with other but also embody the other. Separate but also the same?	15 16	356 362
Influence of social media	10	223
Dual cultural identity – internalised both fashion styles	5	6
Shared experience of Asian cultures 'bluntness'	3	64
FEAR OF THE CHANGING BODY		
Fear of attack by family	7/8	162/172
Judgement by others	3	57/66
Fear of loss of control (body and emotions)	8	168
Critical voice in family context	3	56
Anticipation of judgement	7	150
Global negative of opinion of self	9	204

PRESSURE/CONTROL- INDIAN FAMILY CONTEXT		
Pressure to present best version of self	4	79
Relationship with exposure to family	2	48
Sadness at her internalised ideas	17/17	393
Implicit ideas of beauty	3/17	51/389
Critical voice in family context	3/7	54/153
Communication – bluntness	3	65
Anxiety about different norms and contexts	3	71
Role of food – conflict, fear of no control and connection	18	408
Heightened awareness of body	3/14	54/318
Negative influence of family context	6	139
Freedom of non-family context	6	140
Fear of being in 'fat' stories/fear of weight gain	11	256
Expectations of family	8	173
COPING STYLES		
Dual cultural identity – active and passive styles		
Learned behaviour being British	15	343
Passive coping styles being Indian	8/15	181/338
Negative coping style	15	349
Managing insecurities through clothes	14/5	319/104
Importance of social networks	8	182

Appendix 12

Stage Six of Analysis Process: Table of Superordinate Themes, Sub-Themes for Each Participant, with Quotes & Page/Line Numbers

SUPER-ORDINATE THEMES	SUB-THEME	QUOTES, PAGE/LINE NUMBER
THE GENDERED EXPECTATIONS OF BEING AN INDIAN WOMAN	**BODY AS A VEHICLE TO SUCCESS**	*"I think that look has been drilled into me to look a certain way…I admittedly made so much effort to make sure I looked the part for this job I'm in. I made sure I had the right shoes, the right business attire. It's so important to look the part (banged on the table)…that's how I got my job…looks and the way you portray yourself play I think are at least 80% of the total thoughts of that person. That's how I read others [people] too yeah". (Sheila, 665-687)*
	DEHUMANISATION OF THE BODY	*"Every aspect of my life I think I play a different person and portray that imagine to look the part…it's always been like that. It's like being a chameleon you kind of change from one to another but I think the bullying when I was younger influenced that. It leaves you wanting to be accepted. So, you want to be accepted so you want to look good and the right part… I learned from a young age where I wasn't accepted at school. You learn to adapt in certain situations and groom yourself accordingly. I think that's how I was accepted and still am." (Sheila, 800-829)*
	HIDING THE BODY - SHAME	*"You wear Indian clothes or quite reserved clothes…being Indian as well there's a community, like everything feeds back. Recently I had my auntie's 50th…I just had my shoulders out because I knew if I did the same as her [mixed race friend wearing a very low cut top], it would be a whole other story…So definitely with Indian's there is a …you be careful sort of thing, don't go too much but if you're not with us it's OK you can go crazy but*

		if you're with us make sure your dressed appropriately". (Padma, 237-250)
	PUBLIC SHAME OF THE 'SHARED' BODY	*"I've got to remember the fact that I am 36 years old and getting married at this age, I don't want to look like an old bride and Indians are so judgey…It's really important for me to look good for my age, look like I've looked after myself, that's what's important to me…I think it's more about "oh, she looks good, she looks after herself etcetera"." (Amisha, 458-475)*
	ANXIETY AND PRESSURE OF RESPONSIBILITY TO ATTRACT PARTNER	*"So if I did look as best as I could, then maybe I could get a better chance of finding somebody but then you have that catch 22 oh well you could be really good looking but be a bit of a dickhead…excuse my language…you think you want to be with someone you are physically attracted to and then think oh she's really physically attracted to so, personally I think the onus is on me. I feel like I have that job to make myself feel like this for him to like me back but as I have grown up I think well actually I can't sustain that. After I have a kid god knows what I will look like, when I'm pregnant or what if I go through a disease or have an accident? I can't maintain all of that. I can't sustain it so if he is with me for 99% for my looks then we are screwed. There has to be something deeper for us to stay together." (Zara, 1069-1092)*
	FEAR OF FAMILY REJECTION	*"…being Indian to me means you need to be pretty. It sounds weird but we all do it. So, if I go to a wedding it's always about wearing a beautiful saree. You get your hair done, nails done, you wear sandals, you look good…being Indian you need to be confident. So, when I go to work, that's how I project myself. You always make sure you have it together, you look good and getting on with it.*

		It's all one…It sounds so bad but to get respect, it is about how you look like… they [my family] won't take you seriously." (Ranjita, 576-600)
A JOURNEY TOWARDS ACCEPTANCE	**BODY AS A SOURCE OF PRIDE**	*"I found my way of expressing myself and exploring beauty…for me being Asian, the only Asian in that group of goths made me feel amazing. It was an absolutely unique platform to be on…finding myself and that sense of identity. It's really made me who I am today which might be why I struggle to make that direct link between image and ethnicity…I don't really see myself as different even though I look it" (Manisha, 446-455)*
	REJECTING GENDERED NORMS OF APPEARANCE	*[at uni] I started to become more confident in myself, I then thought well I don't care that I'm brown... Like now, if I go on holiday and I come back really dark, I don't give a shit and it wouldn't bother me at all… (Zara, 450-500)*
	CRITICAL PERSPECTIVE ON BODY ACCEPTANCE	*"…but, is that because society has now made it acceptable to come back really dark, like the models out there. It's a campaign". (Zara, 501-503)* *"I was thinking about know what beautifies you…I look at my mum because my mum isn't like size 4, never wears make up, very rarely and I remember looking at her thinking she looks so content with the way she looks. She's not drinking anything magic. There's got to be something she's OK with. How comes I'm not? So sometimes I think I'm looking at her thinking she's so content, why am I moaning? Why am I trying to achieve something that maybe isn't probably for me? Do you know what I mean?" (Zara, 1263-1276)*

	INTEGRATION OF INDIAN IDENTITY INTO SELF	*"…an 8 is the norm now…It's not a norm for me. Now I'm like, it is what it is and it's OK…I know I have big hips and big bum and I know I can't wear body con dresses. I'm Indian, my body shape is different…My grandmother had big hips, my mum had big hips. So, it's also quite normal. I'm predisposed to that…I will never be straight, that would never happen. Maybe it could but I don't want it to be" (Ranjita, 475-499)*
	HOPE AND ASPIRATIONS FROM ROLE MODELS	*"I do remember just idolising my mum…I suppose I was exposed to not only her beauty physically but I terms of her ability to commit to things she was doing so her family, work…I think ultimately, she's the most important female in my life and for me that was really, yeah, something to admire and I still do…I remember my mum doing her eyebrows in the mirror and she would always have perfect nails…for me I've carried on with those things of being a woman and looking after yourself in that respect…" (Manisha, 590-615)*

Appendix 13
Risk Assessment

Psychology Department Risk Assessment Form

Please note that it is the responsibility of the PI or supervisor to ensure that risks have been assessed appropriately.

Date of assessment: 06/02/18 **Assessor(s):** Miss Daveena Seegobin (Student), [redacted] (Supervisor)

Activity: Doctorate in Counselling Psychology research - Lone Working **Date of next review (if applicable):**

Hazard	**Type of injury or harm**	**People affected and any specific considerations**	**Current Control Measures already in place**	**Risk level** Med High Low	**Further Control Measures required**	**Implementation date & Person responsible**	**Completed**
Lone working in the community Location - counselling clinic room at City University London.	Personal security/safety compromised Violent or threatening persons	Researcher	-The researcher's mobile number will be given to a safety contact. -The researcher will notify their safety contact of the date, time and location of the meeting with the participant. -Researcher will call the safety contact before and after the meeting so they know the researcher is safe. -The researcher will be seated closest to the exit should they need to exit in an emergency. -Obstacles obstructing the exit will be moved. -The researcher will have relevant emergency telephone numbers on quick dial should it be needed in an emergency. . Professional conduct in line with the BPS will be adhered to -The researcher will be carrying a personal alarm at all times.	Low	If the researcher's feels that her safety is at risk, the interview will be terminated immediately and she will remove herself from the situation.	Daveena Seegobin	06/02/18

Premises where the lone worker is working out of sight or hearing range of colleagues - the counselling clinic room at City University London.	Aggressive/ threatening persons Theft of personal property An accident such as a trip, slip or fall	Researcher & participant	-Effective communication systems in place for the researcher to summon help or to raise an alarm. -CCTV systems. -Arrangement of the interview rooms are arranged in a way that all exits routes are clear. -Good internal and external lighting. -Security guards. -Heavy carrying and lifting activities will be avoided. -The researcher will not take unnecessary expensive equipment or valuables into the room.	Low	If the researcher's feels that her safety is at risk, the interview will be terminated immediately and she will remove herself from the situation.	Daveena Seegobin	06/02/18
Desktops and other electrical equipment	Electric shock	Researcher & Participant	-Ventilation/cooling vents on electrical equipment will not be obstructed.	Low		Daveena Seegobin	06/02/18

Contacts
School Safety Liaison Officer: [redacted]
University Safety Manager: [redacted]

Appendix 14
Ethics Form

Psychology Department Standard Ethics Application Form:
Undergraduate, Taught Masters and Professional Doctorate Students

This form should be completed in full. Please ensure you include the accompanying documentation listed in question 19.

Does your research involve any of the following? *For each item, please place a 'x' in the appropriate column*	**Yes**	**No**
Persons under the age of 18 *(If yes, please refer to the Working with Children guidelines and include a copy of your DBS)*		x
Vulnerable adults (e.g. with psychological difficulties) *(If yes, please include a copy of your DBS where applicable)*		X
Use of deception *(If yes, please refer to the Use of Deception guidelines)*		X
Questions about topics that are potentially very sensitive *(Such as participants' sexual behaviour, their legal or political behaviour; their experience of violence)*		X
Potential for 'labelling' by the researcher or participant (e.g. 'I am stupid')		X
Potential for psychological stress, anxiety, humiliation or pain		X
Questions about illegal activities		X
Invasive interventions that would not normally be encountered in everyday life (e.g. vigorous exercise, administration of drugs)		X
Potential for adverse impact on employment or social standing		X
The collection of human tissue, blood or other biological samples		X
Access to potentially sensitive data via a third party (e.g. employee data)		X
Access to personal records or confidential information		X
Anything else that means it has more than a minimal risk of physical or psychological harm, discomfort or stress to participants.		X

If you answered 'no' to all the above questions your application may be eligible for light touch review. You should send your application to your supervisor who will approve it and send it to a second reviewer. Once the second reviewer has approved your application they will submit it to psychology.ethics@city.ac.uk and you will be issued with an ethics approval code. You cannot start your research until you have received this code.

If you answered 'yes' to any of the questions, your application is NOT eligible for light touch review and will need to be reviewed at the next Psychology Department Research Ethics Committee meeting**.** You should send your application to your supervisor who will approve it and send it to psychology.ethics@city.ac.uk. The committee meetings take place on the first Wednesday of every month (with the exception of January and August). Your application should be submitted at least 2 weeks in advance of the meeting you would like it considered at. We aim to send you a response within 7 days. Note that you may be asked to revise and resubmit your application so should ensure you allow for sufficient time when scheduling your research. Once your application has been approved you will be issued with an ethics approval code. You cannot start your research until you have received this code.

Which of the following describes the main applicant? *Please place a 'x' in the appropriate space*	
Undergraduate student	
Taught postgraduate student	
Professional doctorate student	x
Research student	
Staff (applying for own research)	
Staff (applying for research conducted as part of a lab class)	

1. Name of applicant(s). (All supervisors should also be named as applicants.)
Miss Daveena Seegobin; Dr Sara Chaudry
2. Email(s).
[redacted]
3. Project title.
The experience of body image and beauty in British-Indian women.
4. Provide a lay summary of the background and aims of the research. (No more than 400 words.)
Globalisation and proliferation of Western ideals has impacted ethnic women who live in Western countries, including British-Indian women. Acute exposure to thin media images has been found to produce significant increases in body dissatisfaction and decreased self-esteem in Indian women (Nagar & Virk, 2017). One qualitative analysis has found few similarities between Indian and Western ideals of beauty and body image in a UK population of British Indian adults (Bakshi & Baker, 2011). Intracultural factors such as marital desirability and women's positions of power; and intercultural factors including exposure to Western ideals contribute to the unique experience of British-Indian women and how they experience their bodies and beauty. British-Indian women are an understudied sub-group of South-Asian's in the UK and further attention is needed in relation to exposure to several appearance ideals and the implications on psychological well-being (Bakshi & Baker, 2011). Studies have suggested a high prevalence of disordered eating amongst ethnic minorities, including South Asian's (Solmi et al., 2014). Specifically, Indian women may exhibit less typical-disordered type thinking when diagnosed with an eating disorder (ED), such as less fat phobia and less exercising to control weight (Tareen et al. 2005) and be more likely to be compulsive eaters than their white and black counterparts (Bhugra & Bhui, 2003). However, such studies limit understanding about how body dissatisfaction expresses itself and why it is present. Qualitative studies focusing on the individual experience of body image may help address this gap in the literature.

Recent IAPT figures suggest lower referral rates for Pakistani, Bangladesh and Indian women compared with Caucasian women (Community and Mental Health Team; Health and Social Care Information Centre, 2014), with similar trends found in specialist ED services covering large South-Asian populations (Abbas et al., 2010). Barriers to help seeking may include social stigma and a lack of understanding about ED in this population (Wales et al., 2016). Research focusing on how women of Indian origin make sense of their body image; understand beauty and how these possibly influence other aspects of their psychological health may help identify specific areas of mental health affected by body image issues and raise awareness of women's help seeking behaviours and engagement with psychological therapy.

The aim of this research will be to explore how British Indian women experience their body image, ideas of beauty, together with how this may influence their psychological well-being. Second generation British born Indian women who have experienced both Indian and Westernised cultures may hold a unique position to understand how different intrapersonal and interpersonal variables contribute to understanding beauty and body image in the current British climate (Bakhshi & Baker, 2011). Therefore, this study will aim to answer the research question: What is the experience of body image and beauty in British-Indian women?

5. Provide a summary of the design and methodology.

This study will be qualitative employing an Interpretative Phenomenological Analysis (IPA) methodology. IPA will be the chosen method of data analysis as it focuses on the detailed exploration of a person's live experience (Smith & Osbourne, 2015). The aim is to enter a person's experiential world by promoting participants to relay their story in their own words (Smith, Flowers & Larkin, 2009). As this type of methodology acknowledges the impossibility of acquiring complete access to participant's personal world, it recognises that role of the researcher in interacting and responding to the participant's and their subject experiences. This is the double-hermeneutic where the researcher makes sense of what the participant makes sense of (Smith et al., 2009).

6. Provide details of all the methods of data collection you will employ (e.g., questionnaires, reaction times, skin conductance, audio-recorded interviews).

A pilot study will be held to pilot the intended questions (see appendix 10). This will be with acquaintances of the researcher who fit the description of 'second-generation British Indian woman'. They will be asked of the clarity and relevance of the questions together with any changes they would make. The necessary amendments will be made as a result of the pilot study.

A pre-screening telephone interview will be used to assess the suitability of participants for the study. This screening will assess English proficiency; ask about second-generation British-Indian status and current psychological health (appendix 1). Prior to interview, the following demographics will be collected – age and ethnicity/culture (see appendix 2). All interviews will be audio-recorded.

As IPA uses narrative accounts to access a version of the participant's experience (Smith & Osbourn, 2008), semi-structured interviews will be used. Open-ended and non-directive questions are important to enable participants to share their conscious, lived experience through rich and descriptive accounts (Willig et al., 2013). Prompts will allow the researcher

to gently guide the participant to elaborate on unanticipated issues and topics which may arise, not previously considered by the researcher (see appendix 3).

7. Is there any possibility of a participant disclosing any issues of concern during the course of the research? (e.g. emotional, psychological, health or educational.) Is there any possibility of the researcher identifying such issues? If so, please describe the procedures that are in place for the appropriate referral of the participant.

There is a risk, although to a lesser extent for participants to disclose issues around body image disturbance, low mood and/or disordered eating. If this occurs, the following information/advice will be provided on the debrief form (see appendix 7 and below):

If you have experienced difficult feelings as a result of this interview, please feel free to discuss this after the interview with the researcher. Alternatively, talking to someone with whom you feel safe with e.g. a family, friend or GP may also be helpful.

Alternatively, please also see the following list of counselling services which provide support for a wide range of emotional issues:

- **The Samaritans (available 24 hours a day, 365 days per year): 116 123 (UK and ROI)**

- **NHS 111 service is a 24 hours, 365 days a year service. It is staffed by a team of fully trained advisers, experienced nurses and paramedics. You can call 111 if you do not know who to call or you don't have a GP to call.**

- **BEAT (Eating Disorders) (available 3pm – 10pm 365 days a year): For the Adult Helpline, please call 0808 801 0677 or email help@beateatingdisorders.org.uk.**

  You can also access BEAT's online support groups, message boards and look through directories of other counselling services which address body image issues at: https://www.beateatingdisorders.org.uk/support-services

8. Details of participants (e.g. age, gender, exclusion/inclusion criteria). Please justify any exclusion criteria.

Inclusion criteria

- Participants will be aged 21-50 which will allow for a wider range of views and experiences in relation to the development of British and Indian culture.

-British-Indian women, defined as someone born in the UK and been living in the UK since birth is the chosen criteria. To date, little qualitative studies exist exploring the perceptions of beauty and body image in British-Indian women (Bakhshi & Baker, 2011).

-Second generation is defined in this study as someone who was born in the UK and has parents of Indian origin. The term 'Indian' origin will be defined as anyone who has a parent originating from India and not any other country in the Indian sub-continent. Second generation individuals can be considered in a unique position to understand how different

intrapersonal and interpersonal variables contribute to understanding beauty and body image in the current climate (Bakhshi & Baker, 2011).

- In line with the condition of homogeneity in the sample, non-English speakers will be excluded through a pre-screening telephone interview (see appendix 1). This is due to the necessity of language in qualitative methodology and possibility of misinterpretation.

Exclusion criteria

- Participants who are currently experiencing psychotic symptoms, severe mental distress or receiving care as an inpatient will be excluded from the study. This has been chosen to minimise the risk of psychological distress in more vulnerable populations (see appendix.7).

- Those who are not fluent in English will be excluded for the reasons stated above.

9. How will participants be selected and recruited? Who will select and recruit participants?

Purposeful recruitment will be used to select potential participants. An advertisement flyer (see appendix 5) will be placed around the campus of City University London, in two newsagents in the London borough of Newham and will also be posted on Facebook. This borough was chosen as it has a large Indian community and has done so for many decades (Centre of Dynamics of Ethnicity, 2016).These adverts will state I am looking for females aged 21-50 who are of Indian origin and born in the UK willing to share their experience of body image. Interested participants will be asked to contact the researcher through email. A pre-screening telephone interview will be used to assess the suitability of participants for the study. This screening will assess English proficiency; ask about second-generation British-Indian status and current psychological health (see appendix 1). The researcher will select and recruit all participants.

10. Will participants receive any incentives for taking part? (Please provide details of these and justify their type and amount.)

Travel reimbursement will be issued as gratitude for all participants time.

11. Will informed consent be obtained from all participants? If not, please provide a justification. (Note that a copy of your consent form should be included with your application, see question 19.)

Informed consent will be obtained from all participants in writing. See appendix 6.

12. How will you brief and debrief participants? (Note that copies of your information sheet and debrief should be included with your application, see question 19.)

Participants will be provided with an information sheet prior to participating in the study. This will outline the purpose of the study, what to expect from participants, expenses, benefits and disadvantages of taking parts, confidentiality and what happens with the findings going forward (see appendix 4).

A debrief form will also be provided after participation in the study (appendix 7). This will outline the aims of the research, expected findings and resources which participants can use in the event of any psychological distress. If in the event of psychological distress at the time of the interview or after, we will advise participants to talk to the interviewer and speak to those nearest to them for emotional support if possible including their GP, or 111 if they do not have a GP. A list of counselling services will also be provided details of more immediate support if the participant would like to discuss their difficulties with someone.

13. Location of data collection. (Please describe exactly where data collection will take place.)

Interviews will take place at City University London in pre-booked interview rooms.

13a. Is any part of your research taking place outside England/Wales?

No	**X**	
Yes		If 'yes', please describe how you have identified and complied with all local requirements concerning ethical approval and research governance.

13b. Is any part of your research taking place <u>outside</u> the University buildings?

No	X	
Yes		If 'yes', please submit a risk assessment with your application or explain how you have addressed risks.

13c. Is any part of your research taking place <u>within</u> the University buildings?

No		
Yes	X	If 'yes', please ensure you have familiarised yourself with relevant risk assessments available on Moodle.

14. What potential risks to the participants do you foresee, and how do you propose to deal with these risks? These should include both ethical and health and safety risks.

Ethical - It is anticipated that a degree of psychological distress may be experienced, however to a lesser extent. Questions around body-image and how women feel about their own body-image may cause a degree of distress. Participants will be encouraged to talk to the interviewer after the interview if they become distressed. As a counselling psychology trainee I am bound by a duty of care and have the skill set to ensure I can calm a distressed participant. I will also suggest that they either talk to someone they feel comfortable with e.g. a friend or family member or GP. A list of useful counselling services and organisations will be provided prior and after the interview.

Health and Safety risks – possibility of theft of personal property or an accident such as a trip, slip or fall and electric shocks. The following safeguards will be put in place-
-Effective communication systems in place for the researcher to summon help or to raise an alarm.

-CCTV systems in place by City University London
-Arrangement of the interview rooms are arranged in a way that all exits routes are clear.
-Good internal and external lighting.
-Security guards provided by City University London.
-Heavy carrying and lifting activities will be avoided.
-Computer equipment will be placed so as to avoid trip hazards and provide enough space to work comfortably.
-The researcher will not take unnecessary expensive equipment or valuables into the room.
All electrical equipment will be visually checked for signs of damage or overheating prior to each use.
-Ventilation/cooling vents on electrical equipment will not be obstructed.
(See appendix 11 for Risk Assessment)

15. What potential risks to the researchers do you foresee, and how do you propose to deal with these risks? These should include both ethical and health and safety risks.

Ethical risk - Although minimal, the risk of psychological distress to the researcher is a possibility. Using appropriate supervision and personal therapy, the researcher will be protected against any unanticipated distress. The threat of physical harm is low, although possible. Risk of participant withdrawal is possible at any time, thus participants will be given a one month period after the interview in which they are able to withdraw their accounts from the study. A time line has been produced to plan for any unforeseeable problems (see appendix 9).

