Women, obesity, and weight loss: Bridging the intention-behaviour gap

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Dedication

I dedicate this dissertation to my grandsons Nicholas, Kaiden, Reily, and soon-to-be-born Feifer. My hope is that your grandmother's passion for people and for learning as well as her commitment to achieve her goals will inspire you to pursue your own dreams.

Abstract

Women, Obesity, and Weight Loss: Bridging the Intention-Behaviour Gap

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While the literature concerning obesity, weight management, and individual health-related behaviour change is considerable, the voices of women who have a lived experience of obesity and weight management are often neglected. The following is a report of a qualitative inquiry conducted to explore the weight loss process through the accounts of five obese women. The purpose of the research was to identify the factors that motivated these women to lose weight and elucidate the biopsychosocial factors that contributed to their engagement in a weight-loss program. A collective case study method was used to engage with the research participants who were in the action phase of a weight loss project, obese women who had effectively bridged the intention-behaviour gap towards weight loss. A narrative approach was used to gather the women's stories. Collected data were coded according to category strings and a grounded theory analytical framework was applied to the coded data. The findings from this inquiry, presented from a relational perspective, suggest that the women went through distinct phases of change: Decision-making, engagement, and action. The factors that influenced decision-making were outcome expectancies, an exacerbating condition, and atypical life events. Once a strong intention to lose weight had been formed, the socio-cognitive variables involved in the engagement process were self-directed intervening actions, self-efficacy, presenting opportunities, social support, program characteristics, and self-regulation. Finally, in addition to the factors that promoted intention formation and initiation, self-efficacy, positive outcomes, and the ability to recover from lapses and maintain the new weight-related behaviours helped the research participants sustain action. The change process issued from women's stories

was referenced to the health action process approach (HAPA) and to other psychosocial models of individual health-related behaviour change. The report concludes with a brief discussion of the implications of the research findings for the wellness of obese women and ultimately for the design of health promotion programs geared to addressing issues related to women, body image, and obesity.

Table of Contents

Figures and Tables

Chapter 1

Setting the Stage

In its Constitution (1946), the World Health Organization (WHO) describes health as "a complete state of physical, mental and social well-being, and not merely the absence of disease or infirmity" (p. 1315); in the *Ottawa Charter for Health Promotion,* the organization also defines health as a resource for everyday life (Williamson & Carr, 2009). Notwithstanding the contentions that might be levied against these definitions (Awofeso, 2005; Williamson & Carr, 2009), the WHO's descriptions served to broaden the understanding of health to involve the psychological and social aspects of wellness; they paved the way for the biopsychosocial model of health and illness (Engel, 1977). The task of those who would espouse the biopsychosocial model is to identify the biological, psychological, and social systems that affect health outcomes (Suls & Rothman, 2004). The challenge here is to decipher the interplay of the factors that contribute to movement along the continuum from illness and disease to optimal health. Although still referred to as a work in progress (Suls & Rothman, 2004), the biopsychosocial model serves to highlight the broad range of factors (physiology, cognition, subjectivity—complex patterns of emotions—socio-demographics, and socio-cultural context) that might be part of the equation when considering determinants of particular health-related behaviours (Kaptein & Weinman, 2004).

Among other obstacles to the achievement and maintenance of an optimum state of wellness is a person's weight status (Conner, 2001) with individuals at both ends of the Body Mass Index (BMI) spectrum ($19.9 \geq BMI \geq 30.0$) believed to be most at risk to experience adverse effects (Ali & Lindström, 2006; Fontaine, Redden, Wang, Westfall, & Allison, 2003; Sarlio-Lähteenkorva, Silventoinen, Jousilahti, Hu, & Tuomilehto, 2004). According to the biomedical discourse, obesity is a multi-factorial problem (Cope & Allison, 2006); it is a costly affair (Kelly, Burton, & Regan, 2008) and a public health

crisis (Roux, Kuntz, Donaldson, & Goldie, 2006; Cogan, 1999b). As a result, health promotion and health education initiatives invariably include ominous warnings concerning the health risks associated with obesity and they advance weight reduction and maintenance of a healthy weight as preventative measures to ward off the potential effects of the condition.

From a socio-cultural standpoint, obesity is not so much a disease as it is a breach of socially constructed standards of beauty (Johnston, Reilly, & Kremer, 2004; LeBesco, 2004); it is body weight beyond the socially accepted norms for specific age and ethnic groups within a given cultural environment (Cooper, 1998; Brownell, 1991). However, whether obesity is construed as a clinical pathology (Greenway & Smith, 2000; Kopelman & Finer, 2001; Rössner, 2002; Young, 2005) or as deviance from societal norms (Johnston, Reilly, & Kremer, 2004; LeBesco, 2004), its impacts are considered by many obese people to be significant impediments to the pursuit of "a complete state of physical, mental and social well-being" (Constitution of the World Health Organization, 1946, p. 1315).

Although the structural risk factors for gaining excess weight are embedded in the culture itself (e.g., emphasis on individual responsibility for health, wide-spread availability of fast food, prominence of food in social interactions, fast and stressful pace of modern life), the social context in which individuals develop a relationship with their weight and an appreciation or aversion for their body seems to require an even lower percentage of body fat for women than the medically defined healthy or "normal" level for the population at large (Engeln-Maddox, 2006; McKinley, 1998). Therefore, while obesity is a condition experienced by both men and women across all socio-demographic boundaries (Cope & Allison, 2006; Tjepkema, 2004), it has been proposed that in a society where the emphasis is on slim bodies, "fat [is] (mostly) a feminine issue" (Cash & Roy, 1999, p. 211). And while the weight-loss challenge might be compounded by a

degree of polarity between the desire to lose weight on the one hand and the resolve to shun culture-bound values on the other, the number of women who aspire to lose weight or maintain their current weight status has indeed reached epidemic proportions (Germov, 1996). Consequently, the discussion of obesity and weight loss cannot be gender neutral (Bordo, 1990); such a discussion must address the layers of meaning that gender and socio-cultural conceptions overlay onto obesity and about the change processes involved in the adoption of weight loss behaviours.

There is certainly a plethora of strategies (Hesse-Biber, 1996) from which people can choose to help themselves tip the energy equation toward the negative side on a regular basis. However, it remains that the majority of women, who aspire to lose weight for various reasons, cannot successfully adopt weight-control behaviours to achieve their desired weight loss goals. Though several psychosocial models of individual health-related behaviour change (Sutton, 2001) have been used to explore the mechanisms that mediate the effects of the different factors involved in the achievement of weight loss and weight management, the process remains ambiguous. A promising framework that attempts to delineate the adoption and performance of health behaviours is the health action process approach (HAPA) model (Schwarzer, 1992; 2006). However, though HAPA proposes the interaction of a number of significant cognitive variables—garnered from a variety of well-tested psychosocial theories—to explain distinct phases of the change process, the transitional segment between intention and action remains a topic of research (Sheeran, 2002). Hence, though much research has taken place on individual health behaviour change processes, on obesity, and on the difficulties associated with weight management, a full mapping of the factors that help a woman translate her motivation to reduce her body weight (through diet and/or increased levels of physical activity) to the successful adoption of weight loss behaviours is still

forthcoming (Putterman & Linden, 2004; Conner & Armitage, 2002; Jeffery, Drewnowski & Epstein, 2000).

My engagement in the collective case study reported here is an attempt to understand the experience of obesity, the motivation to lose weight, and the processes involved in the enactment of behavioural intentions from the perspectives of obese women, a perspective often neglected in the scientific literature (Bidgood & Buckroyd, 2005; Joanisse & Synnott, 1999). A metaphor that seems most apt to guide the reporting of this research project is that of my sitting around a table with a group of friends having dinner while discussing topics of extreme interest to all of us: Our relationships—with self, with others, with food, and with physical activity. We reminisce about our past experiences with weight management, we celebrate some of our recent successes with weight loss, and we commiserate about how difficult it is to act on our intention to change. As a host (researcher), I planned the event (research design) and I selected the theme of the evening (research topic and research questions). I invited each woman to prepare her favorite entrée (data) and add it to that which I also offer as a member of the group (my own experience as an obese woman). I laid out a vast array of complimentary dishes (theoretical considerations regarding obesity, weight management, and individual behaviour change) that might enhance the feast and spice up the conversation. I set the table and arranged the dishes according to my flair for table setting (methodology). Though the food is familiar to everyone around the table, we know that each woman used her own prized recipe and added special ingredients of her own choosing. The conversation is lively and we do not always agree as we share our individual stories; however, as the convener, I ensure that everyone has a chance to contribute to the discussion. Ultimately, what emerges is truly the blend of <u>all</u> our voices (research findings).

Another guest at this dinner party is you, the reader, who would join us at the table and add your voice to the discussion. Though you might read this research report in an academic context, you can perhaps glean something that complements your research or recognize elements that resonate with your experience. You may read some fragments that give you pause to reflect or come across certain ideas you may wish to dispute; regardless, my hope is that as a collective, we would construct knowledge that is helpful to obese women, knowledge that decreases generalized weight stigmatization and promotes a better understanding of obesity, weight reduction and individual health behaviour change.

Chapter 2

Looking Over Existing Dishes: Literature Review

The literature review comprised in this chapter is divided into two segments: a) biopsychosocial considerations and b) individual health-related behaviour change. The first part includes definitions of obesity, methods of assessment, aetiologies and prevalence in Canada and the United States; it discusses the impacts of the condition—physical and psychological—including body image, self-esteem, and the social stigmatization of obese individuals in our society. The section also addresses different aspects of weight management and concludes with a very brief overview of feminist considerations in regard to obesity and its implications for women.

The second portion of this chapter focuses on psychosocial models of individual health-related behaviour change since weight loss necessarily involves the interplay of different factors in the modification of one's behaviours. A review of the different theories is valuable in that it helps us identify the gap in existing knowledge pertaining to health-related behavioural modifications toward goal attainment; consequently, such an examination highlights the need for the current study.

Obesity: Biopsychosocial Considerations

Definitions of obesity. Definitions of obesity vary whether they are derived from medical conceptualizations or from socio-cultural perspectives. As a social construct, obesity is characterized as body weight beyond the socially accepted norms of attractiveness for specific ethnic and age groups within a given culture (Brownell, 1991; Cooper, 1998) or in certain groupings, professions, or according to specific competition criteria (Rand, 1994). Clinically, obesity is defined as an unhealthy amount of body fat (Allison, Downey, Atkinson, Bray, Finkelstein, Tremblay, et al., 2008; Jeffery, Drewnowski, & Epstein, 2000) or as an excessive amount of adipose tissue in relation to muscle and lean mass (Parizkova, 1991). Conway and Rene (2004) provide quite a comprehensive medical definition of obesity in their attempt to have the condition recognized as a disease:

> Obesity... is a physiological dysfunction of the human organism with *environmental, genetic and endocrinological aetiologies. It is a response to* environmental stimuli, genetic predisposition and abnormalities, or a combination of these aetiologic factors, and has a characteristic set of signs and symptoms with consistent anatomical alterations. (p. 146)

Although obesity seemed to have been formally recognized as a disease since 1985 (Greenway & Smith, 2000), there is a need for a better physiological understanding of the condition; consensus has yet to be reached with regard to viewing obesity as a chronic illness rather than a lifestyle issue (Tytus, Clarke, Duffy, Krawchenko, Lau, Smiley, et al., 2009). A panel of experts commandeered by The Obesity Society (formerly North American Association for the Study of Obesity) (Allison et al., 2008) recently reviewed arguments for both sides of the debate and, in agreement with bodies such as the National Academy of Sciences, the National Heart, Lung, and Blood Institute of the National Institutes of Health, the Food and Drug Administration, the WHO, the

American Health Association and the American Dietetic Association, offered a strong rationale arguments in favour of recognizing obesity as a disease.[1]

Assessments of obesity and classifications of body weight. The body mass index (BMI: W (kg)/H (meter)^2), a weight-corrected-for-height measure, has been widely adopted to assess overweight and obesity ("BMI-body mass..." 2007): Although it has been suggested that there is no single or universally accepted threshold above which people are labelled obese or overweight (Allison, Fontaine, Manson, Stevens, & VanItallie, 1999), most health organizations worldwide agree on a cut-off point for obesity in accordance with the WHO's guidelines. These suggest that a BMI equal to or over 30 kg/m^2 marks the cut-off point between overweight and obesity while a BMI equal to or over 25 kg/m^2 is the dividing line between normal and overweight (National Institutes of Health, 2000; "About BMI for Adults...", 2007). Obesity is then sub-divided in three separate classes: Class I: $30.0 \leq BMI \leq 34.9$; class II: $35.0 \leq BMI \leq 39.9$; class III: $BMI \geq 40.0$.[2]

Though BMI is a practical and inexpensive measure, there are limitations to using the Quételet Index as the sole determinant of a person's weight status (Lohman, 2003; National Institutes of Health, 2000). Among these, are its failure to differentiate between adiposity and muscularity (Revicki & Israel, 1986) and its inability to identify patterns of fat accumulation believed to affect risk factors for various morbidities. According to Bouchard (1997), there are so many manifestations of body fat that the

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[1] According to Allison et al., (2008), the National Association to Advance Fat Acceptance agrees with the panel's recommendations in principle while the International Size Acceptance Association is against the designation of obesity as a disease. Still according to the authors, the American Medical Association has come out on both sides of the issue. Here in Canada, *2006 Canadian Clinical Practice Guidelines On The Management And Prevention Of Obesity In Adults And Children* describe obesity as "a key risk factor for many chronic and non-communicable diseases" (Lau, Douketis, Morrison, Hramiak, Sharma, Ehud et al., 2007, p. s1).

[2] These limits were established by panels of experts from different countries working with morbidity and mortality data from insurance companies (Brownell, 1995). Some authors denote the disproportionate representation of those from the weight loss industry on government consensus panels (Cogan, 1999; Ernsberger & Koletsky, 1999).

term obesities should replace *obesity*. Indeed, all obesities are not created equal; overweight women typically show a gynoid or peripheral fat distribution with accumulation on the lower parts of the body while overweight men characteristically develop android fat accumulation in the central abdominal region (Arner, 1997). Notwithstanding the fact that patterns of fat distribution often differ between men and women, classification of overweight and obesity according to BMI is the same for both sexes and for all adult age groups. Although there were some attempts in the early 1990s to make upward adjustments to the healthy weight range for adults over 35 years of age, these endeavours were not endorsed and standard BMI measures now apply to adults regardless of age ("About BMI for Adults..." 2007).[3]

Different techniques exist to measure adiposity: Densitometry or hydrostatic weighing, ultrasound, CT scan, MRI, dual-energy X-ray absorptiometry (DXA) (Pierson, Wang, & Boozer, 1997), bioelectrical impedance analysis (BIA) measurements (Lohman, 2003), soft-tissue roentgenogram and total body electrical conductivity (TOBEC) (Donatelle, Davis, Johnson Munroe, Munroe, & Casselman, 2004). However these are not widely recommended to the general population as simple measures of overweight and obesity. Less involved techniques, which are often used to complement BMI assessments, include the use of skinfold measurements of body fat (Garcia, Wagner, Hothorn, Koebnick, Zunft & Trippo, 2005; Lohman, 2003); waist circumference and waist-to-hip ratio (WHR) (Kragelund & Omland, 2005; Lau, Douketis, Morrison, Hramiak, Sharma, & Ur., 2007; National Institutes of Health, 2000)[4]. These measures, which do present some reliability issues (Mason & Katzmarzyk, 2009), are straightforward tools to

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[3] The Canadian Guidelines for Body Weight Classification in Adults (Health Canada, 2003) does have a proviso for persons 65 years and older. They slightly extend the "normal" range into the "overweight" range of weight.

[4] According to Kragelund & Omland (2005) and the NIH (2000) there are no added advantages to using WHR over waist circumference alone to determine one's level of adiposity and assessing health risk factors.

assess adiposity and provide estimates of body fat distribution; their results have been presented as better risk indicators than BMI alone for different illnesses (Lofgren, Herron, Zern, West, Patalay, Schachter, et al., 2004; Wadden, Brownell, & Foster, 2002; World Health Organization, 1998).[5]

Socially, the boundaries of desirable weights are very fluid; in this context, self-assessment of one's overweight or obesity status is often performed through comparison with internalized societal standards of thinness, which are conveyed through the family, through one's network (Paquette & Raine, 2004; Tiggemann & Mcgill, 2004), or through the food, fashion, cosmetics and weight-loss industries (Germov & Williams, 1996; Groesz, Levine, & Murnen, 2002). It is evident in our culture that the mass media (film, television, advertising, fashion magazines), which leads women—obese and non-obese alike—to feel dissatisfied with their body (Malkin, Wornian, & Chrisler, 1999; Mussell, Binford, & Fulkerton, 2000), has become a powerful cultural assessment tool for acceptable body weight and size. Writing about the influence of the media in perpetuating societal standards of appearance, Susan Bordo (1993) offers that "we are surrounded by homogenizing and normalizing images – images whose content is far from arbitrary, but is instead suffused with the dominance of gendered, racial, class, and other cultural iconography" (p. 250). A meta-analysis of 43 effects included in 25 studies reported small but consistent damaging effects for women from exposure to thin idealized images (Groesz, Levine, & Murnen, 2002). Here, women were found to feel significantly worst about their bodies after viewing images of thin models. Even among the physically fit, increased depression and body dissatisfaction were reported by women after they viewed pictures of the "ideal" female body depicted by the media.

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[5] Increased risks of disease associated with waist circumference are > 94cm in men and > 80cm in women (Kiefer, Rathmanner, & Kunze, 2005).The standard recommendations are that WHR be no more than 1.0 and 0.8 in males and females respectively (Dalton, 1997).

Aetiologies of obesity. Obesity is recognized as a multi-faceted and heterogeneous condition with multiple aetiologies (Brownell, 1995). In a 2001 document entitled *The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity,* the Office of Disease Prevention and Health Promotion of the U.S. Department of Health and Human Services, offered the following:

> Overweight and obesity are caused by many factors. For each individual, body weight is determined by a combination of genetic, metabolic, behavioural, environmental, cultural, and socioeconomic influences. Behavioural and environmental factors are large contributors to overweight and obesity and provide the greatest opportunity for actions and interventions designed for prevention and treatment. (p. 1)

Genetic influence. Research findings would indicate that some of the variance in the propensity for excess adiposity and location of body fat is partly inherited. Based on different studies involving twins, adoptees and nuclear family members, estimates of heritability for BMI range from 25-40% (Bouchard, 1995) to as high as 70% (Brownell & Rodin, 1994).[6] The genetic impacts on different phenotypes of body fat have also been determined through such studies (Bouchard, 1995) as have their influences on one's resting metabolic rate (RMR) (Brownell & Rodin, 1994) and on the overall ability to lose weight (Marti, Moreno-Aliaga, Hebebrand, & Martínez, 2004).[7] Aronne (2002) compounds the effects of lifestyle with inherited tendencies that produce slight disruptions in the body's ability to correct daily errors in the energy balance as obesity-promoting factors Consequently, weight loss and attainment of ideal body weight may

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[6] Of course, the importance of the shared family environment which influences eating patterns must be factored into the findings concerning the genetic predisposition to obesity.

[7] The effects of single susceptibility genes and alleles, complex polygenic influences, and genetic mutations on energy homeostasis will not be addressed here; neither will be endocrine influence on obesity. See Beamer (2003), Bouchard (1995) and Price (2002) for comprehensive discussions.

require more efforts from those who are genetically predisposed to obesity than from others whose innate tendency is for a lower BMI.

Metabolic influence. Obesity involves disequilibrium over time in the energy stores where the amount of energy consumed is greater than the energy output computed from the RMR, the thermic effect of food (TEF), and the exercise metabolic rate (EMR) (Allison, 1995). From this thermodynamic perspective, weight gain is the result of too much energy-dense food and too little exercise over an extended period; however, the mechanisms that regulate food intake, metabolism, and energy storage are not yet fully understood (Periwal & Chow, 2006).

Several factors affect metabolic activity, one of which is suggested by the set-point theory of weight. According to this theory, the regulatory system that monitors the energy balance works in individuals to keep body weight around a fixed value. Consequently, body fat above the set point is easier to lose and that below is easier to gain (Vasselli & Maggio, 1997). The physiological mechanisms, which control weight gain/loss, also regulate feelings of hunger and satiety to accommodate the set value (Conner & Armitage, 2002). It is not completely clear how the set point for weight is determined (genetically or otherwise),[8] however, it seems plausible that its value can be increased or lowered depending on the weight maintained over time (Donatelle et al., 2004). Notwithstanding metabolic differences, if this theory is accurate, obese individuals whose set point is for a higher BMI must again expend greater effort to shed unwanted pounds.

Behavioural influences. While it is true that over-consumption of calories, poor diet, and inadequate levels of physical activity over time are associated with a positive energy balance resulting in overweight and ultimately in obesity (Bray & Champagne,

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[8] A more recent focus in the study of long-term regulation of body weight includes research on leptin and ghrelin as essential hormones in the control of satiety (Yanovski & Yanovski, 1999).

2005; Erlichman, Kerbey, & James, 2002; Keith, Redden, Katzmarzyk, Boggiano, Hanlon, Benca, et al., 2006), there is no evidence that obese individuals eat more than their thin counterparts (Conner & Armitage, 2002). Bray and Champagne (2005) suggest that factors contributing to the obesity "epidemic" might be related to changed patterns of food consumption (e.g., larger portion sizes, increased intake of sweetened beverages and dietary fat; decreased breastfeeding which contributes to childhood obesity, and lowered calcium intake associated with higher BMI), physical inactivity, and to a lesser degree, ingestion of certain medications and exposure to toxins, chemicals, and food additives. It is evident that many of these behavioural factors are also environmentally promoted. Keith and his colleagues (2006) add reduced hours of sleep as contributing to endocrine changes such as "decreased leptin and thyroid-stimulating hormone secretion, increased ghrelin levels, and decreased glucose tolerance" (p. 1587). In its recommendations for cognitive behaviour therapy as a means to complement decreased energy consumption and increased physical activity to address the obesity issue, the National Heart, Lung, and Blood Institute (National Institutes of Health, 2000) suggests that consistent self-monitoring and surrounding oneself with a network of supportive relationships[9] are complex behaviours which, if not activated, might contribute to the development and maintenance of the condition.

The discussion on obesity often involves the differences between stomach hunger and anxiety/emotion-based appetite. However, though the latter is colloquially accepted as a significant cause of obesity, there seem to be only modest scientific support for the psychosomatic theory which proposes that emotionally motivated eating behaviour is to blame for overweight (Ardito, 2003; Conner & Armitage, 2002). Some researchers even suggest that emotional eating is a factor only for a subset of the obese

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[9] Cognitive factors offered by National Heart, Lung, and Blood Institute are stimulus control, stress and contingency management, problem solving, and cognitive restructuring.

population, in other words, those who are restrained eaters, binge eaters, and carbohydrate cravers (Faith, Allison, & Geliebter, 1997). Allison and Heshka (1993) propose alternate conceptions of the relationship between increased eating under emotional distress and obesity. They suggest that 1) the two concepts are indeed "weakly connected, but not causally" (p. 292); 2) the relationship holds true for some people some of the time; and 3) exposure to obesity treatment or to an environment which promotes the idea that obese individuals are more likely to eat for emotional reasons than their thinner counterparts results in a self-fulfilling prophecy. Put differently, obese individuals do report eating for emotional reasons.

It has been suggested that a further behavioural factor promoting overweight and obesity might be found in the very approach designed to address the condition: dieting (Gaesser, 2004). Notwithstanding the beneficial effects of even moderate weight loss through reduction in energy consumption (Lau et al., 2007; U.S. Department of Health and Human Services, 2001), dieting often results in weight regain (Jeffery et al., 2000) not to mention that it sometimes leads to disordered eating (Ogden, 2003). Habitual restrained eating has been identified as a precursor of disinhibited eating in certain instances (Herman & Polivy, 2004; 2005; Putterman & Linden, 2004). Consequently, the hallmark approach of dieters, restrained eating is a practice that might push the dieter's ultimate level of overweight or obesity beyond their initial status. Finally, a history of weight cycling (Polivy & Herman, 2006), which has been identified as more prevalent among women than men (Lahti-Koski, Männistö, Pietinen, & Vartiainen, 2005), and experiences of failed attempts at weight loss are recognized to predict unsuccessful dieting outcomes (Teixeira, Going, Houtkooper, Cussler, Martin, Metcalfe, et al., 2002).

Environmental influences. One of the major environmental influences promoting the development of obesity in individuals is the decrease in the levels of energy expenditure needed to perform routine daily activities. Though the number of

moderately active individuals has increased of late, Statistics Canada (2007b) offers that in 2007, 25% of Canadians reported that they usually sat most of the day and 41% of Canadians spent less than one hour walking to get to school or work or to do errands (Statistics Canada, 2009). In addition to discussing the genetic and behavioural factors contributing to what they term the obesity epidemic, Wadden, Brownell, and Foster (2002) emphasize the contributions of the modern "toxic" environment in the prevalence of obesity worldwide. The authors define "toxic" as:

> ... unprecedented exposure to energy-dense, heavily advertised, inexpensive, and highly accessible foods. These foods have been combined with an increasingly sedentary lifestyle in which children, for example, watch an average of 28 hr of television a week... Additional examples of the toxic environment include the explosion of fast food restaurants, large and ever-growing portion sizes, buffet restaurants, gasoline stations remodelled to have minimarkets, fast food franchises in school cafeterias, school districts signing contracts with soft drink companies, and powerful food advertising. (p. 513)

The availability of fast food outlets, the "supersizing" of restaurant meals (Bray & Champagne, 2005), the socially-constructed meaning of food and its prominence in social interactions as well as the sedentary lifestyle promoted by urban sprawl, preference for car-centred lifestyles, the popularity of virtual social networking, etc., certainly have major impacts on the prevalence of obesity in Canada. It is quite ironic, however, that the socio-cultural context which demands that women engage in constant body surveillance and expend much mental energy to achieve an "ideal" of female beauty far thinner than the average woman (Bordo, 1993; McLaren & Kuh, 2004), is the same environment that sets so many of the hurdles that contribute to thwarting this accomplishment.

Socio-demographic and socioeconomic influences. Obesity is a challenge among all age groups and across all socioeconomic classes (Cope & Allison, 2006); however, the rates of prevalence do differ among ethnic and socioeconomic groups. The Behavioral Risk Factor Surveillance System (BRFSS) 2006-2008 survey data show a disparity among race/ethnic groups with the rates of obesity higher among African American and Mexican American than among White non-Hispanic American women (Centers for Disease Control and Prevention, 2009). In Canada, obesity seems more prevalent among Canadian Aboriginals (Vanasse, Demers, Hemiari, & Courteau, 2006) than in the general population.

It is generally accepted that, especially among women (Ball & Crawford, 2005), higher SES[10] is inversely associated with BMI (Baltrus, Lynch, Everson-Rose, Raghunathan, & Kaplan, 2005; Jeffery & French, 1996) and with obesity-promoting behaviours such as experiencing low levels of physical activity, eating less fruits and vegetables while consuming higher energy-dense foods, and spending more time watching television (Lin, Huang, & French, 2004). Lin, et al. also suggest that lower SES women spend less time and energy on weight management. The results of a European survey corroborate the relationship between BMI and SES. The survey, which included 1967 women between the ages of 18-34, showed that women who were either overweight or obese had higher rates of unemployment, lower education, and overall poorer health-related behaviours (Ali & Lindström, 2006). Kilicarslan et al. (Kilicarslan, Isildak, Guven, Oz, Tannover, Duman, et al., 2006) not only confirm the statistics that demonstrate a correlation between lower education, lower SES and a higher BMI, they also add marital status and family history (also environmental factors) to the equation

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[10] In their meta-analysis, Ball & Crawford (2005) determined that among a non-Black population, this relationship was consistent when using occupation as indicator of SES. However, when education was used, the results were less consistent; when using income, results from the studies were also rather inconsistent.

stating that married individuals are 2.5 times more likely to be obese, while growing up in a family without a history of obesity decreased risks by 57%.

Prevalence of obesity. It is extremely rare to read a scientific research article on obesity without reference to its epidemic proportions (Andersen, 2003; Crespo & Arbesman, 2003; Hill, Wyatt, Phelan, & Wing, 2005; Manson & Bassuk, 2003; Mokdad, Serdula, Dietz, Bowman, Marks, & Koplan, 2000; Tytus et al., 2009). The WHO suggested that "overweight and obesity are now so common that they are replacing the more traditional public health concerns such as under-nutrition and infectious diseases as some of the most significant contributors to ill health" (1998, p. 17). In 2005, 23.2% of the population worldwide was deemed overweight (937 million) while 9.8% (396 million) was considered obese (Kelly, Yang, Chen, Reynolds, & He, 2008).[11] Kelly and her colleagues forecast the prevalence of overweight and obesity worldwide for 2030 as 1.35 billion and 573 million respectively.[12] The total cost attributable to obesity and its putative negative health consequences has been estimated to represent 2% to 7% of national health expenditures worldwide (Roux, Kuntz, Donaldson, & Goldie, 2006).

Data from the National Health and Nutrition Examination Surveys indicate that the prevalence of overweight *and* obesity in the United States for those aged 20 and over rose from 64.5% in 1999-2000 to 66.3% in 2003-2004 (Flegal, Carroll, Ogden, & Johnson, 2002; Ogden, Carroll, Curtin, McDowell, Tabak, & Flegal, 2006). Figures from the BRFSS show an increase in the overall percentage of obese American adults from

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[11] Kelly and her colleagues (2008) describe their research as a pooling analysis through which they "identified sex- and age-specific prevalence of overweight and obesity in representative population samples from 106 countries... approximately 88% of the population worldwide" (p. 1431).

