Qualitative Health Research
2026, Vol. 0(0) 1–11


Article reuse guidelines:
sagepub.com/journals-permissions
DOI: 10.1177/10497323261466590
journals.sagepub.com/home/qhr
Mary Ann Liebert
A Part of Sage

Transformational Dramaturgical Longitudinalism (TDL): A Participant-Led Methodology for Researching Stigmatised Embodiment Over Time

Lucinda D. Richardson[1], Colum Cronin[1], Peter Millward[1], and Ian Davies[1]

Abstract

Fat stigma is a qualitative health research problem because fat bodies encounter persistent moral surveillance in daily life. In response, many fat people present a socially acceptable 'front' to clinicians and researchers. Existing qualitative approaches are therefore somewhat limited to capturing frontstage performances rather than participants' more personal 'backstage' reflections. In response, this methodological paper introduces transformational dramaturgical longitudinalism (TDL), a novel qualitative methodology synthesising Goffman's dramaturgical theory with longitudinal, participant-led design. Comprising a three-stage design, involving two interview cycles and asynchronous written correspondence, TDL was developed via an 18-month study with eight self-identified fat women. This development advances qualitative health research via participant-led pacing and narrative sovereignty; emotional and structural reflexivity as methodological resources; Goffman's dramaturgical architecture operationalised as a design principle not analytic vocabulary; and ongoing consent and narrative revision rights as core ethical architecture. Scope conditions support transferability of TDL to future research projects involving stigma.

Keywords

fat stigma, dramaturgical theory, longitudinal qualitative research, qualitative health research, feminist epistemology, embodied reflexivity

Introduction

Fat stigma is a qualitative health research problem. Fat bodies encounter persistent moral surveillance in the most ordinary sites of daily life: food choices scrutinised at supermarket checkouts, movement practices judged in gyms and parks, and fat people's presence read as an invitation for unsolicited commentary from strangers, employers, and healthcare professionals (Lee & Pausé, 2016; Warin, 2021). These are not merely social inconveniences. They are health-relevant encounters that shape whether fat people seek medical care, how they are treated when they do, and how they experience their bodies across the life course. Fat stigma predicts medical avoidance, delayed help-seeking, disordered eating, and psychological distress (Puhl & Heuer, 2010; Tomiyama, 2014). It is a public health problem that public health discourse has historically produced as much as it has responded to (Crawford, 1980; Gard & Wright, 2005).

To address the challenge of fat stigma, we begin by deliberately and with political intent using the term fat. Consistent with Fat Studies scholarship (Cooper, 2016; LeBesco, 2004; Lupton, 2013; Rothblum & Solovay, 2009; Saguy, 2013; Wann, 1998), we adopt fat as a reclaimed descriptor that refuses the pathologising connotations embedded in the biomedical term obesity. Fat Studies, the interdisciplinary field from which this work draws, is rooted in feminist theory, queer theory, and critical disability studies. Fat Studies challenges the

[1]Research Institute for Sport and Exercise Sciences, Liverpool John Moores University, Liverpool, UK

Corresponding Author:
Lucinda D. Richardson, Research Institute for Sport and Exercise Sciences, Liverpool John Moores University, Tom Reilly Building, Byrom Street, Liverpool L3 3AF, UK.
Email: L.D.Richardson@ljmu.ac.uk

assumption that fatness is inherently pathological and examines instead how that assumption is socially produced, institutionally enforced, and affectively experienced (LeBesco, 2004; Rothblum & Solovay, 2009). The clinical gaze, the obesity epidemic narrative, and the language of risk and intervention often participate in reducing fat bodies to moral failures. Rather, this paper proceeds on the basis that understanding fat stigma requires attending to health discourse not as a neutral backdrop but as a site of power and regulation, and this has direct implications for how health research should be methodologically designed.

Despite the growing body of fat stigma scholarship, qualitative health research has not yet developed the methodological infrastructure that fat embodiment demands. Most existing studies draw on single-point-in-time interviews, conducted within institutional timelines shaped by funding cycles and ethics protocols that prioritise procedural consistency and manageability (Ellingson, 2006; Oakley, 1981; Thomson & Holland, 2003). These designs can capture rich accounts of fat women's frontstage performances: the socially managed, carefully presented narratives shared in a single encounter. What they are less well positioned to access is what lies beneath: the backstage feelings, internalised shame, childhood memories, and everyday coping strategies that participants tend to share only once trust has been built over time. The result is a health research literature that documents discrimination and distress with considerable care, but that has fewer tools for capturing the temporal textures of how fat stigma accumulates, shifts, and is resisted across the life course (Lahman et al., 2011).

In response to the challenges posed by fat stigma, this methodological paper introduces, justifies, and critically evaluates *transformational dramaturgical longitudinalism* (TDL) as a new approach to qualitative health research with stigmatised populations. Supplementing this, empirical material from the first TDL study is used throughout as illustrative evidence of the methodology in action, demonstrating what becomes possible when design, theory, and ethics are aligned. In doing so, the article pursues three interconnected aims. First, it justifies a temporally attuned, ethically reflexive method that centres the lived realities of fat women under moral surveillance and demonstrates why standard qualitative health research routines cannot capture the textures of such lives. Second, it provides a detailed account of how TDL was designed and executed. Third, it demonstrates the methodological yields that arise when theoretical concepts are deliberately aligned with methodology and considers how the approach may be transferred to other qualitative health research contexts involving stigma, embodiment, and emotional complexity. To achieve these aims, the paper proceeds with a brief description of TDL, before unpacking the theoretical and empirical underpinnings of this novel methodology.