Health and Safety risks – As the researcher will be lone working at the City University London campus, the researcher will share their location with a supervisor and friend before and after interview. They will stay close to exits and meet with other participants during office hours. Professional conduct in line with the BPS will be adhered to and no expensive equipment will be taking to the interviews. Also, the university's security service and safety manager's numbers will be noted. A personal alarm will be carried by the researcher.
(See appendix 11 for Risk Assessment)

16. What methods will you use to ensure participants' confidentiality and anonymity? (Please note that consent forms should always be kept in a separate folder to data and should NOT include participant numbers.)

Please place an 'X' in all appropriate spaces

Complete anonymity of participants (i.e. researchers will not meet, or know the identity of participants, as participants are a part of a random sample and are required to return responses with no form of personal identification.)	
Anonymised sample or data (i.e. an *irreversible* process whereby identifiers are removed from data and replaced by a code, with no record retained of how the code relates to the identifiers. It is then impossible to identify the individual to whom the sample of information relates.)	**x**
De-identified samples or data (i.e. a *reversible* process whereby identifiers are replaced by a code, to which the researcher retains the key, in a secure location.)	**X**
Participants being referred to by pseudonym in any publication arising from the research	**x**
Any other method of protecting the privacy of participants (e.g. use of direct quotes with specific permission only; use of real name with specific, written permission only.) ***Please provide further details below.***	**x**

As this is an IPA study, the researcher will specify in the consent form and participant information form that direct quotes will be used from transcripts, however will be anonymised using a pseudonym.

17. Which of the following methods of data storage will you employ?

Please place an 'X' in all appropriate spaces

Data will be kept in a locked filing cabinet	**X**
Data and identifiers will be kept in separate, locked filing cabinets	**X**
Access to computer files will be available by password only	**X**
Hard data storage at City University London	
Hard data storage at another site. *Please provide further details below.*	**X**

Consent forms and hard copy transcription will be stored in a locked filing cabinet at the researcher's home. They will be then destroyed after five years, in line with the code of ethics outlined by the British Psychological Society. All audio recordings and electronic transcriptions will be stored on a password protected computer.

18. Who will have access to the data?

Please place an 'X' in the appropriate space

Only researchers named in this application form	**X**
People other than those named in this application form. *Please provide further details below of who will have access and for what purpose.*	

19. Attachments checklist. *Please ensure you have referred to the Psychology Department templates when producing these items. These can be found in the Research Ethics page on Moodle.

Please place an 'X' in all appropriate spaces

	Attached	Not applicable
***Text for study advertisement**	**X**	
***Participant information sheet**	**X**	
***Participant consent form**	**X**	
Questionnaires to be employed	**X**	
Debrief	**X**	
Copy of DBS		**X**
Risk assessment	**X**	
Others – Interview guide, pre-screening questions, demographic information, pilot study	**X**	

20. Information for insurance purposes.

(a) Please provide a brief abstract describing the project

To date, little qualitative studies exist exploring the experience of beauty and body image in British-Indian women. The aim of this research will be to explore how British Indian women experience body image, ideas of beauty, together with how this may influence their psychological well-being. Eight semi-structured interviews will be conducted with 'second generations' and the data analysed using Interpretative Phenomenological Analysis. Main themes expected to emerge include: influence of Indian and British culture, media and other intra- and interpersonal variables which may influence how body image and beauty are experienced by second generation British-Indian women.

Please place an 'X' in all appropriate spaces

(b) Does the research involve any of the following:	**Yes**	**No**
Children under the age of 5 years?		X
Clinical trials / intervention testing?		X
Over 500 participants?		X
(c) Are you specifically recruiting pregnant women?		X
(d) Excluding information collected via questionnaires (either paper based or online), is any part of the research taking place outside the UK?		X

If you have answered 'no' to all the above questions, please go to section 21.

If you have answered 'yes' to any of the above questions you will need to check that the university's insurance will cover your research. You should do this by submitting this application to insurance@city.ac.uk, before applying for ethics approval. Please initial below to confirm that you have done this.

I have received confirmation that this research will be covered by the university's insurance.

Name …… Date……

21. Information for reporting purposes.

Please place an 'X' in all appropriate spaces

(a) Does the research involve any of the following:	**Yes**	**No**
Persons under the age of 18 years?		X
Vulnerable adults?		X
Participant recruitment outside England and Wales?		X
(b) Has the research received external funding?		X

22. Final checks. Before submitting your application, please confirm the following, noting that **your application may be returned to you without review** if the committee feels these requirements have not been met.

23. Declarations by applicant(s)	
Please confirm each of the statements below by placing an 'X' in the appropriate space	
I certify that to the best of my knowledge the information given above, together with accompanying information, is complete and correct.	X
I accept the responsibility for the conduct of the procedures set out in the attached application.	X
I have attempted to identify all risks related to the research that may arise in conducting the project.	X
I understand that **no** research work involving human participants or data can commence until ethical approval has been given.	X

	Signature (Please type name)	**Date**
Student(s)	**DAVEENA SEEGOBIN**	**30/12/2017**
Supervisor	[redacted]	**7/2/2018**

Please confirm each of the statements below by placing an 'X' in the appropriate space	
There are no discrepancies in the information contained in the different sections of the application form and in the materials for participants.	X
There is sufficient information regarding study procedures and materials to enable proper ethical review.	X
The application form and materials for participants have been checked for grammatical errors and clarity of expression.	X
The materials for participants have been checked for typos.	X

Reviewer Feedback Form

Name of reviewer(s).

[redacted]

Email(s).

[redacted]

Does this application require any revisions or further information?

Please place an 'X' the appropriate space

No Reviewer(s) should sign the application and return to psychology.ethics@city.ac.uk, ccing to the supervisor.		**Yes** Reviewer(s) should provide further details below and email directly to the student and supervisor.	X

Revisions / further information required

To be completed by the reviewer(s). PLEASE DO NOT DELETE ANY PREVIOUS COMMENTS.

Date: 09.02.2018

Comments:

Dear Daveena,

well done for providing such a well thought-out ethics application.

There are however a few points in need of revision, as indicated on your application (see my comments and corrections).

I would also recommend going through your appendices with a fine comb again, to weed out any typo.

Applicant response to reviewer comments

To be completed by the applicant. Please address the points raised above and explain how you have done this in the space below. You should then email the entire application (including attachments), **with changes highlighted** directly back to the reviewer(s), ccing to your supervisor.

Date: 21/02/18

Response:

Dear [redacted]

May thanks for your feedback. I have gone through each of your comments and made the necessary amendments. This includes changes on the information sheet, advert, de-brief form and ethics form. I have made it clearer how information will be stored. These are all highlighted in yellow.

I have also gone through all of my appendices to ensure typo's have been corrected. I decided to make slight changes to the appendix 2, re: demographic information. I hope that the explanation of 'culture' and 'ethnicity' are clearer for participants to answer. I look forward to your feedback.
Reviewer signature(s) To be completed upon FINAL approval of all materials.

	Signature (Please type name)	**Date**
Supervisor	**Sara Chaudry**	**7/2/2018**
Second reviewer		

Appendix 15
Granted Ethics Letter

Psychology Research Ethics Committee
School of Arts and Social Sciences
City University London
London EC1R 0JD

26 March 2018

Dear [redacted]

Reference: PSYETH (P/L) 17/18 106
Project title: ***The experience of body image and beauty in British Indian women***

I am writing to confirm that the research proposal detailed above has been granted approval by the City University London Psychology Department Research Ethics Committee.

Period of approval
Approval is valid for a period of three years from the date of this letter. If data collection runs beyond this period you will need to apply for an extension using the Amendments Form.

Project amendments
You will also need to submit an Amendments Form if you want to make any of the following changes to your research:

(a) Recruit a new category of participants
(b) Change, or add to, the research method employed
(c) Collect additional types of data
(d) Change the researchers involved in the project

Adverse events
You will need to submit an Adverse Events Form, copied to the Secretary of the Senate Research Ethics Committee (anna.ramberg.1@city.ac.uk), in the event of any of the following:

(a) Adverse events
(b) Breaches of confidentiality
(c) Safeguarding issues relating to children and vulnerable adults
(d) Incidents that affect the personal safety of a participant or researcher

Issues (a) and (b) should be reported as soon as possible and no later than 5 days after the event. Issues (c) and (d) should be reported immediately. Where appropriate the researcher should also report adverse events to other relevant institutions such as the police or social services.

Should you have any further queries then please do not hesitate to get in touch.

Kind regards

TBC
Ethics committee Secretary
[redacted]

[redacted]
Chair
[redacted]

Appendix 16
Post-interview reflections and reasons for participation

"This is so interesting, I don't think I've ever sat down to talk about this. Very thought-provoking questions… I think it's really good to reflect on how much you culture influences how you see yourself" - Rani

"I've really enjoyed it. It's taken me down a road that I didn't think I'd make connections and umm, it's been really made me think about how I am with my daughter which is a really big thing, so thank you." – Manisha

"I think I wish I had a better sense of myself and sort of, beauty, because I really still don't. My beauty within needs to match with the outside but I don't think it does" - Padma

"I'll tell you why, because body image is something I think about all the time and also… I was just really curious to see, to almost learn more about myself and…to actually see if my body impacts me more than I initially thought which I'll be honest, it does feel like it does which is quite scary. But it's motivating having done this" - Amisha

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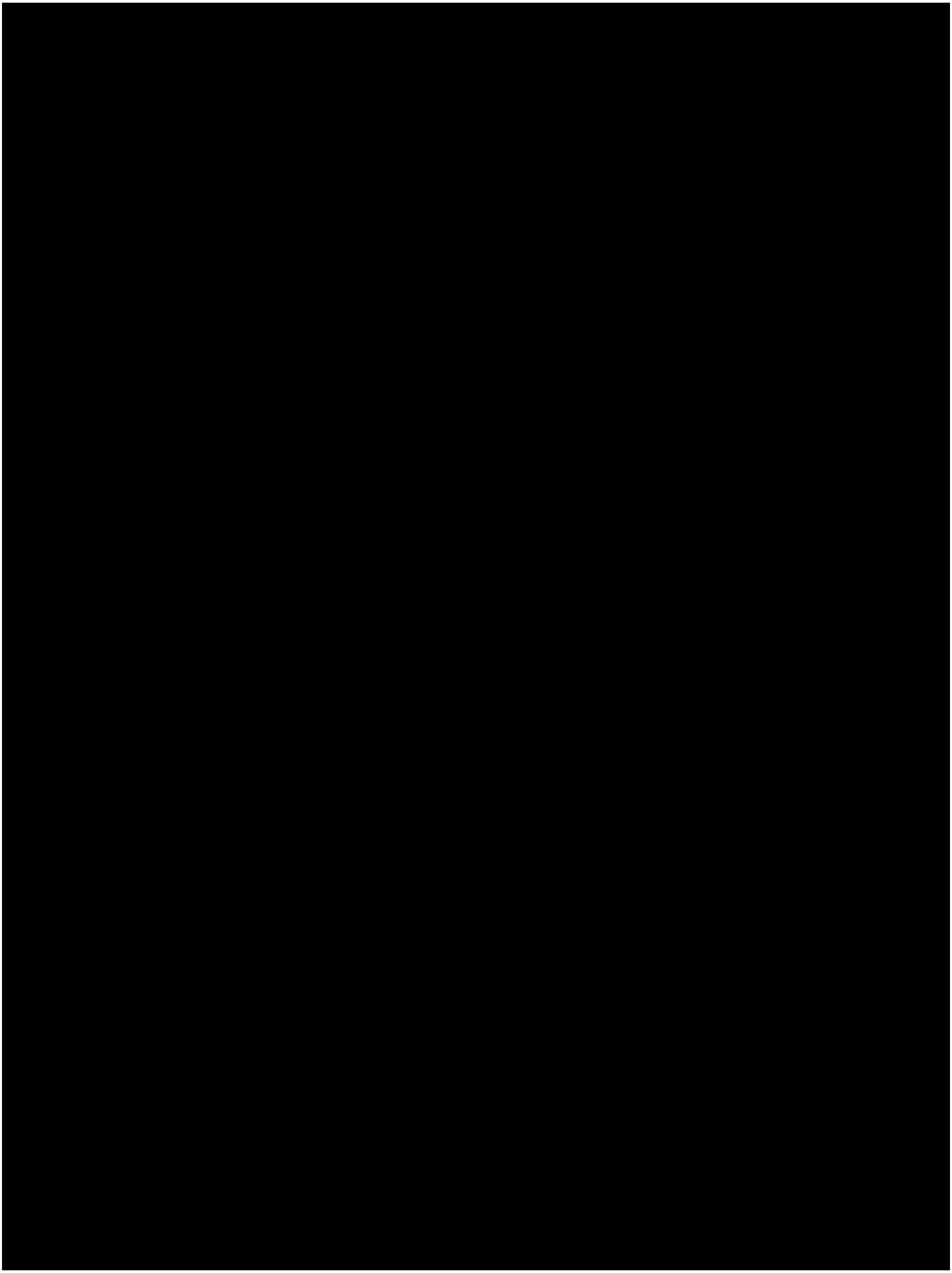
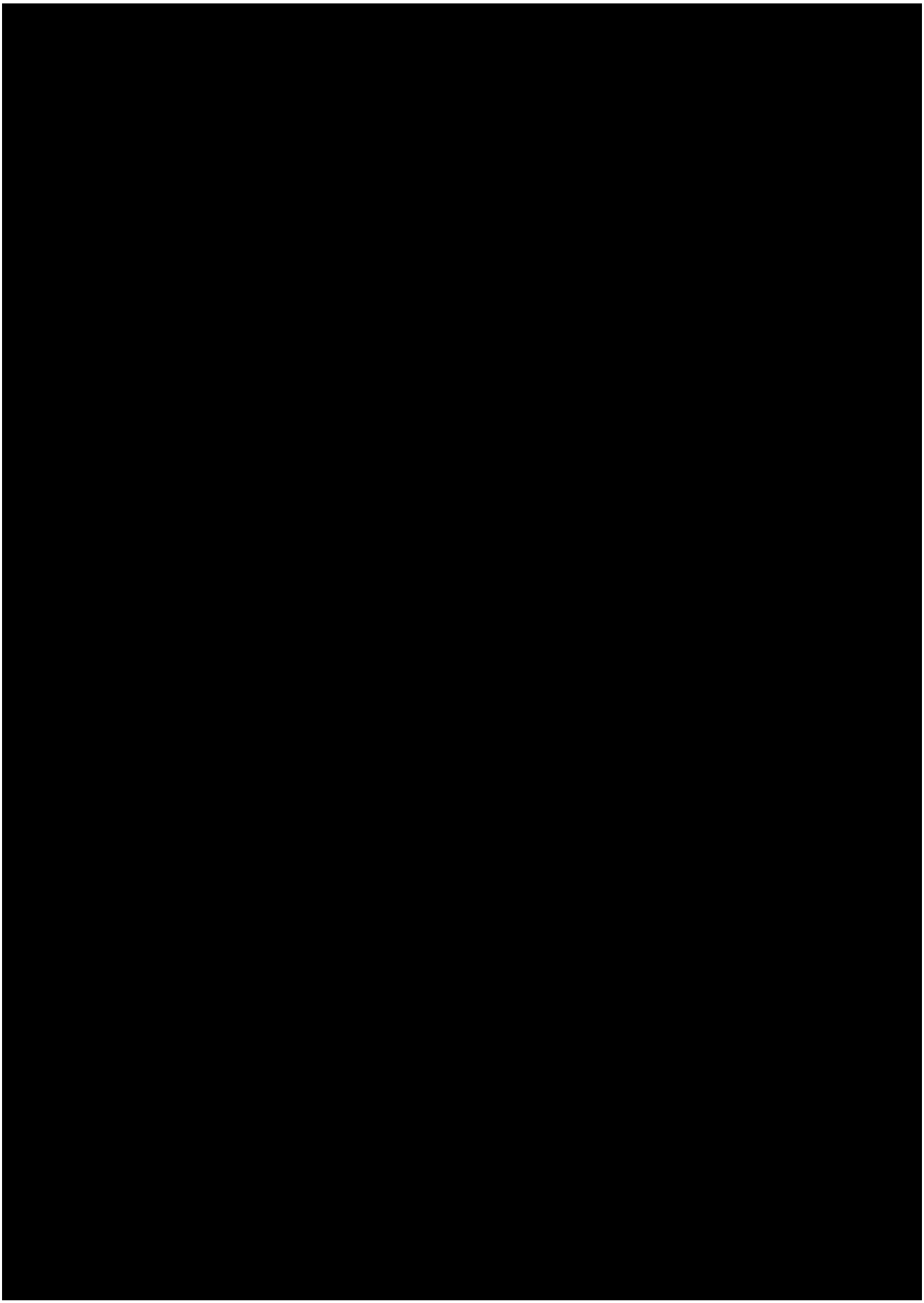
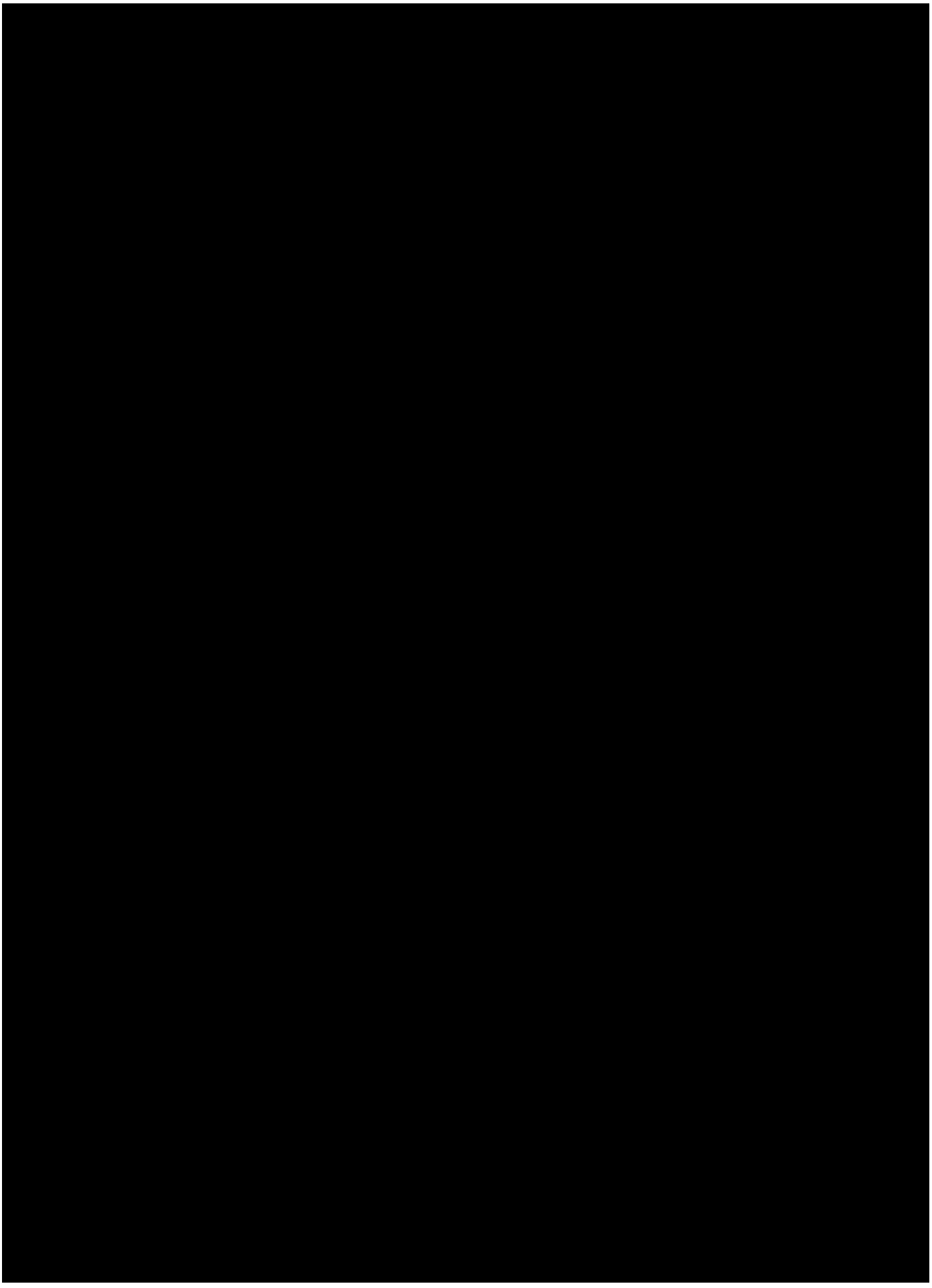
Publishable article.....222