[12] These numbers are not adjusted to compensate for secular trends. The authors offer that if recent secular trends continue unabated worldwide, the absolute numbers are projected to total 2.16 billion overweight and 1.12 billion obese individuals.

15.3% in 1995 to 23.9% in 2005 (Centers for Disease Control and Prevention, 2006).[13] At least US $100B is spent each year on direct medical costs in the U.S. ("Enormous cost of obesity", 2009; Puhl & Brownell, 2001) and it is estimated that Americans spend approximately US $47B annually to change their appearance--gym memberships and exercise equipment, dietary supplements, commercial weight-loss programs and cosmetic surgery (Fallon & Hausenblas, 2005). Serdula, Mokdad, Williamson, Galuska, Mendlein, & Heath (1999) also reported that Americans spend US $33B/year on weight loss products and services. The Canadian Obesity Network cites that the Research Triangle Institute and the CDC have estimated that the obese population spent US $1,429 more for medical care than normal-weight Americans in 2006 ("Enormous cost of obesity", 2009).

While the rate of obesity among the adult Canadian population in 1978-79 was 13.8%, the Canadian Community Health Survey (CCHS), indicates that in 2004, 59.2% of Canadian adults were either overweight or obese: 36.1% were overweight (BMI $\geq$ 25.0) and 23.1% were obese (BMI > 30.0) (Tjepkema, 2004). CCHS 2004 data also show that more men (42%) than women (30%) were overweight and that both women and men were likely to be obese (23.2% and 22.9% respectively) with more women experiencing class II and III obesity. The 45-64 age group experienced the highest percentage of obesity (men and women). The annual cost of obesity and related illnesses to the Canadian health system was estimated at $1.8 billion or 2.4% of the total health care expenditures (Lau et al., 2007; Raine, 2004).

A major concern in Canada, as it is in the U.S., is the rise of obesity among children and adolescents over the last 15 years. For children the rates rose from 2% to 10% among boys and from 2% to 9% among girls (Lau et al., 2007). Among adolescents

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[13] In accordance with other published statistics, Tjekpkema (2004) estimates the adult obesity rates in the U.S. at 29.7% in 2004.

in 2002, 15% of 11-16 year-old Canadians were considered overweight while 4.6% were deemed obese (Janssen, Katzmarzyk, Boyce, King, & Pickett, 2004). These numbers are important not only for the children suffering the negative consequences of excess weight but also because they affect future rates of adult obesity. It is believed that without interventions obese children are at risk of becoming obese adolescents and adults (Spear, Barlow, Ervin, Ludwig, Saelens, Schetzina, et al., 2007; U.S. Department of Health and Human Services, 2001). A further assumption is that early patterns of eating behaviour and physical activity are established in the family setting (Pugliese & Tinsley, 2007; Thorpe & Day, 2008). I would add that patterns of weight management are also influenced by family socialization behaviour (Putterman & Linden, 2004).

To address the seriousness of what the WHO terms worldwide *globesity*, the organization drafted its *European Charter on Counteracting Obesity* (WHO, 2006), a manifesto proposing to reverse the escalation of obesity in Europe by 2015. An initiative of the U.S. Department of Health and Human Services, *Healthy People 2010* (U.S. Department of Health and Human Services, 2000), put forward as one of its objectives to reduce to 15% the prevalence of obesity among adults in the United States (Centers for Disease Control and Prevention, 2006). It is evident that the objective remains overly ambitious given the prevalence of the condition. Closer to home was an initiative announced by former Health Minister Philippe Couillard to spend $400M to reduce the rate of obesity among adults and young people by 2% and to decrease the number of overweight individuals in Québec by 5% by the year 2016 (The Montreal Gazette, 2006). Although Québec ranks among the Canadian provinces, along with British Columbia and Ontario, with the lowest rates of obesity (23%), the target remains elusive.

Physiological impacts of overweight and obesity. A brief overview of the literature concerning biopsychosocial difficulties linked to overweight and obesity includes their correlation to premature mortality and the development of co-morbidities. It

also involves the psychosocial impacts that might affect the subjective well-being of overweight and obese individuals.[14]

Risk of premature mortality. In the Cancer Prevention Study II, a prospective study of more than 1 million American adults, (Calle, Thun, Petrelli, Rodriguez, & Heath, 1999), it was found that for healthy people who never smoked, the optimal BMI for longevity is between 23.5 and 24.9 for men and between 22.0 and 23.4 for women.[15] The study also reports a strong correlation between death rates and higher BMI for men and women. Other researchers (Fontaine, et al., 2003) have found similar evidence and confirmed the threshold for optimal BMI established by the major international health agencies.[16]

Though the figures quoted above appear quite convincing, there are those who present different opinions and question the "obesity kills" statistics (Gaesser, 2004; Rand, 1994; Rothblum, 1994). In a significant review of the literature from 1996 to 2005, Poobalan and his colleagues (Poobalan, Aucott, Smith, Avenell, Jung, & Broom, 2007) have sought to assess the effectiveness of weight loss on all causes of mortality for overweight and obese individuals of both sexes. They have found the research inconclusive with the exception of the benefits of weight loss for obese diabetic individuals. Ernsberger and Koletsky (1999) have reviewed the indications that suggest a direct link between premature mortality and obesity and they have concluded that the relationship has been "greatly overstated." Other researchers have found that "controlling for smoking and pre-existing illness... men with BMIs that correspond with

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[14] See Daniels (2004) for a summary of studies on the physical and psychosocial consequences of obesity prior to 2004.

[15] Calle,Thun, Petrelli, Rodriguez, & Heath (1999) found differences in optimal BMI range among women (22.0 – 23.4) and men (23.5 – 24.9). Theirs and other studies (Fontaine et al., 2003) have found that the increased death rates linked to higher BMI were significantly lower for Black women than for White women. See Manson and Bassuk (2003) for a dissenting opinion.

[16] Fontaine et al. (2003) placed the nadir of their J-shaped relationship between overweight or obesity and years of life lost (YLL) between BMI of 23.0-25.0 for White men and women.

being moderately overweight (24.0-27.0) were at the lowest risk of death. Those below and above these BMIs were equally at risk for mortality" (Troiano, Fongillo, Sobal, & Levitsky, as cited in Cogan, 1999, p. 234).

Physical health threats. Overweight and obesity are often associated with increased risks of conditions such as:

- Cardiovascular disease[17] (Field, Barnoya, & Colditz, 2002; Lofgren et al., 2004; Pi-Sunyer, 2002);
- Metabolic syndrome (cluster of insulin resistance, dyslipidemia, and hypertension) (Haslam, 2005; Tjepkema, 2004),
- Type 2 diabetes mellitus (Pi-Sunyer, 2004; Rorive, Letiexhe, Scheen, & Ziegler, 2005);
- Various forms of cancer: endometrial (Crespo & Arbesman, 2003), breast ("Keep the pounds off...," 2006), ovaries, prostate and colon (Crespo & Arbesman, 2003; Field et al., 2002; Pi-Sunyer, 2002).

In fact, the list of potential diseases is much longer (chronic respiratory problems, gallstones, sleep apnea, osteoarthritis,[18] etc.). [19]

Similar to the relationship between overweight or obesity and premature mortality, statistics linking obesity and a host of morbidities are not without detractors. Some researchers offer age at onset and location of adiposity as mediating factors between obesity and disease ("Obesity without the health risks?", 2001; Kragelund & Omland, 2005; Slentz, Aiken, Houmard, Bales, Johnson, et al., 2005). Others refute the relationship between obesity and illness by providing evidence that links between

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[17] Obesity has been linked with death as a result of CVD, but not necessarily with its development.
[18] According to Ernsberger and Koletsky (1999), osteoarthritis is the only ailment that has been proven to be directly caused by body weight through increased wear on the joints.
[19] The WHO warns of progressively increasing risks of chronic disease from a BMI > 21.0 (WHO, "Obesity and overweight").

specific diseases do not exist (Cogan, 1999). The results of a meta-analysis of 493 clinical studies on the effectiveness of diet and exercise as weight-loss approaches (Miller, Koceja, & Hamilton, 1997) suggest that regardless of the amount of weight loss, exercise itself can reduce the risk or mitigate the symptoms of a number of chronic diseases. Miller et al. propose that "obese persons who follow a prudent eating and exercise plan can obtain a healthy profile in spite of persistent obesity" (p. 941, see also Arciero, Gentile, Martin-Pressman, Ormsbee, Everett, Zwicky, et al., 2006; 1999; Song, 2003; Stanten & Yeager, 2003). These conclusions are consistent with findings from a clinical trial designed to compare a 'wellness centered' (better eating habits without dieting) intervention to a traditional 'weight loss-centered' intervention; seventy-eight obese women were followed for a period of 1 year with results indicating that 'even without weight loss', the women in the wellness group had improved metabolic fitness and systolic blood pressure (as discussed in Gaesser, 2004).

However, even though the medical model of obesity might be perceived as inconclusive in some instances, it remains, as many have suggested, that "[t]o argue that greater levels of excess weight are not associated with increased risk is to diminish an abundant and consistent literature" (Brownell & Rodin, 1994, p. 783). The majority of health professionals regard even modest reductions of 3%-5% of body weight (Donnelly, Blair, Jakicic, Manore, Rankin, & Smith, 2009) as beneficial for those who are obese.[20] Obese individuals who have intentionally reduced their weight concur that their quality of life and general feelings of well-being have greatly improved (Roberts & Ashley, 1999): increased ability to walk uphill without shortness of breath, renewed vitality, less back pain, etc. (Sarlio-Lähteenkorva, 2001; Wadden, Womble, Stunkard, & Anderson, 2002).

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[20] Not all physicians include an emphasis on weight loss. In a study of 13,000 obese Americans, 42% said that they were advised by health care professionals to lose weight (Fontanarosa, 1999). See Williamson (1999) of the CDC for recommendations to medical doctors in the prevention of the risks associated with obesity: healthy diet and increased physical activity.

Psychological correlates of overweight and obesity. The correlation between obesity and psychological problems is controversial (Ogden, 2000). The results of a number of population-based studies seem to indicate that the psychological functioning of obese and non-obese individuals is comparable (Stunkard & Sobal, 1995).[21] Some researchers (Terracciano, Sutin, McCrae, Deiana, Ferrucci, Schlessinger, et al., 2009) have sought to identify specific personality traits (high neuroticism, low consciousness, high impulsiveness, and low order) that underline "maladaptive behaviours, and cognitive and emotional disturbances that contribute to abnormal weight" (p. 682). A higher BMI has been associated with higher odds of developing depression, anxiety (Friedman, Reichmann, Costanzo, & Musante, 2002) and mood disorders (Carpenter, Hasin, Allison, & Faith, 2000); obesity has also been linked with suicide ideation and suicide attempts (Petry, Barry, Pietrzak, & Wagner, 2008). Other studies have found no difference in levels of anxiety, depression, mental health disorders, or subjective well-being between obese and non-obese individuals (Dierk, Conradt, Rauh, Hebebrand, Rief, & Schlumberger, 2006; Friedman & Brownell, 1995; Henderson & Brownell, 2004; Stunkard & Sobal, 1995), except for those who develop binge eating disorders (Wadden et al., 2002).

In their meta-analysis, Friedman and Brownell (1995) challenge the assertion that there are no links between obesity and psychological distress. They suggest, rather, that obesity impacts individuals differently, with some people experiencing high levels of psychopathology and others suffering little to none. Their contention is that because obese individuals cannot be represented by a single psychological profile, research must

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[21] Wadden et al. (2002) differentiates between obese people in the general population and those seeking treatment for weight reduction. He associates the latter with increased psychopathology, emotional distress, mood disorders, and BED. Friedman and Brownell (1995) also agree that obese individuals presenting for treatment of obesity display a higher prevalence of psychopathology. A number of studies (Friedman et al., 2002; Friedman et al., 2005) were conducted among a population in residential weight control facilities.

examine the reasons that place some individuals more at risk than others. In keeping with the findings from their literature review, the researchers propose a number of socio-demographic and individual risk factors (weight history, eating/dieting behaviour, cognitive factors), which might interact to promote psychological distress in obese individuals. The most significant among these are: age, gender, degree of obesity, social pressure to be thin, teasing history, weight cycling, dieting and restraint, binge eating, self-concept and body image dissatisfaction (BID) See also Frost & McKelvie (2004) and Matz, Foster, Faith, & Wadden (2002).

In regard to weight history, the potential harmful impacts of unhealthy weight management practices must certainly be included in an inventory of the psychological effects related to overweight and obesity. In fact, the desire to redress the discrepancy between one's actual and desired weight (associated with BID), especially among women, has been raised as a stronger predictor than BMI for mental and physical health (Muennig, Jia, Lee, & Lubetkin, 2008). Therefore, adding to the proposed psychopathological consequences of obesity, practices such as life-long risky weight-loss endeavours (Berg, 1999; Germov & Williams, 1996; Sobal & Devine, 1997), weight cycling (Cogan & Ernsberger, 1999; Friedman, Schwartz, & Brownell, 1998; Polivy & Herman, 2002), the development of disordered eating (Cogan, 1999; Ogden, 2003) and less than adequate access to health care by individuals who are considered obese (Gaesser, 2004; Rothblum, 1994) must be considered. Potential psychological outcomes of these factors have been suggested as follows: (a) depression arising from the deterioration of physical health due to unsafe dieting (Sobal & Devine, 1997); (b) the emotional distress from repeated failures at self-change, such as loss of self-esteem from repeated cycles of commitments and failures to lose weight (Polivy & Herman,

2002); and, (c) higher level of psychopathology from self-identification as a weight cycler (Faith et al., 1997; Friedman & Brownell, 1995).[22]

Body image and body image dissatisfaction. Although there has been some encouraging news in recent years regarding women's overall body-image evaluation and overweight preoccupations (Cash, Morrow, Perry, & Hrabosky, 2004), the trend over the past 50 years reflects a continual increase in the number of women who are dissatisfied with their body (Feingold & Mazzella, 1998) starting at a very young age (Choate, 2005) and regardless of their weight status. It almost seems intuitive that negative cognitive, affective, and behavioural reactions would arise in women who experience a discrepancy between the unachievable societal standards of beauty and the lived obese body (Bordo, 1993; Choate, 2005).

Several definitions of body image have been proposed. Grogan (1999) suggested that body image is "a person's perceptions, thoughts, and feelings about his or her body" (p.1). She labelled "perceptions" as *body size estimation*, "thoughts" as *evaluation of body attractiveness*, and "feelings" as *emotions associated with body shape and size*. Grogan also offered a straightforward definition of BID as "a person's negative thoughts and feelings about his or her body" (p. 2).[23] Cash and Roy (1999) suggested that "body image refers, most simply, to persons' highly subjective experiences of their own conditions of embodiment" (p. 209). They commented on the different aspects of body image and suggested that these comprise two attitudinal elements: *evaluation* (dis/satisfaction with overall physical characteristics) and *investment* (extent to which physical appearance is associated with self-worth; cognitive,

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[22] In a study of normal-weight and overweight women (N=429), Simkin-Silverman, Wing, Plantinga, Matthews, and Kuller (1998) found that one's history of weight cycling whether they be normal-weight or overweight does not adversely impact psychological health.

[23] A distinction is made between body image dissatisfaction (BID) and body image disturbances, dysfunctions, and disorders that could lead to eating disorders and body dysmorphic disorder (Pruzinsky & Cash, 2002).

behavioural, and emotional importance of the body for self-evaluation). Finally, Teleporas and McCabe (2002) offered a very comprehensive definition of body image as "the combination of an individual's psychological experiences, feelings and attitudes that relate to the form, function, appearance and desirability of one's own body which is influenced by individual and environmental factors" (p.971). Body image, therefore, can be understood to encompass affective, cognitive, and attitudinal aspects of a person's subjective perception of her physical appearance.

A number of determinants have been proposed as potential precursors of BID; among these are age, gender, demographic characteristics, exposure to media, strong investment in appearance for self-evaluation, and internalization of and pursuit of unrealistic societal ideals of thinness (Cafri, Yamamiya, Brannick, & Thompson, 2005; Cash, 2005; Schwartz & Brownell, 2004; Wertheim, Paxton, & Blaney, 2004). These risk factors are addressed in socio-cultural theories, feminist theories and cognitive-behavioural theories of body image.

Socio-cultural theories. Foundational to socio-cultural theories is the belief that cultural values are primordial in understanding how individuals perceive themselves and how they are perceived by others (Jackson, 2002). A second premise of socio-cultural theories is that the drive for slenderness influences weight-related behaviour (Stewart & Williamson, 2004). Consequently, this framework allows us to ask questions such as, how do culture-bound values impact a woman's body image when her own body does not conform to the unrealistic ideals of thinness embedded in the cultural discourse?

Feminist theories. These conceptual frameworks are often subsets of socio-cultural theories (Bartky, 1988; Bordo, 1993, p. 361; Choate, 2005; Fallon & Hausenblas, 2005; McKinley, 2002; Rothblum, 1994; Seid, 1994; Wolf, 1991).[24] Thompson, Heinberg,

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[24] These represent only a fraction of the writings from a feminist perspective.

Altabe, and Tantleff-Dunn (1999b) have coherently reviewed some of the feminist writings pertaining to BID. They identified different threads in the literature[25] and provide the focus of each of these as follows:

Pursuit of the thin ideal within a culture of thinness. This cultural value is understood as a patriarchal fabrication that profits men, restricts women's power (Rothblum, 1994) and affects women's self-concept in that it demands that they work unfailingly to achieve an impossible body weight and shape.

Control of one's weight and appearance in order to achieve recognition in the world. In this context, the rigorous standards of thinness are imposed not by society as in the previous instance but by women as a means to achieving control in some areas of their lives.

Anxieties about the female appearance and achievement. Women experience pressure to suppress their femininity and achieve high standards of beauty and thinness in addition to academic and professional competence in order to be seen as equally successful compared with their male counterparts.

Cognitive-behavioural standpoint (Cash & Pruzinsky, 2002; Cash, 2002; Cash & Hrabosky, 2004). This approach implies that body image attitudes are shaped by a series of historical / developmental factors and proximal, concurrent influences.[26]

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[25] Thompson's discussion is produced within the context of body image disturbances and eating disorders. It is not necessarily the case here that obese women are necessarily suffering from body image disturbances or from an eating disorder (including unhealthy dieting practices).

[26] Cash and Hrabosky (2004) offer that *historical and developmental* factors are (1) cultural socialization about the meaning of physical appearance; (2) interpersonal experiences; (3) physical characteristics, which are perceived to match/not match internalized societal standards; and (4) personality attributes such as self-esteem, perfectionism, and self-consciousness. They identify *concurrent influences* as current life events and the ways in which they are perceived, processed, and reacted to emotionally and behaviourally.The proximal influences include (1) internal dialogues (arising from conscious or unconscious cognitions); (2) body-image emotions; and (3) self-regulatory actions which affect a person's processing of body-image information in everyday life (Cash, 2002).

Drawing in part on Bandura's social learning theory and his concept of triadic reciprocal causation (Bandura, 1977), Cash and Hrabosky (2004) suggest that within each individual there is causal loop in which external (environmental) events, internal personal factors (cognitive, affective, and physical processes) and the individual's own behaviour reciprocally interact (Cash, 2002). An addition to the cognitive-behavioural approach is provided by Gleeson and Frith (2006) who propose the notion of *body imaging* as a process rather than a final static product. According to them, "body imaging incorporates a series of judgments, perceptions, negotiations, contests and reflections" (p. 88). This suggestion presents interesting considerations in terms of how an obese woman constructs her body image in different contexts.

Body image dissatisfaction and BMI. The link between BID and obesity in the general population of obese women seems pretty clear (Anderson, Eyler, Galuska, Brown, & Brownson, 2002; Friedman et al., 2002; Mendez, 2005; Schwartz & Brownell, 2004; Stice & Tristan, 2005); fewer women than men feel positive about their body (McKinley, 1998) and more hold a negative body image (Cash & Roy, 1999; Davison & McCabe, 2005; Ziebland, Robertson, Jay, & Neil, 2002). Though not all obese women are necessarily unhappy with their body (Schwartz & Brownell, 2004), they are more likely than their thinner counterparts to experience BID (Anderson et al., 2002; Low, Charanasomboon, Brown, Hiltunen, LOng, Reinhalter, et al., 2003). It has also been suggested that BID is present in various degrees of intensity throughout one's lifespan (Grogan, 1999; Johnston et al., 2004; Smolak, 2006; Stevens & Tiggemann, 1998) and across ethnicity (Demarest & Allen, 2000; Fitzgibbon, Blackman, & Avellone, 2000; Grabe & Hyde, 2006; Roberts, Feingold, Cash, & Johnson, 2006).In addition, those more socially advantaged and those with higher levels of education are among those experiencing higher levels of BID (Anderson et al., 2002; McLaren & Kuh, 2004).

Thompson et al., (1999a) suggest that body image dis/satisfaction be conceptualized along a continuum with levels of body image disturbance ranging from non-existent to extreme. These researchers locate most people near the middle of the range. Consequently, among those who are dissatisfied with their appearance, intensity varies considerably (Choate, 2005; Faith, Matz, & Allison, 2003; Schwartz & Brownell, 2002; Schwartz & Brownell, 2004). These claims are in keeping with Cash and Hrabosky (2004) who contend that not all BID leads to body image disturbances and thus to significant emotional distress and impaired psychological functioning. However, BID has increasingly been linked to adverse psychological effects, such as depression and social anxiety, sexual difficulties (Cash & Roy, 1999) and, above all, disordered eating (Striegel-Moore & Franko, 2002). BID can have disastrous, even fatal, consequences for those who may, as a result of their discontent with their bodies, experience anorexia nervosa, bulimia nervosa, or binge eating disorder. Consequently, much research has been devoted to the prevention and treatment of body image disturbances (Cash & Pruzinsky, 2002; Cash & Hrabosky, 2004; Choate, 2005; Thompson, et al., 1999a; Thompson, 2004).

Self-esteem and BMI. Although the relationship between BID and self-esteem is complex, it remains clear that poor self-esteem is often, though not consistently, cited as a psychological correlate of BID in obese persons (Matz et al., 2002; Putterman & Linden, 2004; Schwartz & Brownell, 2004).[27] Self-esteem or self-regard is a self-reflexive attitude that stems from the cognitive and affective processes of evaluating one's self-worth (Campbell & Lavallee, 1993; Leary & Baumeister, 2000). A difference is reliably made between *trait* self-esteem (global judgments of self-worth) believed to remain

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[27] Causal path analysis is often used to determine the link between body image satisfaction and self-esteem; consequently, directionality cannot be fully ascertained. This introductory sentence could be reviewed to read: one of the constructs ostensibly influencing or being influenced by body image (dis)satisfaction is self-esteem.

stable over time and *state* self-esteem, which can fluctuate contextually and temporally (Leary & Baumeister, 2000). A further qualification of interest to this research is the distinction between global self-esteem (overall evaluation of one's worth as a person) and domain-specific components of the self-concept – evaluations of particular self-defining elements, such as cognitive competence, social acceptance, looks, etc. (Harter, 1999).

Some researchers proposed that BMI does not emerge as a significant direct predictor of self-esteem (Frost & McKelvie, 2004; Tiggemann, 1994); however, two meta-analytic reviews (Friedman & Brownell, 1995; Miller & Downey, 1999) dispute these findings and attempt to provide evidence of a relationship between a higher BMI and relatively low self-esteem.[28] It has been suggested that higher self-esteem is associated with effective weight management practices (Johnson, 2002) and higher body image satisfaction (Cogan, 1999; Davison & McCabe, 2005; Green & Pritchard, 2003). Further research is needed to determine whether lower levels of self-esteem are in fact psychological correlates of obesity (Harter, 1999; Tiggemann, 1994) and whether BMI, BID, and weight management practices can indeed be linked to self-esteem.

One of the conceptual frameworks that might help shed light on the matter is the *sociometer* theory (Leary, 2005; Leary & Downs, 1995; Leary & Baumeister, 2000; Leary, 2004; Leary & Quinlivan, 2005). According to this framework, self-regard is an "internal, subjective gauge [sociometer] of interpersonal acceptance and rejection" (Leary, 2005, p. 82). Consequently, self-esteem is linked to the perception that one is a desirable person for groups and close relationships, while low self-esteem reflects the perception that one's eligibility for social inclusion is low. In keeping with the sociometer approach, we might assume that the self-esteem of obese women could reasonably be

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[28] Given that many studies are correlational, directionality cannot be established between BMI and self-esteem.

impacted when their physical appearance is deemed a criterion of inclusion/exclusion in a world where lean is often considered good, normal, and acceptable.

Social impacts of overweight and obesity. While researchers are still debating the evidence on the bio-psychological effects of obesity, overweight and obese individuals still live under the "tyranny of slenderness" (Chernin, 1981; 1994) in a society, North America, where anti-fat bias and stereotypes are ubiquitous (Andreyeva, Puhl, & Brownell, 2008; Puhl & Heuer, 2009).[29] Necessarily their subjective well-being and psychological health are affected (Berger, 2004) by the fact that, though we have made great strides toward eliminating "isms" and politically incorrect expressions, the stigmatization of those who do not conform to the shared ideals of beauty remains a socially acceptable form of prejudice (Choate, 2005; Grogan, 1999; Joanisse & Synnott, 1999; Kilbourne, 1994; Schwartz & Brownell, 2002). Discrimination based on weight relative to height rose from 7% to 12% in the United States between 1995-96 and 2004-06 (Andreyeva et al., 2008); 15.5% of women reported perceived discrimination during the later period with younger non-Caucasian women and those experiencing modest to severe obesity (regardless of sex) accounting for the largest proportion of this group.

Obese individuals, who are believed to have full control over their weight, often live with the contempt and harassment of strangers in public places (Joanisse & Synnott, 1999).[30] Many have reported disparagement and teasing as children, derision and ostracism from other students throughout their school years, and discrimination in the domains of employment, health care[31] and education as adults (Puhl & Heuer, 2009).

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[29] The research cited here refers to North America. However, anecdotal evidence seems to indicate that women from other parts of the world are also subjected to societal constraints that link beauty to thinness.

[30] In her discussion of body image across the lifespan, Smolak (2006) suggests that children as young as 3 years of age have negative attitudes about obese people.

[31] One third of medical doctors rank obesity among the five diagnostic categories to which they respond most negatively (ranking the condition behind drug addiction, alcoholism, and mental

Obese individuals are often ascribed multiple negative characteristics; they are seen as unhealthy (Rothblum, 1994), unable to exercise self-control (Germov & Williams, 1996), and lacking in adequate levels of self-efficacy to achieve successful and permanent weight loss (Sheeley, 2006). They are qualified as repulsive (Erdman, 1994), self-indulgent, morally flawed (Wray & Deery, 2008), and even "slothful, weak-willed, unreliable, unclean, deviant, and defiant" (Murray, 2005, p. 266). In light of the serious onslaught of size-ism embedded within our culture, the fact that more obese individuals are not more emotionally distraught is, in the words of Stunkard and Sobal (1995), a "tribute to the resilience of the human spirit" (p. 418).

Weight Management: Weight Loss and Weight Maintenance

As discussed, definitions and assessments of obesity and overweight vary whether they are derived from medical conceptualizations or from socio-cultural perspectives. However, whether weight management is understood in the context of health concerns or desires for an ideal societal body type, the emphasis is on weight control (reduction and maintenance) with a goal to keeping the body within "ideal and healthy" limits (Anderson et al., 2002). It is estimated that there are between 33-46% of American women[32] as compared to 20-33% of men trying to lose weight (Bish et al., 2005; Gaesser, 2004; LeBesco, 2004). According to the CDC's Behavioral Risk Factor Surveillance System 2000, 60% of overweight American women are attempting to lose weight, while men only reach this percentage when they are obese (Bish, Blanck, Serdula, Marcus, Kohl, & Khan, 2005). To date, a full understanding of the factors that

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illness). This led the authors to suggest that a "fat is bad" stereotype exists in the medical field even among those who specialize in the treatment of obese individuals (Puhl & Brownell, 2001).

[32] Jackson (2002) indicates that 34% of women are trying to maintain weight loss. Krane, Stiles-Shipley, Waldron, and Michalenok (2001) raise the percentage of women who are trying to lose weight to 65%. Cogan and Ernsberger (1999) offer that 40% to 70% of the U.S. population is trying to lose weight at any given time.

support weight control behaviours is still forthcoming (Conner & Armitage, 2002; Jeffery et al., 2000).

Notwithstanding the genetic components influencing the condition, as discussed previously, obesity is believed to be largely the result of a negative energy balance where the amount of energy consumed consistently surpasses the amount expended. In light of this simple equation, the "cure" for obesity might appear quite straightforward: eat less and exercise more. However, in most instances weight loss is elusive for those struggling with excess poundage. Other than surgery, jaw wiring, and the use of drugs (prescribed and over-the-counter; legal and illegal), laxatives and diuretics, there are countless strategies used by individuals to help in weight management:

- Self-guided approaches such as participating in sports and/or increasing leisure-time physical activities in and out of a gym environment, eating healthy and/or following Canada's Food Guide, following the recommendations of self-proclaimed diet gurus or "fad diet" designers, counting daily caloric intake, reducing portion size, fasting, cleansing, increasing fibre consumption, limiting food intake at mealtime while disallowing snacks between meals, eating commercially prepared low-fat foods or meal replacements, eliminating certain food groups, drastically reducing or eliminating alcohol consumption, and so on;
- Consultations with diverse professionals such as physicians, dieticians, fitness instructors, wellness coaches, holistic health counsellors, naturopaths, acupuncturists...;
- Recruitment of those in one's social network as fellow dieter/exerciser or simply as provider of support and encouragement;
- Attendance at commercial weight loss clinics or support groups: *Weight Watchers, Jenny Craig, and Overeaters Anonymous*, etc.