A Brief Synopsis of Transformational Dramaturgical Longitudinalism (TDL)

TDL is a participant-led, staged design that integrates two successive cycles of in-depth interviewing with a concluding phase of asynchronous reflective writing. TDL is entwined with Goffman's dramaturgical framework (Goffman 1959, 1963), which conceptualises social life as a series of performances in which individuals manage the impressions they make on others. The frontstage refers to the managed, audience-aware presentation of self: the version of oneself shown in public, professional, or formal settings. The backstage refers to the private space behind that presentation, where the effort behind the performance is visible, emotional guards are lowered, and a less curated self emerges. Performance here is used analytically, not pejoratively: it describes the ordinary labour of social life, not deliberate deception. Rather than treating these concepts simply as analytic vocabulary, TDL elevates them to an organising principle for data generation itself. The research relationship mirrors the theory: as trust develops across time, contributors shift from the managed performances characteristic of frontstage interaction in early interviews toward the more intimate, contradictory, and emotionally resonant disclosures of backstage life via asynchronous writing.

The term transformational, in the methodology's name, refers to three distinct and analytically separable phenomena. First, participant transformation: the observable shift in contributors' mode of disclosure over time, from guarded frontstage performance in early interviews to vulnerable backstage narration in later encounters and written correspondence. Second, relational transformation: the evolution of the researcher-participant relationship from formal stranger to trusted confidant, a dynamic that is deliberately structured into the design rather than left to chance. Third, researcher transformation: as they come to know and further understand participants' experiences, researchers themselves may be changed by the TDL methodology.

Before proceeding, it is worth briefly situating TDL in relation to comparable approaches. Narrative inquiry (Riessman, 2008), longitudinal phenomenology (Thomson & Holland, 2003), and participatory action research (Fine, 1994) all prioritise relational depth, participant agency, and temporal sensitivity. TDL shares these commitments. Its distinctive contribution, however, lies in the theoretical-methodological mirroring that Goffman's framework makes possible: the research

design does not merely use dramaturgical theory as an analytic lens; it enacts it. The staging of data collection to move from frontstage to backstage registers, the use of asynchronous written correspondence as a deliberately theorised backstage space, and the structural embedding of narrative revision rights all emerge directly from dramaturgical logic. Here, the theory does not frame the analysis. It designs the encounter.

Theoretical and Epistemological Foundations of TDL

TDL is underpinned by a constellation of theoretical and epistemological commitments that shape how knowledge is produced and whose knowledge is valued. Together, these frameworks constitute the architecture of the method itself: shaping who participates, how encounters are structured, what counts as knowledge, and how the researcher's own position within the inquiry is held and interrogated.

Dramaturgical Theory as Methodological Architecture

As outlined above, Erving Goffman's (1959) dramaturgical theory provided the primary conceptual framework for TDL. In *The Presentation of Self in Everyday Life*, Goffman (1959) conceptualised social life as a theatrical performance in which people manage impressions for an audience through careful separation of frontstage and backstage behaviours. In *Stigma*, he extended this to examine how people with discrediting characteristics navigate social encounters. For fat people, this framework illuminates the continuous performance labour embedded in everyday life: the humour deployed to pre-empt censure, the careful management of eating in public, and the practised deflection of weight-related commentary.

TDL's distinctive contribution lies in how Goffman's theory can be deployed: not as analytic vocabulary applied after the fact but as an organising principle for data generation itself. The staging of encounters to move from frontstage to backstage registers, the use of asynchronous written correspondence as a theorised backstage space, and the structural embedding of narrative revision rights all emerge directly from dramaturgical logic. Goffman's framework is, however, not without limitation, and engaging those limitations is part of this methodology's contribution. His work has been critiqued for attending to micro-level interaction while leaving structural power largely unexamined, a significant problem in research that seeks to understand how fat stigma is produced through institutional regimes, health discourse, and gendered moral economies (Tyler & Slater, 2018; Warin, 2015). TDL addresses this limitation by situating Goffman's micro-level dynamics within the structural critiques offered by Fat Studies and feminist epistemology.

Fat Studies: A Critical Framework for Health Research

Fat Studies offers more than a body-positive corrective to mainstream health discourse. It is a politically and analytically rigorous field that examines how fatness is produced as a problem through the very institutions charged with addressing it. Central to Fat Studies is a critique of the biomedical construction of obesity. Scholars such as Wann (1998), Cooper (2016), and Pausé (2017) have demonstrated how the language of the obesity epidemic functions as a moral panic, projecting cultural anxieties about consumption, femininity, race, and class onto fat bodies. Within this moral economy, fat people are positioned not merely as unhealthy but as irresponsible, undisciplined, and burdensome (Evans, 2010; Gard & Wright, 2005). This construction is not a neutral observation but a site of power that operates through clinical encounters, employment practices, public health messaging, and the internalised self-surveillance of those it targets.