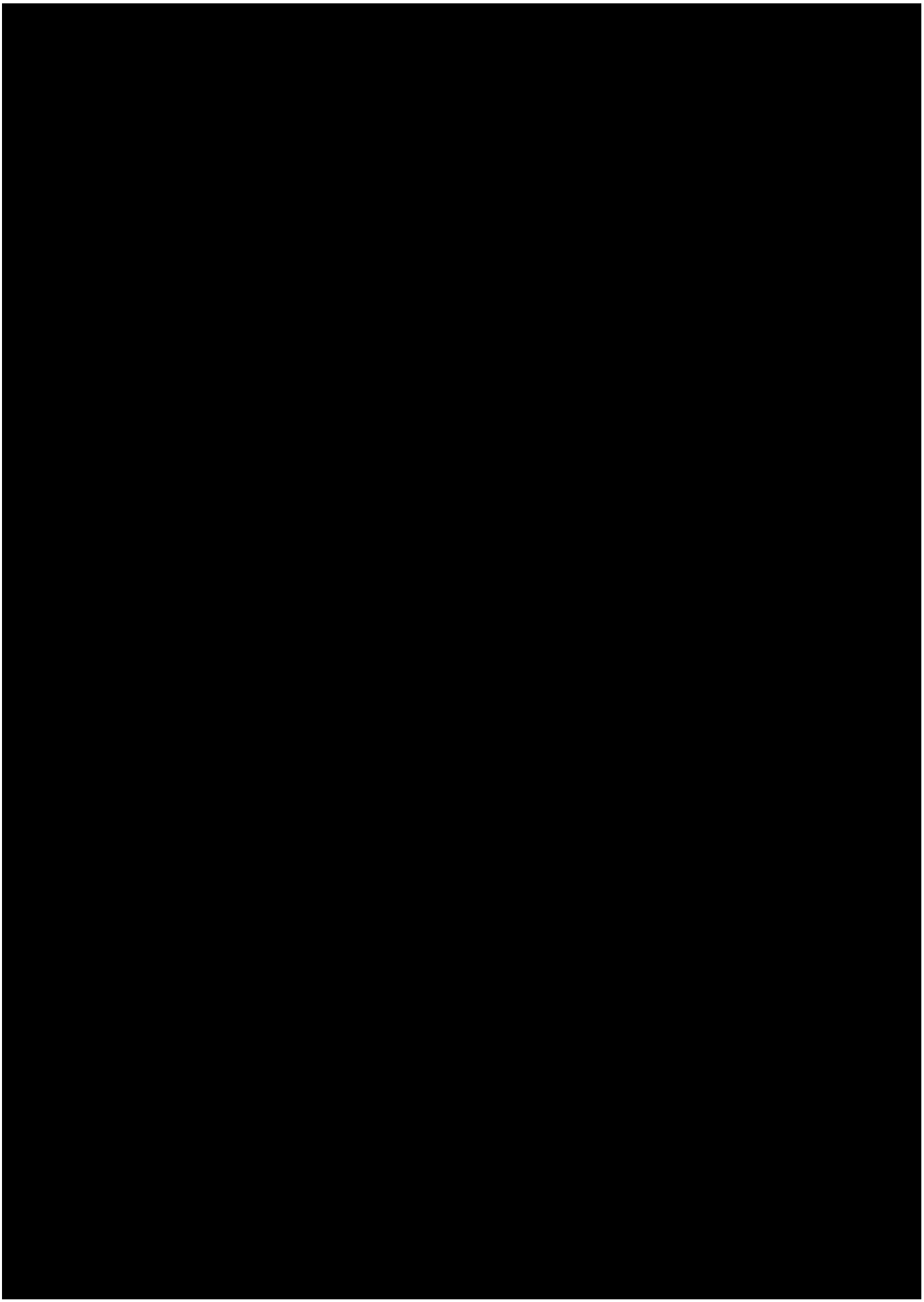
Section B: Publishable Journal Article

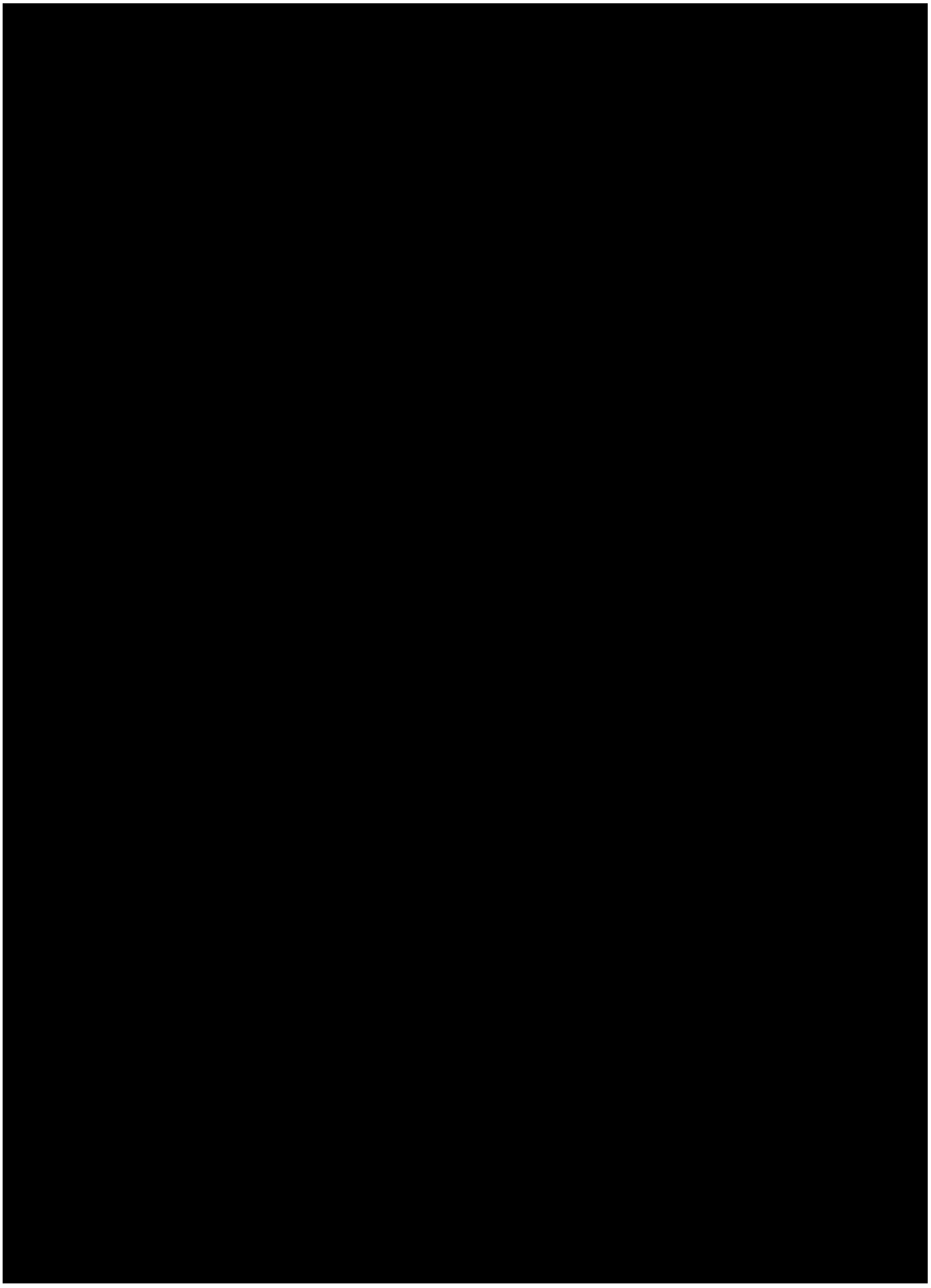
Culture, Power and The Body: An Intersectionality Perspective of British Indian Women's Experience with the Body