In all cases, the list goes on; in fact, as far back as 1996, Hesse-Biber identified more than 17,000 weight loss plans from which to choose. Regardless of the program, however, weight loss cannot be achieved or maintained on a long-term basis without some form of control over energy intake and expenditure. Even so, few who attempt to lose weight, it would seem, are using the recommended strategies of eating fewer calories and increasing physical activity (Boucher, Shafer, & Chaffin, 2001; Jeffery et al., 2000; Serdula et al., 1999; Wadden et al., 2002).

Dietary restraint. Even with dubious results, dieting has become the most common form of weight control among men and women with the number of dieting women exceeding that of men. In fact dieting is so normative among women in the Western world that it has been equated with the very experience of being a woman (Germov & Williams, 1996). There are a number of dietary strategies meant to regulate calorie consumption with a view to achieving weight loss.[33] Among these are very low calorie diets sometimes accompanied by dietary supplements, diet composition and food combinations, and consumption of certain types of food (proteins, whole grains, fruits and vegetables, etc.) at the expense of others (red meat, carbohydrates, sugars, fats, etc.). Through an extensive review of the literature and using data extracted from the 1994-96 *Continuing Survey of Food Intake by Individuals* and from the National Weight Control Registry (NWCR), Kennedy, Bowman, Spence, Freedman, and King (2001) examined different types of diet combinations (low carbohydrate, very low fat, moderate fat / high carbohydrate) to determine the relationship between popular diets, diet quality,

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[33] In special circumstances, especially with type III obesity, surgical procedures (bariatric surgery such as Roux en Y gastric bypass and gastric banding) are used to facilitate a reduction in the amount of calories ingested on a daily basis. Behaviours associated with eating disorders, such as anorexia nervosa and bulimia nervosa, often associated with dieting (Berg, 1999) or surgical interventions will not be addressed in this project nor will medications such as ephedrine, amphetamines and the more recent Hoodia Gordoni, which have had such serious side-effects that they are not widely used in the general population.

consumption patterns, and BMI. They found that (a) energy intake was low for vegetarians and for those in the high carbohydrate/low fat group and (b) the highest BMIs were associated with those on a low carbohydrate diet. However, they concluded that none of the diets had long-term metabolic advantages with respect to producing weight loss; rather, they confirmed that it is energy reduction and not diet composition that determines whether or not one will lose weight.

It is estimated that though the majority of dieters aim to lose 20%-35% of their initial weight (Boucher et al., 2001; Wadden et al., 2002), the average weight loss is likely to be more around 10% with more than two-third of those who lose weight regaining it within 2 years (Berzins, 1999). While diets may work for some, a great majority of those who are trying to lose weight do not, for a variety of reasons, succeed in their efforts. It is estimated that the attrition rates among those who begin a weight loss project amount to at least 20% (Wadden & Foster as cited in Teixeira et al., 2002). Teixeira and fellow researchers (2002)[34] have identified characteristics of non-successful dieters:

> A higher number of recent dieting attempts and recent weight loss, more stringent weight outcome evaluations, a higher perceived negative impact of weight on quality of life, lower self-motivation, higher body size dissatisfaction, and lower self-esteem were associated with less weight loss. (p. 499)

In their descriptive analysis of the weight-loss experience, Jeffery, Kelly, Rothman, Sherwood, and Boutelle (2004), using a small sample size (N=41 women in treatment for obesity), suggest that less than adequate long-term rewards for behaviours needed for weight loss (positive effect, amount of weight loss as compared to efforts

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[34] It must be pointed out that people involved in this research and thus influencing its findings were middle-aged women (N=112).

expanded to lose the weight, compliments, better-fitting clothes) may be an important cause of failures at long-term dieting and weight management.

Physical activity. Increased physical activity is another way to achieve an energy deficit for weight loss. It is also a means to engage in long-term weight maintenance. The current recommendation provided by the CDC is for adults to accumulate at least 30 minutes of moderate intensity activity (walking, using stairs, gardening, etc.) on most, if not all, days of the week (Albright & Thompson, 2006). This is intended to counteract the risks associated with a sedentary lifestyle as much as it is designed to encourage weight loss ("Fit vs. fat", 2005). The operative word here is "accumulate" since results appear similar whether exercise is done in 30-minute periods or in smaller increments during the day ("A little at a time...", 2006). Although the CDC's suggestions could result in small amounts of weight loss over time (Song, 2003), the American College of Sports Medicine has recently increased its recommended amount of physical activity for weight loss. It updated its 2001 recommendations of 200-300 min/wk of moderate-intensity physical activity for long-term weight loss. The American College of Sports Medicine now suggests that:

> Evidence supports moderate-intensity PA between 150 and 250 min·wk to be effective to prevent weight gain. Moderate-intensity PA between 150 and 250 min·wk will provide only modest weight loss. Greater amounts of PA (>250 min·wk) have been associated with clinically significant weight loss. Moderate-intensity PA between 150 and 250 min·wk will improve weight loss in studies that use moderate diet restriction but not severe diet restriction. Cross-sectional and prospective studies indicate that after weight loss, weight maintenance is improved with PA >250 min·wk. However, no evidence from well-designed randomized controlled trials exists to judge the effectiveness of PA for prevention

of weight regain after weight loss (Donelly, Blair, Jakicic, Manora, Rankin, and Smith, 2009, p. 459).

The Canadian Medical Association (Lau et al., 2007) agrees with the ACSM and the members of the 1st Stock Conference of the International Association for the Study of Obesity (Saris, Blair, van Baak, Eaton, Davies, Di Pietro, et al., 2003) who offer that 30min/day is insufficient to prevent overweight and obesity. They propose that daily moderate physical activity be increased to 45-60 minutes on most days of the week if one wishes to lose weight. To its credit, the Canadian Medical Association (2009) recommends that "physical activity and exercise should be sustainable and tailored to the individual" (p. 58).

Data from the Canadian Community Health Survey (Statistics Canada, 2007b) indicates that the percentage of moderately active Canadians over 12 years of age has increased from 43% in 1996 to 52% in 2005. The numbers are higher for men and those with a higher income level.[35] Guidelines for physicians with regards to physical activity were produced by the Physical Activity Guidelines Advisory Committee (2008) affiliated with Healthy People 2010. Data were culled from various databanks such as the Behavioral Risk Factor Surveillance System, the National Health and Nutrition Examination Survey, and National Health Interview Survey. The report suggests that 46.7% of American women and 49.7% of men were at least moderately active in 2005, an increase of 8.6% and 3.5% respectively from 2001. As in Canada, higher education correlates with higher levels of physical activity. In the U.S., race/ethnicity is also a factor

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[35] From the 2003 Canadian Community Health Survey, 53.4% Canadian men as opposed to 47.6% women were at least moderately active. Levels of physical activity were calculated according to the following criteria: 3.0 kcal/kg/day or more = physically active, 1.5-2.9 kcal/kg/day = moderately active, less than 1.5 kcal per day = inactive (Statistics Canada, 2007a).

for participation with Caucasian men and women more physically active than African Americans or Hispanic Americans.

Motivations to lose weight. Given the predominance of the biomedical discourse advocating weight loss for health reasons and the stigmatization of excess weight influencing individuals to engage in weight management in order to meet the socio-cultural norms of acceptable body weight, it is hardly surprising that the major reason offered by dieters to explain their decision to lose weight is to improve their health and appearance (Allan, 1998; Ogden, 2000; Polivy & Herman, 2006; Roberts & Ashley, 1999). What is surprising, however, is the dearth of studies that seek to identify and discuss the reasons women and men attempt to lose weight.

Considering that many individuals are trying to lose unwanted weight and are often less than successful, some researchers have suggested that the reasons people report as their motivations for their attempted weight loss might provide a clue to successful weight management. Admitting to the paucity of the literature that preceded their Successful Dieters Research Project, Brink and Ferguson (1998) interviewed 162 dieters (divided into a range of successful and unsuccessful dieter groups and according to their weight history; the sample was further divided into groups of men and women). They asked research participants to identify the reasons that contributed to their decision to engage in weight control and thus confirmed the primacy of health and attractiveness as motivations to lose weight. According to them, men mentioned health reasons more often than women, either because a physician recommended it or because it was believed that weight loss would assuage specific health problems. Appearance was cited by an equal number of women and men, although normal weight women mentioned attractiveness as a motivator for dieting more than normal weight men. The attractiveness motivator included the desire to feel good about one's self and to increase self-regard, the wish to fit into clothes for women and the desire to get in shape for men.

Interestingly, Brink and Fergusson also identified other motivational factors: (a) trigger—seeing a picture of one's self, overhearing a comment about one's size, encountering a life event; (b) age: not wanting to get older and have excess weight; (c) competition with someone in one's network; and (d) fear of the future and fear of death.

Still citing the need for further research into the motivations for dieting, Putterman and Linden (2004) conducted a descriptive study through which they sought, among other research questions, to establish the differences between those dieting primarily for health reasons and other dieters. One hundred and ten female students and 96 community women, reporting to be currently dieting,[36] participated in the study. Their findings indicate that women who diet for appearance reasons are more likely to (a) be younger and lighter than those who diet for health reasons, (b) use unhealthy dieting strategies and experience lapses in restraint, (c) have higher levels of BID and lower self-esteem. Other noteworthy findings from this study are that self-motivated dieters were positively correlated with more positive eating behaviours; older participants were more likely to be extrinsically motivated to engage in dieting practices (other people motivated them); and, growing up in a household with parents who dieted was associated with chronic dieting to change one's appearance.

In a study, which by her own admission, cannot be generalized to a wider population given that the participants were women who belonged to a weight loss organization, Ogden (2000) corroborates the findings that women engage in a weight-loss process for reasons of health (extended life expectancy, physical fitness, easier breathing, increased energy) and appearance (attractiveness, ability to wear nice clothes, confidence). The women in Ogden's study also admitted that they wanted to lose weight because they felt external pressure to do so (partner/family/friends/doctor).

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[36] It is important to note that though the participants in the study were dieters, they were all within normal weight range (mean BMI = 22.8)

Weight-loss maintenance. Although the outcomes of calorie reduction and increased physical activity might have resulted in weight loss, avoiding weight regain is a significant challenge for most individuals (Mann, Tomiyama, Wrestling, Lew, Samuels, & Chatman, 2007; Ross, 2009). Figures repeatedly quoted in discussions concerning the effectiveness of dieting as a weight loss strategy indicate that from 5%–20% of overweight/obese individuals who diet can lose the weight and keep it off (Brownell & Rodin, 1994; Fletcher, 2003). Successful long-term weight loss has been defined as losing at least 10% of initial body weight and maintaining the loss for at least one year (Wing & Phelan, 2005, p. 225). Kennedy et al. (2001) propose that weight maintenance is a lifestyle issue involving diet and exercise (only 9% of individuals maintain their weight through diet alone while 1% does so through physical activity alone). Further reports from the NWCR (Hill et al., 2005) corroborate these findings and suggest that those successful in maintaining weight loss over an extended period also engage in behavioural practices such as eating a relatively low-fat diet, having breakfast almost every day and weighing themselves regularly. While weight maintenance is difficult for both men and women, there is some evidence that women are more likely to be successful maintainers (Roberts & Ashley, 1999).

In their study on successful weight-loss maintenance in relation to method of weight loss, Marinilli Pinto, Gorin, Raynor, Tate, Fava and Wing (2008) found that those who lost weight through a self-guided approach as opposed to using a very low calorie diet or attending a commercial program were more likely to retain their weight loss. Rather than the strategy used to lose weight, individual characteristics seem to determine success in retaining weight loss or recovering from a lapse in dieting. These include the ability to set realistic weight goals, self-monitoring, coping and problem solving and stress management skills, high levels of motivation and self-efficacy, and the propensity to seek help (Byrne, 2002; Dohm, Beattie, Aibel, & Striegel-Moore, 2001;

Luszczynska, Sobczyk, & Abraham, 2007); failure to achieve satisfactory weight goals and the association of self-worth with weight and body image have been suggested as factors associated with unsuccessful maintenance (Byrne, Cooper, & Fairburn, 2003). From their extensive literature review, Elfhag and Rössner (2005) drafted a profile of the "successful weight maintainer":

> This ideal person starts losing weight successfully quite early in treatment and reaches the self-determined weight loss goal. Our ideal weight maintainer leads an active life with less television watching and rather more leisure time activities such as walking and cycling. He or she continues to monitor the weight-related behaviours, is in control over eating behaviour and is not overly disturbed by hunger. Food intake is kept at a lower level, the meal rhythm is regular, always including breakfast, and healthy foods are chosen in favour of high fat food. Snacking is reduced. Cravings can somehow be dealt with. If experiencing a relapse though, our weight maintainer can manage to handle this in a balanced way without exaggerating this as a detrimental failure. Controls are flexible rather than rigid and there is a self-sufficiency and autonomy. (p. 77)

Given the intricate interplay of the different factors that contribute to one's overweight or obesity status, the amount of effort and discipline needed to tip the energy balance toward the negative side of the equation and the inventory of individual characteristics deemed to improve chances of becoming a successful weight maintainer, it is remarkable that the rates of obesity are not even higher than they are at present.

A Different Voice: Feminist Stance and Fat Acceptance

Thus far, we have surveyed the medical and socio-cultural constructions of obesity and considered the ways in which the condition is inherently connected with the experience of being a woman. And though the feminist approach to obesity and body image has been woven throughout the discussion, the contributions of feminist writers as

well as a viewpoint that promotes self-acceptance as a "fat woman" are offered as a conclusion to this first part of the literature review.

Feminist approaches. As Carol Gilligan (1982) offered over 25 years ago, when a woman experiences a phenomenon and recounts their lived experience, they do so in a different voice. In the midst of the great commotion surrounding obesity and overweight bodies, there are those dissenting voices that condemn the pathologization of fatness (Wray & Deery, 2008), the fetishization of body control (Grimshaw, 1999), the medicalization of fitness (Wheatley, 2005) and the "normalization" of the body to fit cultural standards (Bordo, 1993). Often, yet not exclusively, these voices belong to feminist theorists and writers who denounce the prevalent cult of slimness (Seid, 1994) and the fundamentally misogynistic nature of a society that facilitates eating disorders and body image dissatisfaction through the objectification of women's bodies (McKinley, 2006; McLaren & Kuh, 2004; Tiggemann & Lynch, 2001).

Just as the obesity epidemic is decried by the scientific community, feminist writers highlight that the pandemic among women is in the high percentage of those who experience body image dissatisfaction (Choate, 2005; Low et al., 2003; Striegel-Moore & Franko, 2002), body-related shame, and weight-related guilt (Conradt, Dierk, Schlumberger, Hebebrand, Rief, & Rauh, 2008). They denounce the fact that even women with a body weight considered within the "normal" range for their height (Health Canada, 2003) continue to experience the pressure to assess themselves as "fat" (Allaz, Bernstein, Rouget, Archinard, & Morabia, 1998) and feel the compunction to engage in dieting practices meant to align their bodies with the ideals promoted by the fashion and cosmetic industries (Germov & Williams, 1996), ideals that they have internalized and continue to propagate as truths.

Feminist researchers also commonly attempt to shed light on the value-laden and often discriminatory research methods used by dominant groups within the scientific

and social arenas (Harding, 2004; Harding & Norberg, 2005; Ramazanoglu & Holland, 2002), methods that portend to produce legitimate knowledge (e.g., obesity is directly correlated to ill health) which impacts self-perception and propagate stigmatization of the group under scrutiny (Wray & Deery, 2008). They highlight power and gender as crucial variables in the discourse on obesity and body image and they question the patriarchy embedded in the scientific and social discourse and within the structures of surveillance medicine (Wheatley, 2005). Often working within a Foucauldian framework and through the use of Foucault's concept of the panopticon (Gutting, 2005), they deplore patriarchal social norms that foster self-imposed control and discipline (Bartky, 1990; McLaren, 2002) meant to produce docile, in other words, slim, toned, and buffed bodies (Bartky, 1988; Rothblum, 1994).

Ultimately, feminist writers emphasize action and social change (Fonow & Cook, 2005); thus the motto "the personal is political." One of their critical goals is to empower women to bring the diverse dimensions of their unique and collective experiences to the centre of the socio-political arena and to "'stand out' boldly and confidently in order to meet their own needs and to demand social and political changes that would make it easier for all women to define themselves" (Chrisler & Lamont, 2002, p. 11). In regard to obesity, weight control, and body image, required changes imply a major rewrite of societal norms and values. Among the countless endeavours that could potentially help obese women change the cultural narrative and transform the socio-political discourse on obesity, there could be initiatives such as (a) rallying to denounce *fatism* – discrimination on the basis of weight – in all its reprehensible disguises; (b) supporting health education programs designed to help girls and women sever the links between their body image, self-esteem, self-identity, and their weight status; (c) voting for persons and political parties who will assign funding for research projects meant to broaden our knowledge regarding obesity, weight management, and their ancillary components:

research projects that might empower obese women to raise awareness of the impacts of obesity for their wellness. Further suggestions and implications for health promotion will be offered in the discussion section of this case study report.

Fat acceptance. As a means of addressing the nefarious influences of the socio-cultural context on women's body image satisfaction (Paquette & Raine, 2004), there are those who advocate that body size need only be considered problematic if it is deemed such by the individual inhabiting that body (Wray & Deery, 2008). In this context, self-acceptance and living a full life at any weight is actively advocated (Brownell & Rodin, 1994; Burgard & Lyons, 1994). The National American Association of Fat Acceptance, a human rights organization working to end size discrimination, promotes self-acceptance as a response to obesity. The organization maintains that obesity is a genetic condition to be accepted while fat is a reality to be embraced. At issue here is the need to help obese women preserve positive body image (Cash, 2002) and maintain physical self-esteem (Sonstroem, 1997) in a world where a remarkable number of women are, for numerous reasons, driven to reduce their weight in order to improve their physical appearance (Rothblum, 1994).

I believe that from the previous discussion, we can reasonably construe obesity to be a multifaceted condition encompassing physiological, behavioural, cognitive, affective, social, cultural, and environmental factors. Furthermore, its management – weight loss and weight maintenance – is a salient issue in the scientific arena given that it involves the adoption and sustained performance of complex behaviours designed to redress the energy balance. And while the discourse around obesity and its management is diverse and conflicting, it remains that significant socio-economic impacts are linked to the prevalence of the condition worldwide. On an individual level, obesity is a concern that affects several if not all other dimensions of the health and wellness of obese individuals, women in our case. It seems clear that obesity and weight

management are sources of anxiety and frustration for obese women who often engage in the pursuit of somewhat elusive weight goals.

Models of Health Behaviour Change

In a review and analysis of Canadian obesity research within the last 30 years, Sokar-Todd and Sharma (2004) determined that the least studied research category, 0.5% of the number of original published articles, concerned evaluated models and instruments, which they described as "collated models and/or procedures that have been studied and validated for specific use in obesity or related co-morbidities" (p. 1450).[37]

The health psychology literature offers a significant number of models and theories that aspire to explain and predict individual health-related behaviour (Fishbein, Triandis, Kanfer, Becker, Middlestadt, & Eichler, 2001). These conceptual frameworks and the variables they encompass usually serve to elaborate health promotion interventions intended to influence the public either to refrain from harmful and risky behaviours and/or to adopt healthy lifestyles toward the achievement of optimal wellness (Ajzen & Manstead, 2007; Donatelle et al., 2004; Ogden, 2004). Several of these psychosocial models (Sutton, 2001) have been used to explore the mechanisms that mediate the effects of the different factors involved in the achievement of weight management (Armitage, Sheeran, Conner, & Arden, 2004; Boer & Seydel, 1996; Conner & Norman, 1996a; Dallow & Anderson, 2003; Downs & Hausenblas, 2005; Godin & Kok, 1996; Kitsantas, 2000; Lippke & Plotnikoff, 2006; Milne, Orbell, & Sheeran, 2002; Rhodes, Courneya, & Jones, 2003; Rhodes, Courneya, & Jones, 2004).

A distinguishing feature of social cognition models is the premise that humans behave rationally and that people act in such a manner as to maximize the benefits and

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[37] Ranking not much higher (1% of all the studies on obesity) was a category that Sokar-Todd and Sharma (2004) identified as "attitudes, perceptions, and awareness," which included, among other topics, "studies on perceptions about obesity and obese people from the perspectives of nurses and different genders" (p. 1550).

minimize the cost of their actions to themselves (Conner, 2001). In this context, health behaviours are understood as measures undertaken to detect or prevent a disease and/or to maintain or improve health and wellness (Conner & Norman, 1996b); a further distinction has been proposed between health enhancing behaviours, which are meant to improve health and protect from disease (e.g., increased physical activity, daily consumption of fruits and vegetables), and health impairing behaviours, which could place an individual at risk of contracting a disease or produce harmful results (e.g., smoking, irregular condom usage, high alcohol consumption) (Conner, 2001).

Individual health-related behaviour models. As explanatory and predictive frameworks, psychosocial individual health behaviour theories are sometimes classified as motivational, behavioural enactment, and multi-stage models (Armitage & Conner, 2000). Motivational models are concerned with the formation of behavioural intentions identified as proximal determinants of behaviour (Ajzen & Fishbein, 1980; Ajzen, 1991; Webb & Sheeran, 2006); these models seek to understand the motivational factors that influence one's decision to engage in certain health-related behaviours so as to predict performance at specific points in time (Armitage & Conner, 2000). Among the more popular of motivational models are (a) the health belief model (HBM)—with or without the addition of self-efficacy (Rosenstock, Strecher, & Becker, 1988); (b) social cognitive theory (SCT) (Bandura, 1977; 1986; 1998; 2000); (c) the theory of reasoned action (TRA) and its later extension, the theory of planned behaviour (TPB) (Ajzen & Fishbein, 1980; Ajzen & Driver, 1991; Ajzen, 1991; 2002; Ajzen, Brown, & Carvajal, 2004); and (d) Rogers' protection motivation theory (PMT) (Cacioppo & Petty, 1983).

Several variables have been proposed as significant building blocks that further facilitate transition from intention to action within the frameworks of motivational models. Among these are past experience (Hagger, Chatzisarantis, & Biddle, 2002b), moral norms (Conner & Armitage, 1998), anticipated regret (Conner & Norman, 1996b), self-

schemas and self-identity (Sheeran & Orbell, 2000), personality and activity traits (Rhodes et al., 2004), implementation intentions (Gollwitzer & Oettingen, 2000), and the automaticity of human behaviour (Bargh, 1997).

Behavioural enactment models offer important insights regarding the effects of goal setting and implementation intentions on goal pursuit; they focus on the self-regulatory processes taking place between intention formation and the adoption and maintenance of the new behaviour. As such, they are useful in that they contribute variables that bridge the intention-behaviour gap. Two behavioural enactment models are Gollwitzer's implementation intentions (Gollwitzer & Brandstätter, 1997; Gollwitzer, 1999; Gollwitzer & Oettingen, 2000) and Bagozzi's goal pursuit theory (Bagozzi & Edwards, 2000; Bagozzi, Moore, & Leone, 2004).

Finally, the classification of health behaviour models includes those frameworks concerned with the adoption and the maintenance of complex health-related behaviours rather than with the prediction of unique performance, usually the sphere of motivational social cognition models. The multi-stage models posit that people progress through a sequence of qualitatively distinct phases in changing their health behaviours (adopting precautionary action, changing risky activities, adopting new behaviours). Multi-stage theories include (a) the transtheoretical model (TTM—one of the most extensively used stage models) (Prochaska, Norcross, & DiClemente, 1994; Prochaska & Norcross, 2002), (b) Kuhl's action control theory (Kuhl, 1985), (c) Heckhausen's Rubicon model (Gollwitzer, 1990), and (d) HAPA, the health action process approach (Schwarzer & Fuch, 1996; Schwarzer, 1999; Schwarzer, 2006; Sniehotta, Scholz, & Schwarzer, 2005; Schwarzer, Sniehotta, Lippke, Luszczynska, Scholz, et al., 2003).

These models provide important additional pieces to the puzzle of mapping individual health-related behaviour in that they span the entire process of change; their inquiry extends from the time when individuals become aware of factors that might

require modifications to their present course of action to post-action activities that include maintenance, recovery from lapse(s) and potential disengagement following successful adoption of the desired behaviour.

Health action process approach (HAPA). As a multi-stage theory, HAPA draws extensively on several psychosocial models of individual health behaviour, including most of the socio-cognitive variables used in these other frameworks. HAPA and its constructs have been tested to explain and predict engagement in physical activity (Sniehotta, Scholz, & Schwarzer, 2006; Ziegelmann, Lippke, & Schwarzer, 2006), dietary regulation (Garcia & Mann, 2003; Renner, Knoll, & Schwarzer, 2000; Renner & Schwarzer, 2005) and other health-related behaviours (Luszczynska & Schwarzer, 2003; Murgraff, McDermott, & Walsh, 2003).

A review of HAPA and its constructs necessarily includes considerations of other theories designed to understand health behaviour change. Similar to Heckhausen's Rubicon model (Heckhausen, 1991),[38] HAPA explains health behaviour change as a process occurring in two discrete phases (see Figure 1). It is proposed that socio-cognitive variables play a distinct role whether one is engaged in decision-making (motivational phase) or in preparation, initiation or maintenance of the behaviour (volitional phase).

Motivational (goal-setting) phase. In this phase of the HAPA model, a period Garcia and Mann (2003) have fittingly labelled "from 'I wish' to 'I will'," people, who become aware of a threat to their health, set priorities as to the behaviours they would

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[38] Heckhausen (1991) who proposed a four-stage model (intention formation, post-decision, action, and evaluation) and Kuhl (1985) before him, offer that different mind-sets (motivational and volitional) are involved at different stages of behaviour change. Within the Rubicon model, an individual proceeds from a deliberative mindset when different behavioural alternatives are considered to an implemental mindset where a focused determination serves to transform intention into action.

consider targeting with a view to reducing the perceived threat; they then weigh the pros and cons of different options and eventually decide upon a certain course of action which they believe is in their power to undertake. The phase concludes with the formation of an intention to do what they have become motivated to do (Schwarzer, 1999). According to HAPA, the three socio-cognitive variables, which are significant predictors of *behavioural intentions* in the motivational phase, are risk perception, outcome expectancies, and perceived self-efficacy (Garcia & Mann, 2003).

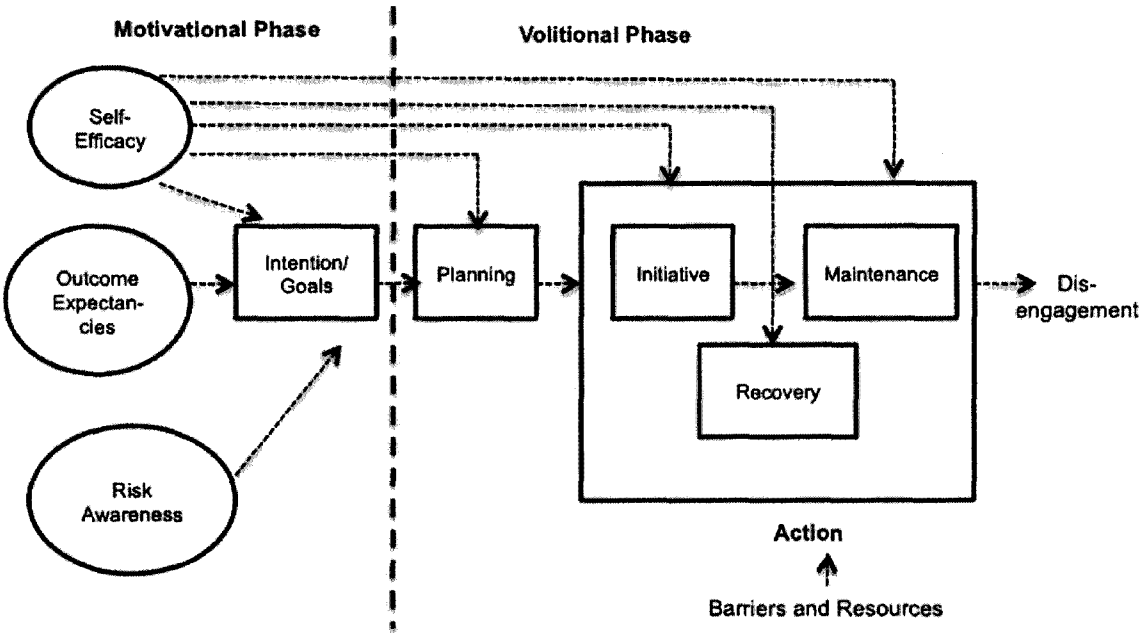

Figure 1. Health Action Process Approach (HAPA) Model (Schwarzer et al., 2003).

Behavioural intentions are often associated with TRA/TPB, which, unlike HAPA, identify *intention* as the proximal determinant and direct predictor of action. Necessarily, the stronger the intention, the more likely the behaviour will be performed. According to TRA, intention is a function of attitudes toward the performance of a behaviour (outcome expectancies) and subjective norms or the perceived expectations/support of significant others. TPB added perceived behavioural control (a concept akin to self-efficacy) to other TRA constructs in order to account for behaviours not entirely under one's volitional control. In a meta-analysis of 10 meta-analyses (422 studies; N=82,107 men

and women), Sheeran (2002) concluded that the strength of intention explains 28% of the variance in behaviour; in their meta-analysis of 87 studies, Godin and Kok (1996) determined that TPB variables accounted for 41% of the variance in behavioural intentions and 34% of the variance in the enactment of health-related behaviours.