For qualitative health researchers, Fat Studies demands methodological designs that do not reproduce the extractive, surveillance-oriented dynamics of biomedical inquiry, but treat fat people as co-producers of knowledge whose experiences reveal something important about the structures that generate stigma. TDL was built on this foundation. Its insistence on participant-led pacing, narrative sovereignty, and relational trust is not incidental to Fat Studies commitments. It is a methodological enactment of them.

Situated Knowledges and Feminist Epistemology

Donna Haraway's (1988) concept of situated knowledges challenges the notion of an objective, disembodied researcher who observes the world from nowhere. Instead, she argues for recognising knowledge as partial, positioned, and embodied. Feminist epistemology, including Haraway's work and that of Harding (1991), calls for research that honours positionality rather than erasing it through detached methods. Informed by these traditions, TDL was intentionally designed to centre the experiences, emotions, and preferences of contributors, while acknowledging the influence of the researcher's own shifting embodiment. This approach rejects the positivist notion of the researcher as an impartial extractor of data

and embraces the complexity of relational and emotional entanglement in knowledge production (England, 1994; Gilligan, 1982; Oakley, 1981).

Feminist standpoint epistemology also demands attention to structural as well as embodied positionality. Where a researcher is institutionally located, and what professional frameworks they operate within, are not incidental to the knowledge they produce: they shape the questions that feel permissible, the methodological norms that are treated as defaults, and the intellectual moves that require justification. In the development of TDL, conducting feminist, Fat Studies–informed research from within a biomedical institution meant working deliberately against the grain of its dominant frameworks. This was not simply a personal circumstance but an epistemological and political condition that required sustained reflexive accountability throughout. The specific institutional and professional dimensions of this structural positionality are examined in the reflexivity section that follows.

Designing Transformational Dramaturgical Longitudinalism: How Did We Get Here?

The TDL method presented in this article was not conceived in advance but emerged reflexively in response to the epistemological, ethical, and emotional demands of researching fat stigma. The study from which this account is drawn was an 18-month qualitative inquiry into the lived experiences of fat stigma conducted with eight self-identified fat women in the United Kingdom. The researcher, herself a fat woman at the time of data collection, designed and conducted the study as doctoral research, moving through three successive stages of data generation across the study period. The purpose was to access the layered and often hidden dimensions of fat embodiment while prioritising contributors' emotional safety, autonomy, and narrative agency. The three stages of the methodology are described below in the context of the doctoral research. This is followed by discussion of its transformational, reflexive, and ethical dimensions.

Stage 1: Establishing the Narrative Frame

The first phase involved in-depth, semi-structured interviews designed to elicit contributors' narrative accounts of living in a fat body. These interviews focused on social experiences, body image, interactions with healthcare and family, and memories of stigmatising moments. Conducted in environments chosen by the contributors, usually their homes or neutral locations, these encounters served as the narrative entry point. The emphasis was on emotional safety, not procedural uniformity. Contributors were encouraged to take the lead, share stories in their own words, and decline any question without explanation. In this phase, the dramaturgical tension that many women described became evident: frontstage strategies of minimisation, control, and humour contrasted with later espoused backstage feelings of shame, fatigue, and anger.

As one contributor reflected:

> I think if someone comes to speak to you about something really important and they are all sweaty and out of breath and red faced and fat they aren't going to be taken seriously, are they? When you are fat, it is all people see.

This exemplifies the frontstage awareness that characterised initial interviews, where contributors performed versions of themselves calibrated to anticipated audience expectations.

Stage 2: Deepening the Dialogue

The second stage took place approximately four to six months after the initial interviews. This return allowed for continuity but also created space for change, reflection, and re-contextualisation. Several contributors referenced events that had occurred since the first meeting, including illness, relationship changes, or weight fluctuations, that altered how they now interpreted their experiences. This middle phase operated not just as a data collection stage but as a deepening of trust. Contributors appeared more candid and, in many cases, shared reflections that had emerged only after the initial encounter had settled. One contributor articulated the pervasive nature of weight-related self-surveillance:

> Society is such a massive part of the problem; I feel and think about my weight all the time. Everywhere I go I think of that fat girl falling off a log, is that a fat girl who can't get back into her car when someone has parked too close, is that the fat girl who won't go on a plane in case the seatbelt won't fit and have to ask for a belt extension, is that the fat girl who always has to act like she is on a diet or she will be judged. It's really hard being fat!

Stage 3: Asynchronous Reflection and Backstage Access

The third phase departed from conventional interview techniques entirely. At the suggestion of several contributors, and in recognition of the fatigue often associated with stigma work, the researcher offered the option of asynchronous, written dialogue via email. This allowed

contributors to respond in their own time, reflect on what had been said previously, and articulate thoughts that were more difficult to express aloud. For many contributors, this became a space of revelation. One contributor described the written correspondence as a space she could write without being watched, echoing the backstage metaphor Goffman used to describe spaces of emotional preparation and unguarded selfhood. Another reflected that it was easier to be honest in writing, as it gave her time to find the words and made her brave enough to express things she would normally have swallowed if required to say them aloud.