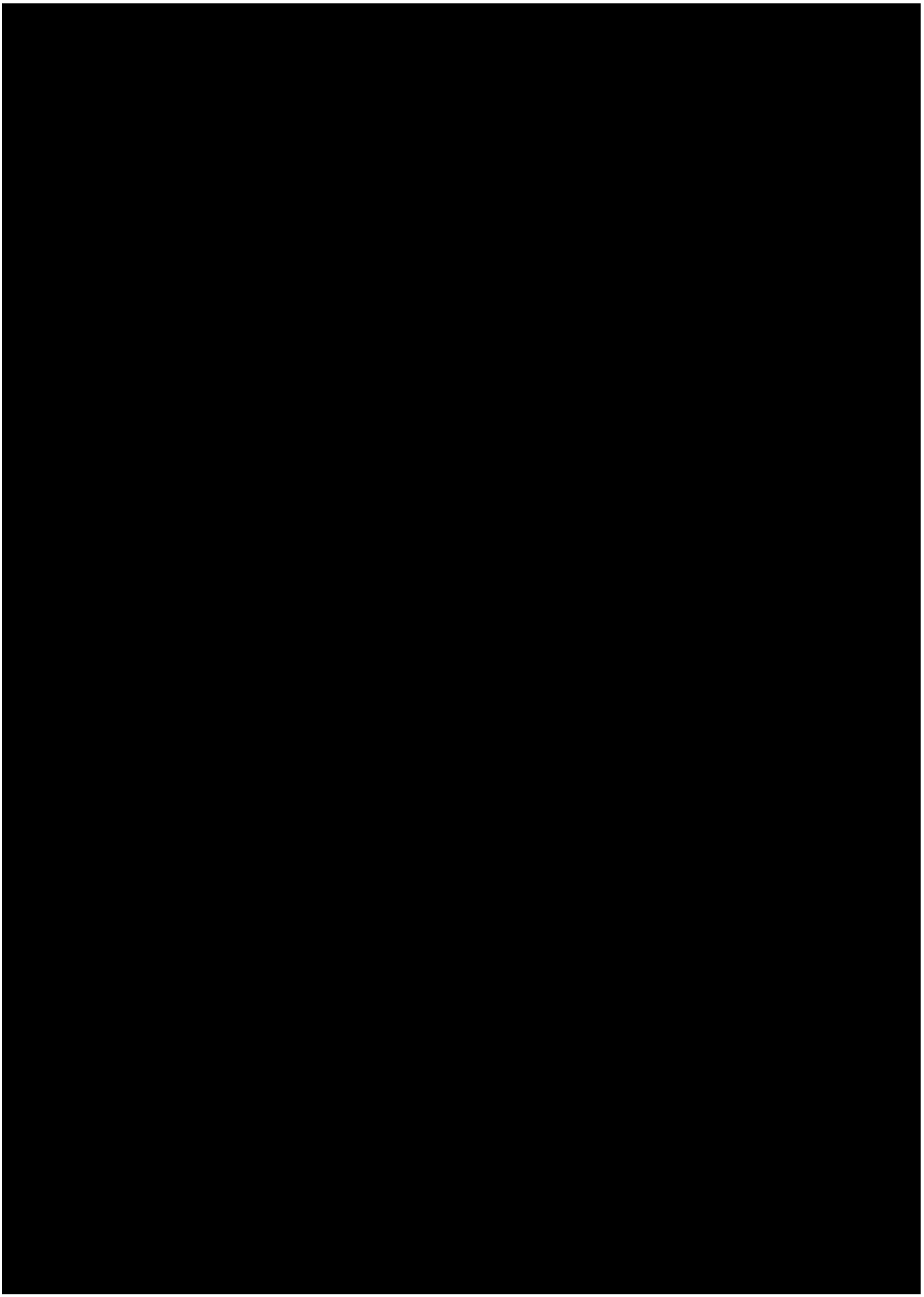


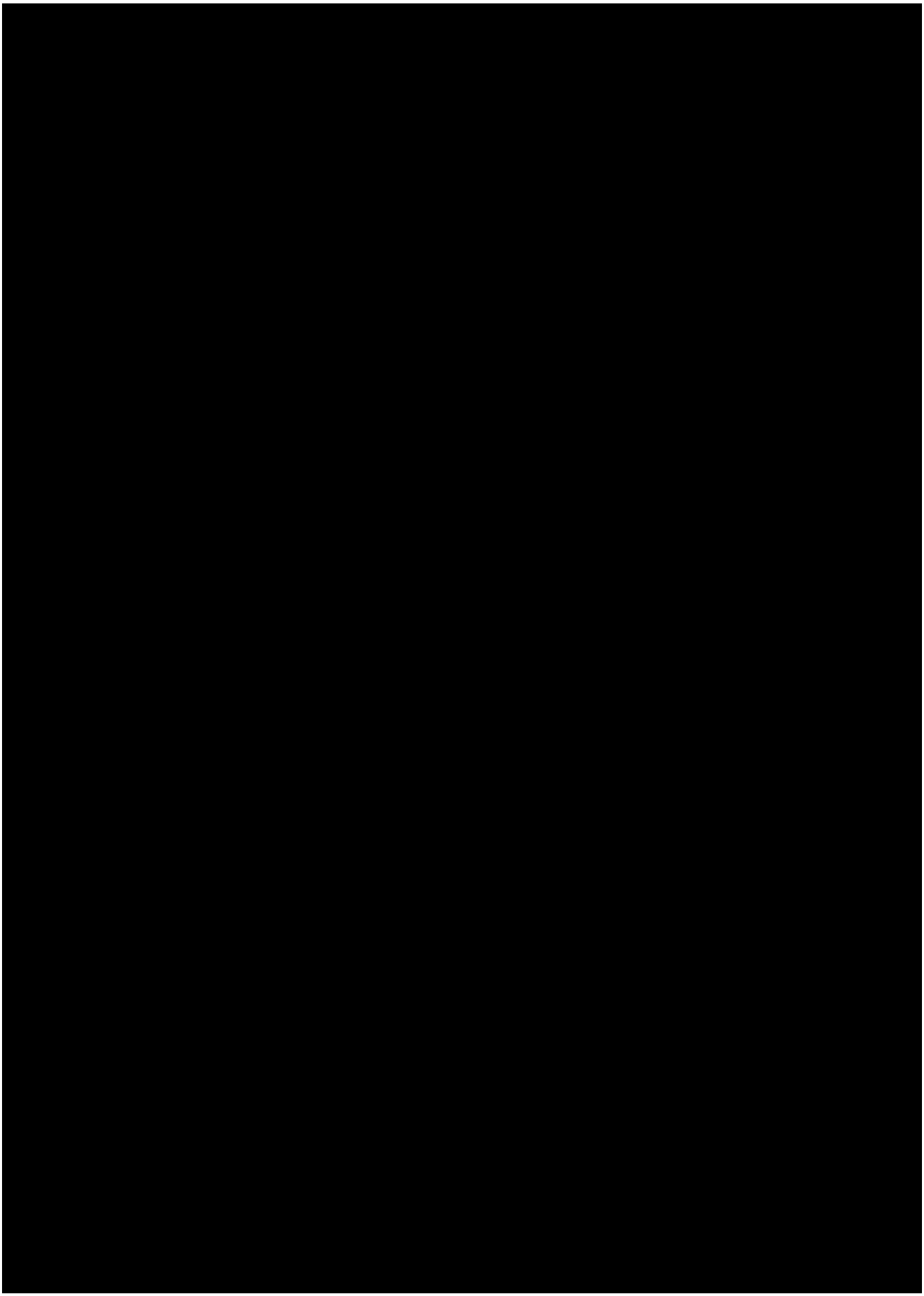


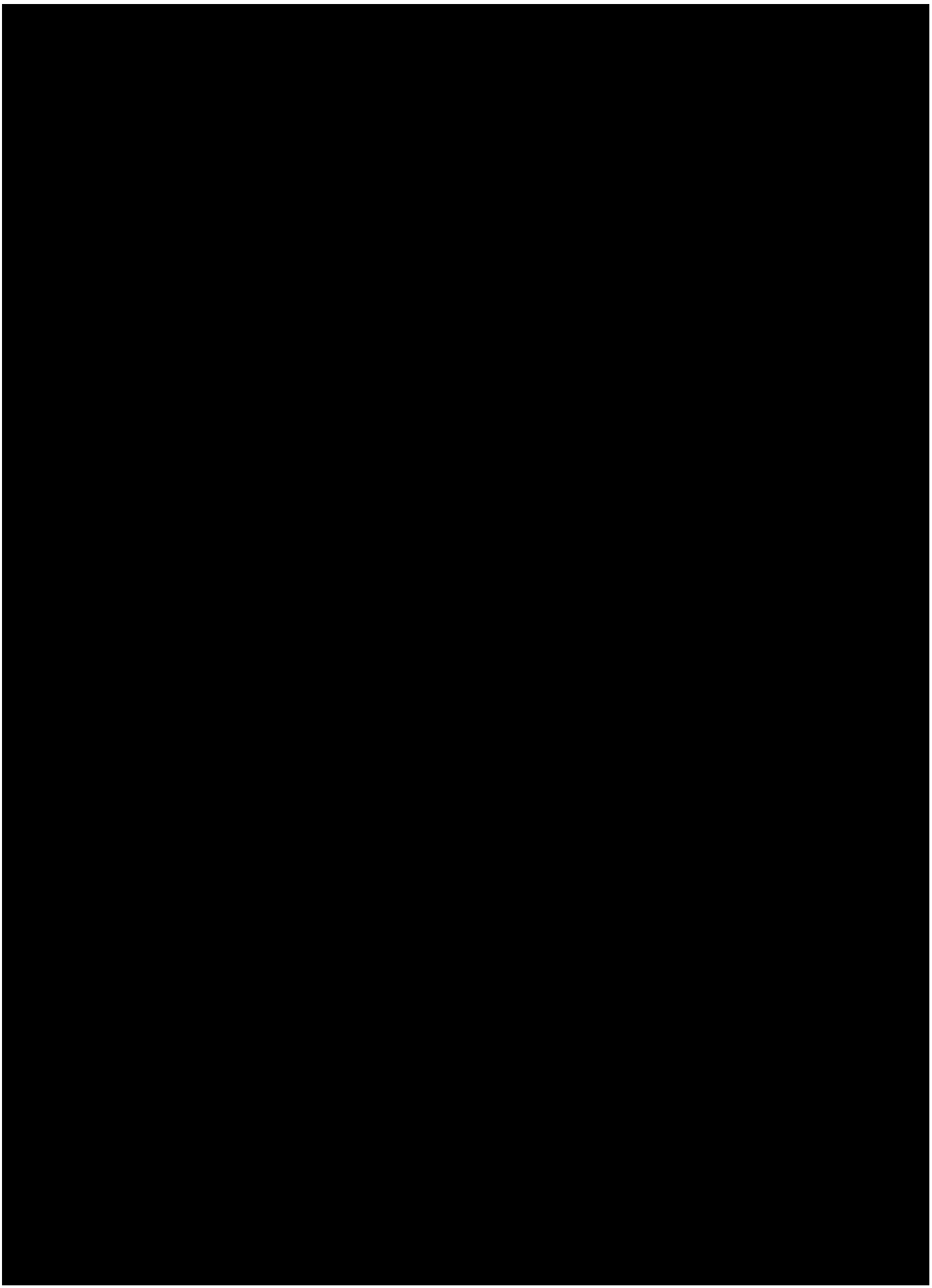


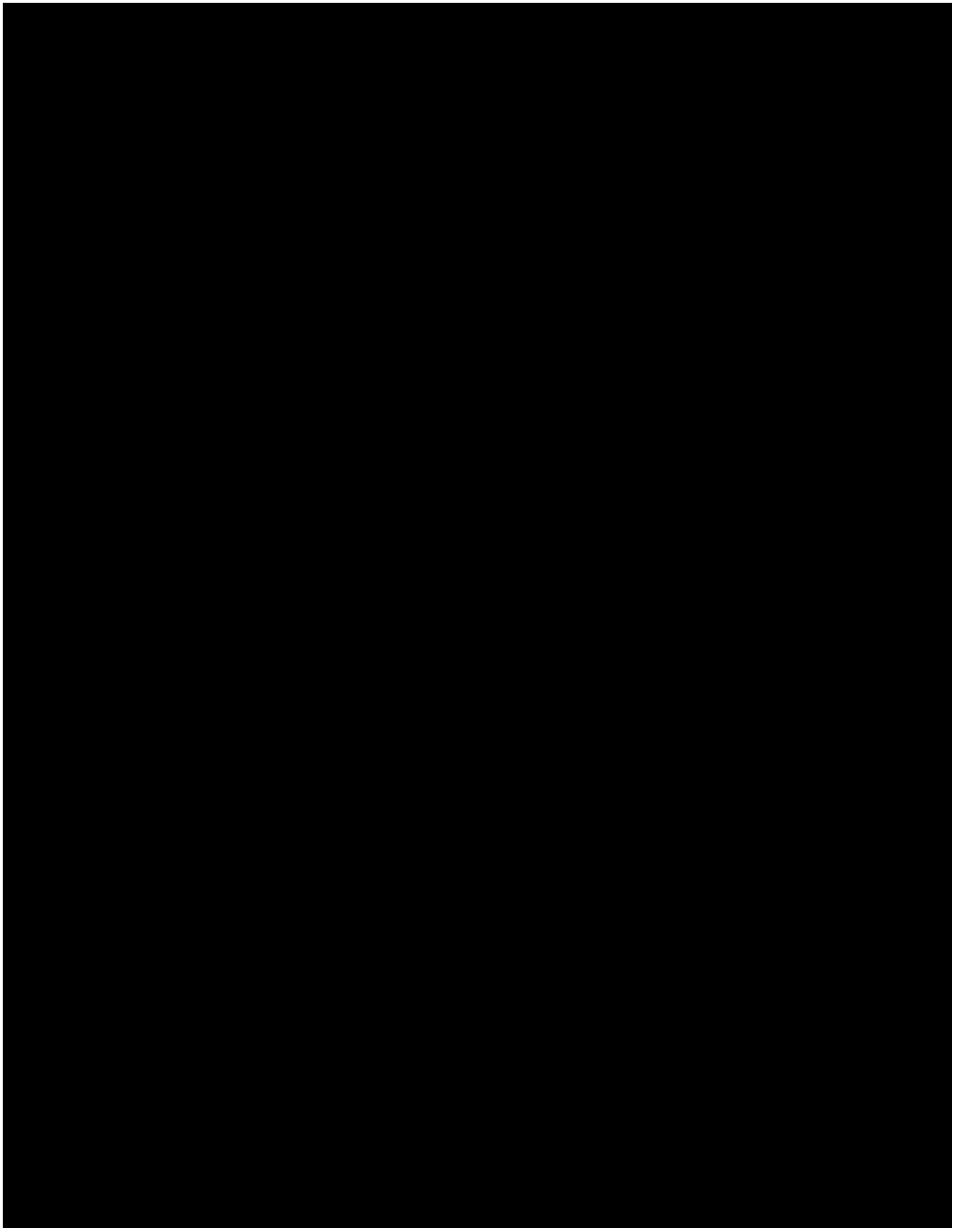


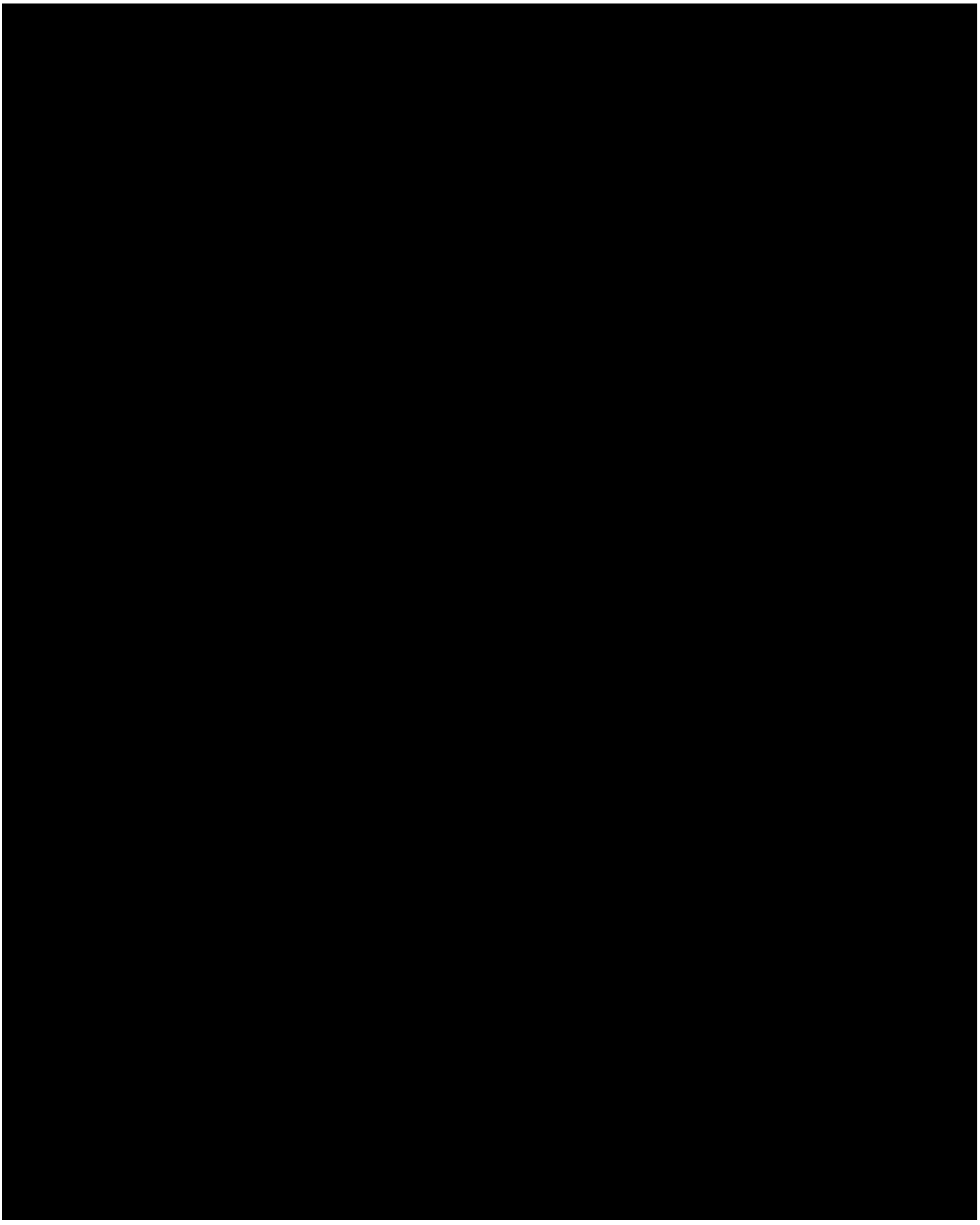


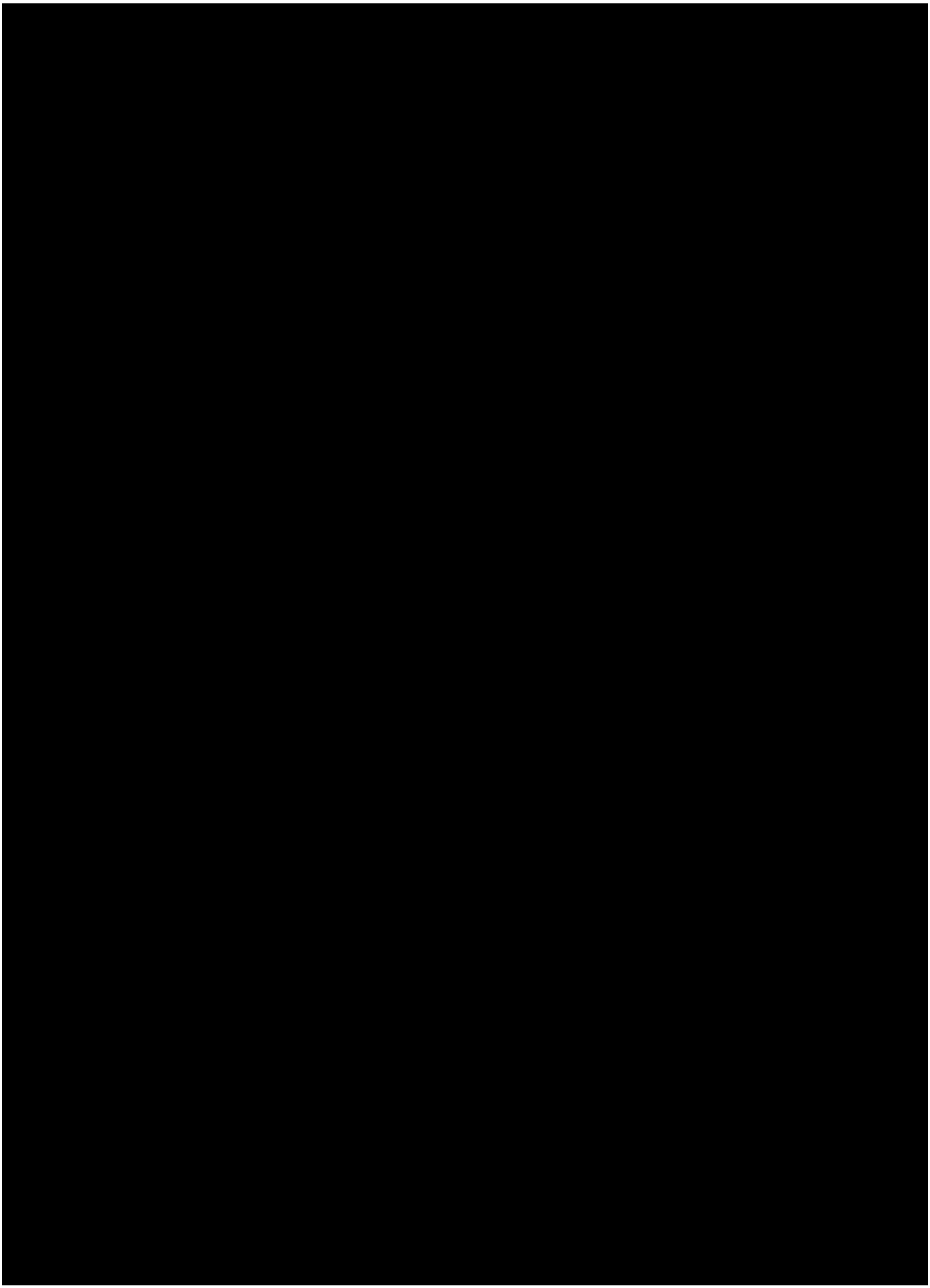


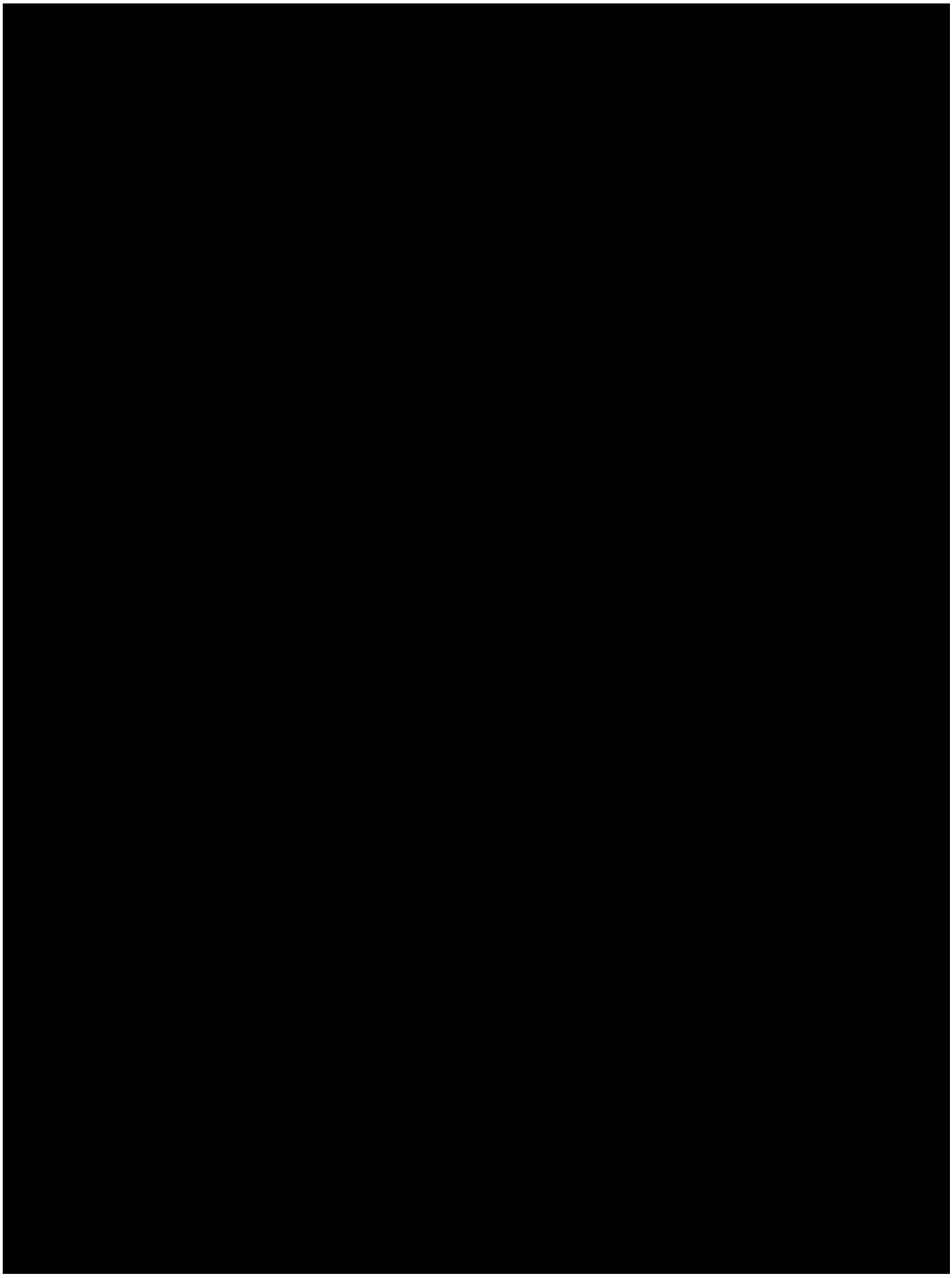


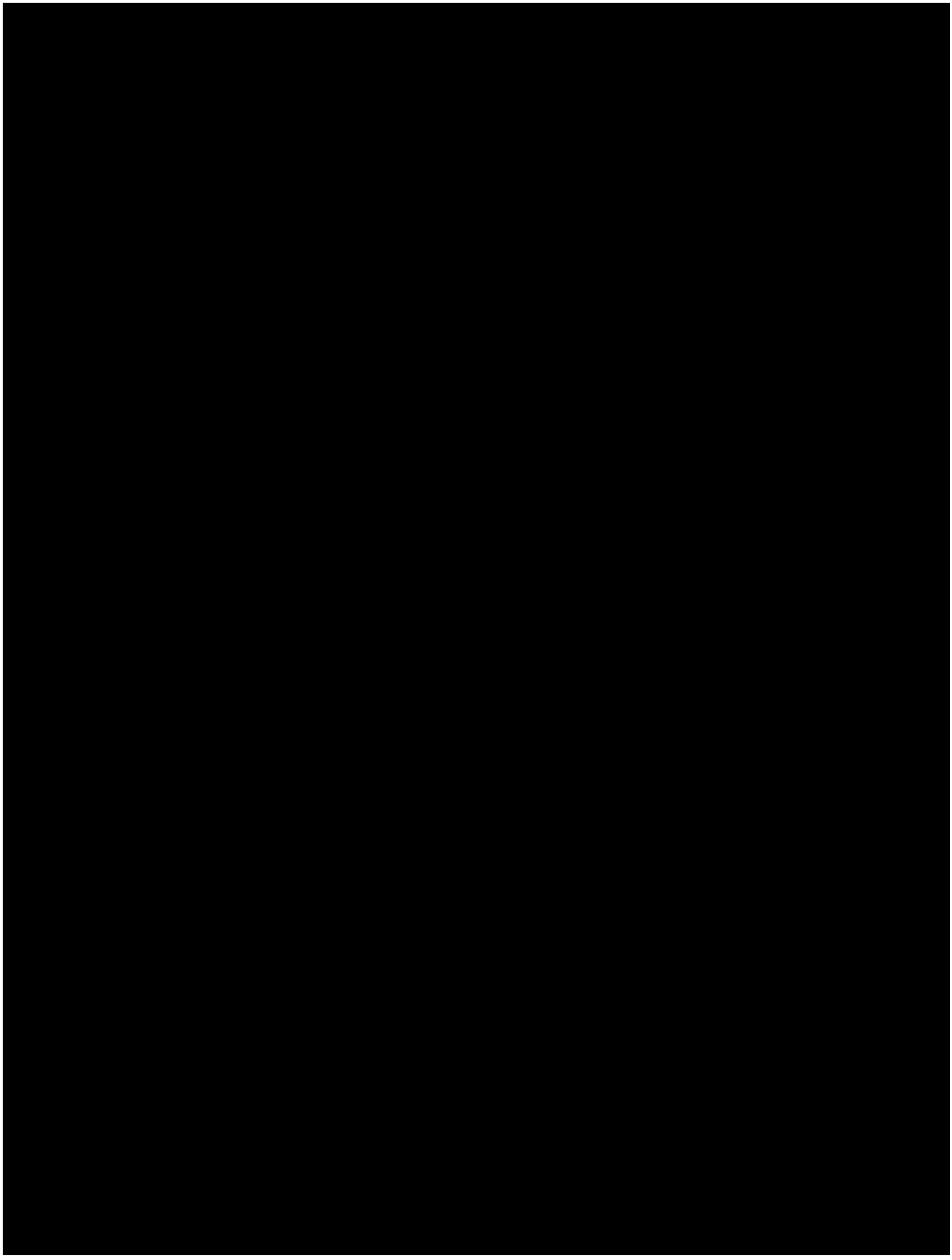