Risk perception. According to the HAPA model, risk perception is a minimum requirement for the contemplation of a health-related behaviour change; it is the awareness of a threat of illness if one were to continue the present course of action (Schwarzer et al., 2003). As is understood within the health belief model and the protection motivation theory, HAPA measures a health threat according to its perceived severity and one's subjective assessment of susceptibility/vulnerability to the illness. In HBM, the first model to account for socio-demographic variables in explaining health behaviours, the beliefs concerning a health risk are then moderated by a costs-benefits analysis of the different behaviours that could counter the threat (outcome expectancies). HBM further offers that the evaluative process is activated by cues to action, internal or external triggers that attract one's attention to perceived risks (Sutton, 2001). In PMT, the protection motivation to perform an action beneficial to health or to reduce/discontinue a harmful behaviour is also predicted by a coping appraisal which combines the belief that the intended response will be effective in reducing the initial fear-arousing threat and one's perceived self-efficacy in carrying out the recommended action (Floyd, Prentice-Dunn, & Rogers, 2000; Milne, Sheeran, & Orbell, 2000). In PMT, cues to action are usually understood as 'fear appeals' or 'fear-arousing health threat communications' (Sutton, 2001). Although risk perception is an integral part of HAPA and of other models discussed here, it has not been shown to consistently impact intention formation. A number of studies (Lippke, Ziegelmann, & Schwarzer, 2004; Lippke, Ziegelmann, & Schwarzer, 2005; Sniehotta et al., 2005) have found risk perception to be a poor predictor of intention. It would seem that although fear can

potentially motivate people to action in the beginning of the change process, it soon loses its power to influence.

Outcome expectancies (identified as *attitudes* in TRA/TPB) are powerful determinants of intention in motivational socio-cognitive models just as they are in TTM. Outcome expectancies involve a decisional balance where the costs/benefits equations of changing one's behaviour(s) are drawn up and the positive and negative outcomes of alternative behaviours are considered. As expected, an individual is more likely to form an intention to engage in a certain course of action if the pros outweigh the cons of performance and if she believes that action will lead to the desired results.

Perceived self-efficacy, as a subjective belief, is foundational to a number of health behaviour models; the confidence that one has the capability to perform intended actions has been used to explain a wide variety of behaviours that extend far outside the realm of health promotion or health education (Bandura, 1995; 1997; 1998; 1999; Luszczynska, Gutiérrez-Doña, & Schwarzer, 2005). According to Bandura, "perceived self-efficacy refers to beliefs in one's capabilities to organize and execute the courses of action required to produce given levels of attainments" (p. 624); it is a person's confidence that allows them to believe they are capable of performing the intended behaviour and that they can exercise control over challenging situations and over their own functioning (cognition, affect, motivation, etc.). Bandura (1997) suggests that efficacy beliefs differ among individuals. According to him, those with higher levels of perceived self-efficacy set higher and more challenging goals for themselves, they consistently visualize successful outcomes, expend more effort, persevere longer to achieve their goals, and they are more resilient in the face of setbacks. In addition, those with robust self-efficacy beliefs can better cope with stress and anxiety in difficult situations. Bandura (1998) offers four sources through which self-efficacy beliefs can be developed: (a) mastery experiences or learning by successfully doing, (b) vicarious

experiences or learning by observing similar others succeed through persistent effort, (c) social persuasion, and (d) reframing of psycho-physiological states such as stress, anxiety, and fatigue which might have been interpreted as signs that one could not succeed. It is evident, therefore, that social and environmental support are crucial factors to enhance subjective perceptions of self-efficacy (Lippke & Plotnikoff, 2006).

Within the HAPA model, perceived self-efficacy is phase specific (Schwarzer, 1999). Task and goal setting perceptions of self-efficacy are believed to directly impact the formation of intention in the motivational phase while volitional self-efficacy beliefs, usually subdivided into coping or *maintenance self-efficacy* and *recovery self-efficacy*, influence the second phase of behaviour change (Schwarzer, 1992; Schwarzer et al., 2003). Obviously, the confidence that one can indeed implement the intended behaviour (Schwarzer & Renner, 2000) does not fade with intention formation; task self-efficacy continues to spur one to action and it impacts the variables involved in the volitional phase of behaviour change (Sniehotta et al., 2005).

Volitional (action) phase. One of the characteristics of our human nature is that not all intentions to change our habitual behaviour result in corresponding actions. In fact, this is so common that the literature has coined a name for those of us who might have become motivated to change and failed to do so: *Inclined abstainers* (Sheeran, 2002). Consequently, the HAPA model tries to account for the post-intentional processes that increase the likelihood that intentions will be enacted and that the new behaviour will be maintained even when setbacks occur. The constructs included in this phase are *action planning*, *action control*, and *volitional self-efficacy beliefs*.

Action planning. This self-regulatory strategy is designed to further progress beyond the motivational stage of health-related behaviour change. The variable is sometimes divided into two sub-constructs (Sniehotta et al., 2006); the first refers to what Gollwitzer (Gollwitzer & Brandstätter, 1997; Gollwitzer & Oettingen, 2000) identifies

as *implementation intentions*, while the second applies to *coping planning*. As implementation intentions, *action plans* enable enactment through the drafting of concrete instructions regarding the what, when, where, and how of performance. According to Gollwitzer (1999), implementation intentions are cues that establish situational circumstances for the performance of the intended behaviour and successful goal pursuit. A cognitive structure such as "when I finish work, I will go directly to the gym" creates an association between a certain situation and the intended behaviour thus contributing to automatically eliciting the desired goal-directed response. In a meta-analysis (94 studies; N=8000), Gollwitzer and Sheeran (2006) determined that prospective implementation intentions are strong moderators of goal pursuit with participants of different ages and genders. The authors even suggest that the effect size (d = .65) associated with the impact of implementation intention formation on goal attainment "represents the difference in goal achievement engendered by furnishing a goal intention with a respective implementation intention compared to the formation of a goal intention on its own" (p. 98).

The volitional phase of HAPA is concerned with the maintenance of a health-related behaviour, whether behavioural enactment involves breaking an ingrained habit or performing a new action. Consequently, it is believed that coping planning will help an individual prioritize the desired behaviour while preparing her or him for situations that might detract from goal pursuit. In this case, the structure of the cognitive process, which creates an association between certain anticipated barriers to action and the performance of the intended behaviour, might take the form of a statement such as: If I want to go to the gym after work but I'm tired, I will reflect on how good I feel when I exercise and I will go regardless. In concert with implementation intentions, coping planning is designed to promote goal attainment.

Action control. As the second cognitive construct in the volitional phase of the HAPA model, action control mediates between action planning and initiation, and successful performance of the intended behaviour. In their theory of trying, Bagozzi and Edwards,(2000) identify an "initiation" phase, which, according to them, includes the selection and initiation of means to achieve the desired goal. Similarly, action control involves a series of processes meant to strengthen and protect a current intention against competing influences while one is engaged in striving for a goal. Regardless of the strength of one's intention to achieve a desired goal, self-regulation is necessary to initiate the behaviour; it is also an essential factor in safeguarding against early disengagement and against depletion of self-regulatory capabilities (Baumeister, Heatherton, & Tice, 1994) that allow one to move on to other goal pursuits (Gollwitzer & Sheeran, 2006). In addition to the formation of implementation intentions, self-regulation includes strategies such as self-monitoring, awareness of standards and effort (Sniehotta et al., 2005), which are deemed necessary for engagement and continued performance of the desired health-related actions.

Vohs and Baumeister (2004) have defined self-regulation as "any effort by the human self to alter any of its own inner states or responses... [it is] people regulating their thoughts, emotions, impulses or appetites, task performance... [and] attentional processes" (p. 2). The authors also state that without self-regulation, an individual's previous learning experiences, acquired habits, inclinations or even innate tendencies would serve to inform a response, which might or might not be in keeping with the pursuit of the desired goal. According to them, self-regulation acts to preclude the normal or natural response and substitutes another response (or lack of response) in its place. Therefore, without self-regulation, enactment of goal-directed health behaviour is compromised.

Volitional self-efficacy beliefs. Coping self-efficacy represents the assurance that one can deal with barriers that might arise in the maintenance of the new behaviour while recovery self-efficacy refers to the conviction that one can recover from lapses, which might derail efforts to successfully effect behaviour change. Obviously, as for the gap between intention and behaviour, people often fail to self-regulate (Baumeister et al., 1994; Carver & Scheier, 1996). A feedback loop schematic is often used in depicting how goals impact engagement (Carver & Scheier, 1996; 1999; Carver, 2004).[39] Of interest here is the manner in which *self-monitoring* is used to compare performance with the desired goal (*standards*). The degree of discrepancy between the two compared values (what is and what is sought after) determines the ensuing behaviour. In a discrepancy-reducing self-regulatory loop, the behaviour is adapted in conformity with the standard of desired performance. Necessarily, volitional self-efficacy is required to protect against premature disengagement and ensure continued expenditure of effort in goal pursuit (Purdie & McCrindle, 2002). Again, it is assumed that self-efficacious people, who have set clear intentions/goals, have developed valuable implementation intentions, monitored their behaviour consistently and effectively toward the achievement of the requisite standards, and will exert the necessary effort to reach their objective; they will successfully adopt and maintain the desired health-related behaviour.

Transtheoretical model (TTM). In addition to the theoretical model provided by HAPA as a framework to consider individual health-related behaviour, the present research project borrowed from TTM to set a temporal dimension to the change process. TTM is one of the most popular stage models used to design health promotion interventions such as smoking cessation, alcohol treatment, healthy exercise and dietary

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[39] In much of their research, Carver and Scheier address the role of affect within their self-monitoring feedback loop. While Bagozzi and his colleagues (Bagozzi, Baumgartner, & Pieters, 1998) discuss the role of emotions as motivators to action, for Carver and Scheier, affect arises in the system which monitors progress toward goal achievement.

choices, and obesity prevention (Armitage, 2003; Armitage et al., 2004; Lippke & Plotnikoff, 2006; Marshall & Biddle, 2001; Sheeley, 2006). With its 6 stages of change, its decisional balance including self-efficacy and its 10 self-regulatory strategies or experiential and behavioural processes of change (POC) that come into play at different stages, TTM proposes that individuals who attempt to change their health-related behaviours experience a cyclical process passing through different stages: precontemplation, contemplation, preparation, action, maintenance, and potentially termination. Though the model's qualitative difference between stages has received some support (Kraft, Sutton, & Reynolds, 1999; Lippke & Plotnikoff, 2006), it was suggested that a more complex model is needed to predict movement between stages (Stoltz, 2006; Sutton, 2000).

Regardless of the critiques levied against TTM, the model highlights motivational readiness to change and it provides insights into the manner in which the 10 POC facilitate movement toward goal achievement. TTM bolsters the credibility of self-reports with its contention that those in a given stage of change can readily assess and report their place in the process (Prochaska et al., 1994); the model also offers a useful timeframe to consider inclusion in each stage; for example, the *preparation* stage typically involves plans to take action within the next 30 days. Consequently, TTM and its temporal definition of the *action* stage, whereby one asserts that she has made behaviour changes within the past 6 months (Prochaska et al., 1994), was used to set a boundary for the current research.

Gap in Current Knowledge

After reviewing the existing literature concerned with obesity and individual health-related behaviour, it has become evident that though much work has been done and several theories have been developed to identify the spectrum of influences involved in health behaviour change, the transition between intention and action is still a

salient topic of research (Sheeran, 2002). As discussed, a number of variables have been proposed to fill the intention-behaviour gap toward successful goal attainment. Nevertheles, in his meta-analysis of meta-analyses of the intention-behaviour relationship, Paschal Sheeran (2002) offers the following conclusion:

> Notwithstanding the variety of measurement artefacts that affect estimates of intention-behavior consistency, the "gap" between intentions and behavior is not negligible. A good deal of progress has been made in delineating the types of behaviors, the types and properties of intentions, and the cognitive and personality variables that affect how well intentions predict behavior... However, further research is needed to understand the relationships between different moderators of intention-behavior consistency. (p. 29)

The current project was undertaken in response to Sheeran's invitation; it seeks to fill the intention-behaviour gap in regard to the successful adoption of weight control strategies. To do so, it was initially believed that the HAPA model (Schwarzer & Fuchs, 1996; Schwarzer, 2006), with its division between motivational and volitional phases of change as well as the phase-specific variables comprising the model (risk perception and outcome expectancies as precursors of global intention/goal setting; action planning and self-regulatory processes that control initiation and maintenance of the behaviour; different aspects of self-efficacy acting as crucial moderators throughout the phases), would offer interesting possibilities. HAPA, therefore, played a significant role in the design of the present research; it informed the research questions and helped set the boundaries for the study. Given the level of overlap between the different models of health behaviour change (Armitage & Conner, 2000), HAPA and other theories also provided sensitizing concepts for data analysis; they validated my internalized beliefs about what was relevant in the data and they ultimately contributed to the discussion

concerning the specific model of behaviour change issued from the weight loss stories shared by the research participants.

In addition, though obesity is believed to affect the well being of obese individuals, more specifically women, and though weight loss is strongly encouraged both from the medical and socio-cultural standpoints, there is a paucity of academic studies that provide women with avenues to explore the motivations behind their engagement in weight loss projects as well as a voice to share their struggles and needs in regard to their weight-related experiences.

Chapter 3

Setting the Table: Methodological Considerations

Research Focus

The experience explored in this research project concerns the change process which takes place when obese women form an intention to lose weight and effectively enact that intention. The research questions have been informed in part by the constructs included in the Health Action Process Approach (HAPA) model of health behaviour change (Schwarzer, 2006; Sniehotta et al., 2006); they have surfaced in response to calls for further investigation of the catalysts for change and the manner in which socio-cognitive variables operate to bridge the intention-behaviour gap (Sheeran, 2002). My intention was to determine the structure and the context of the experience of obese women who progress from intention to action in a self-motivated weight loss project so that I could map the change process as a heuristic model for further research (Eisenhardt, 2002).

A further motivation to engage in this research stemmed from a feminist epistemic ideal, which is to create knowledge that can be used to make a difference in women's lives (Kelly, Burton, & Regan, 1994). Although I am aware that the desire to engage in weight loss is often frowned upon by feminists who propose that women

accept their physical appearance in an effort to improve their self-concept (Chrisler, 1996), I advocate for a woman's choice to lose weight and control her own body. I believe that with reference to healthy weight management practices, a feminist researcher must remain unwavering in her commitment to empower women to reach their self-motivated goals rather than adopt the patriarchal and patronizing stance of imposing her own values. Therefore, through my research project, I have aimed to give a voice to obese women who want to share their story—ordinary women who are outside the realms of medical science and whose contributions might not otherwise be included in the elaboration of theoretical frameworks regarding issues which pertain to their situation (Harding, 1996). I was determined to collaborate with them towards knowledge construction so that their lived experience of taking action toward losing weight might enrich the understanding of obesity, weight management, health promotion, and individual health-related behaviour change. I also hoped that the women's narratives of successful engagement in a weight loss project could benefit other women who wished to take action with regards to managing their weight.

Research Questions

The questions that initially informed the current research project were:

1. Why and how do obese women form an intention to lose weight?
2. How do they successfully translate this intention into weight loss behaviours?

The sub-questions that further guided the inquiry were:

a. What do women identify as the most salient biopsychosocial factors that motivate/enable them to form an intention to lose weight? What outcomes are they hoping to achieve through the adoption of weight loss behaviours? What are they hoping to accomplish when they have lost the weight?

b. What is the interplay, if any, of gender, body image, and self-esteem on women's intentions to lose weight?

c. What do women identify as the most salient biopsychosocial factors that play a role in their successful engagement in a weight loss project?

d. What roles do perceived self-efficacy, action planning, and action control play in bridging the intention-behaviour gap?

Given the flexibility required in the adoption of a qualitative research methodology (Maxwell, 1996), the choice of which will be discussed below, and the emergent design within such an approach (Maykut & Morehouse, 1994), I anticipated that the research questions might evolve and that new questions might arise as the research progressed (Eisenhardt, 2002).

Concept definition. Since the aim of my study was to gather empirical data to answer the research questions, it was important to at least tentatively define the concepts used to formulate these questions. Of course, I remained open to the possibility that other constructs might emerge from the data to shape the findings (Eisenhardt, 2002). Many of the concepts (intention, weight-loss behaviours, goal striving, self-efficacy, action planning, action control and change) have been addressed in our discussion of the HAPA and other health behaviour change models; others (gender, body image, and self-esteem) were discussed in the context of obesity. Obviously, these constructs also served as sensitizing concepts in the analysis of the interview data. Further clarifications pertain to the homogeneity of the participants, the heterogeneity of weight loss experiences, and the successful implementation of the women's intentions to lose weight.

Homogeneity. Although qualitative researchers often suggest that generalizations are not a defining characteristic of a qualitative approach (Schofield, 2002), and though I remain mindful of drawing strictly monothetic conclusions from the study (Lincoln & Guba, 2002), I endeavoured to maintain a degree of homogeneity among research participants in order to enhance the transferability of the findings from

this inquiry (Denzin & Lincoln, 2002; Lincoln & Guba, 1985). Consequently, I determined that a classification as *obese* would refer to Class 1: obesity at the time when a woman formed an intention to engage in weight loss behaviours ($30.0 \leq BMI \leq 34.9$). Furthermore, since women's relationships with their physical selves differ across lifespans (Anderson et al., 2002), I set boundaries around age as an additional strategy to increase uniformity. It can be argued that since ethnicity does play a role in women's physical self-concepts and body image (Altabe, 1998; Celio, Zabinski, & Wilfley, 2002; Kawamura, 2002; Roberts et al., 2006,), I could have set criteria to restrict the ethnic/cultural antecedents of the research participants; this proved an impossible standard for this research. As it is, I stipulated that research participants would be Caucasian, English-speaking, Canadian women between the ages of 26 and 45 with class I obesity.

Heterogeneity. A seeming contradiction is that once homogeneity was addressed, I was concerned that the experiences of the research participants would not capture the heterogeneity of the population they represented (Maxwell, 1996). Therefore, in order to ensure maximum variation (Lincoln & Guba, 1985), I searched for those who had enacted their intention to lose weight through the performance of various strategies (see Appendix A for a complete list presented to potential participants). The weight loss behaviours adopted by the women in this study consisted of one or a combination of the following: weekly attendance at *Weight Watchers'* meetings and adherence to the organization's suggested food plan, meetings with and adherence to the recommendations of registered dieticians, increased levels of physical activity (in and out of the gym, including resistance, aerobic training, and organized sports), dieting (counting calories, following a popular diet), and participating in structured gym-based weight-loss programs that promoted physical activity and mindful eating. All the women

had selected to engage in weight-loss activities for a variety of personal reasons rather than simply following the recommendations of a health professional.[40]

Successful implementation. Since the research focus was located at the juncture of intention formation and successful initiation of new behaviours aligned with said intentions, I needed to establish that intenders had indeed become successful actors if they were to cogently recount their experience. The trans-theoretical model (TTM) (Prochaska et al., 1994) provided guidelines useful for this purpose. According to TTM, self-changers who have visibly and successfully altered their behaviour for a period of one day to six months are in the action phase of the change process; TTM suggests that actors readily offer that they are actually 'doing' something (Prochaska, DiClemente, & Norcross, 1992). I set a timeframe—at least one month and not more than six months[41]—of engagement in weight-loss behaviours and asked the research participants to confirm through self-reports (Schwarzer et al., 2003) that they were, at the time of the first interview, in the action phase of the change process. I also asked them to have lost a minimum of 2 kg since initiation of their weight loss strategies as further evidence of their success in the enactment of their weight loss intentions.[42]

Locating Knowledge Production: The Researcher's Voice

Reinharz (1992) cogently captures the essence of my involvement in this doctoral project when she writes:

> Feminist researchers frequently start with an issue that bothers them personally and then use everything they can get hold of to study it. In feminist research,

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[40] Tatiana saw a physician who advised her that she would need surgery if she did not change her eating patterns. However, she initiated a weight loss project after she failed in her attempts to change her consumption behaviours.

[41] I ultimately made an exception to this rule for Chloe who had first initiated a weight loss project eight months prior to our first meeting since I was unaware that she had experienced a protracted relapse and had been in action for approximately two months by the time we met.

[42] This stipulation was also arbitrarily determined. I am aware that women could have adopted weight-reducing behaviours without necessarily losing weight. However, I deemed that the experience of successful engagement would yield physical results.

then, the "problem" is frequently a blend of an intellectual question and a personal trouble. (259-260)

I agree with Reinharz (1992) who offers that she tends to mistrust a research report in which the researcher does not include a statement about her experience. I would therefore suggest that it is essential, as a researcher, to make myself visible to the reader as the co-producer of knowledge in this research project (Goodley, 2004). Though I strive for mindfulness of my own conceptual framework, I do not aspire to disembodied objectivity (Lincoln & Guba, 2002). I am aware that who I am, my worldview, my assumptions, and my life experiences are the lenses through which I approach every phase of a research project. Consequently, for the sake of transparency and because my voice is necessarily interwoven with that of every woman who was part of the present inquiry, I offer a positioning statement that provides a brief personal account in relation to the research topic. I also provide a summary overview of some of the philosophical inclinations that coloured the way I conceptualized, conducted, reported, and made conclusions about the data in the present study.

I am a Caucasian, English-speaking, heterosexual woman of French Canadian origins. I am in my early sixties and have lived in Montréal with the same supportive partner for over 35 years; I am a mother and a grandmother. I consider my full-time doctoral student status to be an incredible gift at this time in my life. I am a faculty member in the Department of Applied Human Sciences at Concordia University and work as a Life Coach using a blend of attending, challenging, and empowering skills to facilitate the change process with my clients. I am acutely aware of my privileged position in the world as a result of these characteristics and situations.

As an obese woman, it is as an *insider* that I approached this research. I have been and continue to be motivated by health concerns and by societal pressure to lose weight. I have often been successful at implementing my intentions to reduce my weight

and I have also experienced repeated failed attempts. I have been overweight or obese since early childhood and I have never maintained my weight within a normal range though I have consistently struggled to do so. I have felt the intense pain of being taunted on account of my weight status, both as a child and as an adult. I have had a difficult rapport with my body for most of my life and I have sometimes let my weight interfere with my social relationships. I still frequently turn to food for reasons other than the alleviation of physiological hunger and I know the feelings of helplessness and shame that accompany the inability to regulate my food intake. Finally, I admit that although my preference is for an active lifestyle, I have to work especially hard to incorporate a meaningful level of physical activity into my daily routine.

This doctoral project is borne out of my lifelong pursuit to identify the triggers that converge to propel me into action when I decide to lose weight. I wanted to engage with obese women who have successfully navigated the turbulent waters of change towards weight loss because I anticipated that together we could construct meaning from our lived experiences and thus contribute to advancing knowledge in regard to weight management.

Cresswell, Hanson, Clark Plano and Morales (2007) strongly advocate that the formulation of the researcher's philosophical assumptions is foundational in the selection of appropriate methods and a research methodology. In this regard, I would propose that in addition to some of the assumptions underlying this research (see Appendix B), further aspects of the philosophical underpinnings of this study are my holistic perspective on health and wellness, my existentialist stance toward the subjectivity of reality, and my belief in people's capacity for self-awareness. My predilection for a systemic approach to the study of human behaviour is apprehended in its greater social context.

My approach to wellness coincides somewhat with the WHO's conceptualization of health as a resource (Williamson & Carr, 2009). I construe health as mind-body-spirit connection, a multi-dimensional source of energy that radiates to all areas of my life and gives me leisure to engage in various activities of my choosing. I understand wellness as extending along a continuum that spans from debilitating illness and disease to unbounded well-being. Though I fully concur with Williamson and Carr (2009) that individual health-related behaviours only moderately influence one's health status (genetic, environmental and socio-demographic factors complete the equation), I do believe that the choices I make and the actions I take—from frequent laughter to active transportation, from lifelong learning to appreciating and respecting diverse others –have a direct impact on my state of wellbeing and my place in the wellness continuum.

As a researcher, I am guided by non-hierarchical values of equality, reciprocity (Oakley, 2003), transparency, and appropriate self-disclosure (Reinharz, 1992). I cultivate reflexivity, self-awareness, and congruency. I also value respect and a genuine appreciation for diversity. I hold an epistemological standpoint that positions knowledge as a construction that is not value-neutral (Moilanen, 2000); rather, knowledge is located historically and socially, and it reflects the viewpoints of its producers (Haraway, 1991)—all those involved in the inquiry, including the reader. My appreciation of the learning process is derived from David Kolb's (1984) adaptation of the experiential learning models proposed by Lewin, Dewey and Piaget, an approach that grounds learning, or the creation of knowledge, in the transformation of concrete experience. My conception of learning is also steeped in a Vygotskyan framework (Chaiklin, 2003), which proposes that learning takes place in relationships and that meaning-making occurs when an experience is translated into language (Seidman, 2006).

Not only do I construe the learning process to be enhanced through relationships, I also believe that a woman's development,[43] her very sense of self (Jordan, 1992), is fostered through reciprocal relations of empathy and of mutual empowerment (Jordan & Hartling, 2002; Surrey, 1991b). A woman's development does not occur in isolation. Just as Gilligan (1982) offered in her seminal work, Jean Baker Miller (1986) has proposed that "women's sense of self becomes very much organized around being able to make and then to maintain affiliations and relationships" (p. 83). Miller's views have been further developed through the writings from the Stone Center colloquia as the relational-cultural theory of women's development (Jordan, Kaplan, Miller, Stiver, & Surrey, 1991b; Jordan & Hartling, 2002). Within the present inquiry, relational-cultural theory has had a direct impact on the choice of methodology and methods and on the manner in which issues of trustworthiness are addressed. Jordan (1992) writes:

> As two people join in empathic subjectivity, the distinction between "subject" and "object" blur; knower and known connect and join in mutual empathy. The other's subjective experience becomes as one's own; this is at the heart of "relational being". Action, creativity, and intentionality occur within this context. (p. 62)

If, as a researcher, I seek to intentionally maintain an empathic stance toward the research participants, my understanding of their process is enhanced and so is the trustworthiness of the inquiry (Maxwell, 2002). Furthermore, since the concept of relationship is so central to our development and functioning as women, I offer the major themes issued from the analysis of the women's stories in terms of relationships, for example, one's relationship with weight, with others, with food, and with physical activity.

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[43] Though Miller (1986) put forth her thesis in regard to women, Jordan and Hatling (2002) have extended the relational-cultural theory of women's development, writing that "all people yearn for connection" (p. 49). See also Guisinger and Blatt, 1994.

Research Methodology and Methods

Research methodology. For obvious reasons, the research methodology of choice in a given project (quantitative, qualitative, or mixed) is that which is most robust with regards to answering the research questions (Jayaratne & Stewart, 1991). Since I did not frame my questions with a view to restricting the investigation to the HAPA constructs that had partly influenced their formulation, I welcomed an approach that would allow for the discovery of "unanticipated phenomena and influences... [while] promoting understanding of the process by which events and actions take place" (Maxwell, 1996, p. 17). I sought to explore the breadth of my research topic (Cresswell, 1998) and looked for latitude to examine the different dimensions of the change process. Furthermore, since change implies a temporal dimension, I sought a methodology that would allow me to explore engagement in a weight-loss journey as the dynamic phenomenon that it is rather than as one that would provide me with a snapshot in time, which could do little to address the research questions (Schofield, 2002). A qualitative paradigm seemed to be the most appropriate alternative since it promotes the understanding of both the context in which the participants act as well as the influence of that context on their actions (Maxwell, 1996). A qualitative methodology was also well aligned with the non-negotiable goals of my research: to explore the lived experiences of women who would want to share their narratives, and to preserve their voices in order to let their stories answer the research questions.

Research methods. Obviously, the choice of research methods must be aligned with the purpose of the study, the research questions, and the research methodology (Maxwell, 1996). Furthermore, the selection must be in harmony with the researcher's ontological, epistemological, and axiological stances (Cresswell et al., 2007), all of which have been presented above. On the basis of these postulations, I adopted a collective case study design (Stake, 1995) with a narrative approach to data collection.

According to Yin (2003), the case study method is appropriate to explore phenomena in their context and address "why" and "how" research questions. Yin (2009) also proposed that a case study design is fitting when a researcher wants to gain an understanding of a complex social experience that still retains significant characteristics of real-life events such as individual life cycles; this understanding is a crucial requirement for mapping individual behaviour change processes. I have selected a collective case study approach (Stake, 2003) since it is considered more compelling than that which comprises a single instrumental case; it also increases the robustness of the overall study (Yin, 2003) since it allows for the discovery of multiple perspectives on an issue (Cresswell, 1998).

Susan Chase defines narrative as "retrospective meaning-making—the shaping or ordering of past experience" (2005, p. 656). The appeal of a narrative approach in gathering data for my research was supported by Clandinin and Connelly (2000), who suggested that people are engaged in a process of personal change that they are able to examine and narrate. Not only are people naturally predisposed to tell their story (Bruner, 1990; Murray, 1997), storytelling is central since it is through their narratives that individuals organize their experiences (Bruner, 1990). Storytelling also provides people with an opportunity to arrange these experiences into meaningful episodes that include social representations of the world in which they live (Atkinson, Delamont, & Coffey, 2003; Fraser, 2004). Consequently, I determined that a narrative approach to the interview process would be well suited to delve into the experience of obese women's engagement in a weight loss project. I believed that such an approach would facilitate the deconstruction of the different layers of that experience and it would make possible the identification of the salient factors and different relationships that enabled the women to translate their intention into weight-reducing behaviours.