These asynchronous exchanges facilitated narrative depth, emotional processing, and affective clarity. They also enabled contributors to edit, revise, or retract their contributions, affirming their narrative ownership and safeguarding consent as an ongoing process rather than a one-time act. One contributor's reflection demonstrated the kind of depth reached at this stage:

> Well, when I say things haven't changed, I just mean that I haven't lost the weight I was wanting to lose when we first spoke. What has changed is that I am learning to come to terms with my size, I am learning not to care what other people think about the way I look. I have had quite a few more tattoos. I think I get tattoos instead of losing weight. Probably not the best way to deal with the issue. But it looks prettier with a Disney Princess on it … I don't care what people think anymore, I wear outrageous clothes, dye my hair pink, get piercings and I tattoo my fat. Is it a defence mechanism? Possibly. Do people look at fat and tattoos with the same disdain? This way I don't need to know if the old lady on the bus is scowling at me because of the tattoo or the fat arse!

Across the three stages, grounded in feminist epistemology and dramaturgical theory, TDL treats contributors as co-constructors of knowledge whose insight, pace, and preferred modes of expression shaped the trajectory of the research. Trundle et al. (2025) argue, in the context of health ethnographic interviewing, that this co-constructive orientation transforms the research encounter from a site of data extraction into one of collaborative meaning-making, a principle this methodology enacts structurally through its staged, participant-led design. Just as Goffman (1959) theorised social life as composed of frontstage and backstage performances, so too did this method move from the performance of public narratives toward more intimate backstage disclosures.

Why 'Transformational'?

The term transformational captures several dimensions of the method. First, it was transformational for contributors, many of whom described the process as personally meaningful, cathartic, or validating. Second, it was transformational for the research encounter, which moved beyond extractive or data-centric paradigms into one of ethical dialogue and shared reflection. Third, it was transformational for the researcher, whose subjectivity was compelled to interrogate shifting identity, emotional responses, and interpretive practices as contributors moved the researcher into their backstage spaces. In this particular and first TDL case, the lead researcher experienced her own reflexive disruption. Specifically, her own embodiment shifted during the study, from a fat body to a slimmer one following a medical diagnosis, requiring an ongoing renegotiation of insider and outsider positionality and its implications for knowledge production. Other researchers engaging with TDL may be transformed through an increasing and intentional awareness of the stigma experienced by their contributors.

Embodied, Structural, and Temporal Reflexivity and Researcher Transformation

Qualitative research with stigmatised populations demands more than procedural ethics; it requires ongoing, situated reflexivity, especially when the researcher shares or has shared the embodied identity under scrutiny. Indeed, the dramaturgical framework at the heart of TDL invites researchers to attend carefully to their own frontstage and backstage dynamics in the research encounter, not only those of contributors. As a woman who entered this research with over two decades of experience living in a fat body and who underwent significant weight loss during the analysis phase due to a diagnosis of type 2 diabetes, the researcher's position was not stable but evolving during the TDL process. During the early data collection phases of this study, the researcher's fat body was itself a frontstage presence: shared embodied legibility shaped the research relationship from the outset, enabling contributors to speak to someone whose body they recognised as similarly subject to moral surveillance. This did not dissolve the professional researcher role, but it complicated it productively. The reflexive journal served, in part, as the researcher's own backstage during data collection: a space to hold resonances, recognitions, and emotional responses that surfaced in encounters but required careful management. What arose from the researcher's own experience of fat stigma had to be held separately from contributors' accounts to prevent personal resonance from distorting interpretation. When weight loss occurred during the analysis phase, this discipline became more rather than less necessary. Broadly the social frontstage changed: the researcher's

body was no longer read as fat, albeit the participants did not know this because data collection was asynchronous. Furthermore, the backstage did not reset. Rather, the years of impression management that had structured daily life, the internalised habits of self-surveillance, and the anticipatory calibration of how to move through social and professional spaces remained available as interpretive resources.

The dual positionality, moving from a fat to a thinner body, necessitated continuous ethical and analytical reflection. The researcher's body was not merely a vessel for conducting research but a shifting site of meaning, recognition, and negotiation within the research process. At the outset of the study, the researcher identified strongly with contributors, sharing many of their embodied histories: being judged in public spaces, navigating healthcare stigma, and internalising moralised discourses around weight and responsibility. Following unexpected weight loss during the analysis phase, a shift became noticeable. Socially, the researcher was no longer read as fat. The researcher's reflexive journal captured this transformation:

> Today I wasn't recognised three times, and I am definitely being taken more seriously. Whether this is actually what is happening, or I am just acting differently, with more confidence. I feel freer than I have since I was a young woman. I feel as if nothing can hold me back, I can go wherever I want to go, and no one is looking at me like I shouldn't be here.

Yet, passing brought discomfort, guilt, and a sense of betrayal, particularly in a study grounded in fat justice. The researcher's journal documented: "Some people are strangely patronising: 'well done', 'you're doing really well', just more proof of public ownership." What the reflexive journal documented during analysis was that the residue of fat stigma, the psychological and behavioural traces of having lived under persistent moral surveillance, persists long after the body has changed. This is what it means, methodologically, to treat embodied experience as a resource for interpretation rather than a confound to be managed away.