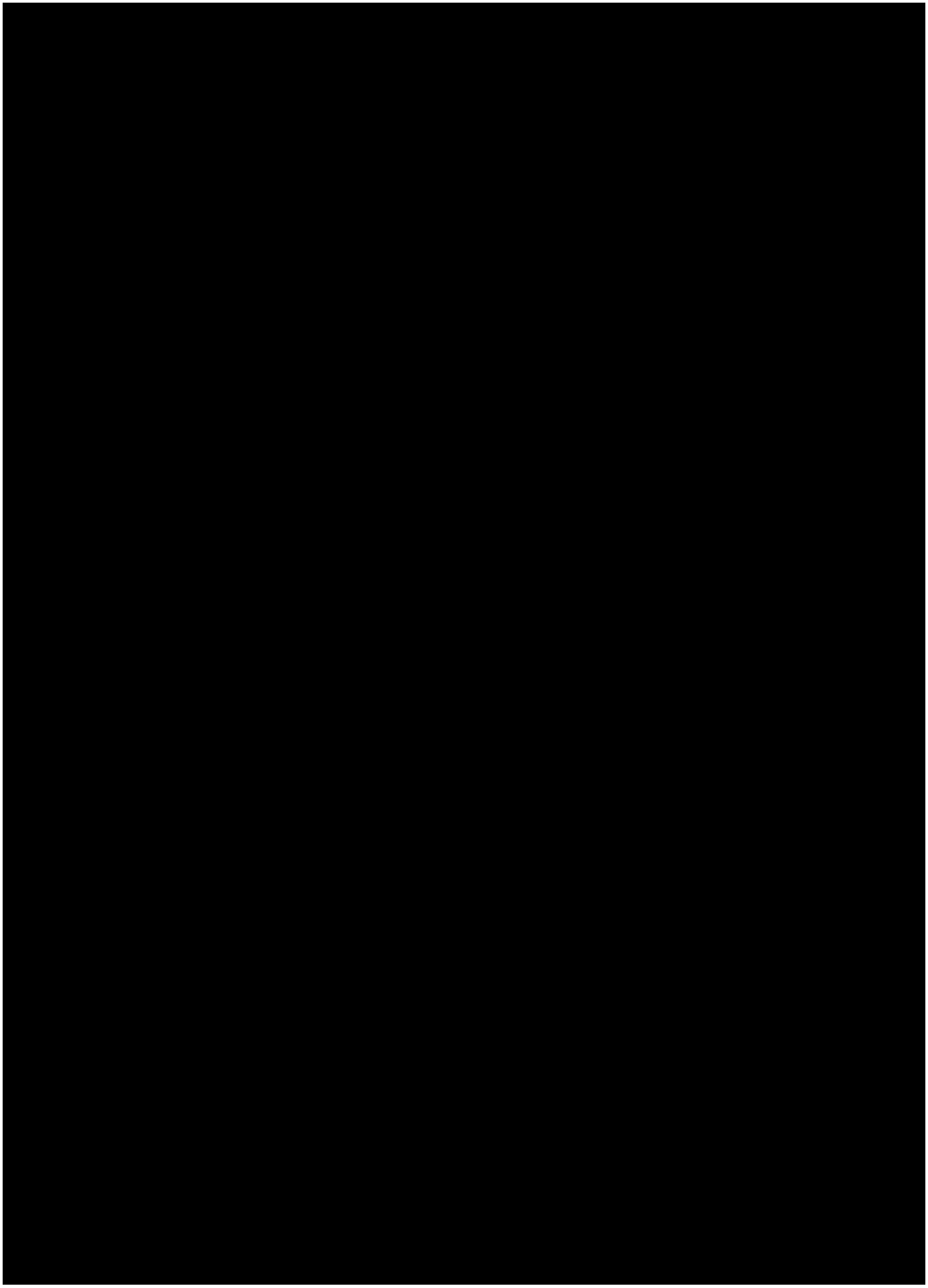


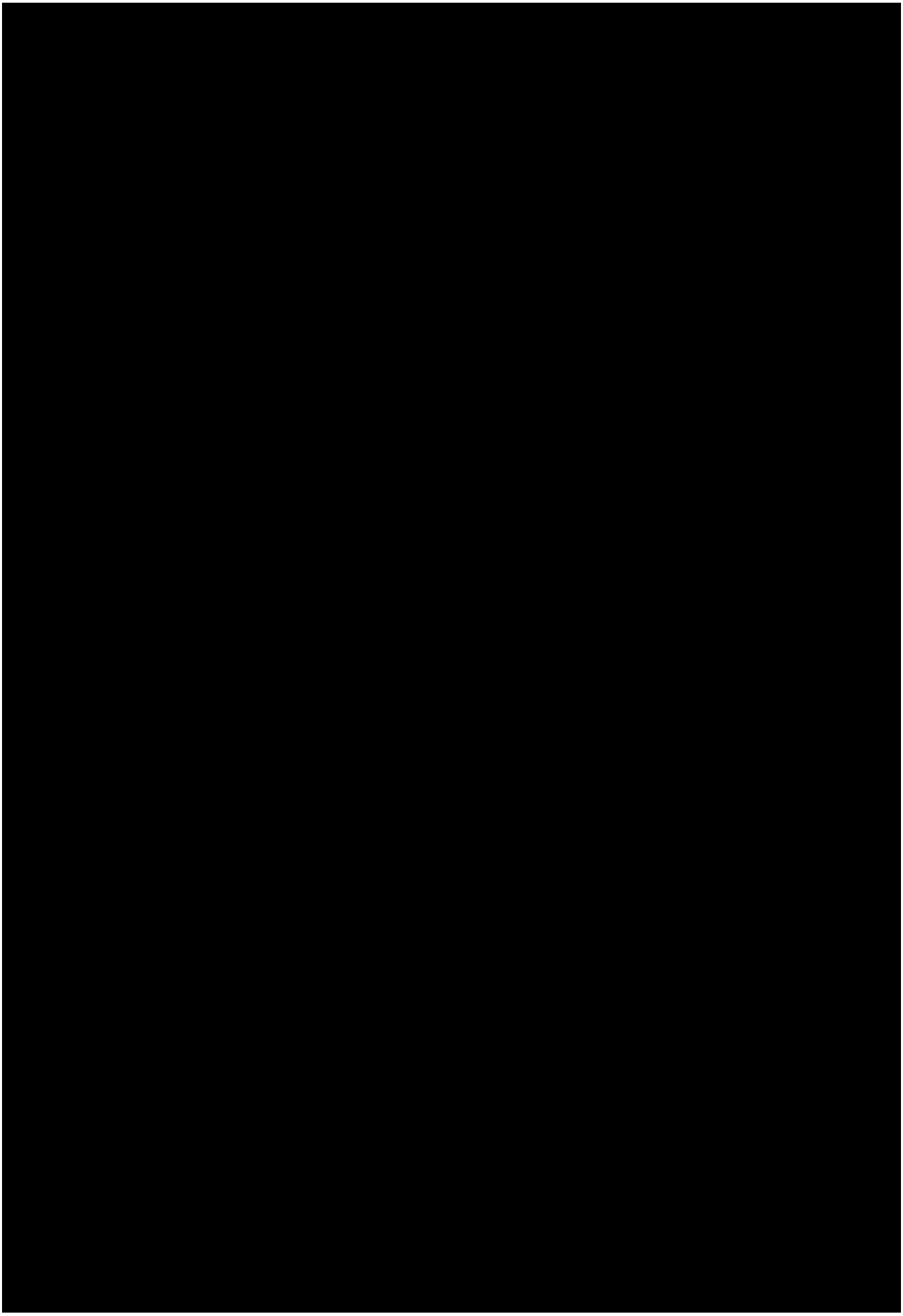


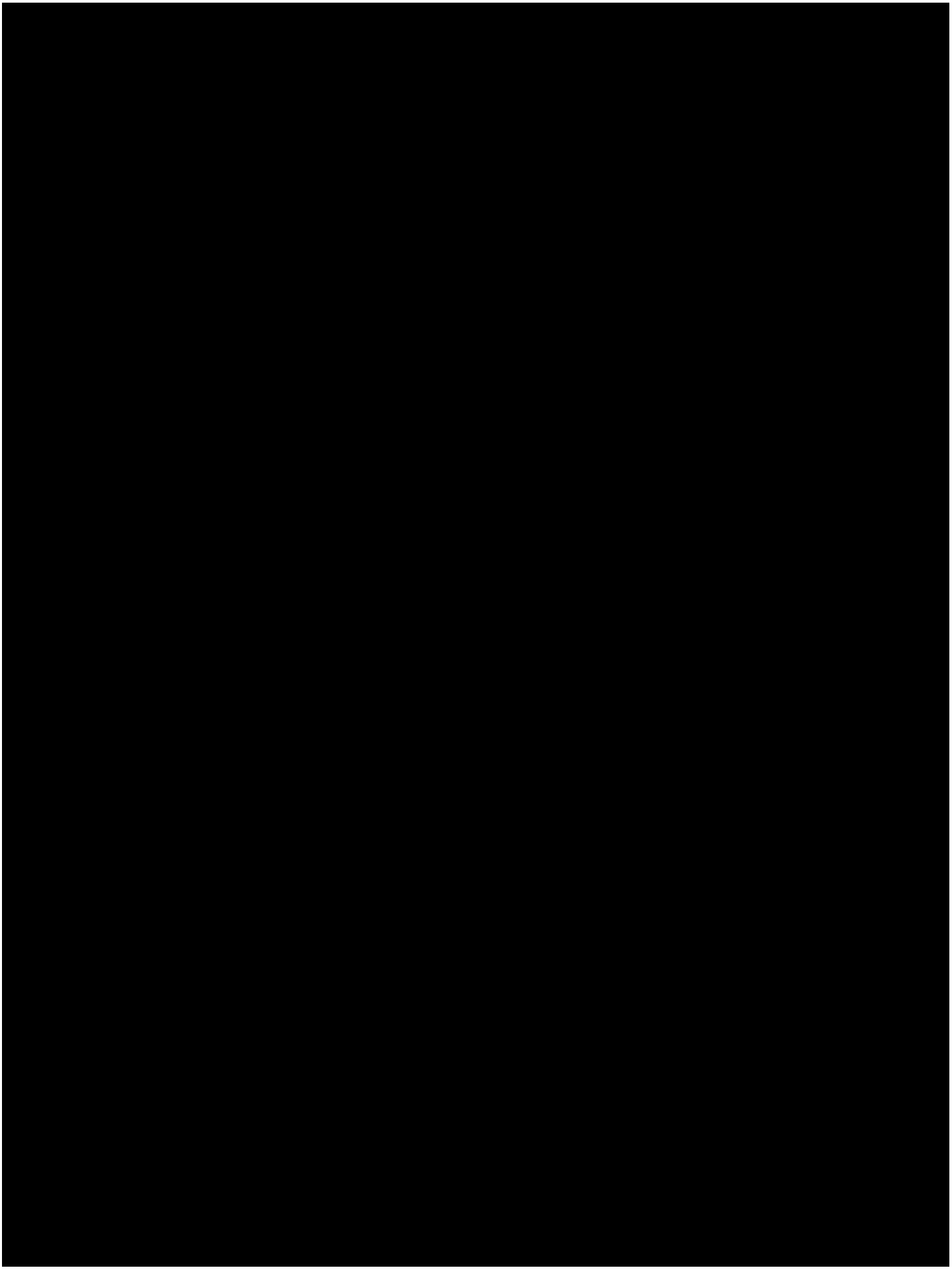


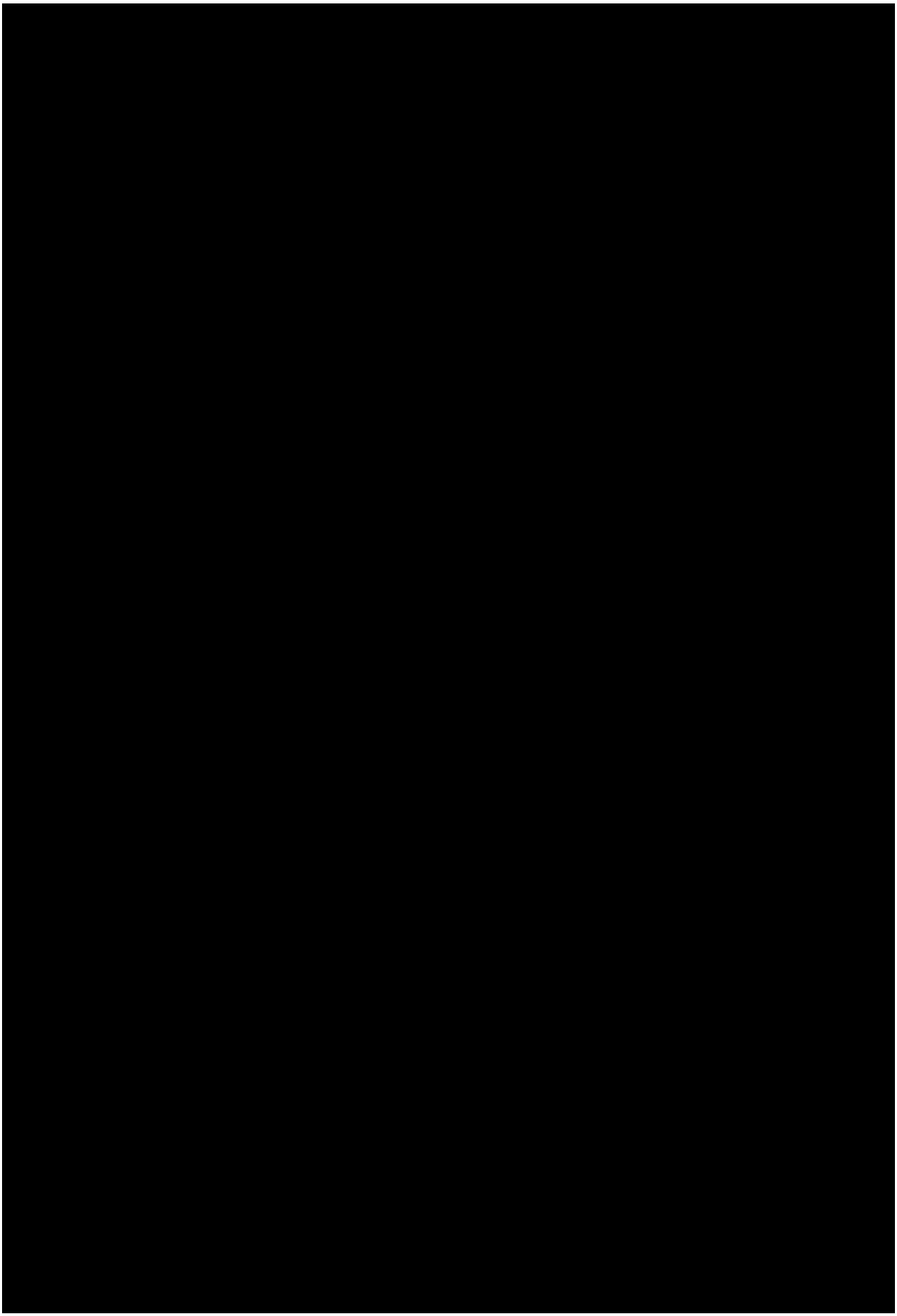


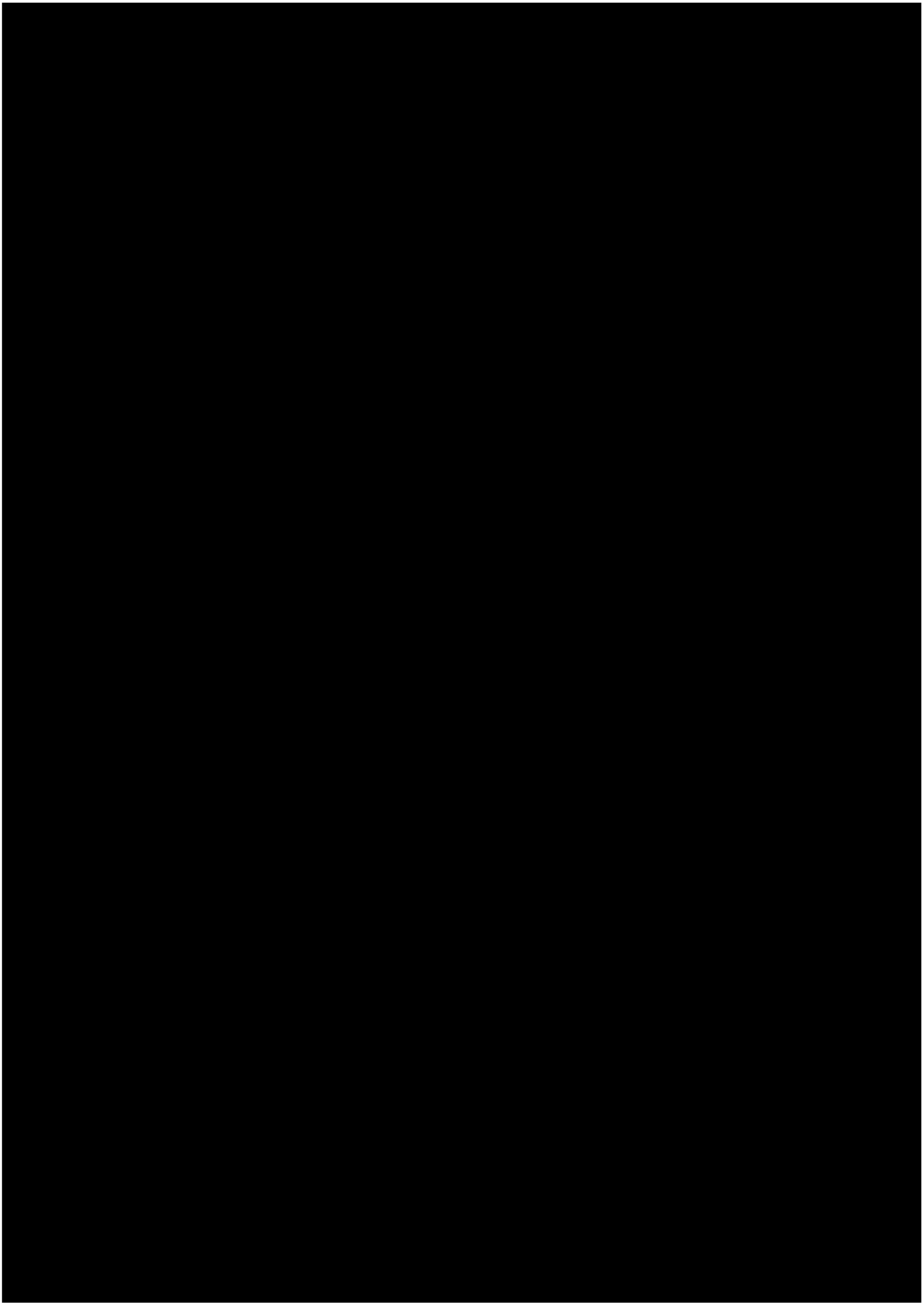


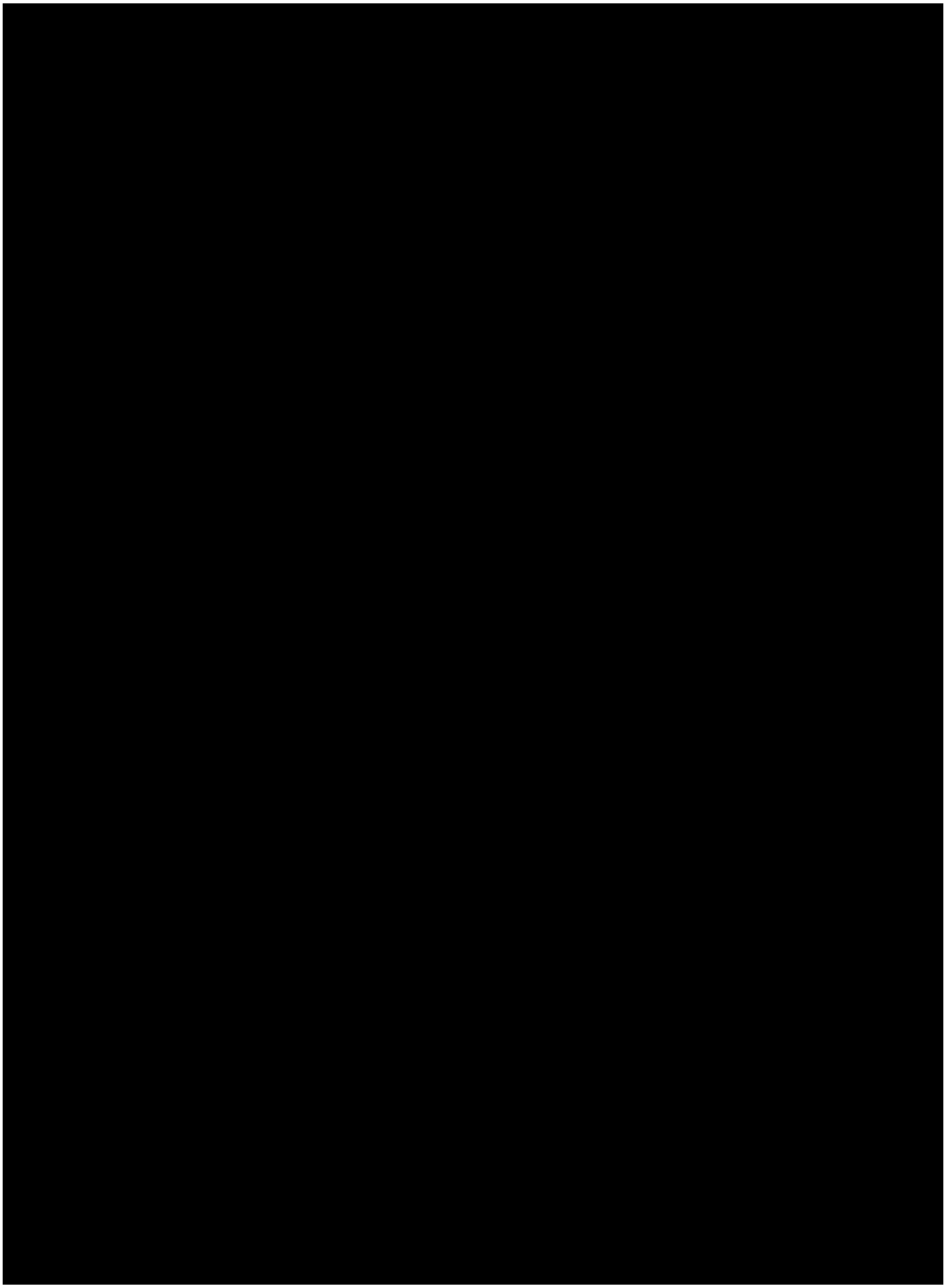


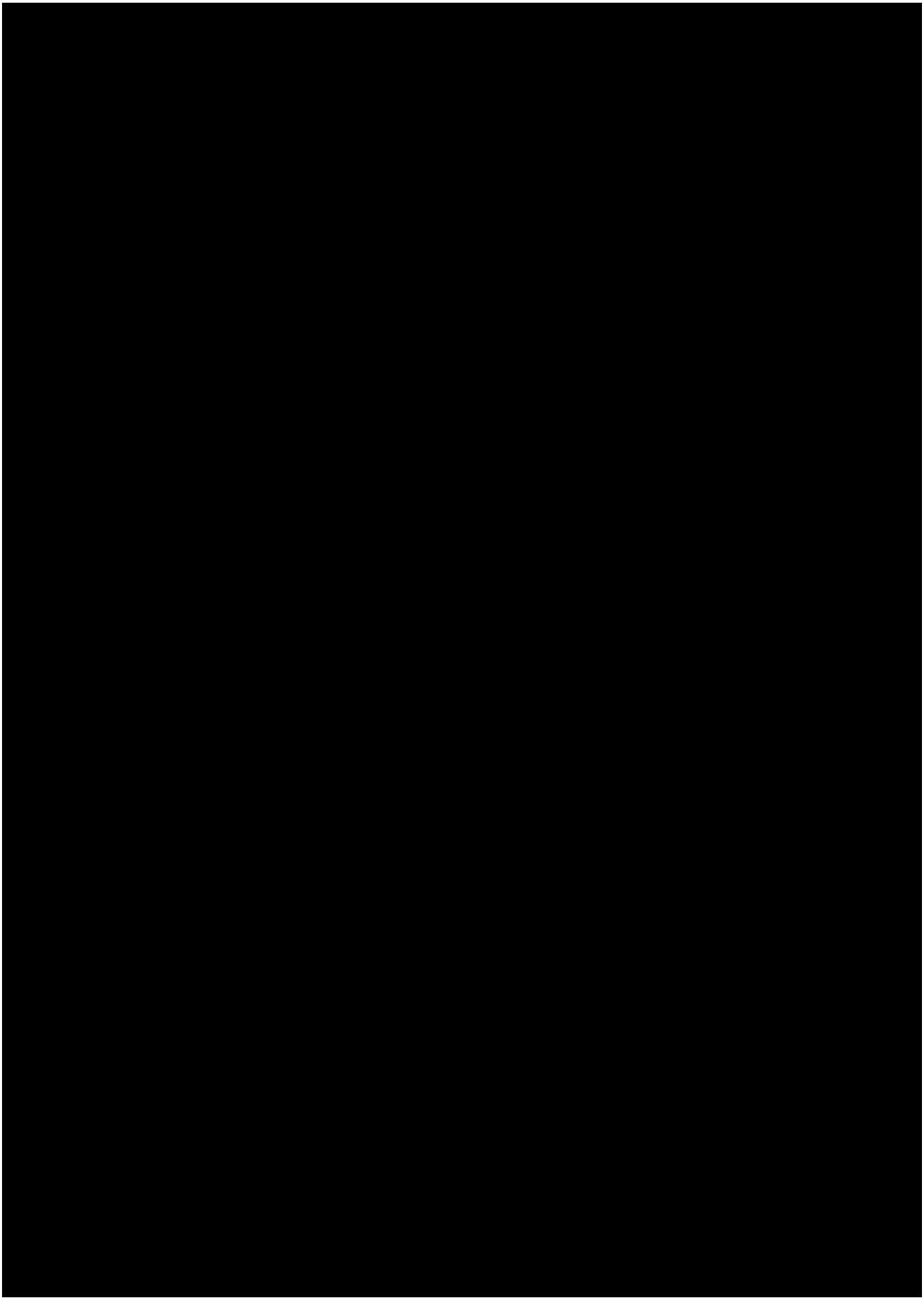