Given that one of the basic premises of a narrative approach is the involvement of participants at any stage of the research (Bateson, 1994; Chase, 2003; Ollerenshaw & Cresswell, 2002), I embraced the fact that such an attitude would invite the women to recount their personal-experience stories (Cresswell et al., 2007) and that it would allow them to participate in the co-construction of knowledge (Fine & Gordon, 1992). I also appreciated that the reporting (thick descriptions) of the narratives (Geertz, 1973; Stake, 1995) would facilitate the construction of knowledge by the reader (Lincoln & Guba, 2002; Stake, 2003).

My decision in favor of a narrative approach for data gathering was further influenced by the fact that sequential ordering is a foundational characteristic of narrative research (Atkinson et al., 2003, p. 232; Bruner, 1990; Czarniawska-Joerges, 2004; Daiute & Fine, 2003). Gven that my research interest lies at the juncture between intention and action, Clandinin and Connelly (2000) have proposed a three-dimensional space in which dimensions of *temporality* (past, present, and future), *interaction* (personal and social), and *place* (situation) intersect to create the narrative inquiry. Ollerenshaw and Cresswell (2002) have also offered that it is "the chronology of narrative research with an emphasis on sequence that sets narrative apart from other genres of research" (p. 332). In light of the above, it became obvious that the option of a collective case research design with a narrative approach to data collection would be a judicious choice to answer my research questions.

Although I would have wished to avoid the appellation of *case* as applied to the research participants so as not to objectify the women who would generously give of their time and share their stories, for the purpose of delineating the boundaries of the collective case study, each research participant was regarded as such. The narrative of each woman was considered in its uniqueness (single case) (Patton, 2002); it was also

interwoven with the other participants' stories to address the research questions (Cresswell, 1998; Fraser, 2004).

Ethics Approval and Informed Consent

I submitted my proposal to the Ethics Committee of Concordia University's Department of Applied Human Sciences and received approval to proceed with the research in May 2007. The only stipulation was that I revise the Consent form to a more general level of comprehension (see Appendix C).

Prior to the start of the first interview, I held a focus group (3 women) to test the interview questions. I informed the participants (focus group and 5 research participants) verbally of the confidential nature of the interviews and I asked them to read and sign the consent form. Four out of five women preferred not to select a pseudonym and they all agreed that I could incorporate their photos into this dissertation. However, given the nature of the data and my concern for confidentiality, I subsequently contacted the participants, explained that I would not be including their picture in my final report and asked them to choose a pseudonym, which they did. Although the photos were not included in this document, they helped me maintain the relationship I had established with each woman while I wrote their individual stories. I posted the photos on the wall directly across my desk and continued my conversation with them as I wrote. I also created pseudonyms for people (partner, trainer, helping professional, etc.) mentioned by name by the research participants as a further measure to ensure confidentiality.

As an obese woman with a history of weight cycling interviewing other obese women engaged in weigh-loss processes, I was aware that I needed to navigate a fine line between building trust and maintaining an approach in keeping with informed consent. I was aware that developing rapport could be interpreted as friendship by the participants who might be encouraged to inappropriately disclose private and intimate information they would later regret sharing (Duncombe & Jessop, 2002). Therefore, I let

my proclivity to establish relationships of care and my sense of responsibility for the well-being of others be my guidelines for ethical conduct throughout the research (Freedman, 2001; Gilligan, 1982)

Research Participants

The number of research participants required for a valid case study varies from one individual (Cresswell, 1998; 2007; Douglas 1985 as cited in Seidman, 2006) to large organizations (Berg, 2007). According to Patton (2002) "there are no rules for sample size in qualitative inquiry" (p. 244). In their discussion of sample size, Josselson and Lieblich (2003) recommend that five participants is a manageable number for student research. For that reason, I determined to recruit 5 women who had lived the experience of successful engagement in a weight loss project and who would be willing to share their story in three separate individual interviews. I fully expected that this strategy would provide depth to the study and trusted that the number of participants would be sufficient to provide multiple perspectives on the research questions, to clarify meaning, and verify the repeatability of an interpretation. Of course, I remained open to the possibility that this number might need to be increased.

Recruitment. Eventually, my choice of sample size was limited by time (Kvale, 1996) and the difficulty of attracting research participants who would be asked to volunteer their time (a minimum of 4 hours) without financial remuneration. The only form of compensation that I believed the women might gain from their participation in the research was non-monetary. I anticipated that they would derive empowerment from sharing their weight-loss experience as a means to structuring that experience (Bruner, 1990). I also hoped women might want to help other women enact their intention to lose weight by sharing their story and participating in the co-construction of the findings.

I used a number of recruitment strategies to attract research participants who met the criteria discussed above. I sent emails (see Appendix D) to two University

listservs, I put up several posters (see Appendix E) in strategic areas around Montreal (YMCA, Concordia campus, cafés, etc.), and I placed an ad with similar content in the *Montreal Mirror*. To attract participants, I also spoke directly to personal contacts at local community fitness centers, gatekeepers (Berg, 2007) at different sites (*Weight Watchers*, Concordia Health Services, dieticians in CLSCs[44], and other weight loss organizations in the city of Montreal). However, I was able to recruit only two women through these efforts and several months passed without new participants joining the research. I received a number of inquiries from women who were eager to be involved and I simply had to thank them for their interest since they did not fit the inclusion criteria, mainly because of their age. I felt anxious about the difficulty I was experiencing and I decided to lower the minimum age from 30 to 26. The last three participants, two of whom are 28 years of age, were recruited through word-of-mouth (common acquaintances) or because they heard about my research in a social setting.

General description. The women who ultimately shared their stories with me are Chloe, Elaine, Marianne, Tatiana, and Veronica. In summary, the participants in this research project are Caucasian, Canadian-born, heterosexual women between the ages of 28 and 42 (see Appendix F for an aggregate profile of the research participants at the time when they initiated their weight loss project). Other socio-demographic characteristics[45] are as follows:

Language:	All speak English; one is French Canadian; Interviews were conducted in English.

[44] CLSC (Centre Local de Santé Communautaire) is the French designation of a Community health center in Québec.

[45] Elements considered to draft a socio-demographic profile of the research participants were derived in part from the Socio-demographic and lifestyle correlates of obesity—Technical report on the secondary analyses using the 2000–2001 Canadian Community Health Survey (Craig, Cameron, & Bauman, 2005).

Ethnic antecedants:	Two of the women have Native Canadian ancestry; One is a French Quebecer, one has partial German ancestry, and one stated that she is from a diverse Anglo-Saxon background.
Residence:	All reside in urban areas of Quebec and Ontario with easy access to sports facilities and to a variety of food and fresh produce.
Social status:	Four have never married; one's divorce was finalized during the interview process; Four are not involved in a romantic relationship while the fifth woman's abusive relationship is ending – all the women are looking for a partner
Parental status:	Two are mothers
Education:	One has a Master's degree; two have a Bachelor's degree One has a CEGEP certificate; one is enrolled in a Bachelor's program as a Mature Student
Employment:	Four work full-time (sedentary positions) One is a full-time student who works part-time All are employed in fields where women usually account for the majority of employees
Income level:	Not determined; none mentioned affordability of food or fresh produce as a deterrent to healthy nutrition
Living arrangement:	Three live alone; One lives with her two young daughters (her partner left shortly after she took steps to lose weight); one lives with her children and her mother;

	Four of the women are solely responsible for food preparation in the household
Smoking status:	Four are non-smokers; one is a light daily smoker
Co-morbidities	One woman has asthma; one has digestive problems due to binge eating
Mental health:	Two suffered proximal or distal burnout prior to initiation
Social support:	All the women have tangible and affection support from members of their immediate family or close friends; all experience positive social interactions with family, friends, and co-workers.

Prior to initiation into the current weight-loss project, all of the women experienced class I obesity and all but one claimed genetic predisposition to the condition (e.g., obese mother, father, grandparent); their set point of weight is in the lower range of class I obesity. At our first meeting, they had been engaged in weight loss efforts for a minimum of 1 month and had lost between 2.2 and 10.5 kg. The interview process lasted from June 2007 to March 2008. Just as Josselson and Lieblich (2003) predicted, after 16 interviews, I felt that I had already learned more than I would "ever be able to contain and communicate" (p. 267) in this research project. I knew then that the five participants and their rich stories would more than adequately address the research questions; therefore, I stopped interviewing (Taylor & Bogdan, 1998).

Narrative Data Collection

The data used to address the research questions came from my *experience memos* and from the verbatim transcripts of interviews with the research participants. My *field notes* and *analytic memos* informed the analysis of the data.

Researcher's experience memos. According to Wengraf (2001), "it is very important to engage in a very systematic inventory of one's own prejudices, stereotypes, fantasies, hopes and fears, ideological and emotional desires and purposes and to record these very systematically in writing" (p. 94). Therefore, I considered it important to reflect on my own understanding of what it meant for me to be an obese woman prior to engaging in the research process. Polkinghorne (1989) and Moustakas (1994) refer to the practice as the essential "bracketing" of the researcher's experiences as a means to setting aside all prejudgments and letting the research topic take shape through the voice of the participants. I remain unconvinced of the feasibility of shelving all preconceived ideas—I cannot achieve a blank slate—however, I believe that reflecting on my own experience as an obese woman heightened my awareness of the voice I was listening to during data collection and analysis, mine and that of the research participants.

Prior to the interview process, I was also attentive to the danger of over-identification with the women who agreed to share their story as part of this research project (Mies, 1991). Mies suggests that feminist researchers do seek partial identification with the participants as this "allows for differences between the researcher and respondent to emerge and be used positively in the struggle against women's exploitation" (p. 79). In this case, the drafting of my experience memos was critical because as a researcher I had learned that when a participant's response to an interview question resonates deeply and meshes with my own experience, I tended to over-identify and become less inclined to probe for meaning. Similarly, I had also found myself relying on my own frame of reference to interpret what the person was saying when an answer seemed unclear (Anderson & Jack, 1991). I deeply wanted to be mindful and safeguard the participants' own voices. Therefore, I reflected upon and answered all the interview questions in memo form prior to the interviews. This helped

me not only ensure that the questions made sense, but it allowed me to record my own voice, which would ultimately be added to that of the participants in answer to the research questions. The exercise also provided a tool to identify my own assumptions, judgments, thoughts, and feelings in regard to the research topic. I wanted to "give permission for the [participant's] story to emerge without interruption" (Holstein & Gubrium, 2000, p. 129) uninhibited by the noise that my own story would create when I heard it. The experience memos supported my intention to keep an open mind and maintain a level of curiosity for the women's stories; they also focused my attention on the narratives and their unique meanings rather than on the vicarious experiences I might be living through the research participants.

Some of the entries and responses to the interview questions listed in my experience memos attest to the benefits of the exercise. In the early part of April 2007, I wrote the following:

> Q: Tell me about your relationship with your weight throughout your life.
>
> M:[46] *I was born fat—I only have very few recollections of times in my life when I was not fat. My entire adult life has been spent either dieting & trying to lose weight or feeling guilty because I was gaining weight… Some people gauge their life by "where were you when Kennedy died" for example. I can recount periods of my life by my weight and the kind of diet I went on.*
>
> Q: How would your experience have been different if you were a man?
>
> M: *I would never have suffered so much. I don't think men build their self-esteem on their weight. I seldom look at an overweight man as incompetent…*

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[46] Throughout this document, I use the letter 'M' to refer to my portion of the narratives. Participants' words as well as my own statements during the interview process are italicized in order to differentiate them from other texts.

Q: Is there a metaphor that talks to you about your relationship with your weight...

M: *It's a battle. I think of Zorro and his sword always on guard against the enemy. The difference is that Zorro is always winning and I'm constantly defeated. It remains that the imagery of the constant battle represents what I feel about my weight. The fun thing about this time in my life is that I'm fighting really hard at the moment and although the battle is raging, it looks like Zorro might be winning. The worry is that history will repeat itself and I'll stop exercising, stop being diet conscious and regain what I'm losing/have lost.*

It becomes evident from these few unedited excerpts that my experience matches the participants' depictions of their own relationship with their weight, their assessments of the role of gender in the conception of obesity and their metaphorical references to the struggles involved in weight loss (see Appendices G-K for participants' stories). Because I had drafted the experience memos, I was able to avoid the climb to the top of the ladder of inference (Senge, 1990) to superimpose my own meaning on the women's narratives.

The interview process. Given the adoption of narrative inquiry as data collection methods, the semi-structured interview format seemed the appropriate choice to engage research participants in co-constructing their stories. According to Taylor and Bogdan (1998), "the hallmark of in-depth qualitative interviewing is learning how people construct their realities—how they view, define, and experience the world" (p. 101). Although interviews may seem like ordinary conversations between two people they are not (Reinharz & Chase, 2002)! One person asks the questions, the other responds; even when they are not meant to be leading, questions influence content and provide direction for the exchange. In a research interview, even one which is loosely structured, the interviewer provides the framework (Holstein & Gubrium, 2002) and the interviewee is

expected to share her lived experience. In this regard, I was aware of areas of sensibility (Fontana, 2003) with the in-depth, semi-structured interview approach even if it has been labeled as the paradigmatic feminist method (Kelly et al., 1994). I was attuned to the potential for the asymmetry of power inherent in a research interview (Kvale, 1996) and for exploitation when I, as a woman, would interview women. I was also mindful that the "quality of the information obtained during an interview is largely dependent on the interviewer" (Patton, 2002, p. 341). What a tremendous responsibility for a researcher!

Some feminist researchers (Kelly et al., 1994; Reay, 1995) have proposed that it is a fallacy to assume that women will eagerly want to be interviewed by other women, and that they will readily want to self-disclose. Since I would be asking the research participants to share highly personal feelings, thoughts, and recollections of sometimes painful incidents as part of their narratives, I knew that building trust and ensuring safety would need to be essential components of the relationship. I also knew that establishing rapport was necessary in order to facilitate dialogue and allow for in-depth exploration of the women's meaning and experience. To do this, I drew upon skills that I developed through life and in my professional practice--skills such as positive regard, presence, deep listening (Josselson & Lieblich, 2003), and unconditional respect (DeVault, 1990; Keen, 1975).

Given my age, my position at the University, and my vested interest in the research project, it was difficult to equalize the relationship, though I endeavoured my best to do so (Seidman, 2006). Nevertheless, I am satisfied that I did not exploit the women who participated in this research. I designed the interview process as a conversation between equals rather than a formal question-and-answer exchange (Taylor & Bogdan, 1998). I engaged in appropriate self-disclosure in order to foster reciprocity during the exchanges (Oakley, 2003). When the interviews were completed, I listened to the women with empathy as I transcribed their words; I posted their pictures

on the wall in front of my desk and let them smile at me during the several months I took to write their individual stories and represent them as respectfully and accurately as I could. Most of all, I still maintain a strong connection with them, even if only in memory with some (Reinharz, 1992).

Interview schedule. Following a structure suggested by Seidman (2006), I conducted three face-to-face semi-structured in-depth interviews with each of the five research participants; I also conducted a fourth interview with one woman for a total of 16 interviews. Each interview lasted between 60 and 120 minutes. Meetings with research participants were arranged at their convenience. In an effort to spend time with the women in an environment familiar to them (Taylor & Bogdan, 1998), several of the interviews took place in the women's kitchens, living rooms, or at their places of work. For the sake of convenience, some interviews also took place at the University and some were held in my own living room.

I spent some time with each of the women before activating the tape recorder. This was extremely beneficial in that it allowed me to further build rapport (Holland, 2004) and set the stage for the interview or, put differently, to provide context. We tested our voices on tape to minimize the impact of the device during the interview; this appeared to have had the desired effect, as it did not seem that the women paid much attention to being recorded. I consistently terminated the interview by asking the participants if they wanted to add anything else to their story. I also frequently had a debriefing period at the end of the interview (Kvale, 1996). This was meant to explore the participants' feelings and provide reassurance regarding the appropriateness of their answers. At that time, I occasionally referred back to the confidential nature of the interview data.

Validation of interview questions. Before I conducted the first interview with the research participants, I held a 90-minute face-to-face dialogue with two women who

had experienced the change process involved in adopting weight control behaviours. I also had a telephone conversation with another woman who had a similar experience. These pilot cases (Yin, 2009) had two purposes; first they were intended as a process of exploration—see how others who have lived the experience approach its interpretation. The dialogue also acted as a roadmap to how women find their way to narrate their experience. Furthermore, I believed that validating the parameters of the experience would confirm the appropriateness of the interview questions (Chase, 2003; Seidman, 2006). Second, I introduced the interview protocols (questions and probes) for the first two interviews and asked for feedback as to the clarity and appropriateness of the questions (Maxwell, 1996). Although the revisions were few, some were extremely important to the scope of questions. The three women helped me reframe and add dimensionality to some of the interview questions. They proposed different wording or contributed additional probes. An example would be to ask participants about images that come to mind when I say the word *overweight* or *obese* rather than simply asking "what do you think about obesity?" The women also confirmed the appropriateness of exploring affective aspects of the lived weight-loss experience.

Interview guides. I prepared interview guides and a list of essential questions (Berg, 2007) and probes for each of the interviews (Berg, 2007; Kvale, 1996; Patton, 2002) in order to help the research participants bring their weight loss experience to consciousness (see Appendices L-N).[47] I remained flexible and made efforts to follow the story in a conversational style of interaction (Kvale, 1996; Ollerenshaw & Cresswell, 2002) and to maintain the exchange as a "jointly constructed discourse" (Mishler, 1986, p. 66). Consistently, the women provided answers without prompting and I often amended the wording and interchanged the sequence of the prepared questions

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[47] The interview guide for the second interview was also informed by transcription and reflection upon the first interview. See below for the design of the guide used in the third interview.

(Patton, 2002). I must note here, however, that most of the women wanted to talk about their relationship with food and their current weight loss from the outset. I sometimes asked them to wait until the end of the first interview to talk about food and save their story about engagement in their present weight loss project for the second interview. Except for gentle prompts to preserve aspects of continuity (time frame) in their stories, I avoided being directive and made liberal use of silence, non-verbal behaviours, minimal encouragers, paraphrases, reflections of feelings, and summarizations (Ivey, Bradford Ivey, & Simek-Morgan, 1997) to support the conversation. I often provided support and recognition responses (Patton, 2002) to let the women know that I remained attentive to their story and thankful for their openness and trust.

Throughout the interviews, I used a range of question options presented by Patton (2002): Questions of experience and behaviour, opinions and values, feelings, knowledge, backgrounds, and demographics. I also used types of questions listed by Kvale (1996): introductory, follow-up, probing, specifying, direct and indirect, structuring, and interpreting. I combined the time frame of questions to include past, present, and future information since this was essential in addressing the research questions.

Interview structure. The first interview (see Appendix L) was designed to focus on the life story of the woman in regard to her weight in order to reconstruct her experience in context (Seidman, 2006). I inquired about the woman's relationship with her weight, past experiences with weight loss, interpersonal interactions, relationships to food and physical activity—a grand tour of the experience (Spradley, 1979, as cited in Taylor & Bogdan, 1998). In addition to the interview guide used to frame the exchange, I asked research participants to provide pictures as props in the storytelling; these were used to help the women attend to their experience and tell their story (Riessman, 1993). In addition, pictures were used to elicit comments on gender, body image, self-concepts,

self-esteem, and interactions with those in their immediate environment. Finally, I asked questions meant to illuminate mental models related to excess weight and obesity.

The second interview (see Appendix M) was intended to bring out concrete details (Seidman, 2006) of why and how weight-loss behaviours were enacted; this included the personal and environmental contexts of the narrated events. I explained to the participants that the interview would be divided in three parts. I reiterated the purpose of the last interview and stated that I wanted to explore the reasons that led them to want to lose weight and the ways in which they were actually enacting their intention. The interview was divided as follows: (a) reasons why and the manner in which the woman made the decision to lose weight, (b) manner in which she took action, (c) her experience since she started her current weight loss efforts.

Seidman (2006) suggests that in the third interview, participants should be asked about the meaning of their experience based on their responses to the first two interviews. While Seidman recommends that data analysis only begin after the last interview, other researchers have proposed that an underlying assumption of data collection in a research project using a qualitative design is that early and ongoing inductive data analysis constitutes part of the process (Elliott, 2005; Janesick, 2003; Kvale, 1996; Maykut & Morehouse, 1994; Stake, 1995, p. 175; Taylor & Bogdan, 1998). Therefore, to prepare for the third interview, I engaged in on-going, if not formal, analysis of the women's stories even though the interview process had not been completed.

I personally transcribed the first two interviews for each participant. This allowed me to hear the sighs and the laughter, the pauses and the emphases, the pathos and the excitement that are not easily conveyed through the written text (Kvale, 1996). I read the transcripts carefully and interactively engaged the data (Dey, 1993); I also annotated the printed copies of the interviews (Chase, 1996; Taylor & Bogdan, 1998) in order to determine the themes and patterns to be used in the third interview. I highlighted

sections of the text aligned with the research questions, with concepts in the literature and with my theoretical framework (models of individual health-related behaviour change). I also underlined passages that were poignant and which seemed to represent the ethos of the storyteller. I took note of sensitizing concepts that could provide directions along which to pursue the inquiry (Blumer, 1969; Taylor & Bogdan, 1998).[48]

Marginal notes were made as follows: (a) I jotted down words or phrases using the participant's own words, which later became *emic concepts* (Taylor & Bogdan, 1998) used in the inductive data analysis process, for example, Tatiana: *it's like food was a symbol of love* elicited "food as symbol of love" which was later incorporated into the larger category *Lifestyle – Eating – meaning of food*;[49] (b) I marked down some questions and some seeming contradictions in the participant's answers, for example, a question for Veronica about self-esteem: *although you say that you don't have a self-esteem issue, this was not your experience growing up or in college. Help me understand…*; (c) I wrote comments that referred to recurring themes in the story, for example, Chloe: [Expressed] need to control food intake; (d) I made analytic notes when certain passages reminded me of answers provided by other women involved in the research such as Elaine's response: *I want to stay in my cocoon*, reminded me of Tatiana's "weight as a burqa"; and (e) I recorded notes about the interview process, for example, Tatiana: bonding over cell phone ring tone.

Once the transcripts of the first two interviews had been annotated, I prepared a list of themes and patterns that emerged from the data (Dey, 1993) and I outlined further questions I wanted to discuss with the participants. I fully acknowledge that I exercised my own judgment in the selection of what I supposed to be interesting and meaningful

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[48] An example of such a sensitizing concept was the purpose weight fulfilled in the life of obese women.

[49] See below for further discussion on category and code strings.

passages in the stories (Seidman, 2006). My judgment was informed by the level of energy around the topic demonstrated by the participant during the interview, by redundancy, and by concepts from the literature. However, prior to offering the themes I had compiled, I asked the women if they could identify patterns in their previous narratives, and if so, would they care to comment on the meaning that these held for them. Adding validity to the research, the participants named many if not all the themes I had highlighted.

In order to further involve the women in the construction of the research findings, I presented them with my two main research questions and asked for their comments. This attempt at engaging the participants in addressing the research questions did not generate much interest as the women mostly reiterated what they had shared as their own story. Given my focus on the journey, I also repeated the metaphor which had been produced in the first interview and asked if it had changed. This question produced interesting data for the mapping of the change process. In conclusion, I asked the women if they felt that they had benefited from their participation in the research. Again, except for Marianne who was adamant that she had offered to share her story so that she could help other women in her situation, there was not much enthusiasm for this question.

Field notes and reflective journal. Though I recognize the usefulness of taking notes during the interview (Patton, 2002), I seldom did so, opting instead to remain fully present to the woman who was telling her story. Patton refers to the time after an interview as "a period for postpartum reflection, a time to consider what has been revealed or what has been birthed" (p. 384). Therefore, in order to improve the reliability of the project (Franklin & Ballan, 2001), I conscientiously kept a *fieldwork journal* in which I took notes, recorded direct observations and reflected on each of the interviews. Though the interviews would be digitally recorded, I believed that there was no

accounting for context and for some aspects of interpersonal interaction and non-verbal communication within the written text (Poland, 2002). For example, after the second interview with Elaine, I wrote, "I had asked her if I could get there late so I could go to my spinning – that was OK with her. I remember her saying that she would put everything aside for dragon boat." Eventually, Elaine's dedication to the sport became one of the compelling themes in her story. I wrote down ideas, emotions, and concerns in my field journal. These informed my approach to the next interview and they became part of my frame of reference when I engaged in data analysis. As a reflexive practitioner, I used the *field journal* to explore my role as co-constructor of the women's stories (Fontana, 2003); I considered my oversights and even approaches and behaviours that I might want to adjust in the next interview (Franklin & Ballan, 2001).

Analytic memos. In addition to the field notes, I took notes during and after transcription, while I read and re-read the data, and while I coded and analyzed the data (Dey, 1999). These memos provided an opportunity for reflection where I further bracketed my own experience; I recorded hunches and hypotheses, links to theory, and similarities among participants. The *analytic memos* were used in the construction of the research findings.

Qualitative Data Transformation

As Wolcott (2001), the author of the famous monograph on reporting qualitative research, so eloquently wrote, "the critical task in qualitative research is not to accumulate all the data you can, but to 'can' (i.e., get rid of) most of the data you accumulate" (p. 35). Data transformation for this study began during the interview process. The first three steps suggested by Kvale (1996) were described above: (a) The research participants told their story and reflected upon their lived experience; (b) in telling of their narratives the women seemed to notice new relationships and discern new meanings in their experience; and (c) in the third interview we, researcher and

participant, dialogued and collaboratively pondered the meaning of the previous interviews. The fourth approach to the analysis of the meanings of the interviews proposed by Kvale consists of interpretation by the researcher of the transcribed data. In this section, I will address issues of transcription and data analysis and will attend to questions of trustworthiness in regard to the research findings.

Transcription. The sixteen interviews were recorded and the audio files were transferred to a personal laptop. Shortly after each interview, I personally transcribed the data in MSWord using the Express Scribe software. This proved to be a lengthy, albeit useful process as it enabled me to immerse myself in each of the interviews and to re-listen to the women's stories. In order to preserve the participant's voice and capture some of the non-verbal communication, I produced verbatim, unedited (DeVault, 1990) transcriptions of the interviews. I retained pauses (longer than 3 seconds), sighs and laughter. I recorded broken sentences and repeated words—both theirs and mine—which are common aspects of messy casual conversations (Poland, 2002). Although I kept track of interruptions (outside intrusions, phone ringing, breaks, etc.) that occurred during the time I spent with the research participants (Seidman, 1991), I did not record nor code the content of these disruptions (phone conversation, someone inadvertently interrupting, etc.) as they seemed irrelevant to how the woman engaged in weight-loss activities.

Since the interviews were digitally recorded, the audio files were of good quality and the dialogue was easily understood. The number of missed words or phrases was minimal. When I could not identify a word, I replayed the file 5 times. If the words were still inaudible, I marked the section as "[word missing]". Once the majority of the interviews had been transcribed (13 out of 16), I made the first attempt to verify the accuracy of the transcripts. I listened again to 4 interviews while reading the transcripts. I found minor discrepancies, which consisted mainly in my omitting words and phrases

such as *you know*, *just* and *like*; I also sometimes left out repeated words. When all the interviews had been transcribed, I asked a fellow doctoral student who is experienced in qualitative data transcription and analysis to audit the transcripts in order to evaluate their accuracy. My peer listened to a portion (10%) of the interviews (Poland, 2002) according to a random order he had pre-determined: Pages 16, 7, 13 and 1 of each interview were reviewed in that order. We agreed prior to the start of the exercise that a major mistake would be one that changes the meaning of the sentence. Only two such variations were identified[50]. In fact, it was determined that the second instance could only potentially alter the meaning of the segment. Some inverted words were detected and were assessed as minor errors since the inversions did not add to the transcripts nor change their meaning. Finally, we played back the recordings for some of the words that had been inaudible and agreed to leave them as "[word missing]" if both of us still could not understand what was being said. When the audit was completed, it was determined that the interviews had been transcribed quite accurately and I was satisfied as to the accuracy of the transcripts.

Data reduction. Once transcription of the interview data was completed, I engaged in a formal open coding process (Strauss & Corbin, 1998) similar to that which was done to thematize the first two interviews for each participant. Since I aimed to retain a holistic perspective of the characteristic elements of the data, I used an approach advanced by Ian Dey (1993) who proposed the conception of *category strings,* which can be intertwined in the elaboration of a conceptual map of the data. This is done instead of generating single categories from deconstructed, de-contextualized data that would subsequently need to be reconnected (Maxwell, 1996; Reilly, 2005). Though

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[50] The only discrepancy which changed the meaning between the spoken and written texts was found in Chloe's first interview. She talked about images of overweight/obese individuals and said: "*little boy who won't stop eating.*" I had transcribed: "*little boy who woke up eating.*"

Dey's coding process is often linked with grounded theory methodology, I believed that it offered a structure that would ensure rigour yet preserve the flexibility to illuminate concepts and relationships necessary to address the research questions. I identified the different elements of the category string as thread (core concept of the category), string (element of the core concept), strand (sub-category within the element of the core concept) and knot (fine distinction of a strand or sub-category). An example of a category string is: *Self-concept* (thread), *Body image* (string), *influences* (strand), *socio-cultural messages* (knot) which I used in an attempt to represent the influence of socio-cultural messages on the formation of a woman's body image, an integral part of her self-concept.