The embodied reflexivity operated alongside a structural reflexivity that required equal attention. The researcher's institutional location within sport and exercise sciences, and her professional authority as a registered nutritionist, shaped the dynamics of the research relationship in ways that went beyond personal positionality. Conducting feminist, Fat Studies–informed, sociologically grounded research within an institutional home that primarily reproduces biomedical and weight-normative frameworks generated ongoing disciplinary tension that was not simply personal discomfort but epistemologically significant. That tension is documented throughout the reflexive journal and is itself part of what the methodology produced: evidence that researching fat stigma from within health and sport science institutions requires working deliberately against the grain of the frameworks those institutions reproduce.

Reflexivity in qualitative research is often framed as a process of interrogating one's own assumptions, positionality, and influence on the research process (Pillow, 2003). However, in emotionally intensive fields like stigma research, reflexivity also entails attending to affective resonances: the feelings that arise in the research encounter for both participants and researchers. Gilbert (2001) argues that emotional reflexivity is central to ethical qualitative inquiry, especially when studying intimate, painful, or morally fraught topics. Temporal reflexivity is also critical in TDL. Rather than treating identity as fixed, the method recognised contributors as narrating from shifting positions across time, emotional states, life events, and relational dynamics. The three-stage design created opportunities for contributors to revise earlier narratives, respond to new experiences, and engage in reflection that might not be possible in a one-off interview. Thus, TDL is grounded in a temporal epistemology: one that understands knowledge as unfolding, revisable, and situated within the rhythms of lived time. This necessitates an embodied, structural, and temporal approach to reflexivity, enacted in this study through a reflexive journal.

The reflexive journal, initially intended as a log of methodological decisions, evolved into a parallel data source, recording emotional responses, social observations, moments of dissonance, and insights triggered by the researcher's changing embodiment. A key insight that emerged was the persistence of fat identity despite bodily change: "I frame every aspect of my life as a fat person." This observation, recorded during the analysis phase, marked a moment of personal clarity about how deeply fatness structured orientation to the world. The sense that fatness precedes other dimensions of identity was echoed across contributors' narratives and became especially pronounced in emotionally charged contexts. Weight loss did not offer clarity or objectivity. Rather, it exposed the conditional nature of acceptance, the subtle rewards of thinness, and the deep scars of stigma that remain long after the body has changed. These experiences carry direct methodological implications for researchers adopting TDL.

The reflexive journal should be treated not as an optional supplement but as a core design requirement of TDL; begun before data collection and maintained across the full duration of the study, it functions as both a record of methodological decisions and a parallel site of knowledge production. Researchers should also anticipate that their relationship to the research topic may shift

across a longitudinal engagement, whether through embodied change, altered institutional positioning, or evolving emotional attunement to contributors' lives, and build explicit mechanisms for documenting and interrogating those shifts from the outset. Temporal reflexivity in TDL is not a one-time declaration of positionality but an ongoing practice: the researcher's interpretive position in Stage 3 is not the same as it was in Stage 1, and that movement is analytically significant. Treating reflexivity as a methodological resource rather than a confound is, in TDL, a practical design requirement as much as an epistemological commitment.

Ethical Architecture

Ethics in TDL are not an external constraint administered at the point of ethical approval and then set aside. Rather, ethical considerations need to be an ongoing structural commitment embedded in every phase. In line with feminist qualitative methodologies, informed consent was treated not as a singular bureaucratic threshold but as a continuous process of negotiation and dialogue (Hesse-Biber, 2014; Oakley, 1981). Participants were given extensive information about the study's aims, methodological approach, and potential emotional risks. Contributors were reminded at each stage of their right to withdraw, pause, or retract material already submitted, without any obligation to explain, particularly as emerging themes became more personal or emotionally laden. The asynchronous written phase particularly supported this, as contributors could edit, revise, or withdraw contributions without the social pressure of real-time interaction. Indeed, several contributors exercised their rights during the study. Thus, in addition to ethical approval obtained from Liverpool John Moores University's Research Ethics Committee, ethical considerations in TDL should be an active practice (Guillemin & Gillam, 2004) as part of an ongoing, relational, and reflexive commitment (Ellis, 2007). Such an approach should guide ethical decisions in TDL including those relating to confidentiality, power relationships, and the ending of studies.

Discussion: TDL's Methodological Contributions and Implications for Qualitative Health Research

TDL was developed not only as a means of generating rich, temporally layered data but as a methodological intervention into how qualitative health research approaches stigmatised and emotionally vulnerable populations. This section outlines its contributions across four interconnected domains and makes explicit at each point why these contributions matter specifically for qualitative health research: what health research norms they challenge, what health research conversations they enter, and what they offer to researchers working in clinical and public health contexts.

Participant-Led Pacing and Narrative Sovereignty in Health Research

Conventional qualitative health research often relies on one-off interviews conducted within institutional timelines shaped by grant cycles, ethics approval windows, and publication pressures. These structural constraints produce the single-encounter model that dominates health research with marginalised populations. The consequences for fat women are significant: research encounters that mirror the extractive, time-pressured dynamics of clinical consultations; single-point data that capture performance rather than experience; and findings that reflect what participants are willing to say to a stranger in a single meeting rather than what they have lived across time. TDL disrupts these norms by allowing contributors to shape the rhythm, content, and modality of their engagement, with narrative sovereignty structured into the design from the outset. The temporal depth this produces is not simply a function of duration but of trust: contributors disclose differently when they have established that the researcher will not extract, decontextualise, or judge what they share.