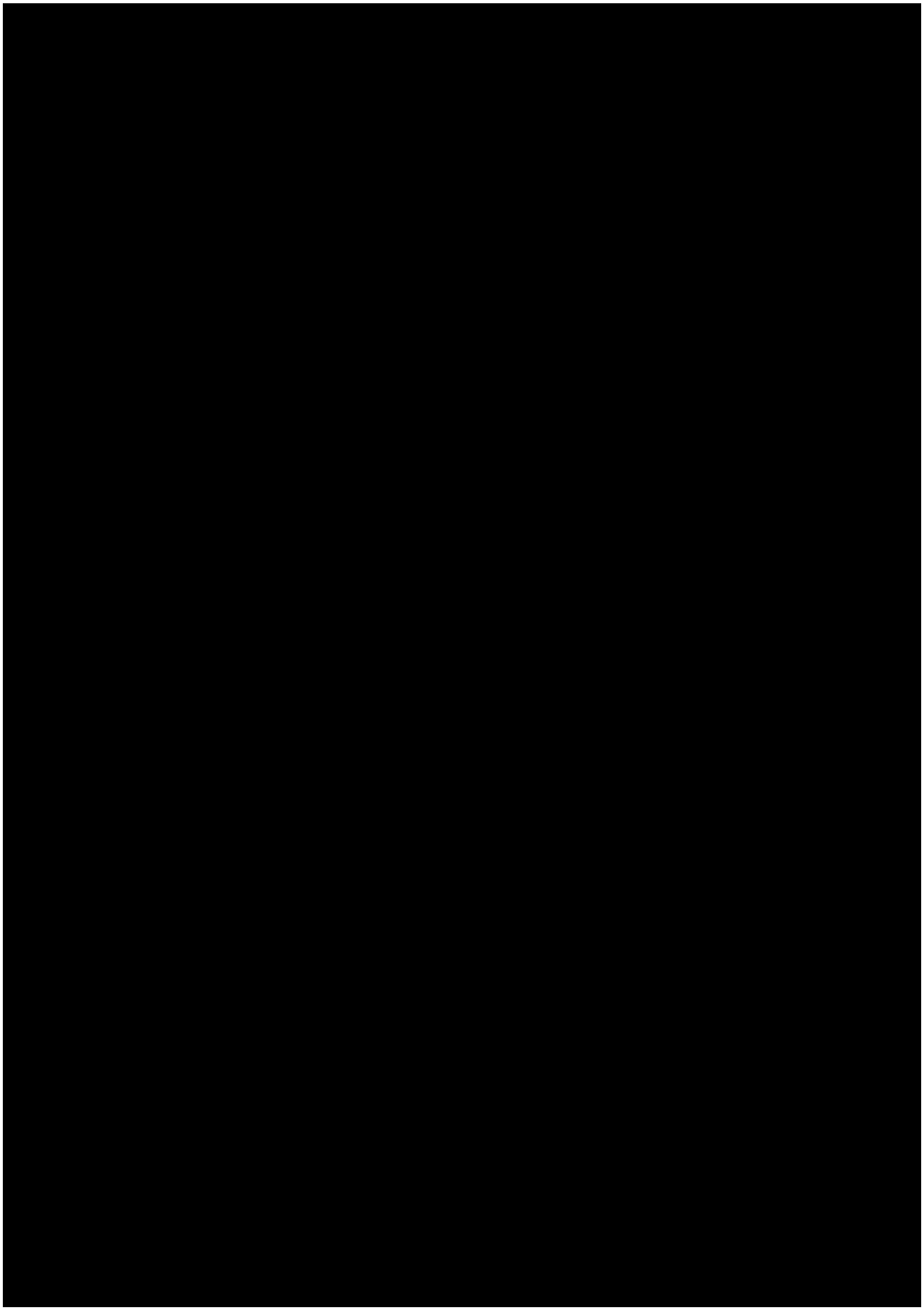


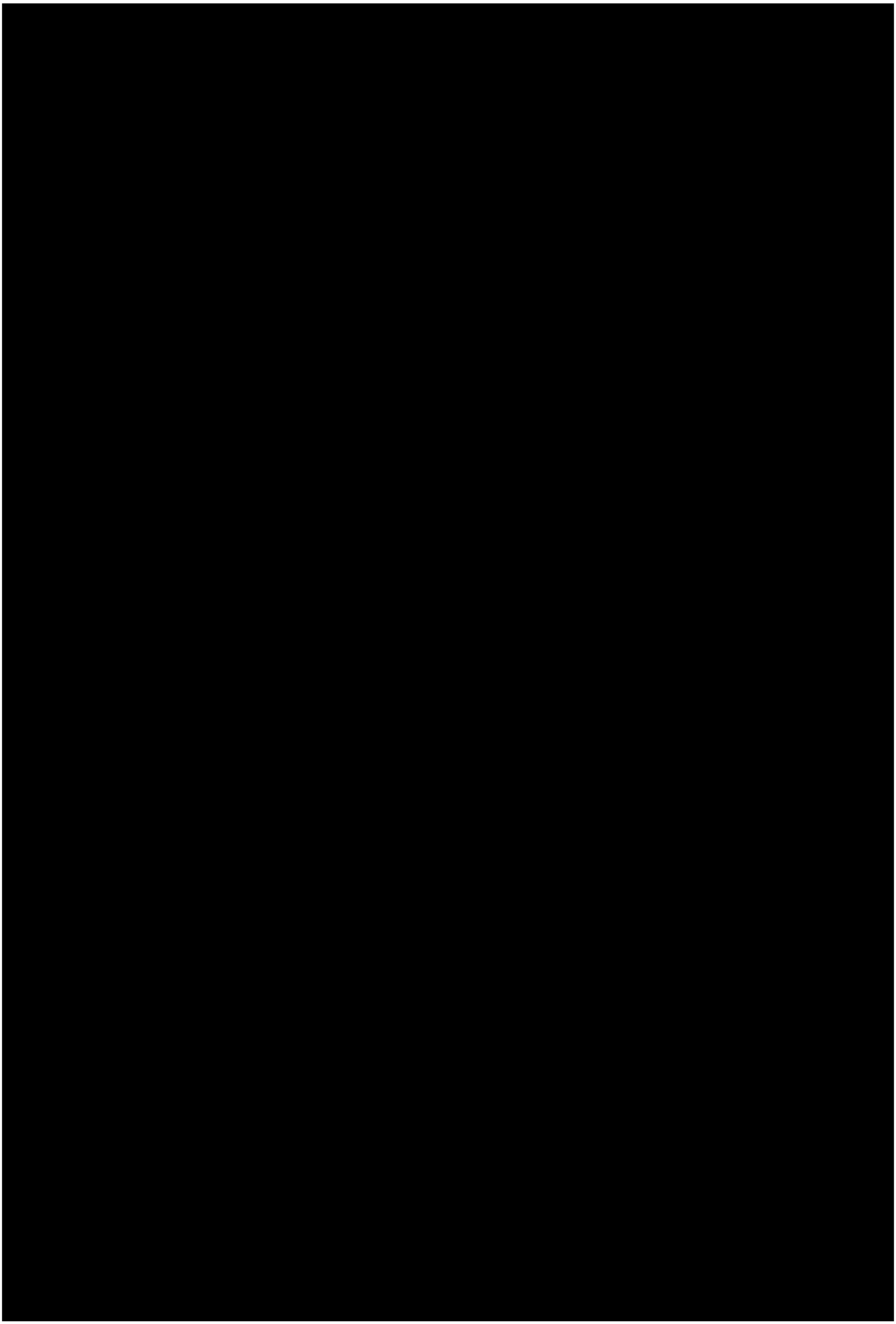


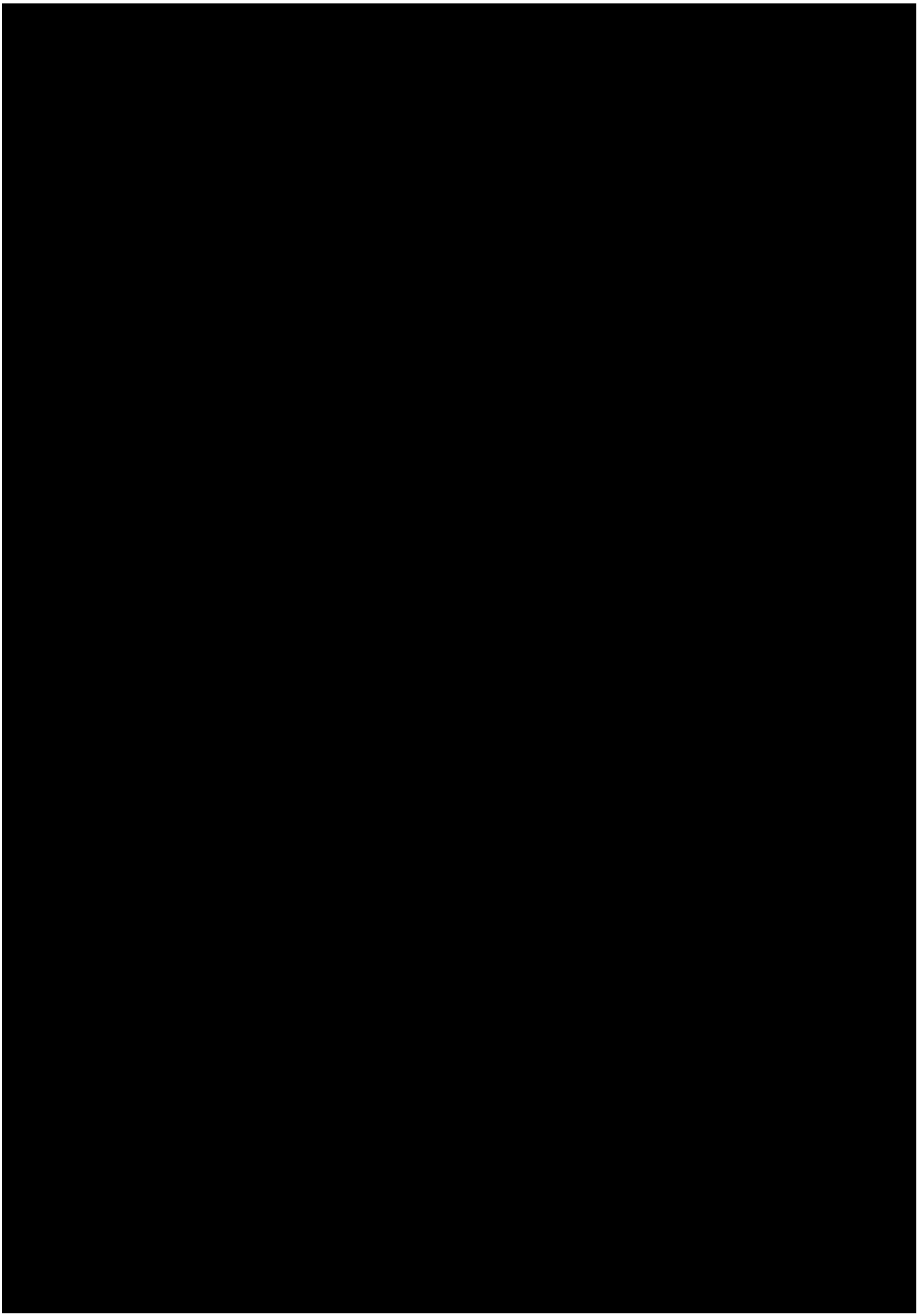


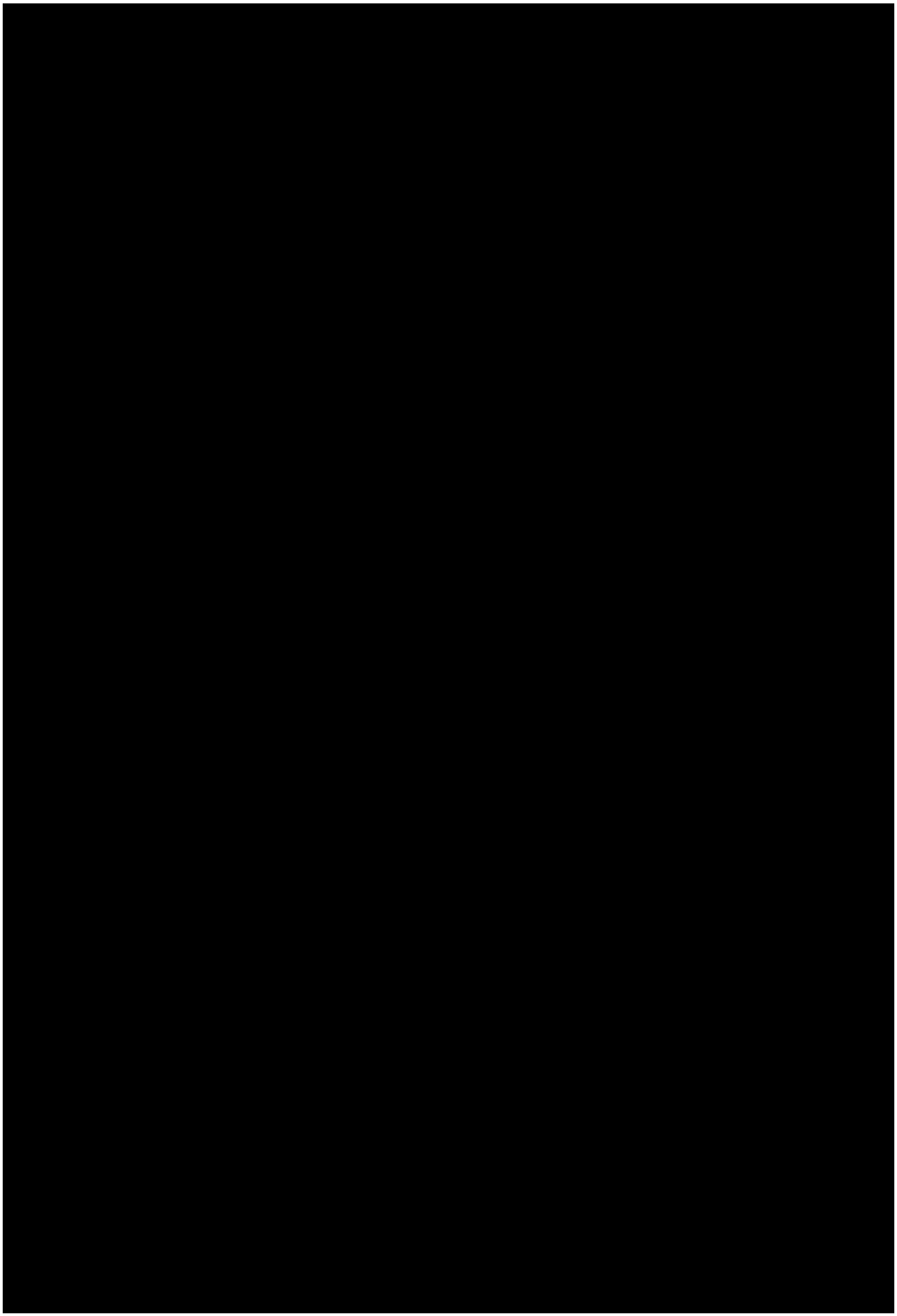


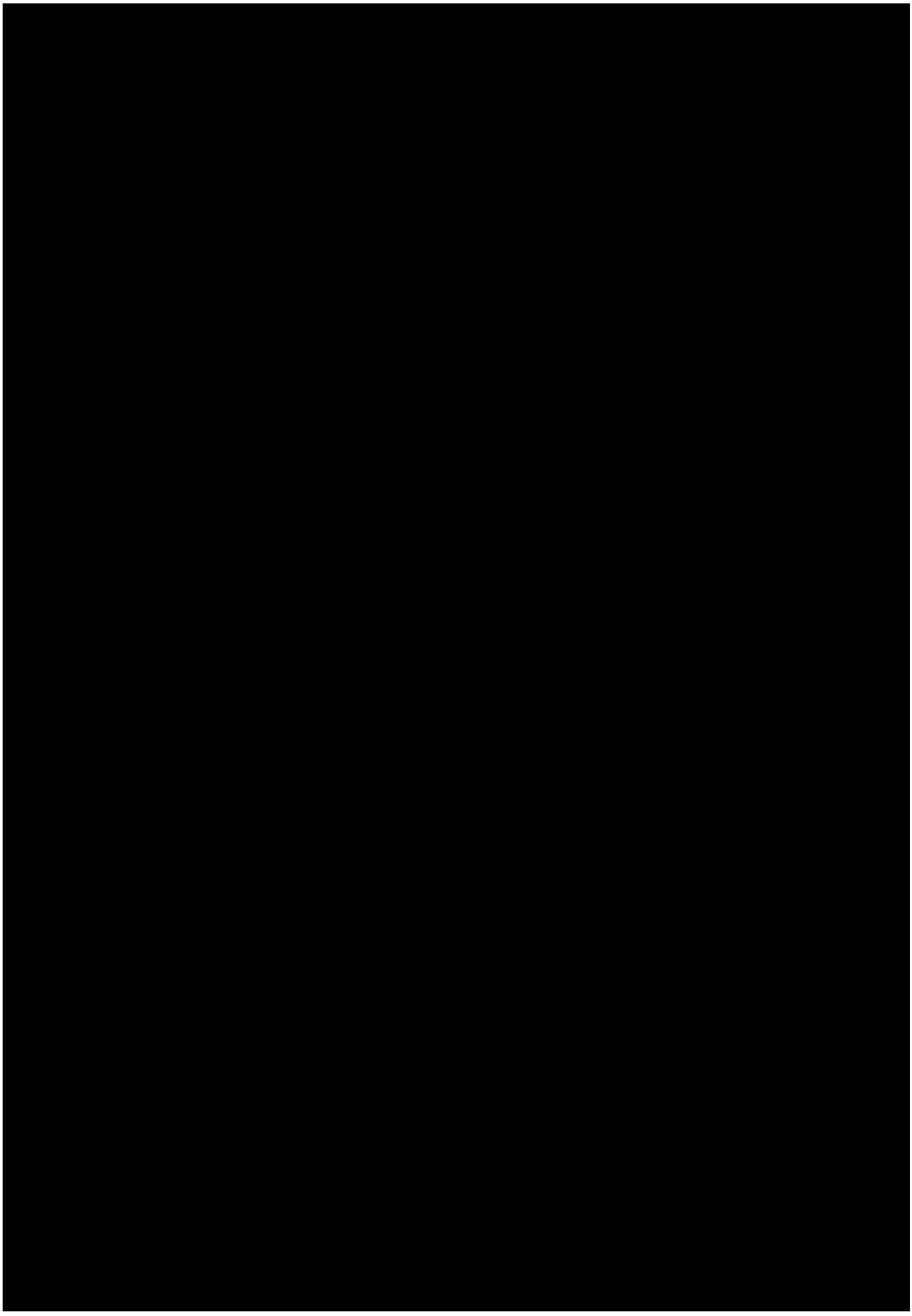


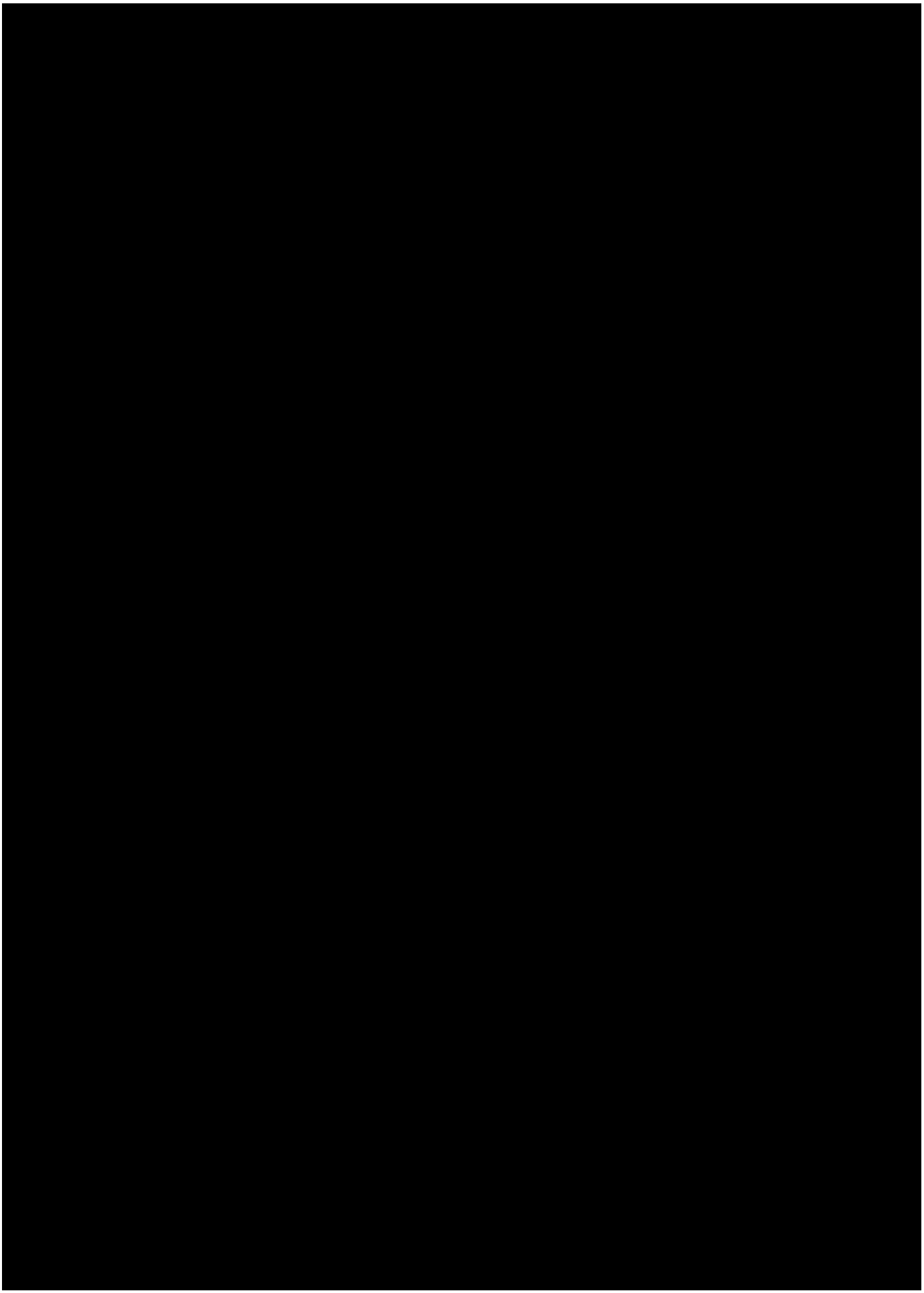


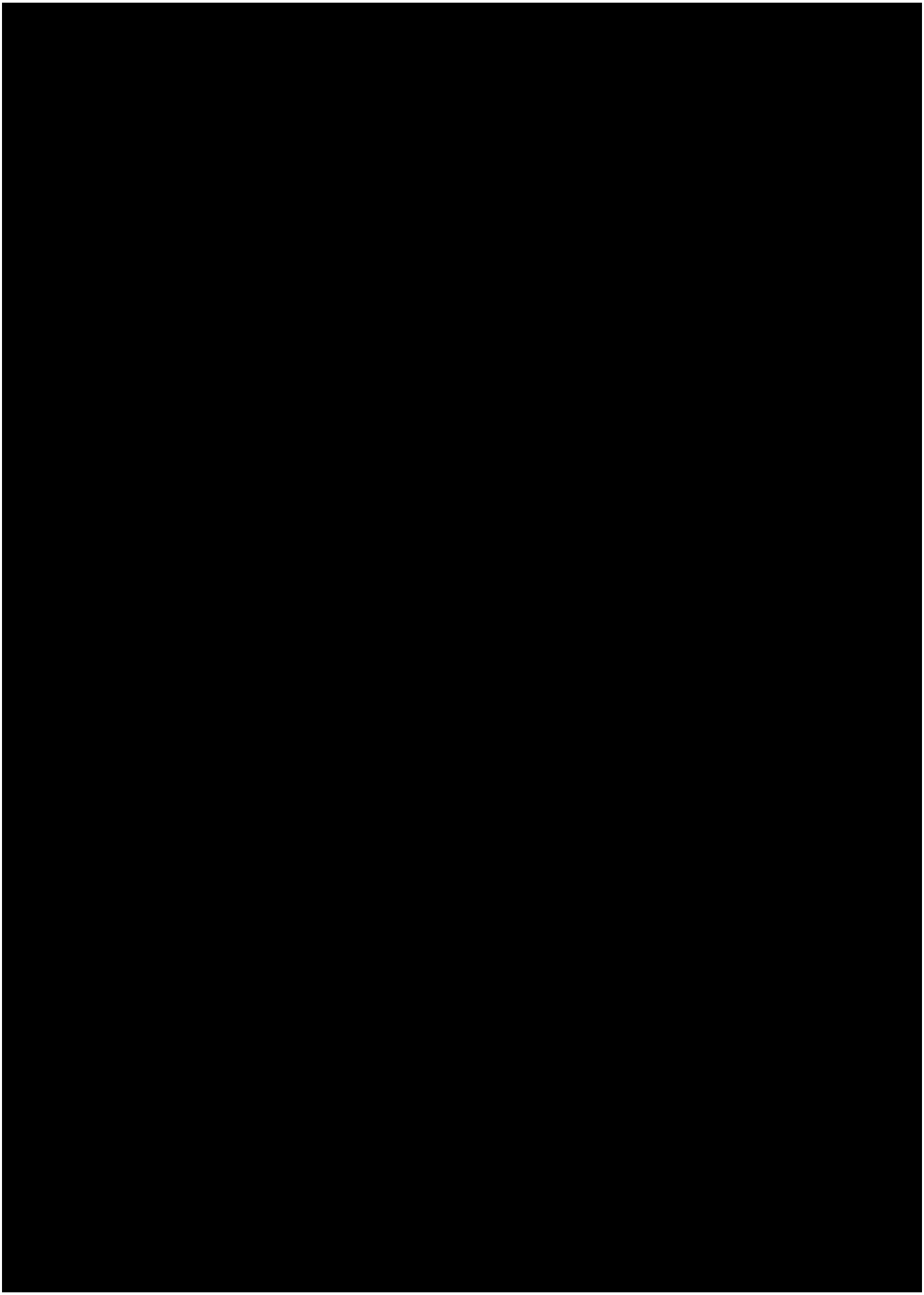


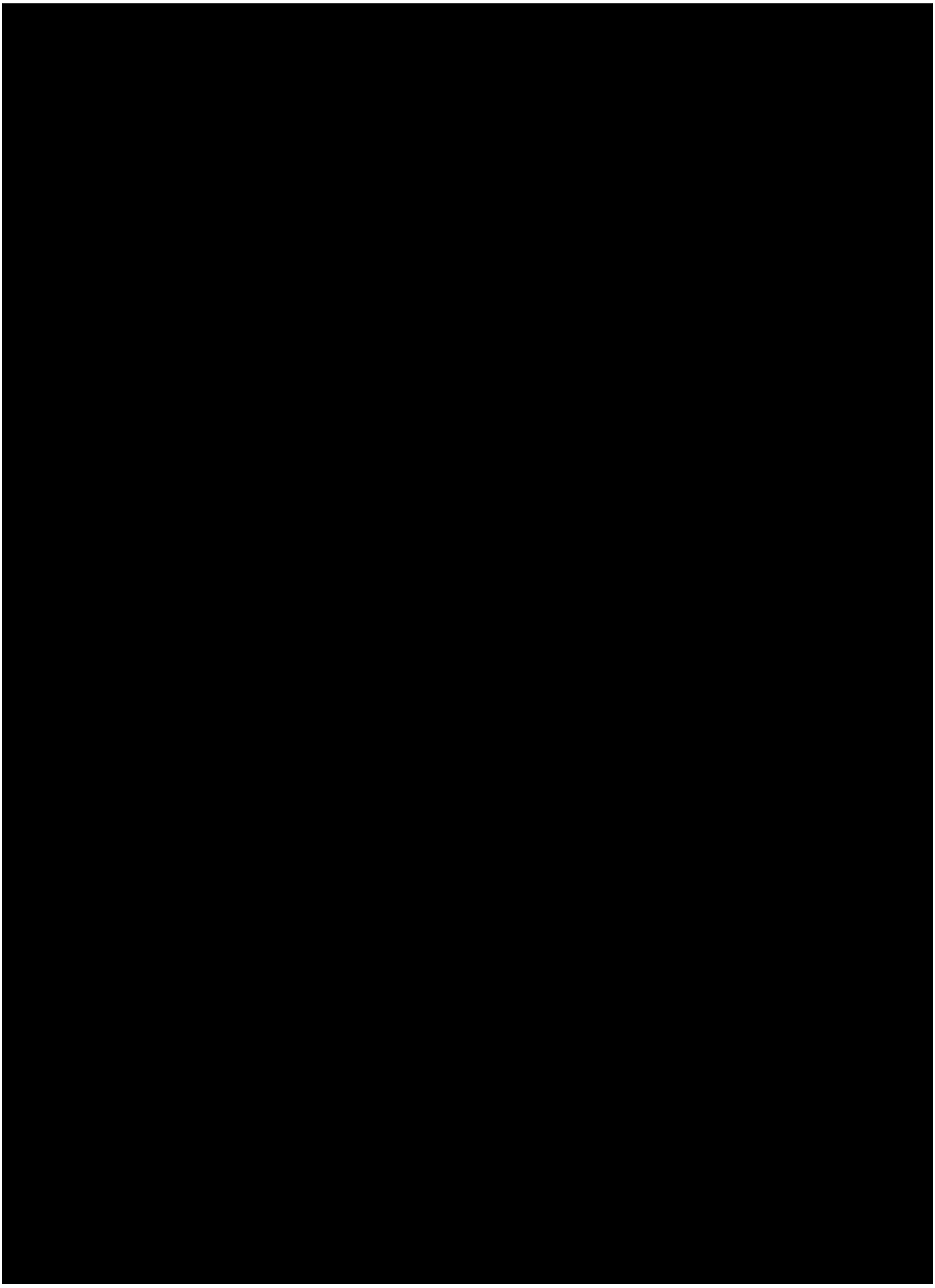