In order to arrive at the elaboration of the category strings, I performed several complex operations. These are as follow:

1. I read through the data and noted topics and emerging concepts as I would with open coding (Strauss & Corbin, 1990). I labelled each new thematic section either with in-vivo codes (Cresswell, 1998) drawn from the participants' words, or marked them with inductively generated concepts—using sensitizing concepts (Blumer, 1969) or constructs from the literature—in answer to the research questions (Dey, 1993). An example of in-vivo codes is from Marianne: *I had a get together this weekend and I made, uh, nachos but I made a healthier version*, yielded "making healthier version of food" and was ultimately incorporated in the category string *Lifestyle-Eating – patterns – present.*

   An example of a code using sensitizing concepts or informed by theory:

   Chloe: *I want to look at a picture of me now and look in six months and go, 'oh my goodness, that's not even the same person,'* yielded "long term goal of current weight loss" and was later incorporated in the category string *Current*

Weight Loss – Goals – long-term. The theoretical concept of goal striving informed the labelling of this particular portion of text.

2. I kept a notebook of the open coding process where I copied interesting passages (Seidman, 1991) and meticulously kept track of the labels assigned to each section of the data. I also recorded analytic memos, hunches, interpretations, and other emerging patterns (Dey, 1993). Given the holistic approach to data reduction, when the different dimensions of recurring themes surfaced, they remained intricately linked to the whole of the data.
3. I systematically reviewed all five first interviews and devised category strings (thread, string, strand and knot) for each of them using the annotations made during open coding (see Appendix O for example of category strings for each of Elaine's interviews). The strings were also constructed from answers to *who*, *what*, *when*, *where*, *why*, and *so what* questions (Dey, 1993) or from questions I devised specifically for each interview. I gave provisional definitions to the different layers of the category strings to ensure that they retained the meaning of the data they represented. As I sought to track the women's process over time, I often added a temporal dimension to the category strings, for example, *Self-concept – Body Image – past* or *Self-concept – Body Image – present.*
4. Once category strings for all first interviews were drafted, I found much overlap between the five participants' stories and amalgamated the strings in a single file entitled *category strings first interview.* I then met with a peer, a doctoral student experienced in data analysis, who had agreed to read and analyze (open coding) the interviews from two research participants. We reviewed the codes in a debriefing session and agreed on a set of category strings for the first interview. My field notes for that meeting exemplify our process; where I had named a

category strand *benefits of weight* she had named the same category as *displacement.* A segment of my analytic memos for that meeting reads as follows:

March 13, 2008. Met with Sandra—debriefed categories drawn from first interviews. From discussion: Tentatively renamed *benefits of weight* as *displacement*—from Freud's defence mechanisms—might explain the use of weight to deal with other life issues. Also considered internal/external contributing factors + locus of control. Revised amalgamated categories for first interviews with these constructs.

The final category for *displacement* became *Self-concept – Physical Self – substitution* with a rule of inclusion as: Use of weight to deal with personal issues not related to physical self.

5. I followed the same process (annotation, construction of categories for individual interviews, amalgamation of categories, peer debriefing) for the second and third interviews. I then amalgamated the threads, strings, strands, and knots for all the interviews.

Following a method of categorization identified by Medin and Brasalou (as cited in Dey, 1993), I created a codebook prior to engaging in formal coding of the data. The manual contained rules, prototypes, exemplars, and boundary definitions for each of the category strings identified in the data (see Appendix P for a sample from the code book). I also constructed mind-maps (Maxwell, 1996) of the category strings as useful representations of the way in which the data is linked. According to Mishler (1986), the codebook is considered the hallmark of a reliable study. He suggests that the manual must be detailed enough to outline categories and subcategories, yet abstract enough

for codes to be applied to new responses. I fully expected the codebook to change throughout the coding process with the collapsing of certain codes and rearranging of the different strings, strands, and knots to reflect the data.

To prepare for formal coding, I transferred the data into *The Ethnograph* qualitative data analysis software (v.5.08 – Qualis Research), which allows codes, single or multiple, to be applied to meaning units within the text (see Appendix Q for list of code names). Some of the meaning units were phrases while others encompassed whole paragraphs. One of the foremost benefits of using data-management software for the purpose of coding is that I could easily retrieve codes to support or refute my interpretation of the data. Because of its capability to count codes, *The Ethnograph* also enabled me to gauge the strength of certain categories while allowing me to rename codes when I rearranged category strings once I had gone over the data.

While coding the data, I continually engaged in a process of refining definitions of thread, strings, strands, and knots (Eisenhardt, 2002). I checked for consistency and continually referred to and reviewed the codebook. After reviewing the data twice (Chase, 2003) and after consulting with Dr Reilly, a member of my doctoral committee, I determined that a thread I had titled *Wellness* to encompass the different dimensions of health was not representative of the participants' experience; therefore, I renamed the threads which ultimately became *Self-concept, Lifestyle, Past Weight Management* and *Current Weight Loss.* I also developed a category string to track answers to the research questions offered by the participants (see Appendix Q for a complete list of the strings, strands, and knots associated with each thread or core category). I then went over the previously coded data one last time and determined with a high level of certainty that I had reached theoretical saturation (Dey, 1999) since no new properties or dimensions emerged from the data to refine the category strings. I was also convinced that I had

reached exhaustion of sources, saturation of categories (Maykut & Morehouse, 1994), and emergence of regularities in the data (Lincoln & Guba, 1985).

According to Yin (2009), "developing a rich and full explanation or even a good description of your case, in response to your how and why [research] questions, will require much post-computer thinking and analysis" (p. 128). Yin's outlook on making sense of the data accurately reflects my experience. After I had finished the formal coding in *The Ethnograph*, I spent a long time trying to systematically achieve a valid, albeit personally informed (Lincoln & Guba, 2002; Moilanen, 2000), interpretation of the data in order to develop it into a representation that was "conceptual, comprehensible, and above all grounded" in the data (Strauss & Corbin, 1990, p. 117).

After the interviews were completed, the purpose of this project remained in keeping with the initial research questions: mapping the elements that contribute to bridging the intention-behaviour gap toward weight loss. However, I had also detected an emphasis on the women's relationship with their weight, which was not completely captured in the original questions. Therefore, once the data had been categorized, linked and contextualized (Dey, 1993), I undertook a different type of analysis to address the research questions.

I re-read the original interviews and drafted a modified version of a *story line* (Strauss & Corbin, 1990) for each participant. I also extracted emphases, recurring themes, and essential patterns (see Appendix R), and began arranging the information in chronological order (Miles & Huberman, 1994). As expected, these themes are in keeping with the core categories used to code the data.

As mentioned previously, in a collective case study, each case is apprehended in its own complexity, and then compared and contrasted to others in order to elucidate the research questions (Eisenhardt, 2002; Yin, 2003). I proceeded to develop individual case descriptions (Yin, 2009), which I prefer to name *individual stories*. I wrote each

woman's story (see Appendices G-K), thus creating a profile of each participant (Seidman, 1991). Unlike the format proposed by Seidman, however, I wrote in the third person using the original annotated data and the participant's detailed *story line* to construct the individual stories. In keeping with Clandinin and Connelly's (2000) three-dimensional space, I located the narratives in context, ordered them temporally, and specified interaction patterns evidenced in the data.

My aim in providing the individual stories was threefold: (a) to preserve the voice of the women who shared their narratives by thoroughly grounding each story in the data and using direct quotes to support my statements, (b) to contribute thick descriptions which would provide material for the generation of insights in the formulation of the findings as well as providing readers with vicarious experiences from which they might derive their own learning (Lincoln & Guba, 2002), and (c) to arrange the data sequentially and thematically in order to provide a basis from which to compare and contrast the stories while addressing the research questions. My goal in writing the individual stories was also to meet the four criteria proposed by Lincoln and Guba to judge the quality of a case report[51]—resonance, rhetoric, empowerment, and applicability.

As I wrote the individual stories, I focused on tracing the change process over time. For that reason, I used Strauss and Corbin's (1990) *paradigm* framework. I believed that the questions associated with the element of the paradigm would help ascertain elements associated with each experience of successful engagement in a weight loss project described by the research participants. While Yin (2009) suggests that a descriptive approach is helpful in identifying the "appropriate causal links to be analyzed" (p. 131), Strauss and Corbin (1990) provide a *paradigm model* that can be

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[51] The four criteria offered by Lincoln and Guba also guided the reporting of the study's findings.

used to systematically address the data. They propose that a phenomenon (engagement in a weight loss process) be apprehended according to (a) *causal conditions* that influenced its occurrence (motivation and goal for weight loss), (b) *context* in which the phenomenon took place, (c) *intervening conditions*, (d) *action/interaction strategies*, and finally (e) *consequences* derived from the phenomenon.

By using the paradigm model, I was able to identify 10 experiences of the phenomenon (first time engagement in a weight loss process or re-engagement after relapse) where all or nearly all the paradigm dimensions were clearly detailed by the research participants (see Appendix S-T for an aggregate of these dimensions derived from the narratives). In addition to the causal conditions that might motivate the women to form an intention to lose weight, I was able to identify "opportunity" as an intervening condition and a catalyst of enactment in the experience of the five research participants.

Trustworthiness

In writing this entire methodology section of the doctoral dissertation, my intention has been to make my presence visible throughout the inquiry. I have done this by linking my personal interests to the choice of topic, providing a personal profile as an "insider within" in regard to the research participants, outlining the assumptions at the root of my approach to the project, detailing how I conducted inductive analyses of the data, and acknowledging that my personal experience and predilections are involved in the construction of the findings. I have attempted to make my process as transparent as possible, and reflected deeply on how my interventions might have impacted the participants' responses (see Appendix G for Chloe's story). My motivation for these undertakings was to enhance the overall trustworthiness of the research (Lincoln & Guba, 1985).

My aim in this project was never to achieve objective truth, rather my intent has been to provide my own tentative interpretations knowing well that different, equally valid

elucidations are entirely possible (Maxwell, 2002). My purpose has been to seek to understand engagement in a weight loss process in a way that is coherent with the research participants' own interpretations of their reasons for action (Moilanen, 2000). Maxwell (2002) locates validity directly in the kinds of understanding researchers derive from the phenomena under study and how well they address and provide accounts for the what, why, how, and meanings of the research topic (Maxwell, 1996). Though I have been informed by my subjective experience and by my familiarity with the literature, my findings were achieved from listening to the women's stories, from engaging with them over time, and from grounding my interpretations in the verbatim transcripts of their narratives as much as is feasible in order to build up a coherent understanding of their process (Moilanen, 2000).

A postmodern dilemma for social researchers is that if there is no reality to be apprehended, must the results of an inquiry be restricted to the presentation of personal narratives with research participants speaking for themselves in a dialogue with the reader? As I engaged in writing up the findings in a reliable and responsible manner, I struggled to negotiate issues of power in *representation* (Kelly et al., 1994; Wilkinson & Kitzinger, 1996). Representing *others* is an enormous responsibility. In order to do so respectfully and with simultaneous regard for the trustworthiness of the study, I have been guided by suggestions from Gillies and Aldred (2002) who recommend that one make explicit their intentions behind a research project. I have exercised reflexivity, outlined my relationship with those I intend to represent, and seriously considered the impacts of the study for the participants and the group of women for whom they might speak.

Lincoln and Guba (1985) have suggested four criteria to test the trustworthiness of a study, criteria which have directed my efforts throughout every phase of the inquiry. These are *transferability*, *credibility*, *dependability*, and *confirmability*.

Transferability. The level of homogeneity among the research participants was construed to enhance transferability. In writing the individual stories and using verbatim quotes from the participants to support the findings, I have endeavoured to provide rich contextual information and thick descriptions (Geertz, 1973) so that readers might draw their own inferences from the study. However, as for other qualitative research, the reader is the ultimate judge of the transferability of the findings to their own context.

Credibility. In this project, I sought to achieve an understanding of how the research participants have enacted their intention to lose weight that is as coherent as possible with their own understanding (Moilanen, 2000). Lincoln and Guba (1985) propose that prolonged engagement, persistent observation, and triangulation are techniques used to enhance credibility. I spent between four and five hours with participants during the three or four semi-structured, in-depth interview processes which were spread over a period of 10 to 28 weeks. I achieved data triangulation with my researcher's memos, interviews with each research participant, photos that were used as referential material to corroborate the women's stories, and the field notes which I drafted throughout the research process. I believe that the multiplicity of data sources has served to enhance the credibility of the study (Maykut & Morehouse, 1994).

Dependability. I achieved dependability through the internal consistency of the data which has been coherently analysed according to structures provided by a well-defined codebook. I elaborated the research findings, being careful to include the bulk of the data and making great efforts to choose carefully between rival explanations. Furthermore, though there is much converging within the participants' narratives, which I used to draft composite sketches, I endeavoured to indicate where a participant's experience contrasted with others.

Confirmability. I believe that both methods of data analysis, which have been described above, enhance the potential for the research findings to be thoroughly

grounded in the data. As for issues of dependability, the use of *The Ethnograph* data-management software helped my elaboration of the research findings. For each major theme (e.g., relationship with self, relationship with others, etc.), I extracted the coded data for each of the pertinent sections and ensured that my conclusions matched all of the women's experiences.

Further safeguards proposed by Lincoln and Guba (1985) to establish the trustworthiness of an inquiry are *member checks*, *peer debriefing*, and *external audit*.

Member checks. Once the core categories and themes had been induced from the data – with the help of the research participant to discover the underlying themes of their narratives and uncover their meaning during the final interview – and as I was drafting the final chapter of the research findings, the material was discussed with one of the participants. The interesting experience here is that the woman had very little interest in the overall findings; instead, she started weeping as she recognized her own experience and the impact that obesity and weight management have had on her own life. I then came to agree with Susan Chase (1996) that although feminist sensitivities would compel me to share my work in-progress with research participants, I retain authority as narrative analyst since my interests are to communicate the structures evidenced in the narrative rather than the content of the story. Rather than consult participants who might not share these interests, I, like Chase, asked colleagues who were familiar with methods of narrative analysis to review my work.

Peer debriefing. Dr. Rosemary Reilly has been my mentor throughout my doctoral program. I learned the intricacies of research analysis through working with her as a research assistant. Throughout this research project, I debriefed my process and findings with Dr. Reilly and have repeatedly benefited from her insights and evidence-based suggestions. I have also frequently debriefed the process and discussed the

codebook and the findings from the inquiry with a peer who is experienced in qualitative research.

External audit. As mentioned, an independent audit was conducted by a peer who listened to segments of the audio-tapes and verified the accuracy of the transcripts across several excerpts. I kept an audit trail of all segments of the research process and a detailed description of this process has been provided in this document.

Catalytic validity. Finally, I would offer that from the inception of the research project, I was inspired by Patti Lather (1991; 1995), who, in her effort to delineate the parameters of a feminist praxis-oriented approach, offers a *reconceptualization* of the principles of validity. She offers *catalytic validity* as a further criterion to test what she refers to as the validity of a study. According to her, catalytic validity is a process that "re-orients, focuses and energizes participants toward knowing reality in order to transform it" (Lather, 1991, p. 68). I truly aspired to this noble purpose through my relationship with the women who shared their narratives with me; I hoped that the insights which they would achieve from recounting their own lived experiences might provide the impetus for renewed commitment to their self-determined goals.

Chapter 4

Sitting Around the Table: Research Findings

The boundaries of the collective case study reported here extend from the time the women chose to start their story, often their childhood, to the end of the last interview. As previously discussed, an inductive analysis process was used in my approach to the data, which consisted primarily of the research participants' stories concerning their relationship with their weight and their weight management experiences. In an attempt to devise a conceptual map of the territory covered in the women's narratives, the data was transformed into categories comprised of major threads, which in turn were subdivided into strings, strands and knots (see Appendix

Q).[52] The four major threads are *self-concept*, *lifestyle*, *past weight management,* and *current weight loss.*[53] As an introduction to the present chapter, I briefly outline the contents of the four main threads in terms of their constituent strings. The chapter is then subdivided in the five segments of the research findings. These have been drafted around the theme of "relationship", a central concept in the experience of being a woman: (a) relationship with self, (b) relationship with others, (c) relationship with food, (d) relationship with physical activity, and (e) new relationship with weight. Table 1 indicates how the category threads and strings are related to the different sections of the research findings.

Section Title	**Category Thread**	**String**
Relationship with Self	Self-Concept	Self-Identity Self-Appraisal Physical Self Body Image
	Lifestyle	Dress
Relationship with Others	Lifestyle	Mental Models Interpersonal Relations
Relationship with Food	Lifestyle	Food
Relationship with Physical Activity	Lifestyle	Physical Activity
New Relationship with Weight	Past Weight Management	History of Weight Gain Weight Loss
	Current Weight Loss	Goals Initiation Strategy Process Support

Table 1. Findings Sections, Category Threads, and Strings

[52] The number of coded segments in each string, strand, and knot is also indicated in Appendix Q
[53] I also included a Research thread through which I could easily retrieve the participants' direct input on the research questions and other segments of their stories that were of particular interest given their meaning and poignancy.

General introduction to Segments of Research Findings

Self-concept. The self-concept thread encompasses four strings related to self-perception. The first string, physical self,[54] refers to stories and descriptive statements relating to the body while the second, body image, includes accounts that denote a woman's attitude and affect regarding her body and appearance (Cash & Pruzinsky, 2002). Segments in these two strings often overlap and they are frequently used together to illustrate a point. The third string, self-identity, proved to be rather weak; most of the data coded within this string informed the drafting of the research participants' profiles. Finally, the last string appraisal is divided into two strands, self-esteem and self-efficacy; self-esteem includes statements of self-confidence and self-regard while self-efficacy refers to the beliefs in one's ability to engage in goal pursuit and achieve the desired results regardless of obstacles encountered (Bandura, 1997). Both strings were interwoven in the overall presentation of the research findings.

Several of the strands that comprise the category strings within self-concept as well as most of those included in the *lifestyle* strings have been divided into temporal knots—*past* and *present*. These knots are used to structure the data according to a timeframe delineated by initiation into the current weight loss process. Given the framework adopted to present the research findings, the self-concept thread is discussed in the section entitled: *Relationship With Self: Physical Self, Body Image, and Relationship With Weight.*

Lifestyle. This thread is designed to capture statements and stories depicting a woman's mode of living, including interpersonal relationships, patterns of daily activities such as consumption, physical activity, and dress. The construct involves five strings: *interpersonal relations, food, physical activity, dress*, and *mental models.* I trust that

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[54] For the benefit of clarity, I omit the thread label that would usually precede the string's identifier.

given their titles, the first four strings are self-explanatory and easily linked to the appropriate sections of the research findings. The mental models string denotes statements of personal beliefs, deeply held assumptions and broad generalizations concerning how things work in the world, one's place in society, how one relates to others and what she construes as "normal," "acceptable" and healthy; metaphors offered by the women to describe their relationship with their weight or their weight loss journey have been coded as mental models. This string is included here given that mental models are the roadmap for one's behavior and orientation to the external world. Data segments within this string are woven throughout the findings.

Past weight management. This thread includes references to attempts at weight control prior to initiation in the current weight loss project. The strings that surfaced within this thread are: *history, weight gain,* and *weight loss.* The first string informed the drafting of the research participants' profiles in relation to their *history* of physical health. The second and third strings provide details similar to those found in the *Current weight loss* thread; they offer insights as to the reasons given by the women as to why they gained weight as well as the manner in which they engaged in weight-reducing activities. Since some of the experiences with weight management were deemed successful, (e.g., the woman actually enacted her intention to lose weight), the stories included in this thread are offered as a contextual framework to the current weight loss efforts.

Current weight loss. The fourth thread to be inductively derived from the data pertains to the research participants' present involvement in a weight loss project. Strings within this thread are identified as *goals, initiation, strategy, process,* and *support.* The first string, *goals*, outlines the objectives that the women want to achieve through initiation in the current weight loss process or as a result of the weight loss per se. The second string, *initiation,* is a compendium of elements (readiness, causal and

intervening conditions) present during the initial period when the research participants ultimately considered and implemented weight-reducing behaviors or when they moved between the motivational and volitional stage of change (Schwarzer, 2006). The third string, *strategy*, refers to the approach(es) adopted by the women with a view to losing weight. The fourth string, *process,* is a description of the weight loss journey and of the behaviors and affect states during sustained engagement in the weight loss process. Finally, the string labeled *support* incorporates the forms of support the women received during the decision-making, initiation and continued engagement in the current weight loss process. The *Current weight loss* thread is presented in the section of the research findings titled: *New Relationship with Weight*

Section 1 – Relationship With Self: Physical Self, Body Image, Weight

From the narratives provided by the women in this study, it appears evident that it is through their relationship with their weight that they have consistently connected with their body, constructed their identity, navigated interpersonal relationships, and found their place in society. Weight has been and still is the constant that colours their sense of self and the standard which informs their self-regard; weight is the thief that robs them of their wellness and the oppressor that keeps them from living life fully. However, as might be the case for other abusive relationships, weight also seems to offer its rewards. And because weight has been so encompassing, the women have come to see weight reduction as one of the keys to their happiness.

> Tatiana: *It* [weight] *affected my mental health, it affected you know, romantic relationships, my identity, how I saw myself, all kinds of things, uh, but it never occurred to me really how much it affected my health.*

In this section, I will discuss elements of the research participants' stories related to the category thread identified as *Self-Concept*. This category includes descriptive statements of the self as well as attitudinal, affective, and evaluative propositions linked

to the whole person, past, present, and future. The significant elements that have emerged from the women's stories concern: (a) their body image, (b) the lifelong relationship that they have entertained with their weight, and (c) the changes in self-concept that have taken place as a result of weight loss. I briefly introduce the discussion with an overview of the physical characteristics the women used to describe themselves. I then provide an account of the attitudes and affects that they have held regarding their body: body image. I address how these attitudes have been shaped and, in many cases, still persist today. The discussion continues with an outline of the exclusive relationship the women entertain with their weight, including the limitations and benefits of such a relationship. Finally, this section concludes with an overview of the changes in body image and self-concept that the women have experienced as a result of their engagement in the current weight loss project, more specifically changes in self-regard and self-confidence.

Physical self. For the most part, when the women provide descriptive pictures of their physical self rather than evaluative descriptions of their body imbued with affect (body image), they do so in terms of their weight, sometimes in relations to their height; they also mention body shape and clothing size. They often use words or phrases such as *pretty solid, big boned*, and *chubby*, or they mention parts of their body (e.g., large breasts, thick waist), which they believe would prevent them from ever being considered really thin. Many also refer to genetically inherited traits (e.g., double chin, prominent cheek bones, thick ankles) that they regard as particularly offensive and contributing factors to their perceived lack of attractiveness. Except for Chloe who describes herself as skinny while she was using illicit drugs, saying, *for 6 years I was thin… I went into rehab. I was like 4 months pregnant skinny, skinny, skinny*, none of the research participants suggest that they were ever consistently thin or physically fit throughout their

lives. All the women claim not to aspire to be *super thin* and the majority would still be considered clinically overweight (BMI > 25.0) at their goal weight.

Most of the research participants affirm that their weight has constantly fluctuated around a set point, which seems to be in the lower range of class I obesity or the higher range of overweight. All of them appear to have been at their highest weight when they initiated their current weight loss efforts although this is difficult to confirm since they admit that they were previously reluctant to weigh themselves. Except for Veronica who has not weighed less than 200 lbs since grade 7, the women considered their going over the 200-pound mark an extremely significant event. However, for most, the numbers on the scale came as a shock at the start of their present weight loss attempt. As Marianne offers,

> *I weighed myself with Eric* [fitness instructor] *because I had to. And I was shocked. Like I knew that I was around at my heaviest at that point and I was 210, uh 2, I thought I was like 205 maybe. When I saw 210 or 220, whatever it may be, I was agh* (gasping sound) *you know, and then I thought oh my God, I gained at least 10 lbs. I could feel it in my clothes too, you know.*

Though all the women experienced class 1 obesity (30.0 < BMI < 34.9; three participants mentioned their percentage of body fat to be over 40% at initiation) and despite the fact that their weight status was made explicit as part of their agreement to participate in the research project, most of them were hesitant to admit to being obese, preferring instead to label themselves overweight.

> Elaine: *Uh, see, I associate myself with overweight but not with obese.*
>
> M: *Psychologically, what does that do for you?*
>
> Elaine: *I, I'm not, I didn't go to being obese… I'm overweight but I'm not obese. I'm trying to be real… I'm somewhat realistic (laughter).*
>
> M: … *What do you mean by that: you're somewhat realistic?*

Elaine: *I know I'm large but I'm not extra large.*

M: *OK, for you, obese is extra large? OK*

Elaine: *Yeah. For me, obese, obese is a lot more than overweight.*

A clue to this predisposition can be found in some of the mental models that emerged around *overweight* and *obesity*. For the women in this study, as for Western society in general, it is definitely much more acceptable to be overweight than obese. In fact, saying that someone is obese is considered mean-spirited.

M: [paraphrasing Chloe's previous statement] *And obese is like the morbidly obese, fat.*

Chloe: *Yeah, can only wear jogging pants, spandex… Yeah, I don't ever want to be there...* (Laughter) *I don't want to be mean, like I'm not trying to be mean. I'm just trying to be honest.*

It is little wonder that one would desire to be classified overweight, which implies that she could be *just like normal* or *pleasantly plump,* [someone who] *could lose weight* rather than fat or obese such as an individual who *weighs 700 lbs… Someone having trouble walking; because, they're, you know, they're waddling. You can really see that they're struggling and they can't breathe* (Marianne). Tatiana aptly represents the image that the women themselves relate to obesity:

People start to look down on you if you're obese… Obese has got all sorts of labels. You know, obese has stigma attached to obese. Obese means you're truly like fat! You know, your health is at risk, and people make all these assumptions about you: that you're lazy and all you do is eat all the time, and you're obese, you know you're the 400 lbs person… you can't control yourself, why can't you do, you know, figure out what goes into your mouth, and obviously you must have a problem if you're obese.

Often, the research participants associate words such as *unhappiness*, *loneliness,* and *desperation* with obesity. With such foundational beliefs, it almost seems natural that they would have developed a tenuous relationship with their weight.

As an adjunct here, I would point out that I often noticed how the women seemed to reliably fail to differentiate between the different types of obesity; they often referred to morbid obesity rather than to the lower weight range of the condition; for example, Marianne, whose BMI was over 34.0 prior to her current weight loss, affirms: *I don't think I've ever been obese, I've been overweight.* I wondered about the efficacy of health promotion messages warning about the consequences of obesity when the intended audience has difficulty associating itself with the target group.

Body image: A look to the past. Tatiana: *I never really appreciated my body. I always hated my body. I didn't like it; it was too fat.*

General dissatisfaction with body image. A standard question that I asked each research participant during the interviews was: *Were there any parts of your body that you liked* [in the past]? I usually received a blank stare or a look of consternation that I took as a sign that this was a preposterous question. Tatiana offers a rather moving response when she describes her quest to find the one thing that could raise her level of satisfaction with her body. She says,

> *One day I asked my mom something about what she liked because I was trying to figure out if there was something else I would like about myself. And she said 'you have such lovely eyebrows.' And, I never, never touched my eyebrows again* (laughter).

However, an interaction I most vividly recall among all the interviews I conducted for this research project took place when I asked Elaine the same question. The interaction demonstrated the depth of body image dissatisfaction (BID) that the women experience. Her look of incredulity, the pregnant pauses during which she searched for

an answer and the lack of assurance when she did reply convinced me that she, like the other women in this study, does not have a fond and caring relationship with her body.

M: *Were there any parts of your body that you did like?*

Elaine: *That I did like? (pause) My eyes?*

M: *OK.*

Elaine: *And that's probably it…*

M: *Were there times and situations that you felt good about your body? Ever?*

Elaine: *Hum, not that I recall…not that I recall.*

M: *I'm just gonna let you think about it for a moment.*

Elaine: *Hum* (long pause)… *No. Oh, I felt good, after my diet, sorry, my protein diet. I felt, felt great! For a while.*

M: *Outside of those times [after the weight loss], when you felt good about your body, were there other times when you had some weight on and you still felt good?*

Elaine: *Not really* (laughter)… *nothing really comes to mind.*

Prior to our first meeting, I had asked the women to bring photos as a means to facilitate the conversation about their physical self. I soon discovered that this was a painful experience for many who offered to give me the photographs and asked that they immediately be put out of sight. Just as they had yearned to become invisible and had donned dark baggy clothes to hide their body in the past, and just as they had consistently refused to look in the mirror or catch a glimpse of their reflection in shop windows, the women could not bear to look at pictures that, for them, provided stark evidence that they were indeed physically unattractive. Marianne, who had the most extreme reaction to the activity, used the words *gross* to describe her body and *disturbing* when looking at the pictures; Tatiana said *I was like a house, I was huge*; Elaine expressed that she felt and looked *like a big potato*, while Chloe simply offered, *oh my god, I'm like a cow*.

The research participants acknowledged that their BID resulted in their feeling *discouraged and hopeless* of ever changing, fearful of becoming [sic] *disgustingly ginormous*, *uncomfortable* in their own skin and *uncomfortable having sex*. All of them said that they felt better about themselves at times when they were thinner, when they were more physically fit or when a boyfriend expressed his acceptance of their appearance. For the women in this study, to be thin is *sexy*, *feminine* and *beautiful* while to be overweight means that they are *physically inadequate, unattractive* and *ugly*. Therefore, for them, body image and the relationship they entertain with their weight are intricately related.