Emotional Reflexivity as a Health Research Imperative

Qualitative health research has increasingly recognised the emotional dimensions of both data generation and researcher experience (Guillemin & Gillam, 2004; Lahman et al., 2011). TDL extends that recognition by treating emotional reflexivity not as a component to be managed or reported but as an active methodological resource. The researcher's shifting embodiment during the analysis of this study generated analytic insight that would have been inaccessible from a stable position. This has implications for how health researchers are trained and supported: the expectation that researchers will maintain emotional distance from their field of inquiry, a norm reproduced through research training and funding environments, may actively limit the quality and depth of data produced in health research with stigmatised populations.

Dramaturgical Alignment as a Health Research Resource

The distinctive methodological contribution of TDL speaks to a specific gap in qualitative health research.

Health research has made extensive use of Goffman's (1963) theory of stigma as an analytic framework for understanding the experiences of people with stigmatised health conditions. What it has not done, until TDL, is use Goffman's dramaturgical architecture as a design principle: structuring encounters to move participants from frontstage to backstage registers as a deliberate methodological strategy. Healthcare encounters are quintessentially frontstage spaces: formal, role-governed, and audience-aware. Patients routinely manage their presentations in clinical consultations, disclosing only what they believe will be received without censure. For fat patients, whose experiences of clinical encounters are frequently stigmatising, this management is particularly active. TDL was built to reach what single-encounter health research cannot, that is, the experiences, which participants have learned through repeated exposure to moralising and dismissive responses, to keep hidden.

Ethical Innovation and Its Relevance for Health Research

The ethical innovations embedded in this methodology, consent as ongoing process, narrative revision rights, asynchronous engagement, and recognition of emotional fatigue, are not departures from research ethics norms. They are responses to limitations in how those norms have been operationalised in health research. Standard health research ethics frameworks, designed primarily for clinical and biomedical inquiry, may privilege procedural compliance over relational accountability. For health research with stigmatised populations, this procedural model can be inadequate. Fat women who have experienced research as another form of surveillance, judgement, or extraction need evidence that the research relationship is one in which their agency is real. This methodology provides that evidence through design rather than through rhetoric. More broadly, this methodology poses a challenge to qualitative health research that has uncritically adopted the biomedical framing of fatness as its starting point. A methodology designed around participant agency, epistemic trust, and the deliberate dismantling of the researcher-as-expert dynamic does not simply produce better data about fat stigma. It enacts a different relationship between health research and the populations it studies, one in which fat women are positioned as knowers rather than objects of knowledge.

Quality and Trustworthiness

Assessing the quality of TDL requires criteria appropriate to its epistemological commitments. Traditional markers of rigour such as replicability and generalisability are ill-suited to a methodology grounded in feminist, interpretivist, and embodied principles. Instead, quality can be evaluated through Lincoln and Guba's (1985) framework of credibility, transferability, dependability, and confirmability. Wilson (2025), writing in *Qualitative Health Research*, extends this framework by demonstrating that researcher subjectivity is a resource shaping rather than distorting qualitative outcomes, provided that philosophical coherence and reflexive accountability are maintained throughout the research process. This position is consistent with the epistemological commitments of TDL and supports the methodology's claim that emotional and embodied reflexivity are methodological assets rather than threats to rigour.

Credibility can be established through prolonged engagement (e.g., 18 months in this study), multiple data collection phases, and the iterative character of the design, which enables contributors ongoing opportunities to revisit, revise, and contextualise earlier material. Dependability can be maintained through comprehensive reflexive journaling and transparent documentation of methodological decisions. Transferability can be addressed through principled adaptability of the methodology's core design elements and the scope conditions discussed below.

Scope Conditions and Limitations of TDL: Where Is TDL Not Appropriate?

Methodological transparency requires honest engagement with the conditions under which TDL is feasible, appropriate, and safe, and with the contexts where it may not be. Researchers need to know not only where and how TDL can be used, but when they should choose differently. Several challenges warrant attention: resource demands, emotional labour, risk, the challenges of written communication, and the sustained ethical commitments required throughout.

TDL may require sustained access to funding, institutional support, and researcher time that is unavailable to many researchers. This reflects the broader political economy of qualitative health research, in which short-term funding cycles work against the slow, relationally intensive methods that stigma research demands. Researchers working within tight resource constraints may need to adapt the methodology, compressing the timeline or reducing stages, while being transparent about what those adaptations cost in terms of depth. The longitudinal character of TDL also means that the ethical landscape of the research shifts over time in ways that a single, front-loaded ethical approval process cannot anticipate. Over time, sustained longitudinal engagement with stigmatised, often traumatic, experience may generate

significant emotional labour for researchers as well as contributors. This labour can be unevenly distributed: researchers without institutional support or peer supervision may find it difficult to sustain the emotionally present, non-extractive relationship this methodology requires. Where those support structures are absent, a less intensive design may better protect both parties. Additionally, where research topics involve active trauma, domestic abuse, or mental health crises, the sustained research relationship may create dilemmas that standard ethics protocols are not designed to address. Researchers must plan for the possibility that contributors' situations will change in ways that complicate continued participation and must be prepared to prioritise contributor welfare over data completeness.