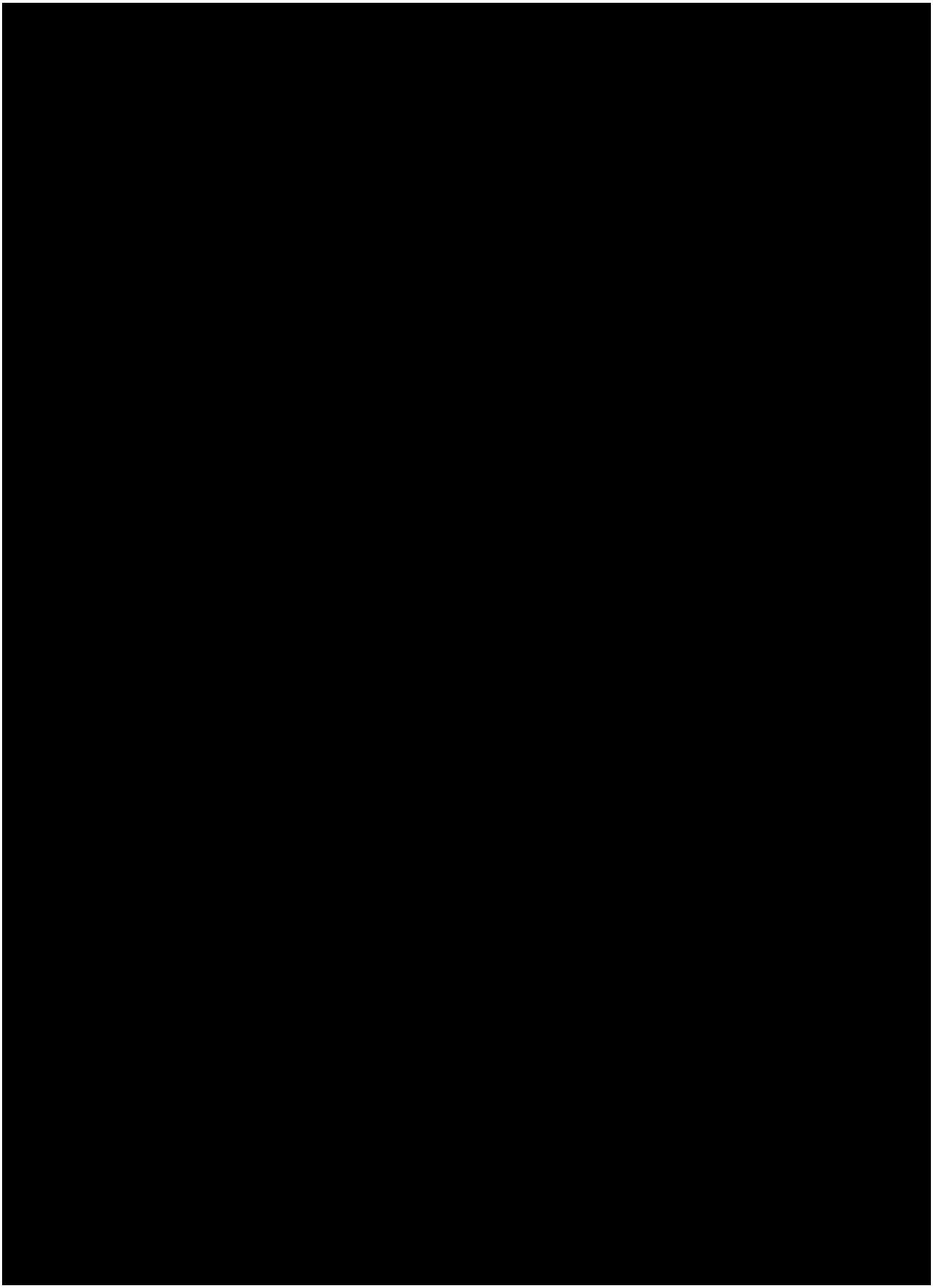


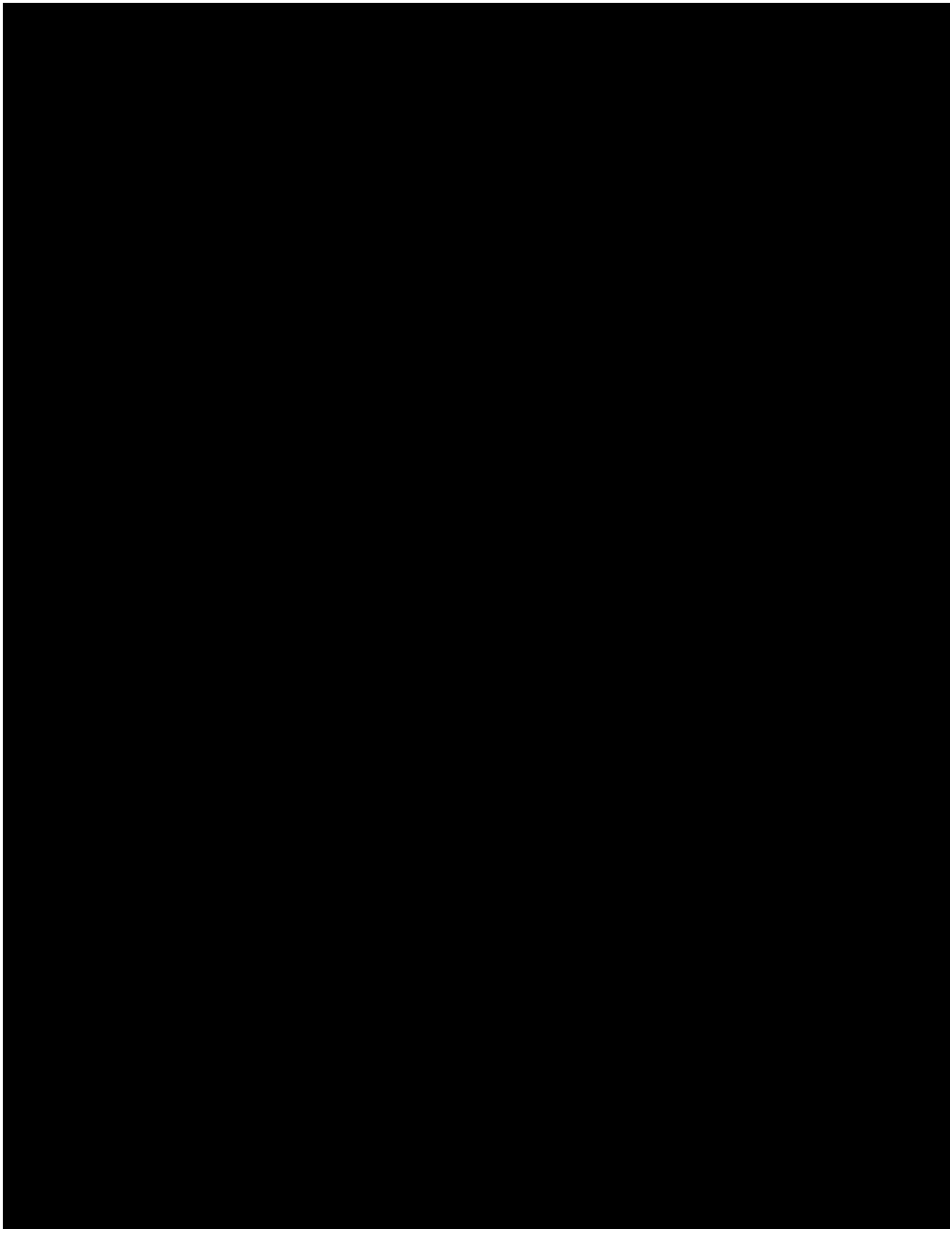


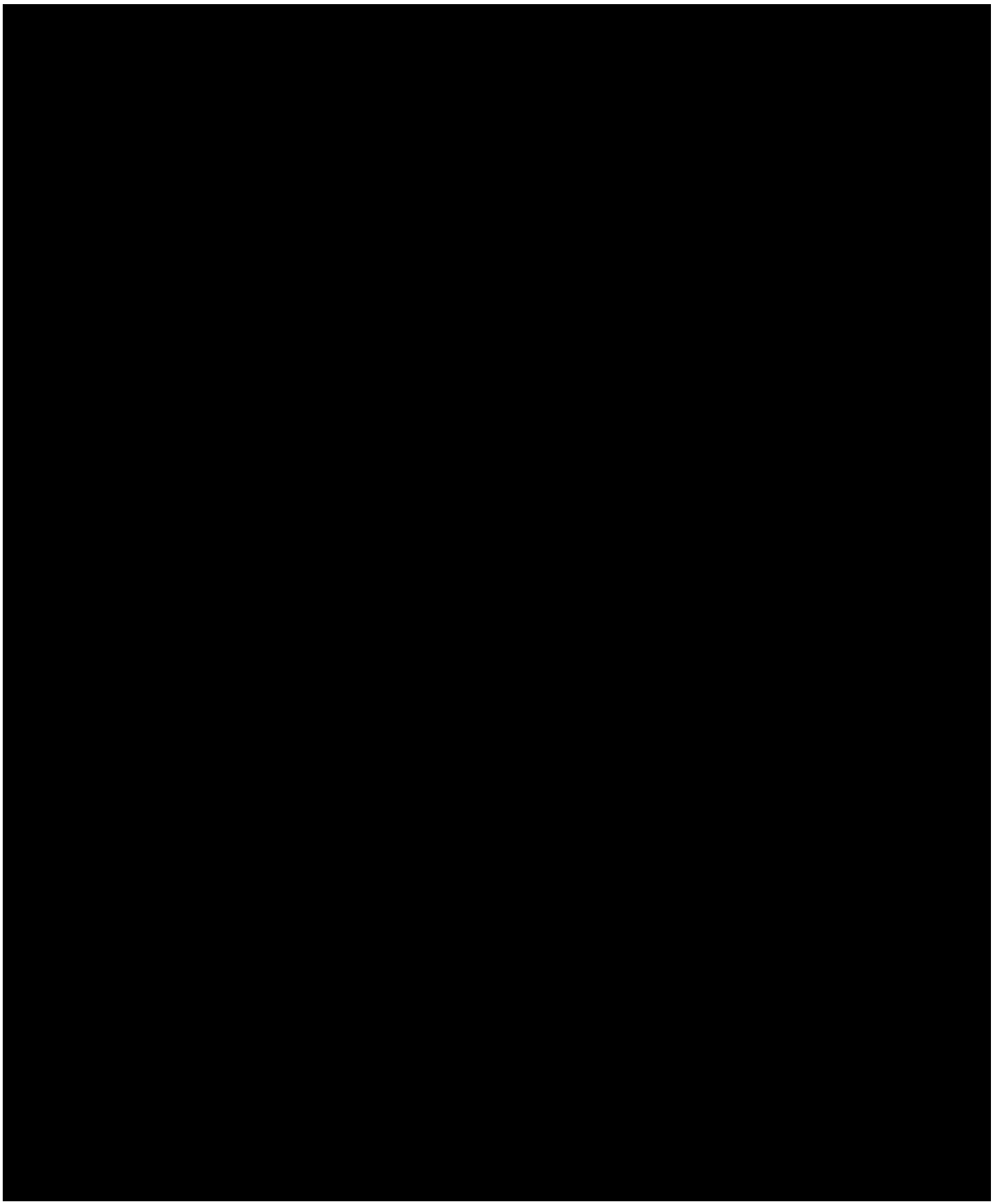


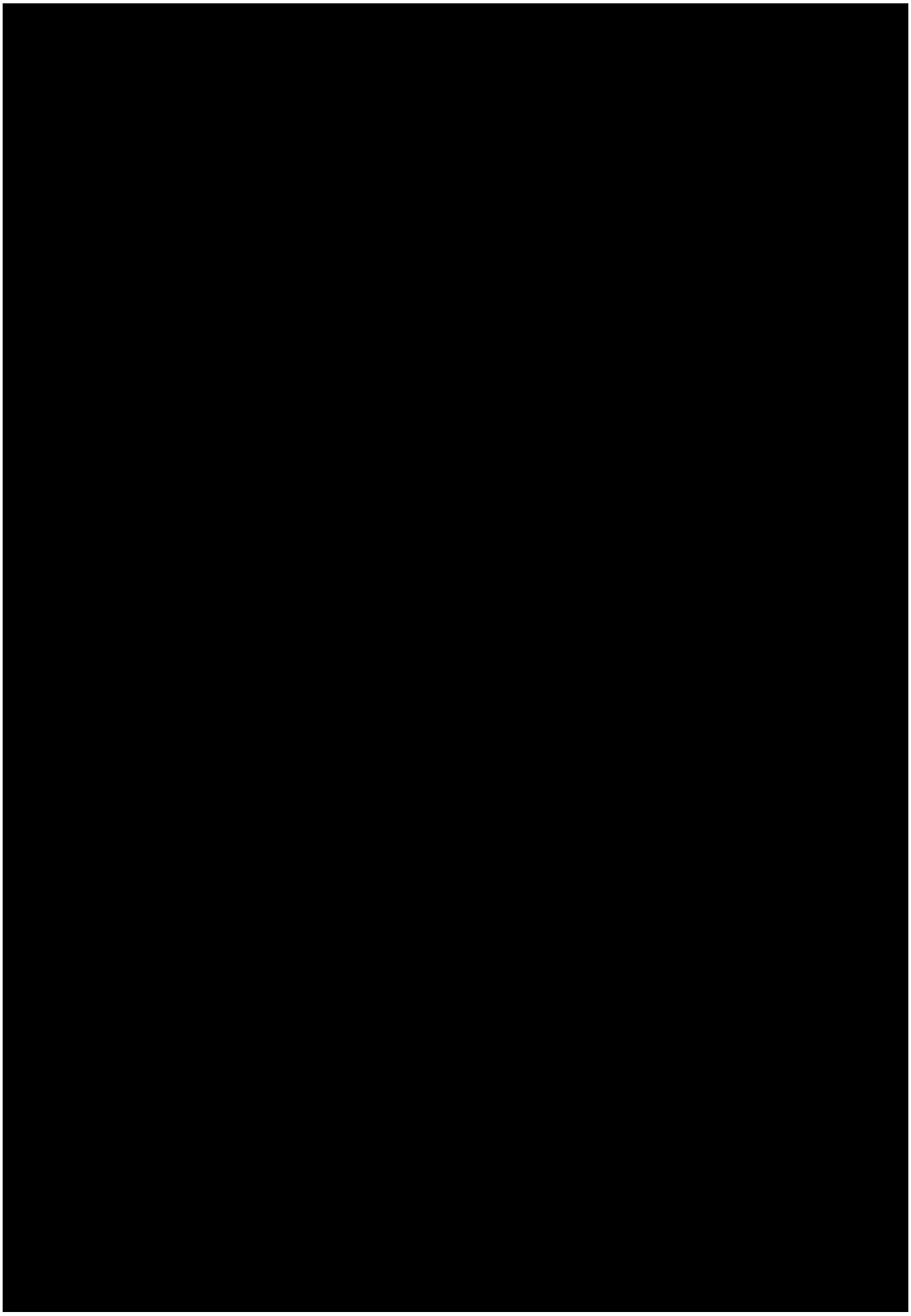


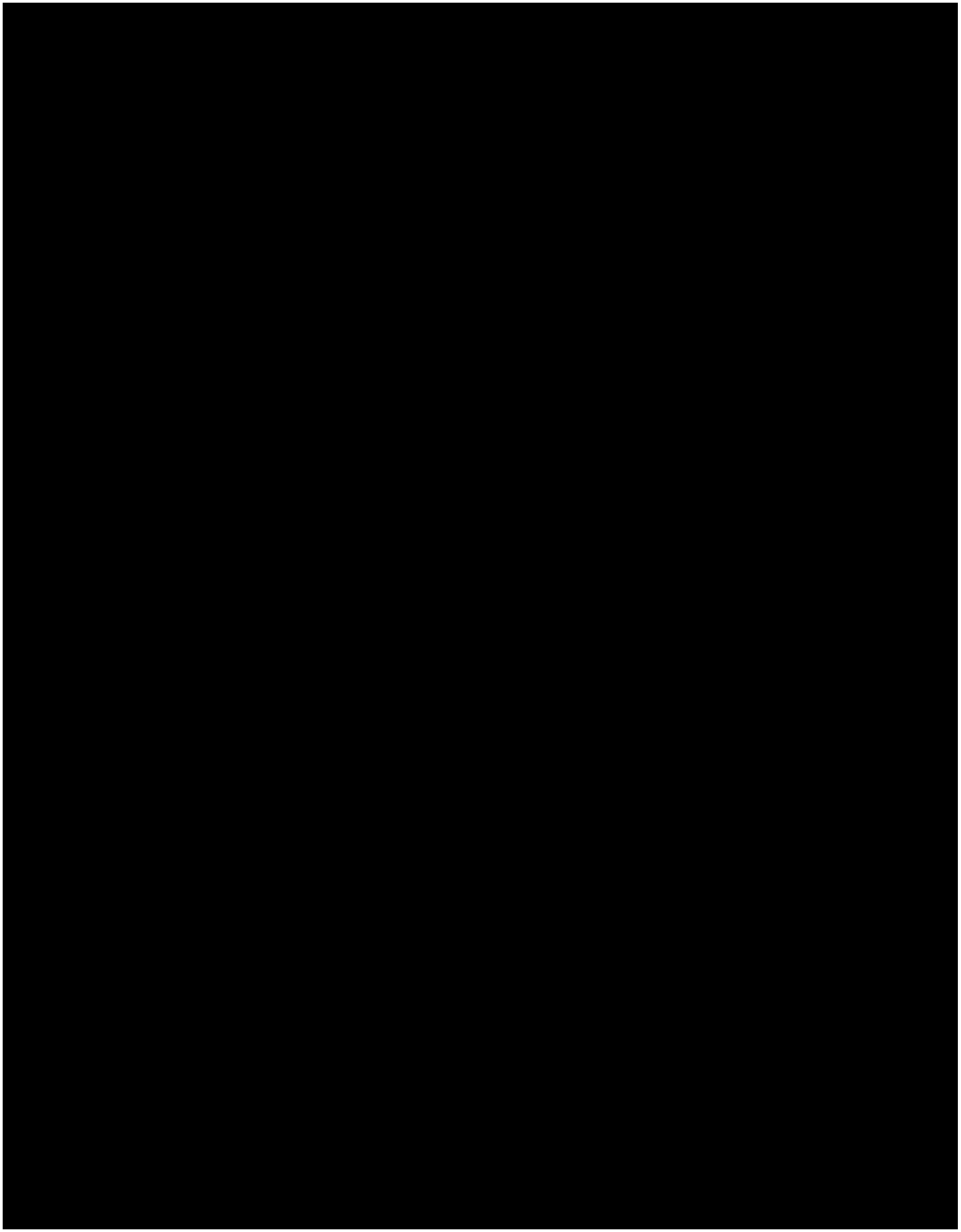


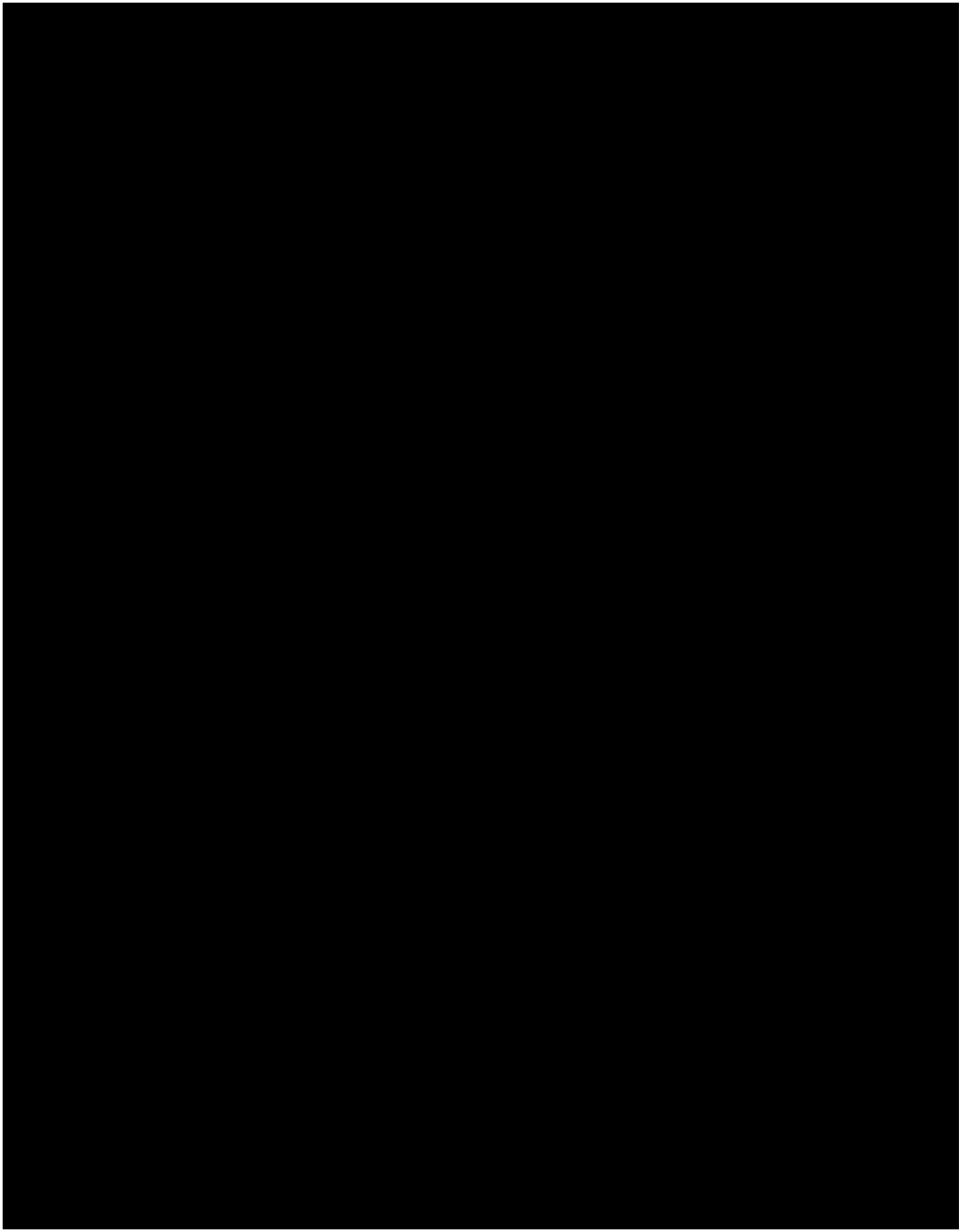


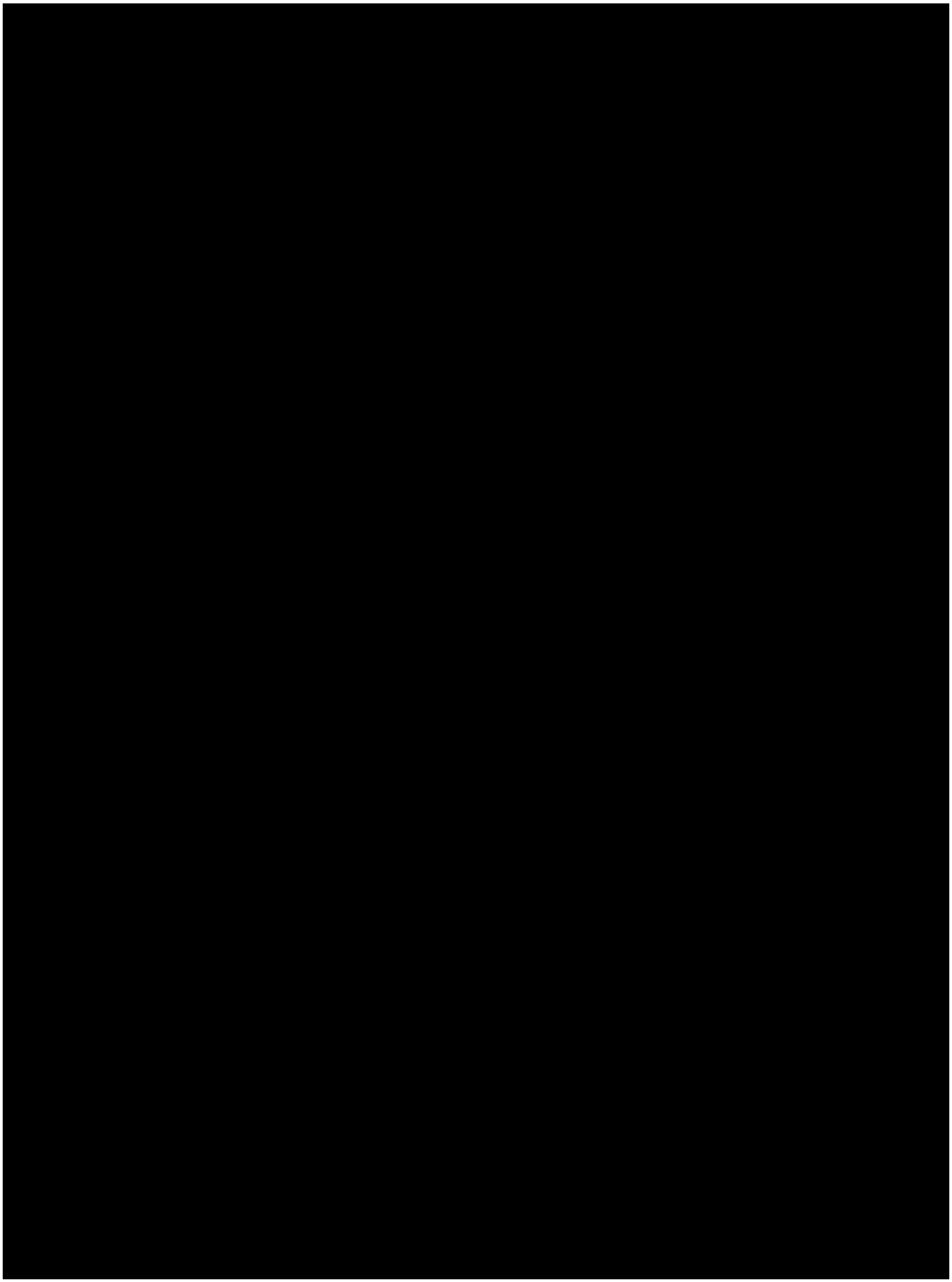