Factors influencing the development of body image dissatisfaction. The first interview question I put forward to all the research participants was, in as much details as you wish, tell me the story of your relationship with your weight throughout your life. With little hesitation, most of the women took me back to elementary school when, according to them, they started to notice their weight. Even Elaine, the only one to start her story from early adulthood asserts that [in junior college] *I did not have a weight problem, but I thought, my self-image, in my head, was very fat!* Consequently, she too developed BID, a condition that has impacted the rest of her life. The women go to great lengths to explain that they realize in retrospect that they were neither grossly overweight nor obese as children, or, in some cases, teenagers and young adults; they were simply chubbier than their friends and classmates. When Tatiana showed me a photo to illustrate her weight status as a child, I was taken aback since the picture was not of an obese girl. I asked her, *Help me understand, this not, this is not an overweight child*; she replied, *Yeah it's not, but I thought I was overweight*.

From the time the women started to pay attention to their weight status, weight became a key factor in their relationship with self and with others; they assumed the "fat girl" identity, a self-concept that is deep-rooted and remains compelling today. In the

women's narratives, I identified overt and covert messages, which might have influenced the formation of their body image. I also noted a tendency for self-assessment through social comparison.

Covert messages. For the women in this study, some of the messages about their body seem to have come from their mothers. As mothers struggle with body and weight acceptance or experience some levels of body dysmorphia, they often unconsciously communicate their own negative and distorted outlook toward their physical self to their daughters. They also impart societal standards, which they have internalized and which inform their own relationship with their body. As Veronica suggests, *you kind of see yourself in your mom and then you just kind of mirror what she does.* Because Veronica's mother was never satisfied with her own weight, the covert messages she communicated were that, as a woman,[55] satisfaction with her physical self could only occur after Veronica had lost a significant amount of weight.

> M: *Why do you think that your mom wanted you to lose weight?*
>
> Veronica: *I don't know. I guess I don't, she never verbally said it. But when, like when everything that…you know. I would always say, uh, I wanna be this or I want…one day I'll wear this. And she never said anything like 'oh, you look, you look fine.' Or, like, just you know, 'keep whatever'. It was always just like 'oh, when you reach your goal.' You know what I mean… instead of, like, kind of refocusing. Like, 'wait a minute; it's not just about how you look.'*

The research participants also tell stories of other women in their family (grandmothers, favourite aunts) who, along with their mother, consistently expressed dissatisfaction with their own weight status though they might not have had much weight to lose. Most of these relatives are said to have persistently expressed self-deprecating

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[55] Veronica's mother did not communicate similar messages to her younger brother who was also overweight.

comments and many seem to have been obsessed with dieting. *Look at my big bum, look at this; look at my hips, look at my big belly,* Tatiana's grandmother would moan, *and she was never more than 130-135 lb.* Finally, the women admit that they have learned to interpret the support from some of their *skinny friends*, who fiercely encourage their weight loss efforts, as an indication that their body is not good enough; they also acknowledge gauging their lack of social acceptability from the persistent comments of those who might disguise their entreaties to lose weight as concern for their health. As Tatiana explains,

> *She* [co-worker] *doesn't want to say, 'My god, you're so overweight. If you would only lose some weight it'd be so good for you.' She doesn't come straight out and say it like that, but she'll say 'I'm telling you, you'll feel so good, you're on the right path, this is wonderful'... I'm guessing* [her comment] *has to do a lot more to do with appearance, and not just health.*

Overt messages. Not all messages regarding one's physical self were conveyed in such a subtle manner. A number of the women were taunted as children; for a few, it was the men in their family (father, brother, partner) who castigated them on account of their weight. As Chloe recounts,

> *You know, my ex-boyfriend always made reference to, look at the way you look now... Every time we fought, it was like, 'you're fat, you're f...ing this, you're disgusting'... My dad even growing up would tell me, like, 'you're fat' and this and that. [I felt] a sense of failure because, because my dad told me my whole life that I was fat and I just never did anything about it.*

Informed by the literature on body image and by my own experience as an obese woman, I expected a greater emphasis on the influence of the media in the development of the women's body image dissatisfaction; however, perhaps because socio-cultural standards of beauty are transmitted so ubiquitously, the media's effects were not

strongly recognized in the women's stories.[56] One notable exception comes from Elaine, who admits,

> *I just saw myself very fat... Hum, because I was comparing myself, I guess, to everything in the magazines, what was in style, uh, my girlfriends, what boys liked... I was very impressed with the, with the stars, and public image, and I paid a lot of attention to comparing myself to others.*

Generally, the women agree that it is people in their environment who have had and continue to have the strongest influence on their attitudes toward their bodies.

Social comparison. As mentioned above, all the research participants point out that a sure way to gauge the suitability of their physical self is to compare their body to that of other women's. Tatiana refers to this pursuit as *I was always looking for a comparison, a reflection of who I was.* For the most part, when they were younger the women compared themselves to their friends; [I thought] *I'm the fat girl who's friends with the attractive people. I never equated myself with it* [their beauty], says Veronica; they measured their size against that of the *popular girls* or of those who represented their ultimate body ideal. The practice continued in adulthood as the women simply broadened their spectrum of comparison to add a wider range of people, especially women in the *worst place* of all: the gym. Of course, they always come out of these upward comparisons failing to meet their own impossible standards.

As a means of easing their body image dissatisfaction, several of the research participants admit to purposefully associating with or comparing themselves to bigger women. Elaine acknowledges, *I thought I was fat, but you know, you know, they were really fat* or *I was chubby, she was obese*, when discussing a morbidly obese friend. Downward comparison seemed to provide a *feel better* element which would prove that

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[56] This does not imply negation of the media's impact; simply that in their narratives, the research participants do not explicitly attach a strong importance to its influence.

the women had not yet reached a critical point and that they were indeed more socially acceptable than others.

Now that they have all lost a significant amount of weight, the women's object of comparison is often their former self. Although their body image has not entirely caught up to their new shape and size (i.e., they retain their fat identity), it is with increasing satisfaction that they compare themselves to the woman they used to be.

Relationship with weight: An oppressive consort.

Tatiana: *My relationship with weight the whole time (laughter) was, it was like a best friend to me; it was in a strange way a best friend—enemy… because it was what I was thinking about all the time whether I was on a diet or not. It was…it was just something I would think about. Hum, but it was always trying to get me, right?… It was always working against me. So, I had this kind of love-hate relationship with my weight… my weight and I were...really like that was the strongest relationship I had.*

The research participants explain the meaning of entertaining a special relationship with their weight as the ongoing struggles that they have had throughout their life with this aspect of their physical self. The women also indicate that such a relationship is often tied in with a constant mental dialogue surrounding their size. However, as their *best friend—enemy*, it is clear that the oppressive intimate relationship with their weight has not only negatively impacted their life; it has also served them in some respects.

Relationship with weight: An adversarial struggle. When asked if there was a metaphor that they would use to describe their relationship with their weight, many of the research participants used words and images that depict an oppositional process such as a *battle*, a *fight* or a *boxing match*. As young girls, they developed this inimical relationship with their weight through the conviction that they were different: They might

have reached puberty before their classmates or they simply realized that they were bigger than other children. Being *chubby* meant that there was something undeniably wrong with their body and most of the women acknowledge that they *just always felt the outsider* who did not fit in. Their nemesis precluded them from wearing the same clothes as other children or from participating in physical activities that they might otherwise have enjoyed; many of the women lived in constant fear that the numbers on the scale would be made public. Veronica's account of the struggles she experienced as a young girl is quite poignant. She tells the story of the ritual she performed to hide her weight:

> *There was like with the flap to the uniform, you know. You have the skirt so that you tie it on one side and then you bring the flap over and tie it on the other side. And I would put these little, uh, little safety pins and pin it to my underwear so that you couldn't see how wide I was; because it would come, like you had to wear a white shirt and then a sweater over it. So, if you'd put everything so that you'd hide it to the lowest point, which is right here [top of the thighs] and pinned it, it would all stay really flat… And then, you'd put your shirt on and then your sweatshirt over top so then nobody would notice how big you really were… because you have this little pin, whatever. And that was a constant struggle in, in high school, was the, this pin that I had to keep undoing and doing up every time I changed or went to the washroom or whatever.*

Undeniably, the limiting beliefs about their weight as children had a dramatic effect on the women's development of their world-view, on the sphere of activities in which they engaged, on their interpersonal relationships and ultimately on their self-concept. Marianne admits, *I know my weight has held me back from uh, from participating in activities and just because I was afraid of my weight.* She also tells a very sad story about the yearnings of a young girl who wanted to experience the physical transformation that could open the door to the world of *normal* children.

I remember as a child when I was 10, I remember going to bed at night and praying to God 'oh, please, please god, let me wake up and be thin…' Yeah, you know, so…wow, worst disappointment waking up the next day and not, and almost forgetting. But then, going 'oh yeah, I prayed that I'd wake up skinny today.' You know…

M: *What a disappointment!*

Marianne: *Yeah, it was. Yeah it was.*

As they grew older, the aspirations to win the battle over their weight and get rid of their despised *alter ego* persisted and they engaged in a consuming struggle that took many forms. Veronica explains,

This desire to always be, uh, to be somebody else. I always wanted to be…I would always think in my mind 'ok, I would love to be the girls who are Abercrombie, or I would love… Uh, American Eagle, say, or The Gap, you know…' As I got older it was, like, about the actual, like my actual faults… then it became about looking athletic or, like, actually getting rid of, like changing my body in a sense…

All the women admit that there were brief moments when they entertained a less tyrannical relationship with their weight, when both they and their body could show up without undue shame: Periods when they had just lost weight or episodes during which they were fit because they engaged in sports or physical activities, e.g., running, doing yoga. However, because much of their history is associated with excess weight and a sedentary lifestyle, the relationship with weight is qualified as predominantly negative.

To be engaged in a losing battle with their opponent is an unrelenting obstacle to the women's wellbeing: physical (digestive system, energy level, shortness of breath, inability to run freely, difficulty to conceive, etc.), social,[57] and mental health. Feeling

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[57] This aspect will be discussed in a subsequent section.

badly about weight means feeling badly about the self. Body shame and dissatisfaction mean that they are never where they want to be physically. As for Veronica, they continually insist that they have *such a long way to go* to reach their desired goal. And even when they might feel happy or content with other areas of their life, their relationship with weight habitually triggers a psychic struggle that arises from the dissonance between their internal sense of wellness and their dissatisfaction with their weight status. *I'm not happy with, I wasn't happy with my body by any means and of course, if you don't, can't, it reached out into how I felt about myself, like mentally* (Veronica). Marianne's comment is typical of that which a number of the women share concerning their relationship with their weight. She says,

> *I have great friends… I love where I'm at, I love work, I'm busy, uh, love being with my kids, and yeah, just enjoying every day… I feel great about myself, I like who I am, uh, and yes, I want to feel comfortable in my own skin.*

This desire to be at ease with oneself and make peace with their weight is so strong that Marianne, Elaine, and Chloe have all listed the desire to *feel comfortable* in their skin as one of the motivational factors that has influenced their decision to lose weight this time around.

Relationship with weight: Mental self-abuse. For the women in this research project, a losing struggle with weight is often perceived as evidence of inadequate control over their body and it is associated with feelings of powerlessness. The women tell stories of an all-encompassing, energy-sapping mental dialogue that continually reminds them of their ineptitude to reign in and control their body.

> Veronica: *The inner struggles… [regarding] your concept of who you are, like, weight-wise... it's always been part of my mental dialogue, like, about my weight, and, like, losing it, and like this constantly…even when I'm not doing anything about weight.*

The message being replayed over and again in the women's mind is: *I need to* [lose weight]; *I'm ready; I want to do it* (Veronica). However, while doggedly on the cusp of action, this irritating inner conversation keeps assaulting them with messages that though they need to slim down, they, for a variety of reasons, are miserable failures for not enacting their intention to do so.

Relationship with weight: Enmeshment with self-identity. In the narratives, there is a distinct impression that the women's sense of self has been enmeshed with their weight; that weight has been their alter ego for much of their life. Tatiana provides a glimpse into the extent of this entanglement when she describes how she became aware that she was, in fact, more than her weight. After losing 30 lbs, she realized that she could indeed dissociate that aspect of herself from her core identity. She says,

> *Who am I without my weight? You know, my weight is not me. I am a person and then there is my issue with my weigh. When you take the weight away and externalize it, uh, you think 'oh my gosh, yeah,' like there's someone in there. I have not…no memory of it, no acknowledgement of it… well, I am a lot. I had no idea, like, I'm a lot outside of weight.*

As they sought to distance themselves from their doppelganger, their weight, many of the women engaged in a journey of self-discovery designed to befriend the person they had been diligently hiding from themselves and from others. A crucial question seemed to consistently arise in the third meeting with the research participants. I asked, *And who have you found yourself to be without your weight?* While some skirted the question, Chloe, with her usual forthrightness, submitted, *I don't even know who I am, really; that's the whole process of this, it's just kind of figure out who I am.* After she had started exercising regularly for some time and had shed a few more pounds, she seemed to have become better acquainted with the woman she found herself to be; she said, [I am] *starting to like who I am for who I am, accepting me for who I am*. In keeping

with her outgoing personality, Veronica provides a wonderful description of the person she met during her weight loss project:

> *I finished, uh, two bachelors in university and I, you know, I drive a truck, and I wear stilettos, and I dress nicely and my hair is nice 'cause I take care of it, and I know how to apply make-up, and socially I have a fabulous network of friends, and I have a fabulous family and I have a great opportunity at work. And just all these things, where it's like, it's so much more than who I am physically… but like there's so much more to everything than just what I had been putting it on the whole, the whole of, before.*

Veronica also offers that the process of self-discovery associated with weight loss has enabled her to befriend the woman who had been inside her. She says,

> *Since starting this, it's like I've…I've awakened in a way, like as a woman just because prob, for a while I was shut down, you know, just not being connected with myself, I guess… So, that's definitely changed. Just the way I see myself, like as far as being, being a woman I guess.*

Not only had their relationship with weight been more intimate than with their inner self, some of the women admit that they have often used weight as a cloak to hide potential character flaws and ineptitudes. Elaine describes how weight has served her in this regard:

> *The weight that you gain is a wall around you. It's…it's the excuse for everything that's negative in your life. And, you sometimes just go in self-pity. Well, you know, I don't have a boyfriend because I'm fat… I'm not happy, I don't think I'm pretty, people are not looking at me, that's because I'm fat.*

It seems more expedient for Elaine to believe that people are put off by her size rather than by her personality, which they might find uninteresting or even worse, boring.

In a conversation I had with Tatiana after the voice recorder had been turned off, she equated her weight loss to a symbolic act of taking off a *burqa*. According to her, this uncovering allowed her to reveal the woman inside, both to herself and to the world. Earlier in that interview, she had mentioned,

> *And, isn't it amazing how, for me anyway, the weight would be like the clothes and just cover all of that…Because weight is something for me that has been the big cloak that I cover up with. And to not have that there is, at times, has been a very serious proposition… to allow people to see something else outside of the weight. 'Cause the weight's a big insulation in many ways, not just physically but psychologically, you know.*

Tatiana's shedding of the *burqa* is akin to the coming-out process that a number of the women experienced after they had lost weight. Whereas they had gone to great lengths to keep their weight hidden, they started freely acknowledging their weight status, first to themselves and then to others. The women recount in their coming-out stories how they took back control over their size by revealing their weight to other women in their network. Naturally, this caused consternation and incredulity that one would dare engage in such a taboo activity.

Body image, self-regard and self-confidence: The present state.

Tatiana: *I don't even think of that boxing match at all. Uh, the metaphor that's coming to mind right now has something to do… not necessarily saying metamorphosis, but about, uh, the butterfly, and the cocoon and, you know… It's a bit cliché but for me, the image now, the metaphor is more about the, uh, taking off the cloak for me… It's not a fight, which to me is the boxing match; it's not a fight at all, I don't even think of a fight anymore. I don't think of it as a fight, I think of it as a…a process which is a metamorphosis I guess, the idea, but I also think of it as the revealing kind of thing, like taking off the cloak.*

Much of the discussion thus far has concerned the women's past relationship with their weight and some of the significant discoveries that they have made while they have attempted to reduce their body size. This section is about actual changes in body image, self-regard, and self-confidence, or as Tatiana offers above, it is about the metamorphosis process that has taken place as the women have lost weight and how they have emerged transformed by the process.

Increased self-acceptance. First, I would like to invite the research participants to express how their body image has changed as a result of their weight loss.

Marianne: *I don't so much say gross anymore… It's getting there… It's still gonna take a lot of hard work.*

Tatiana: *I don't feel, uh, 100% comfortable… I look at myself; I'm not repulsed… I feel much more accepting of it.*

Chloe: *Inside I feel good, like I feel good and it's kind of reflecting on the outside because like, like when I walk, I walk with my shoulders up and I try not to walk with slouched and I walk with my head straight and I feel better about the way I look than I did before, for sure.*

Elaine: *I don't see the round one, the round person as I used to be. So, I just, I have curves now.*

And, with her usual candor, Veronica offers, *I see my body the most changed in my workout clothes… Lululemon…Yeah, the ass pants; put that in your report* (laughter). However, Veronica follows her short bout of levity with profound self-reflections on the impact of her weight loss.

If I'm standing in front of my mirror naked, I still see myself as 40 lbs heavier… You know, like. It's almost like you have to grieve for that person that you are losing, like, because as much as like I'm the same person as I was 40 lbs ago, I'm not that same person at the same time. Like, I've changed.

In general, the women express heightened body image satisfaction and increased positive affect derived from their new weight status. Weight as the oppressor has been assuaged; however, the mental model that plays out here is that it is impossible to be overweight and be happy with one's body. Marianne reflects the opinions offered by other research participants when she affirms,

> *In my opinion, when an overweight person says I'm happy, I'm happy who I am, I'm happy being overweight. No, I don't buy that. I don't buy that.*
>
> M: *In your mind, it's impossible to be overweight and happy with your body?*
>
> Marianne: *Yeah. I really think so.*

It is evident from the women's comments above that losing 30 or 40 lbs did not result in euphoria about their new looks. Flaws are still there; the relationship with weight has been somewhat normalized and the women have just become perhaps more accepting of their body for the time being. Tatiana and Elaine are the only ones who sometimes offer that they are not entirely discontent with their present weight. The group consensus is that they *still have a lot more work to do* and *a long way to go;* the women still want to be thinner. And technically, all of them would still need to lose over 20 lbs if they wanted to bring their BMI within the normal range of body weights.

Nonetheless, former contempt for the physical self seems to have given place to more accepting attitudes for the body mainly because it is thinner or because it has more definition. And although they are sometimes disheartened when contemplating the journey to where they want to be physically, all of the women say that they are encouraged by their weight loss successes. My personal observations in the last interview with the research participants were that there appeared to be a subtle shift in tone. Granted, this was either the third or fourth time we met and, as would be expected, the women seemed at ease to tell their story; however, I noticed their tone of voice, the way they laughed, the pace with which they offered their narratives, and their eagerness

to find the patterns in the accounts they had previously provided had changed. I concluded that there was a more positive general outlook among the women and a convincing determination to forge ahead with their weight loss efforts.

Increased self-confidence. The fact that they were taunted as children, that they were assaulted verbally by a parent or a partner on account of their weight, that they felt excluded from the in crowd because of their size and that they never matched the socio-cultural standards of physical beauty has had a definite impact on the women's self-esteem. And though the strength of one's self-esteem encompasses so much more than how one feels about her body, the women's narratives indicate a significant link between feelings of self-confidence and self-worth (integral components of self-esteem), body image satisfaction, and sense of attractiveness to others. Veronica provides an illustration for part of this correlation when she describes her reticence at attaching a photo to her University application:

> *And I was really worried about filling out the application [to be accepted at University] because, again, what would people think based on what I wrote, like about who I was. And I didn't want to send in a picture because then they would see who I was.*

Unanimously, the women in this study agree that weight loss and the resulting improvements in body image satisfaction have increased their feelings of self-confidence. They all concur with Chloe who says, *Yeah, and my confidence level has gone up 'cause I've lost the weight.*

Another effect of weight loss for the women is the impact that successful engagement has had on their self-confidence. Engagement has provided them with a sense that they have reclaimed control over their life. Where Marianne had felt *helpless* to lose weight after *years of dieting*, she now claims that, *the helpless feeling is gone. I just totally feel like I've, I've grabbed on to the reins and I'm, I'm in control of it.* Veronica

echoes this sense of empowerment, which stems from an ability to actually take action and lose weight, when she recounts,

> *I just believe in myself now, like, that I can do things that I put my mind to. Like before it was like you know, you'd go after something and you, like, had the perseverance to do it, whatever, but you're always persevering, persevering; you're never seeing anything. And so, but now that I know that I can overcome, like, the obstacle, like that I'm overcoming it. Then, so, it changes how you set, you can actually, like finish something that like you put your mind to; the only person who's doing it is you.*

Joining the world of normal women. According to the women, positive affect and increased self-regard from improved body image satisfaction reflect on the outside and they consequently feel more attractive. A major milestone and a real indication for them that their weight loss efforts were successful occurred when they realized that they needed to replace clothes that no longer fit. The breakthrough was that they were able to purchase new items off-the-rack in non-specialty stores. Tatiana muses over the importance of clothing size and states,

> *Why did that matter to me to be a 13, uh, here I go again with my numbers. What does that have to do with, with my image of myself, these numbers? How is that connected for me? As much as she wants to wax philosophical about the significance of wearing a particular size, she admits, it gives me a real high still; I get excited by the idea that I don't have to go to the special stores for the big ladies kind of idea. For the women, going from a plus size to a regular size garment, even though it is still extra large, was seen as a major accomplishment.*

In the present context, weight loss seems to be the gateway through which women have been able to enter the world of normality. Insiders in that world are the normal people who shop for what they like in regular stores; outsiders are the fat

individuals who are relegated to the back of the stores, or even worse, they are the women who are required to shop at a specialized destination for plus size individuals.

As Chloe acknowledges, even obese women themselves stigmatize the outsiders,

> *Chloe: Walking around with an AdditionElle bag, I was like, 'no, thanks'... I shouldn't judge... like it's wrong of me, it's just weight, you know; it doesn't matter what people look like on the outside. But for me, I just didn't want to be associated with it. I didn't want to be classified with it.*

The women used to be the outsiders who belonged to the guild of those who have intimate knowledge of what it is like to be fat. Elaine illustrates this point when she recounts,

> *You know, you're always...you're always showing up and then, you do this [puts her purse on her lap], you know, you take your shirt down, and then you have your purse in front; you shake hands but that hides this* [stomach]... *There's a lot of things that people that don't have a weight problem don't know. But people with weight problems, you know; if there's, if there's a bag, I'll put my bag here [on her lap]. 'Put your bag down. No, I'm fine, I'm more comfortable that way.' 'Cause it hides everything in the front.*

A qualification I would introduce here is that though the women shun recognition as obese individuals, they find comfort in the knowledge that they are not alone. They appreciate that other women whose weight status also deviates from accepted standards have common struggles and share similar concerns. In explaining her reasons for participating in the research, Marianne highlights this point when she offers,

> *Well, and you know, women, I think in a way need to stick together in that sense that, you know, it's, it's important because, you know, sometime*[s] *we feel*

secluded… sometime[s] *we feel we're the only one going through something when in reality we're not.*

Notwithstanding, membership in the community of overweight and obese women is a source of shame rather than grounds for pride as might be the case regarding links with other marginalized groups. There is no allegiance to the collective of *fat* women; it is an affiliation that the research participants work extremely hard to sever. Given that outlook, the conviction that an overweight or obese woman must necessarily want to lose weight becomes self-evident. Elaine goes as far as proposing, *99.9% of the women* [over age 22] *have gone through a big diet.*

The world of insiders is much more affirming for the women who said that when they entered that world of insiders, they could actually imagine looking like the *cool soccer mom* who runs freely with her children through the park. They could allow themselves to dress in sleeveless blouses, they could fit comfortably in a pair of jeans without secretly looking to undo them at every meal, they could sometimes take off their jackets in public and they could enjoy wearing sexy lingerie even with the lights on. They could also agree to meet good looking male acquaintances and *feel confident.* In the world of insiders, family members, friends, co-workers, trainers, and even mere acquaintances are complimentary. Though they are still straddling both worlds, the women confirm that their weight lost has allowed them to lighten up both physically and mentally.

M: *How do you feel about yourself in general now that you've lost weight?*

Elaine: (pauses) *Uh, pretty.*

M: *Like physically pretty?*

Elaine: *Yeah. No, I like, physical appearance, I like…mentally, a lot better. I'm…I'm a lot let stressed. I'm…like that dark cloud is not there.*

Section 2 – Relationship With Others: Mental Models and Body image

According to relational theorists (Jordan et al., 1991; Miller, 1986; Wachtel, 2008) human development is enhanced by reciprocally influenced relationships. As is implied by John Donne's frequently quoted line, "No [sic] man is an island, entire of itself," the quality of our interpersonal relationships is significant to our optimal wellness. However, the caveat for the women in this study is that they believe that their physical attributes impact the probabilities that their needs for love, acceptance, and belonging (DeCarvalho, 1991, p. 167) can be fulfilled: *We all have, like, a fundamental need to be wanted; uh, and desired…in order to be desired, I have to look good* (Chloe).

The discussion in the previous section of this chapter, *relationship with self,* centered on the manner in which the research participants' relationships with their weight affected their self-concept; it also traced the evolution of that relationship through the weight-loss process. Much of the material presented then also concerns the relationships the women entertain with others; however, here I will specifically address one of the dimensions of social health, namely interactions with others in various social situations and daily behaviours (Donatelle et al., 2004). The stories of social relationships outlined in the research participants' narratives are included in the category string entitled *Lifestyle – Interpersonal Relations.* Three major strands have emerged within this category string: *Relationship with romantic partners, personal response to others* and *social reaction*. Given that all the women are heterosexual, *relationship with romantic partners* includes aspects of interpersonal relationships with a man described as a boyfriend, husband, or live-in partner. The second strand, *personal response to others,* provides accounts of the influence of weight and body image on how the research participants construe and navigate their relationships with others, such as people in their family and those in their extended social network as understood in the broadest of terms. The designation of *others* is also comprised of undefined persons,

those included in the collective sense of *people*; it also takes account of unidentified potential romantic partners. The third strand, *social reaction*, includes the women's beliefs concerning how others do/might respond to them given their weight status. Except for *relationship with romantic partners,* the strands in this string have been considered temporally—past (prior to initiation in the current weight loss project) and present. Chloe is the only woman who initiated (and terminated) a romantic relationship between the first and last interviews; the other women were not involved in romantic relationships during the timespan of the interview process. This strand has therefore not been divided temporally.

I begin with a very brief outline the research participants' mental models regarding overweight and obesity since these inform their approach to interpersonal relationships. Mental models regarding weight loss will be discussed in section 5. I then present the women's social situation as a means to illuminate how their mental models are played out through their romantic relationships. [58] The section continues with a general discussion concerning the impact of physical self-concept on social interactions pre and post engagement in the current weight loss project. I conclude with a short segment on a minor strand of interpersonal relations that I refer to as *advocacy* (i.e., the attempts made by the research participants to influence others with a view to changing their health behaviors).

Mental models: Action theory. According to Peter Senge (1990) mental models are internal stories, images and assumptions of how the world works that shape how we act in our everyday life; either tacit or explicit, mental models often impede our learning and limit what we do. In this case, the women's mental models include stereotypes and assumption concerning obesity and gender.

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[58] A fuller picture of the women, and certainly one that does them more justice, can be found in their individual stories (see Appendix G-K)

Definitions of overweight and obesity. As discussed, there are definite stereotypes associated with overweight and obesity and undeniable social stigma attached to one's weight status. The women who shared their stories with me for this research project seem to adhere to stereotypes such as might be found in the non-obese population and they often engage in judgments that perpetuate stigmatization of those who, like them, physically deviate from cultural norms. In fact, stereotypes concerning overweight and obesity show up as integral components of the women's mental models. In response to the question, *If I say to you the words "overweight" and "obese", what comes to mind,* the women consistently offer negative comments for both weight groups. Although the research participants are technically considered obese on account of their BMI, they refer to obese or overweight women as *others* without necessarily appropriating the taxonomy for themselves.

Assumptions regarding obese women. The general hypothesis seems to be that overweight or obese individuals are completely responsible for their condition. The women might occasionally mention environmental factors, such as the ubiquity of food in social situations; however, according to them, weight status is a direct result of out-of-control behaviours; put differently, obese women are those who *are losing control*; they are *pathetic 'cause they can't control themselves.*

Another assumption commonly held by the research participants is that while obese women might be *very funny*, they are *unhealthy* and *unhappy.* Above all, they submit that both overweight and obese women are generally *unattractive*, a characteristic that impacts the way in which people react to them and a factor into how they respond to others—to men more particularly although not exclusively. This idea is so ingrained that Chloe concedes fearing public opinion when she is out with a man in public. She says, [People would] *judge me and think I was ugly and 'how could he be with her, she's so fat.'*

Gender differences. Another question I asked the research participants as a means to further uncover their mental models was: *How would you say that your experience with your weight would have been different if you were a man?* Marianne is the only woman who was not captivated by this question. According to her, *Men suffer just as much as the women.* However, most of the other women had strong opinions on the topic and they agreed with Elaine who says, *Having a weight problem is all about women...it's not as fundamental for men as it is for women.* Tatiana, who has been very preoccupied with her weight throughout her life, imagines how things would have been different as a child if she had been a boy,

> *Oh, oh, oh, I love this question (laughter). Oh, I think it would be tremendously different... If I was a boy, I wouldn't have even thought about it [weight]. I would have been too busy doing things. And it wouldn't have occurred to me that I had to look a certain way for someone to like me...And I know relationship-wise with the people in my life, hum, I can't imagine my dad would have said anything about me being fat as an overweight boy. I really, I couldn't even picture something like that. Because as a boy in our family, I would have been spending more time with him and I would have been, you know, doing things outside with him, we might have a very different relationship.*

The conjecture among the research participants is that for the most part, *big men are sexy* and *unless it* [is] *somebody who* [is], *you know, 400 pounds, there's always a girl for a guy... doesn't matter what his size is.* The deep-seated notion is that contrary to women of above-normal weight, men can have their choice of romantic partner without fear of rejection, regardless of their weight status.