Stage 3 of TDL presupposes a level of comfort with written self-expression that cannot be assumed across all populations. Contributors who find writing effortful, who have limited literacy, or for whom English is not a first language may be systematically disadvantaged. Adaptations such as audio correspondence or video diaries should be considered where written formats may constitute a barrier.

Finally, the small number of contributors in this study (n = 8), while appropriate for the depth and duration sought, limits the range of experiences represented. All contributors were cisgender women, predominantly white, and based in the United Kingdom. The application of TDL across more racially, linguistically, and socioeconomically diverse populations requires further exploration, as does its adaptation for trans and non-binary participants whose relationships to fat embodiment and health discourse may differ significantly.

Conclusion

This methodological paper has presented TDL: a longitudinal, emotionally attuned, and participant-led approach to qualitative health research with stigmatised bodies. Developed reflexively in response to the ethical and epistemological challenges of researching fat stigma, TDL offers a distinct contribution to qualitative health research by centring relational ethics, narrative sovereignty, and embodied reflexivity as foundational design principles rather than procedural afterthoughts. The methodology's originality lies in both its form and its philosophy. Structurally, it unfolds in three stages: initial narrative interviews, follow-up conversations, and asynchronous written correspondence, each building relational depth while offering participants increasing autonomy over content, timing, and modality. Epistemologically, it draws from feminist epistemology, Fat Studies, and dramaturgical theory to frame identity as relational, emotional, and temporally situated. Methodologically, it enacts this framing by creating spaces where contributors move from frontstage narratives to backstage disclosures, reflecting both the theoretical lens and the lived dramaturgies of fat embodiment.

To illustrate the methodology in action, empirical material from the first TDL study has been drawn upon throughout the paper, demonstrating how the methodology functions across its three stages and what it makes possible. Data generated with eight women powerfully illuminates fat identities not as a stable category but as a relational and temporally layered process. TDL facilitated contributors to narrate cycles of surveillance, shame, resistance, and care that moved fluidly between healthcare encounters, family settings, and public space. For example, one contributor narrated the internalised nature of this surveillance:

> Even if I was told it was safe to stay overweight, I would want to lose weight. It is instilled in you not to be fat. It is instilled in you that fat is not the way to be, it is unattractive, and no one wants fat people in their lives.

While this example and the methodology itself have been developed in the context of fat stigma, TDL has broader applicability to qualitative health research with marginalised populations wherever stigma, trauma, or affective complexity requires methods that move beyond single encounters. It offers researchers seeking to integrate feminist and care-based ethics into the architecture of their studies a model not just at the level of consent forms or debriefs but in the fundamental design of how knowledge is co-created, negotiated, and shared. Method is more than mechanics; it is a site of power, ethics, and possibility. TDL invites us to reimagine this site as one of mutual vulnerability, relational accountability, and epistemological care.

Acknowledgements

The authors wish to thank the eight women who generously shared their experiences and trusted us with their stories. The authors also wish to thank Professor Dave Richardson and Dr Ben Edwards for their encouragement and mentorship throughout this challenging doctoral process.

ORCID iD

Lucinda D. Richardson https://orcid.org/0000-0002-4900-6943

Ethical Considerations

Ethical approval for this study was granted by the Liverpool John Moores University Research Ethics Committee (Reference: 11/ECL/012).

Consent to Participate

All participants provided written informed consent prior to enrolment in the study. Participants were informed of their right to withdraw at any time without consequence, and consent was treated as an ongoing process throughout the longitudinal design.

Author Contributions

Lucinda D. Richardson: Conceptualisation, methodology, data collection, formal analysis, writing – original draft, and writing – review and editing. Colum Cronin: Review and editing. Peter Millward: Review and editing. Ian Davies: Review and editing.

Funding

The authors received no financial support for the research, authorship, and/or publication of this article.

Declaration of Conflicting Interests

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

Data Availability Statement

Due to the sensitive and identifiable nature of the qualitative data, and in accordance with the ethical approval granted for this study, the data that support the findings are not publicly available. Requests for further information about the data should be directed to the corresponding author.

Use of Artificial Intelligence and Other Technologies

No artificial intelligence tools were used in the conception, design, data collection, or analysis of this research. During manuscript preparation, Claude (Anthropic) was used to assist with document formatting, APA style compliance, and editorial refinement of the written text. The intellectual content, arguments, interpretations, and conclusions remain entirely the authors' own work.

References

Cooper, C. (2016). *Fat activism: A radical social movement*. HammerOn Press.