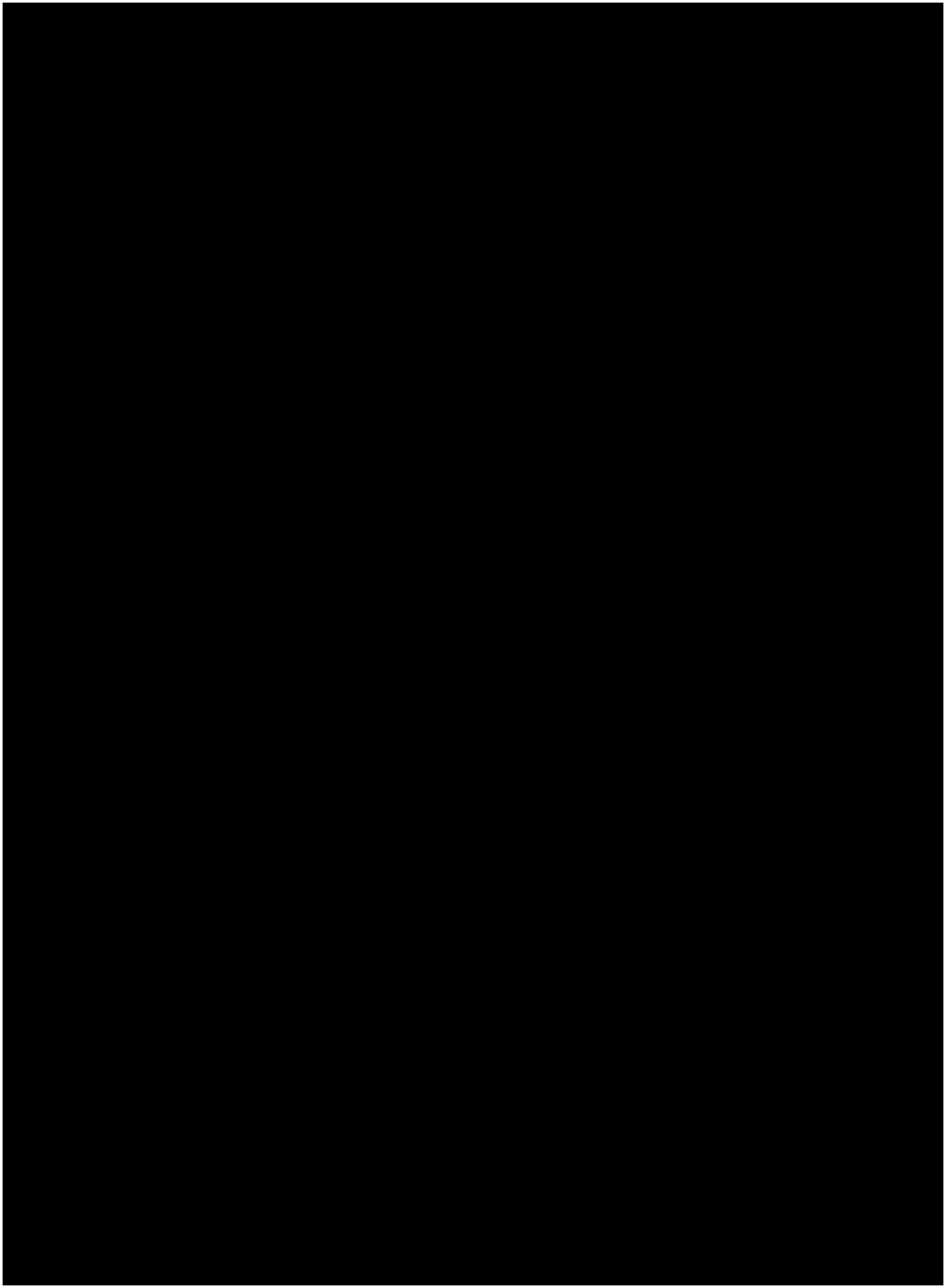


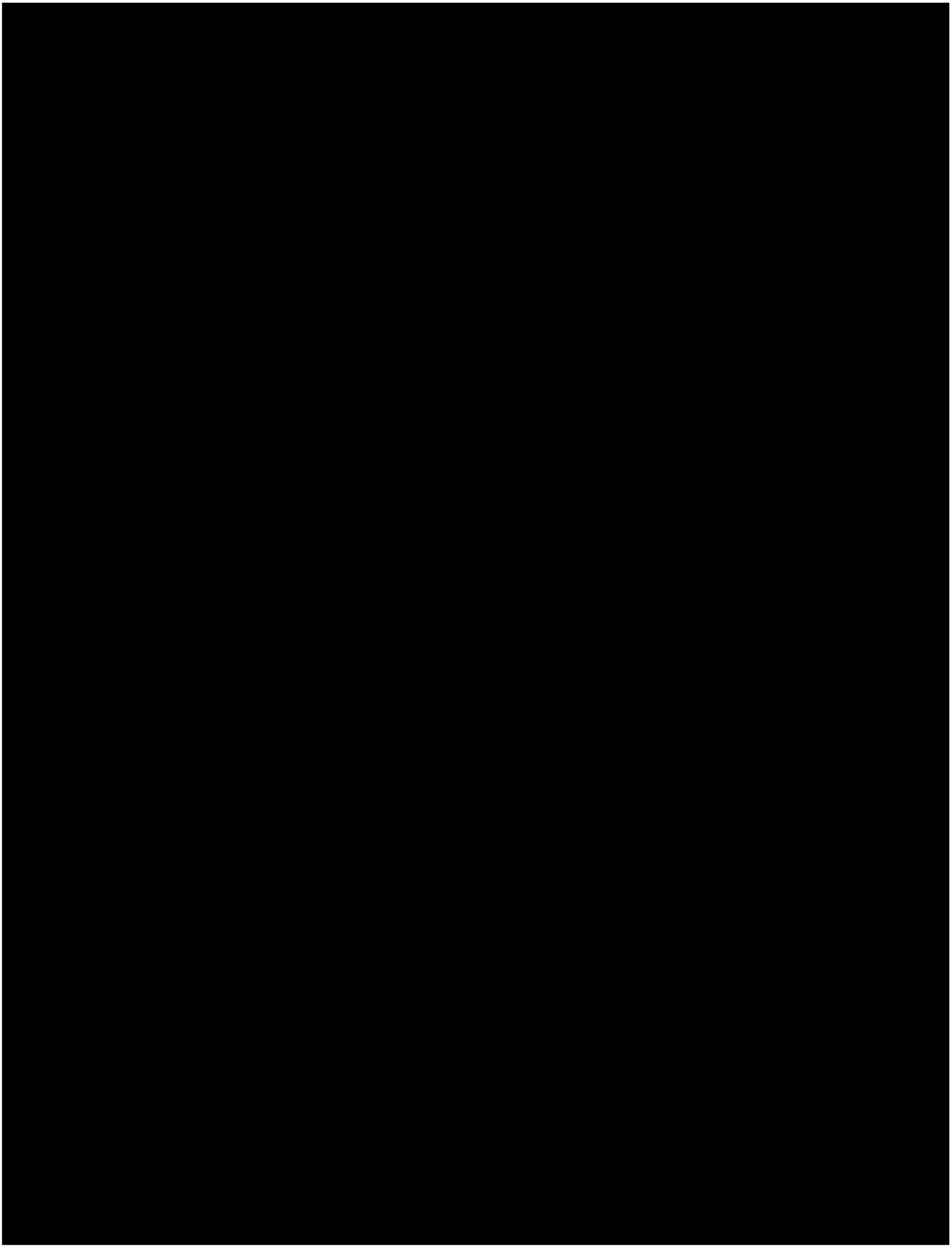


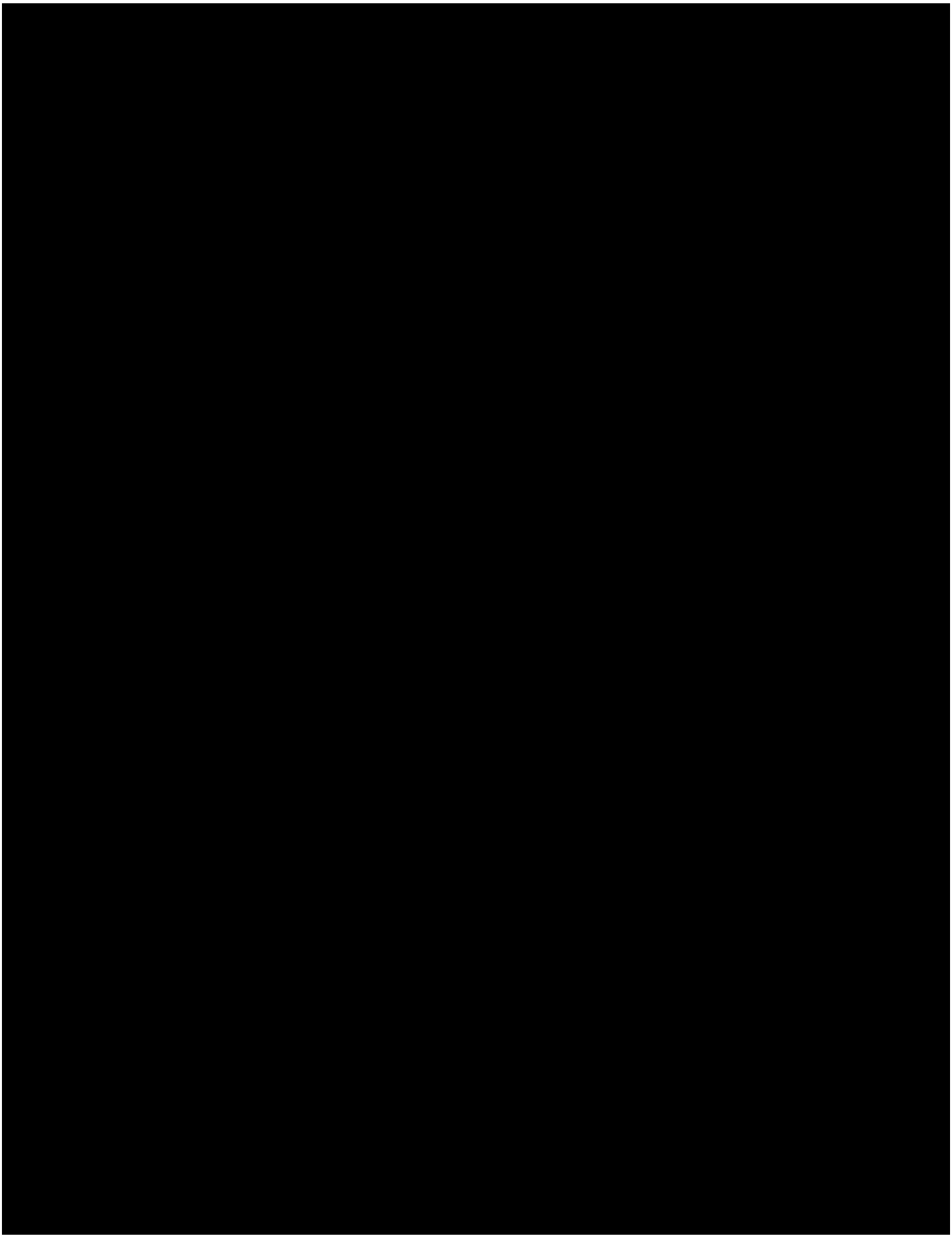


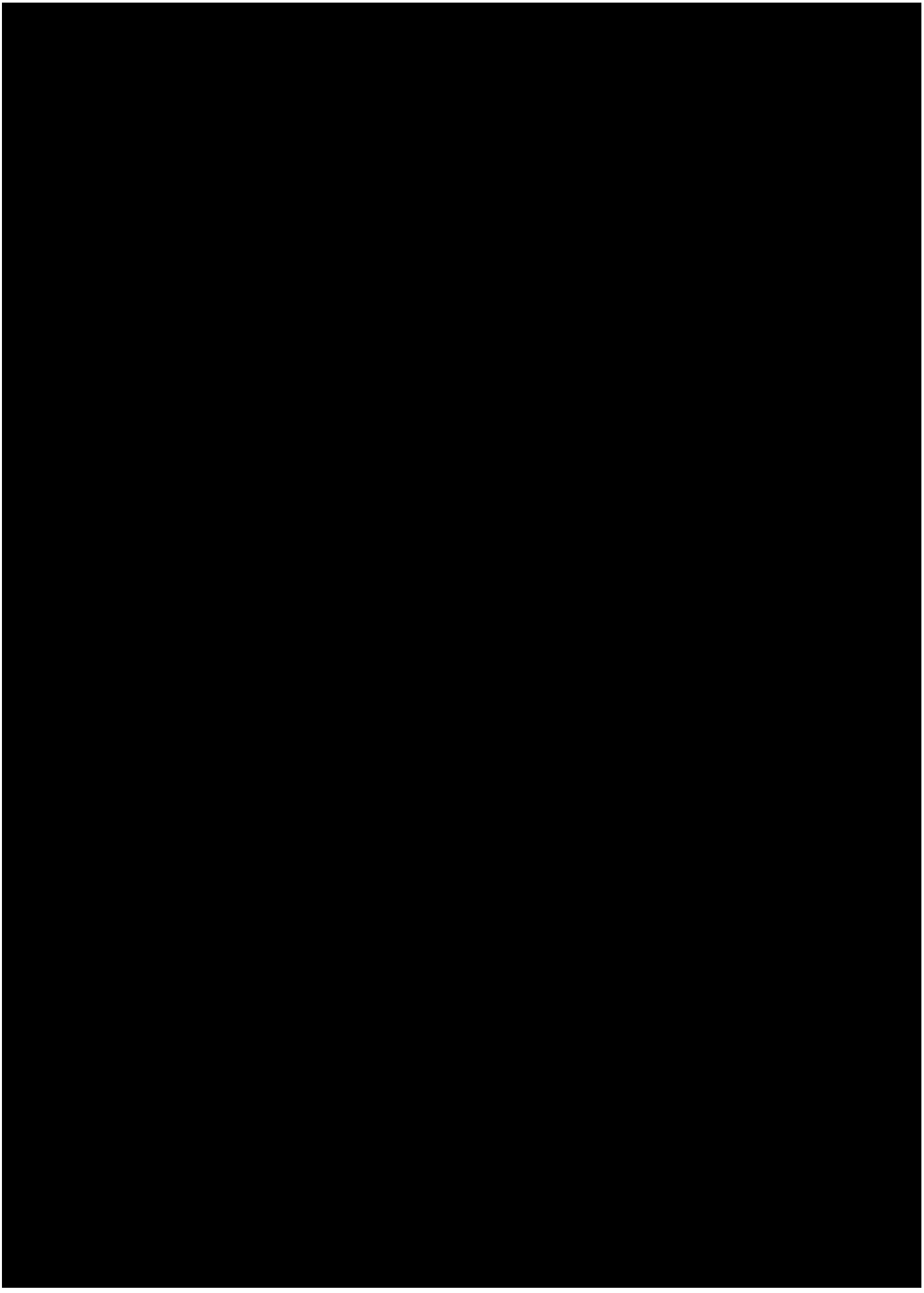


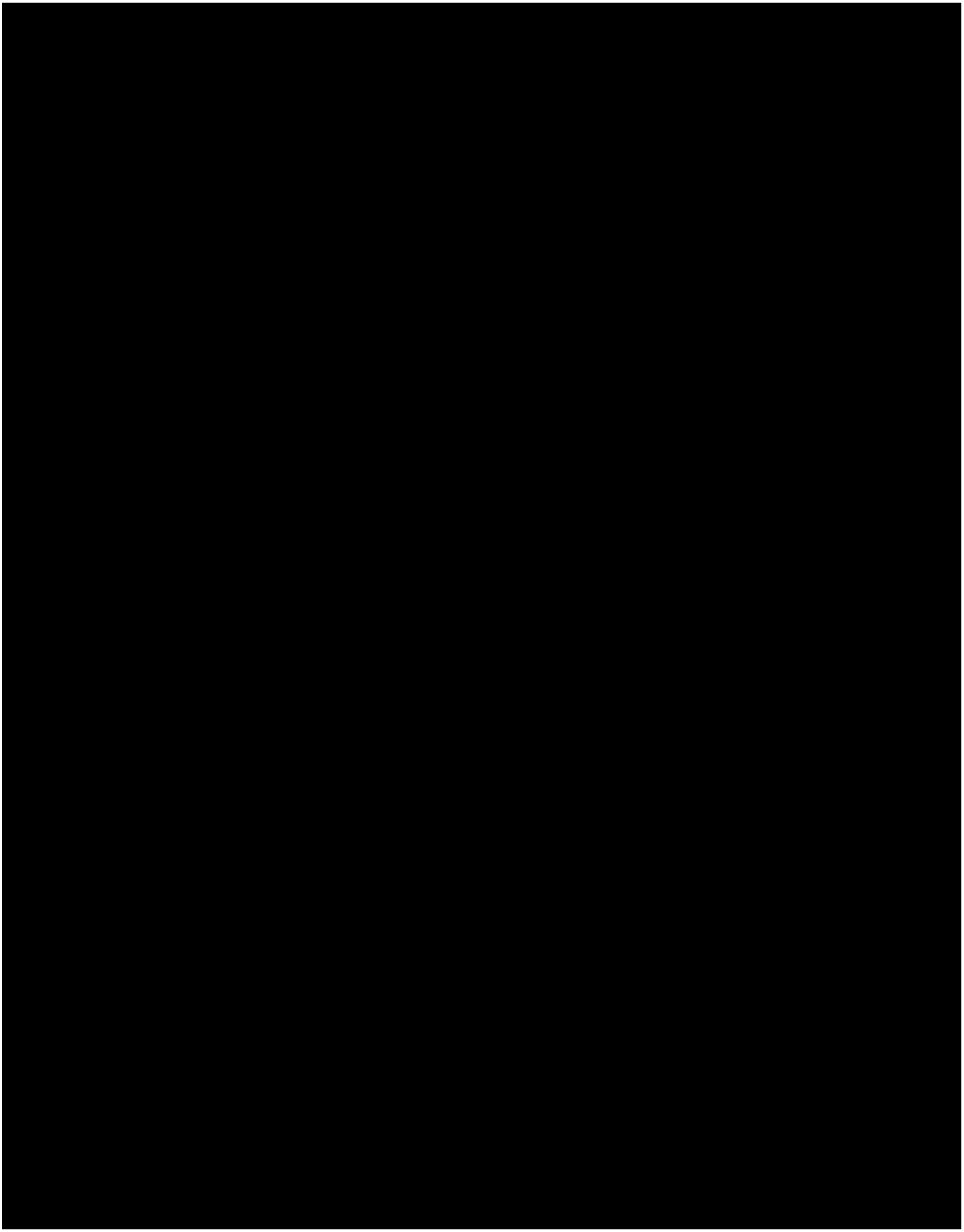












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Section C: Client Case Study

‘Maybe, maybe not’