Crawford, R. (1980). Healthism and the medicalization of everyday life. *International Journal of Health Services*, *10*(3), 365–388. https://doi.org/10.2190/3H2H-3XJN-3KAY-G9NY

Ellingson, L. L. (2006). Embodied knowledge: Writing researchers' bodies into qualitative health research. *Qualitative Health Research*, *16*(2), 298–310. https://doi.org/10.1177/1049732305281944

Ellis, C. (2007). Telling secrets, revealing lives: Relational ethics in research with intimate others. *Qualitative Inquiry*, *13*(1), 3–29. https://doi.org/10.1177/1077800406294947

England, K. V. L. (1994). Getting personal: Reflexivity, positionality and feminist research. *Professional Geographer*, *46*(1), 80–89. https://doi.org/10.1111/j.0033-0124.1994.00080.x

Evans, B. (2010). Anticipating fatness: Childhood, affect and the pre-emptive 'war on obesity'. *Transactions of the Institute of British Geographers*, *35*(1), 21–38. https://doi.org/10.1111/j.1475-5661.2009.00363.x

Fine, M. (1994). Working the hyphens: Reinventing self and other in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 70–82). Sage.

Gard, M., & Wright, J. (2005). *The obesity epidemic: Science, morality and ideology*. Routledge.

Gilbert, T. (2001). Reflective, reflexive or recursive? On what it means to be a reflexive practitioner. *Social Work Education*, *20*(5), 523–536. https://doi.org/10.1080/02615470120089189

Gilligan, C. (1982). *In a different voice: Psychological theory and women's development*. Harvard University Press.

Goffman, E. (1959). *The presentation of self in everyday life*. Anchor Books.

Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Prentice-Hall.

Guillemin, M., & Gillam, L. (2004). Ethics, reflexivity, and 'ethically important moments' in research. *Qualitative Inquiry*, *10*(2), 261–280. https://doi.org/10.1177/1077800403262360

Haraway, D. J. (1988). Situated knowledges: The science question in feminism and the privilege of partial perspective. *Feminist Studies*, *14*(3), 575–599. https://doi.org/10.2307/3178066

Harding, S. (1991). *Whose science? Whose knowledge? Thinking from women's lives*. Cornell University Press.

Hesse-Biber, S. (2014). Feminist approaches to in-depth interviewing. In P. Leavy (Ed.), *The Oxford handbook of qualitative research* (pp. 255–278). Oxford University Press.

Lahman, M. K. E., Geist, M. R., Rodriguez, K. L., & Graglia, P. (2011). Cautionary tales: Ethics, reflexivity and researcher emotion. *Qualitative Health Research*, *21*(8), 1019–1031. https://doi.org/10.1177/1049732311405716

LeBesco, K. (2004). *Revolting bodies? The struggle to redefine fat identity*. University of Massachusetts Press.

Lee, J., & Pausé, C. (2016). Stigma in practice: Barriers to health for fat women. *Frontiers in Psychology*, *7*, Article 2063. https://doi.org/10.3389/fpsyg.2016.02063

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage.

Lupton, D. (2013). *Fat*. Routledge.

Oakley, A. (1981). *Subject women. Martin Robertson*. Oxford.

Pausé, C. (2017). Shifting the focus: De-stigmatising fat bodies in public health. *Fat Studies*, *6*(2), 99–101. https://doi.org/10.1080/21604851.2017.1290803

Pillow, W. (2003). Confession, catharsis or cure? Rethinking the uses of reflexivity as methodological power in qualitative research. *International Journal of Qualitative*

Studies in Education, *16*(2), 175–196. https://doi.org/10.1080/0951839032000060635

Puhl, R. M., & Heuer, C. A. (2010). Obesity stigma: Important considerations for public health. *American Journal of Public Health*, *100*(6), 1019–1028. https://doi.org/10.2105/AJPH.2009.159491

Riessman, C. K. (2008). *Narrative methods for the human sciences*. Sage.

Rothblum, E. D., & Solovay, S. (Eds.), (2009). *The fat studies reader*. New York University Press.

Saguy, A. C. (2013). *What's wrong with fat?* Oxford University Press.

Thomson, R., & Holland, J. (2003). Hindsight, foresight and insight: The challenges of longitudinal qualitative research. *International Journal of Social Research Methodology*, *6*(3), 233–244. https://doi.org/10.1080/1364557032000091833

Tomiyama, A. J. (2014). Weight stigma is stressful: A review of evidence for the cyclic obesity/weight-based stigma model. *Appetite*, *82*, 8–15. https://doi.org/10.1016/j.appet.2014.06.108

Trundle, C., Gardner, J., & Phillips, T. (2025). The ethnographic interview: An interdisciplinary guide for developing an ethnographic disposition in health research. *Qualitative Health Research*, *35*(13), 1395–1409. https://doi.org/10.1177/10497323241241225

Tyler, I., & Slater, T. (2018). Rethinking the sociology of stigma. *The Sociological Review*, *66*(4), 721–743. https://doi.org/10.1177/0038026118777425

Wann, M. (1998). *Fat! so? Because you don't have to apologize for your size*. Ten Speed Press.

Warin, M. (2015). Material feminism, obesity science and the limits of discursive critique. *Body and Society*, *21*(4), 48–76. https://doi.org/10.1177/1357034X14537320

Warin, M. (2021). Biopolitics, body shapes and health. *Current Anthropology*, *62*(S24), S52–S63. https://doi.org/10.1086/715893

Wilson, J. (2025). Interpretive description and reflexive thematic analysis: Exploring conceptual coherence and methodological integrity. *Qualitative Health Research*. Advance online publication. https://doi.org/10.1177/10497323251378303