Interpersonal relationships: Romantic partners. The core beliefs concerning standards of attractiveness and the gender-specific concerns associated with excess weight outlined above are action theories that shape the way the women engage in

interpersonal relationships. I now turn to the research participants and present the stories they have told about themselves and their relationships.

Chloe's seven-year relationship with her two daughters' father ended while she was engaged in her current weight-loss project. The description she provides is very telling of her mental model concerning the challenges obese women face in terms of attracting suitable romantic partners:

> *I'm not fun anymore, I'm not feeling comfortable and when, when I don't feel comfortable about myself, I can't give of myself. So, our relationship died down, you know, in the last year of our relationship, so…so, I'm unhappy with that, unloved, and every time we fought, he brought up the fact that I was overweight and just discouraged… I understand* [why he left], *like I wouldn't want to be with me either… I could have got a better boyfriend if I was thinner.*

Chloe subsequently met another man, a personal trainer who was somewhat more accepting of her size. For Chloe, working really hard at improving her appearance, in other words losing weight, and attracting a *boyfriend* are mutually dependent pursuits.

Marianne has suffered greatly with an unfaithful spouse and her divorce was finalized during the interview process. She provides an account of the end of her marriage,

> *I knew he had been unfaithful, and he was involved with someone who was a bit wacko. So, during that time, it was really hard because, hum, I knew already that I was an emotional eater. But here I'm thinking, oh my god, OK, maybe it's my weight, maybe I should lose weight.*

Contrary to the self-deprecating reference above, Marianne offers that she had a yearlong affair with a man she met on-line and that her self-regard improved during that time. She says, *I actually felt pretty good* [about myself physically]. *Even though I knew I wasn't a model… But I felt good. He made me feel really good about myself.* This

affirming belief, stemming from an external source, did not seem to have had a lasting effect as she now contends that she no longer looks to connect with men on-line because she is convinced that *if it'd be a really good looking guy, I'd be apprehensive, you know. If he contacts me OK; but I'm not gonna contact him because why would he want to be with someone who's overweight?* The bottom line for Marianne is that women must successfully manage their weight since it is doubtful that they could attract a man who would want to remain in a committed relationship should they fail to do so.

In terms of romantic attachments, Tatiana had a relationship for a short period of time after she had lost 15 lbs with *Weight Watchers* at the age of 14. Though the boy *was very supportive…and he never once made a comment about my weight*, she believed that he *must like me because I've lost weight*; this conviction has informed her relationships with men ever since. She says, *I haven't had an ongoing relationship with anybody just because I would, you know, be preoccupied with my appearance all the time. And my weight…and wondering about my weight…Going out on a date, I would feel so embarrassed about my size.*

Tatiana tells an important story of an encounter she had on an Internet dating site.

> *One man actually, uh, wrote an email to me saying that, you know, a picture I had posted, I had several different pictures. And in one of them he said, "yes, you're obviously overweight in that red dress"… And he went on to say something, something else about my weight. And, he said that in a partner he would find it very important that they look after themselves and be healthy. And that would mean to him pre- and post-pregnancy, that the person would be invested in being fit and, uh, thinner. But that said, you know, he'd still like to meet me. And I said: "I don't think so." Hum, because I know that from the get go I will be constantly thinking about my weight. And that to me is not going to be a healthy relationship*

at all. And, but I did feel horrible about my weight… My first reaction was, hum, was embarrassment over my weight.

The emphasis I would place here is on Tatiana's reaction, which is a sad illustration of how the women's relationship with their weight has impacted their confidence in their abilities to build healthy and rewarding romantic relationships. Rather than thinking that the man was *a bit of a jerk* as she did later, she unhesitatingly turned her gaze inward and blamed her weight as an impediment to the potential relationship. Tatiana's dissatisfaction with her body image has deprived her of rewarding romantic relationships throughout her life.

Although all the women in this study claim to have a wonderful network of friends with whom they interact on a regular basis and from whom they derive tremendous support in diverse areas of their life, Veronica outshines them all. Nevertheless, I have found a repeated comment she made about herself in relation to her friends to be very disturbing in that it is so self-disparaging. She says, *all of my friends are very beautiful and athletic… I was just the friend who, you know, fat friend who could become friends with beautiful people.*

Veronica acknowledges that she never had a long-term romantic relationship throughout her life on account of her body image.

Veronica: *The way I saw myself changed how I interacted with men, males from young times to older times.*

M: *Do you think they rejected you because of your weight?*

Veronica: *I don't even think I gave them a chance to reject me 'cause I just put myself in the friendship category.*

In addition to her admitting her fear of rejection, she provides a reason why she believes one of her relationships did not work,

I was so insecure about who I was and how I was, and that he was very attractive, and he, you know, had the six-pack, and he was very athletic. And I hardly think, even now, yeah, we fought all the time, but I also wasn't the kind of girl that you could physically see yourself with… All I would see, is physically I'm not… what somebody would find attractive.

Notwithstanding the fact that the gorgeous athlete was indeed paying attention to her, Veronica's negative self-concept and mental model that a big woman[59] cannot be attractive to a man became an overriding concern that stopped her from fully engaging in the relationship. She longs to get married and have children; and because she is convinced that she *would never be a fat bride*, she engaged in the current weight loss process.

Although she is currently single, Elaine is the exception here in terms of the number of long-term romantic relationships she has had in the past. Nevertheless, as for the other women, her weight has had a significant impact on all of these relationships. She offers that after eighteen months in a boring liaison with her second partner, she used her weight as a means to free herself from the relationship because she simply could not manage to leave the man who would not leave her of his own accord. Her assumption was that if a woman gains enough weight, her partner will eventually lose interest and leave her.

Elaine's last relationship was ultimately empowering for her. Firstly, because her partner helped raise her body image satisfaction,

It was a rocky relationship. Uh, but for once in my life, I found someone that thought chubby girls were beautiful… so, I learned a lot through him, uh, that it's not, it's not so bad to look like that. Uh, so kind of, thought, well you know, maybe

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[59] I use the word *big* here given Veronica's height and weight.

I'm not that ugly and maybe I don't look like a monster, and maybe I can, you know, be attractive.

The fact that she was actually able to enact the decision to leave the relationship heightened Elaine's self-efficacy beliefs. This was definitely a contributing factor behind the motivation for her current weight loss process.

I believe that with little discussion, the women's experiences outlined above offer clear indications as to how their mental models concerning the inverse correlation between weight and attractiveness have impacted their romantic relationships. An interaction I had with Elaine makes obvious her certainty concerning this connection. She stated, *I deserved being obese; I deserved being fat… That's why I'm alone; see, you got yourself fat, you got yourself fat.*

The research participants admit that they generally feel more self-conscious about their weight around men. I have found a commentary offered by Veronica regarding this topic to be very moving. Although the quote does not refer to an actual relationship with a romantic partner, her remarks on the inappropriateness for obese women to engage in behaviours meant to attract men aptly illustrates the conviction that overweight or obese women cannot be even remotely attractive to men.

Veronica: *Like I would be the funny girl; I wouldn't be like, you know, the cutesy… I don't do the flirty thing… because you never want to put yourself in a situation where people would be like 'what are you doing?' Like, you know, kind of rejecting you.*

M*: You don't think that fat people can be flirty?*

Veronica: *I don't know if fat people can be flirty, they just look more ridiculous* (laughter) *doing it. But for me, like I think I would look more ridiculous…*

M: *Tell me about that, why does a fat person look ridiculous when they flirt?*

Veronica: *Hum, I don't know. I just think because, why I think probably, I would say society; but I think myself even, like* (sigh) *it's just, when you're flirting you're kind of just putting yourself out there, like, 'hey, look at me,' right?... And so, so he turns around and says, 'yeah, look at you.'*

This exchange with Veronica is one that stands out for me as it represents the extent of the women's self-limiting beliefs as well as that which I personally consider the dreadful gender-specific roles and behaviours ascribed to women who would engage in romantic relationships. It seems evident throughout the stories told by the research participants that their mental models, which for the most part are internalized versions of societal practices and standards concerning female attractiveness and acceptable body weight, are the lenses through which they construct their relationships. Because their body image is so intricately linked to their self-esteem, the women do not approach their intimate or romantic relationships with a sense of empowerment. Men's statements concerning their physical self are, for the most part, accepted as truths, which either build up or shatter their sense of self-worth. Furthermore, even if a potential partner does not share their assumptions concerning the impacts of body weight on a relationship, these are readily projected onto the other person who is deemed to act according to the expected script. According to the women's expressed experiences, physical appearance is the one constant that sets them apart from normal-weight women who are deemed more desirable. It is the ingredient that can make or break a relationship and much mental energy is devoted to this aspect of the person.

Interpersonal relationships: Pre weight loss. Because they are part of the same socio-cultural reality as those who are presumed to hold negative weight-related attitudes towards them, it is easy to understand that the women would have cast the same dissatisfaction on others that they hold towards their own bodies and vice-versa. According to them, their negative self-image precluded high levels of self-love and self-

regard, and they consequently did not readily believe that others hold them in positive regard.

Social reaction—past. Veronica's quote above does indeed accurately describe how women use their weight status as a filter to appraise their attractiveness to men. However, it also corroborates the stories that many of the other research participants have shared in regard to how they believe people, in general, have reacted to them based on their weight status prior to initiation in their current weight-loss project: Above all, they felt judged negatively on account of their weight. Chloe, who does in fact have many friends, talks about her own subjective truth when she says, *When I was bigger, I felt like I didn't have any friends, that everybody judged me for the way I looked.* Marianne acknowledges thinking similar thoughts in her youth. In jesting about her ability to discern people's opinion, Elaine refers to her *psychic* ability to assess their interactions. She admits often thinking, *Look, I'm, I'm fat! They're just probably talking to me out of pity or whatever.*

The one silver lining to the dark cloud of assumed public judgment and negative opinion is a result that I did not anticipate, one that does not resonate with my own experience. The women do admit that their lack of physical self-confidence has stopped them from engaging in physical activities of interest to them (rock climbing, trapeze, basketball, running in broad daylight) for fear of ridicule. They also agree that their social desirability and interpersonal relationships are negatively impacted by their weight status. Nevertheless, most of them state explicitly that they never felt that their weight had a significant influence on the way people judged their competencies or on the manner in which they related to them at work. A possible explanation is that three of the research participants are working in fields usually dominated by women (child-care, counseling, human resources), while another works in the family business, and one is a full-time student. However, I find the women's assertions regarding their assumptions of

people's perception of their professional abilities perplexing since weight has been demonstrated to have such an impact on interpersonal relationships throughout their narratives. I strongly believe that further research into this topic might yield different results.

Personal response—past. In light of how the research participants considered that people reacted to them based on their weight status, their overall response has been to *put barriers up* and refrain from acting according to their true nature and preferences. *I'm a very affectionate person,* says Veronica, *but I wouldn't be very huggy or affectionate with a guy; because what if he thought I liked him?* Although Chloe contends, *I don't care if people don't like me for who I am, I just, the way I look, you know, they want to look at the way I look, well, fuck 'em, look somewhere else.* She still insists that in public, *I feel like I gotta hide myself and just like, I always put my jacket over me.* The dichotomy between the need for self-acceptance and intense care for others' opinions is real; unfortunately, the latter often gained the upper hand and the women acknowledge that they have consistently sought to hide themselves and their femininity. They have distanced themselves from people on account of their appearance and stayed away from social events, or at least felt ashamed of their weight when they did attend such events.

Interpersonal relationships: Present. The mental model that links higher weight with decreased levels of self-acceptance and body image satisfaction is still very much alive. However, a definite change has taken place regarding the women's relationship with others. Indubitably, their increased positive self-regard (from weight loss and resultant heightened sense of social acceptability) has influenced the way they have come to perceive that others react to them; it has also impacted their response toward others. Although I have initially separated the data into two strands, the tone of the conversation for these knots (present social reactions, and present personal

response) is similar and I will present them together here. Elaine illustrates the interdependence between the two concepts when she discusses the changes that have taken place since initiation in her current weight loss,

> *I'm different with people. So they probably react differently to me. I just feel more; it's a kind of a sense of belonging… It's not being the outsider… You're more open, you find yourself a bit less aggressive… in your interactions with people… You're more at peace with who you are. You're more available to others. You can give more than always, you know, when you had a discomfort, when you're not happy, you just, you're like, you're sucking energy from people. Now, you're more available to give some.*

The women affirm that they feel more attractive on account of all the compliments they are receiving as a result of their weight loss and they consequently feel better about themselves. They are *happier* and *more relaxed;* they *take more risks* and they get involved in social activities. Many of the women claim that their fear of rejection has diminished along with their weight. They are *more open* to new relationships and they reach out to people to the extent that they sometimes take the first step toward engaging a man in conversation.

Obviously, when the change in the women's approach to interpersonal relationships is accounted for in one paragraph, the extent of the transformation appears more drastic than the incremental adjustments that might have taken place; not everything has been revolutionized; the women have not become care-free social butterflies overnight. Chloe still insists that she has to tell people she meets, *I'll be skinnier, you know;* and other women admit that they long for the *little bonus* they get when they meet friends and acquaintances they have not seen in a long time and hear them gushing about how good they look. The real transformation seems to be that the

women are starting to appreciate that their personality, their core values, their character, and their accomplishments might be of more interest to people than their weight.

Interpersonal relationships: Advocacy. As a conclusion to this section on relationship with others, I wish to include a few lines on the topic of advocacy since I was consistently impressed (and sometimes annoyed) by the way the research participants assumed the expert role in trying to convince those around them to change their ways and adopt weight-reducing behaviours. If there were ever times when the women spoke with clarity, assurance and determination, it was when they mentioned how they share their newfound knowledge with others, mainly with members of their family, co-workers, and friends. Chloe exemplifies this point when she relates how she tries to help her sister, a woman who might be experiencing class II obesity, to engage in weight-loss behaviours,

> *I'm trying to teach her to try to change her eating habits. "Stop eating white bread, eat whole grain bread." I heard that weight loss has 70% effect food, 30% gym. So, the way you eat really affects your weight loss; big time… I keep telling her, listen, see the way I was before, you want to look good, you gotta do the work, man.*

Tatiana, who has now become her nutritionist's *poster girl,* talks about providing referrals to her co-workers who follow her weight loss progress and Marianne explains how she provides nutritional advice at work:

> *Like we even have one person on staff who's losing a bit of weight and she said, yeah, well I have my muffin every morning and I'm like, you know, Jackie, muffins are really, really fattening (spoken in a whisper). You could be consuming up to 600 calories. She's like, really?*

For the sake of transparency, I admit that though I recognized the empowerment which stems from expertise in a given topic and even when I cognitively understood the

women's generous intent and their overwhelming desire to share something they had found useful with those they cared about, I struggled to remain empathetic and fully present when the research participants adopted a tone I perceived as monitory. The part of me that seeks to work with people and help them discover the solution to their own issue rather than advocating my own advice, was triggered when the women started to *preach* the benefits of healthy nutrition and increased physical activity as new experts in the field.

Section 3 – Relationship with Food: Three Stages of Change

> Marianne: *It all comes down to control, I think; definitely. I just feel in…in control of my life and that's just one aspect of it.*

Relationship with food is a topic that elicited much interest among the research participants who offered statements filled with superlatives such as, *I love food… I love to eat* or [food is the] *most amazing thing in the world* and *junk food… unfortunately, I love it.* Food is depicted as *fun* and even a binge is described as *an incredible experience.* Category codes, included in the string *lifestyle – food,* were well populated during data analysis. These encompass layers of meaning ascribed to food, references to eating patterns past and present, indications of non-hunger eating, also temporally divided, and issues surrounding locus of control as regards food consumption.[60]

Unlike their patterns of involvement in physical activities, which cannot be harmonized across-the-board, patterns of interaction with food seem to follow a somewhat similar course for the five research participants. All of the women identify an overpowering love of food, habitual non-hunger eating and struggles with eating self-regulation as root-causes of their weight status prior to engagement in the current

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[60] The code book definition of *locus of control* (LOC) is: Indication of self-control or lack thereof over what, when, where, and how much food is consciously consumed—past or present; includes change in LOC as a result of weight-loss process.

weight-loss journey. Dissatisfaction with their consumption patterns, the need to develop strategies to regain some control over their eating, and a keen desire to normalize their relationship with food are among the motivational factors that played into the women's decision to alter their weight-related behaviors.

Clear differences in the way the women approached eating and experienced their levels of control over food consumption emerged according to their stated place in the weight loss process (pre-engagement, initiation, prolonged engagement, lapse/relapse). While Surrey (1991a) refers to cycles of eating and dieting as *loss of control* and *overcontrol*, which affect women's physical and emotional health, I have identified three phases of change in relation to food in the women's stories. I refer to these as the (a) *out-of-control*, (b) *controlling*, and (c) *in control* phases, where the women report to be either out-of-control in regard to their cravings, closely controlling their food intake, or generally in control of their eating. These stages of change can be loosely associated with the pre-engagement, initiation, and persistence phases of the weight loss journey. Initial adoption of a particular weight loss strategy essentially marks the transition from the *out-of-control* to the *controlling* stage--i.e., the sense of having little restraint over food consumption gives place to strict supervision of what is ingested, while sustained engagement in the weight-loss journey is the variable that facilitates progress to the *in-control* phase. I trust that tracing the transformation of the women's relationship with food through these three stages will help illuminate the change process involved in the successful adoption of weight-loss behaviours with reference to energy intake.

The out-of-control stage. The experience of losing control over appetite and food consumption started in childhood for most of the research participants. Although they emphasize that do not eat *horribly 100% of the time,* the women describe their eating as *impulsive* and *out-of-control* prior to their engagement in a weight loss program. They acknowledge that it is a time when they habitually eat for reasons other

than physical hunger and feel overpowered by their desire for food. They tell stories of entrapment in an iterative cycle of negative emotions and non-hunger eating. As the conversation takes shape around the *out-of-control* phase, three topics become salient: (a) the meaning of food, (b) non-hunger eating, and (c) sense of powerlessness.

Meaning of food. Marianne summarizes the general feeling when she affirms: *I'll always have a love-hate relationship with food.* Loving the food and what it symbolizes while hating its effects on the body. These are strong feeling words associated with food that is imbued with significance both positive and negative and consumed for reasons beyond sheer physical sustenance (Conner & Armitage, 2002). The women's narratives shed light on the meaning they ascribe to food, which for them is often perceived as either good or bad, or as a source of comfort.

The dual meaning of food as good or bad in the *out-of-control* phase, is reflected in the choices women believe they must make as they engage in a weight-loss process: They feel compelled to replace the food they love—the bad food—with healthier fare—the good food. Rather than suggesting flavour and aroma, 'good food' often refers to food that has been prepared with less fat, the dieter's archenemy, or it indicates fares such as salad, the quintessential diet food.

M: *So, when you say, uh, healthy food for you, you talk, you think salads*

Elaine: *Hum, hum…*

M: *You think about vegetables?*

Elaine: *Uh, vegetables, meat, hum, fruits. But, you know, it can be very good but it's not* (pause) *with less fat; with, less butter, you know. Instead of putting cream, you know, you put yogurt.*

The type of food described by Elaine is construed as good; however, many of the women agree with her when she admits, *I do not take contentment in eating carrots, unfortunately.* For them, that which satisfies cravings and results in their *feeling better* is

mainly refined food high in saturated fat and/or sugar. In addition to being unhealthy, the term 'bad food' habitually signifies that which is fattening. Veronica's description of the foods she listed as *not good for you* when she initiated her current weight loss project, those foods that detract from goal attainment, illustrates what the research participants depict as *bad food*:

> Veronica: *Oh, all of the chocolate, all the cakes, and everything sweet... Starbucks Frappuccinos which I loved... Uh, Tim Horton's Cappuccinos... uh, cinnamon bagels with herb and garlic cream cheese* (laughter)... *All sorts of chocolate, movie theatre candy and TCBY, and, you know, the frozen yogurt... Chocolate covered almonds, ice cream.*
>
> M: *So, there were good food and bad foods; so, you, you made a list of bad things.*
>
> Veronica: *Yea, all the, like, and I, oh, I had Doritos, Doritos 'cause I love them. I even, it was like, I don't even think I had what I ate in the last week, just my favourite naughty foods.*

In the out-of-control phase of their relationship with food, the women submit that they often eat mechanically and mindlessly with little regard for their long-term weight goals. This practice habitually results in feelings of guilt and self-loathing for failing to control their impulses. Food consumption becomes associated with shame, guilt and sheer helplessness.

Another adjunct to 'bad food' is a product of the fast food industry: junk food. As the epitome of bad food, junk food is commonly bought on impulse and eaten furtively and rapidly almost as if to allow one the opportunity to deny ever having eaten it in the first place.

> Veronica: *I always saw the bad food as being like a one-time event... unconscious... freak-out session that you have where you just kind of go 'oh well,*

you just need to eat it all right now,' and like right away and as quick as I can and as much as I can and stuff myself full so then tomorrow I can start on the diet.

According to the women in this study, because pejorative labels are assigned to certain foods in society, evidence of purchasing and eating such foods must not only be suppressed from their own consciousness, it must be carefully hidden from others.

Chloe: *I see like a bigger person eating like a bag of chips; I'm like "don't they see what's going on?"* (Laughter) *but then I do the same thing…. Like, I wouldn't eat that brownie in public. No way…* [people might say] *'what the fuck's with that girl, man; thinks she needs a fucking brownie?'... if I'm eating carrots on the metro or a bus… 'Oh look, at least she's trying to do something about it.'*

The self-imposed veil of secrecy surrounding symbols associated with obesity—one's weight and eating bad food—deprives the women of their freedom to act naturally in a social setting; it also robs them of their propensity to act congruently—eating bad food alone, good food in public. In this context, even simple trips to the grocery store or fast food outlet become exercises in camouflage.

Veronica: *And like once people are looking into your grocery bag and, like, they can see, like, the crappy stuff and, like, the fact that you're a fat girl and you have the Doritos or, you know, you have the chocolate or whatever, so like even now, like having worked out and kind of learning more and making better decisions about my food, then you want to make sure that all the good stuff is on the top and nobody sees any bad stuff.*

Clearly, purchasing or eating fattening foods in public is a stigma for some of the women who, when they do, eat with feelings of guilt and shame. Bad food is ordered from the drive-through and eaten quickly in the car or it is taken home to be eaten alone. One of the more touching segments in Tatiana's story is her description of a binge and the scenario she would enact to mask her eating habits. She recounts,

I used to order two [Italian poutines][61] *because it was embarrassing to order just one. Uh, in my mind it was embarrassing because I thought 'uh* (sigh) *to order all this food for one person.' So, I would say there were two people… I would call and say, 'could I have two Italian poutines and two seven-up or two whatever' so they would think there were two people. Uh, I remember actually answering the door pretending there was someone; I'd say, 'oh, they're here' and there would be nobody in my apartment…Just because it was so embarrassing to me that I would be ordering this amount of food… So, I would create whole fantasies about that.*

There is a sense in the women's stories that personal goodness is associated with eating good food while personal badness is linked to eating naughty food (Surrey, 1991a). Reluctance to eat in public stems from the projection of the women's own internalized negative feelings onto others whose judgmental attitude that obesity is a side effect of unrestrained consumption of fattening foods is accepted as true. For the majority of the research participants, eating in public is akin to an avowal that they are indeed bad and that they are responsible for their weight status; it is an acknowledgment that they are obese because they lack the self-regulation to avoid the wrong food.

While food is construed as essentially good or bad, there is an overarching theme throughout the narratives that food does, in fact, also bring comfort.

Marianne: *Food has really given me so much comfort, all my life; all my life… some people eat to live, and I was living to eat… I was eating because I loved to eat! Or, don't know if it's so much of to eat, but comforting myself when I ate.*

Two of the women, Marianne and Elaine, experienced burnouts prior to engagement in their current weight-loss project. Even though Marianne consistently affirms that she prefers whole wheat or flax seed bread and tries to make healthier

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[61] Poutine is a typical Québecois dish made from French fries covered with beef or chicken gravy and cheese curds. In an Italian poutine, the gravy is replaced with tomato or spaghetti sauce.

versions of her mother's cooking (e.g., mashed potatoes with chicken broth instead of milk and butter), she acknowledges that when she does not feel well, when she is *desperate,* she craves comfort food, food that reminds her of her childhood—w*hite bread, pasta and donuts.* In her description of "comfort food," Elaine affirms that comfort food is the very personification of the mother, who, though she is deceised, still provides solace and companionship when she eats alone,

> Elaine: *Comfort food for me, which my mother used to cook a lot for me when [I was young], I liked it, was Kraft Dinner!* (laughter)...*Oh yeah, I love* [it], *some people just hate it. See for me, it's my mother* (laughter).

Marianne also makes a connection between comfort food and a loving parent. Her recollection of a potato chips sandwich as *one of the most amazing things in the world,* was passionately recounted with a longing for the days when she could share such food with her father:

> Marianne: *I love to put a piece of baloney on the barbecue! That's amazing! You know, hum, my dad too. My dad loved to eat. Hum, I remember once, my dad, we still joke about it. It has to be fresh white bread, and you get a bag of plain chips. He'd put butter on the bread and he'd put chips* (showing how chips were lined up on the bread). *Oh, my god! It's one of the most amazing things in the world! It's really good. French fries, he'd cut up a potato and fry it, and, uh, put it in between two slices of white bread with butter...Really good...So, you know, you sort of carry on what your, your traditions.*

Marianne's remark also denotes the ambivalence within the weight control experience that demands that in order to counteract what is perceived as the negative impacts of food on their body, women must break away from the embrace of the clan and from traditions that sustained and nourished them throughout their lives.

Tatiana, for whom food is symbolic of a grandmother's love and unconditional acceptance, regardless of her weight status, illuminates a process whereby food is used to assuage negative emotions related to one's weight status. Everyday after school, she could forget her overweight and refuse to dwell on the fact that she was *chubby compared to the other kids.*

> Tatiana: *She* [my grandmother] *would feed me. So I would have homemade everything. And that would just, it's like food was a symbol of love, and celebrating, and that kind of thing in our family…Because food was her thing; and that was, you know, the way that you showed love and if you didn't want her food, it was a very rejecting thing… And for her, she was 'you look fine,' you know, 'you're my girl, it doesn't matter, you know, what you look like or how heavy or not heavy you are.' Because she, she would love me no matter what I looked like. And she wasn't thinking health, or anything like that, uh, so that was that relationship.*

Tatiana developed several eating disorders throughout her life, the last of which was binge eating disorder. Like many in the out-of-control stage, she reproduced what she did as a child, ate with abandon and created, even if only for short periods of time, the space where she could hide from the unpleasant reality that her weight had crossed the 200 lbs mark.

A further application of comfort food in the women's stories is the use of food to create shared space of meaningful friendships. A seeming contradiction their insistence that they either do not eat junk food in public or they feel badly when they do is their use of food to build relationships with other women. The implications of eating with others are multifaceted, and food has been imbued with complex social and cultural meanings. However, more than the common usage of food as a social lubricant or a shared meal as a means to interact socially with family or friends (Ogden, 2003), is the connective

gestures (Booth, 2004) involved in eating bad/junk food with another woman that appeals to the participants in this study.

> Chloe: *That whole summer with Brooke, who's the youngest, I ate Ben and Jerry's ice cream all summer with my friend. Like, me and her, we just had babies and the whole summer we just ate junk food, the whole summer.*

Even while they were transitioning to the in-control phase of their relationship with food, many of the women adamantly refused to give up those times when they got together with a friend to watch movies, engage in 'girl talk' and eat junk food. The women insisted that they liked to bond over food; it seems perfectly acceptable to almost all of them to deviate from their weight-reducing diet in order to connect with a 'girlfriend.' The sense of doing something 'naughty' together, conspiring to rebel against societal standards of proper nutrition, in other words eating bad food, seems to strengthen the bonds of their friendships. And as Veronica stresses, the activity is not restricted to friends who are overweight or obese. Being with a close friend means having the latitude to eat fattening food with someone who is not ascribed judgmental opinions in regards to one's weight status.

In addition to symbolizing the connection friends have with one another, food can also represent the bond that unites one to all the women who struggle with their weight.

> Marianne: *I'll be at Halloween, you know, the kids had candy; and I'm like, I'll just have one. Yeah, five little chocolate bars later, I'm going, oh, you're such an idiot… Was it really worth it? But I know two doors down some woman is doing the same thing. It's tough, you know.*

Usually, the guild of obese women is not an alliance that the research participants appreciate. In fact, as discussed elsewhere, they are ecstatic when, as a result of their weight loss, they can join the ranks of 'normal' women. However, as

Marianne describes so well, there is consolation in the knowledge that one does not struggle alone.

The double bind when it comes to all that food entails for the women is that they eat what they construe as bad food in order to self-soothe (comfort, assuage negative emotions, link to family and friends); they are then caught in an iterative cycle of negative emotions related to their consumption patterns and their weight status. As for non-hunger eating, eating comfort food is more than the outcome of rational thought (Ogden, 2003); it is partly driven by the need to redress the emotional disequilibrium of negative emotions caused by weight gain. Rather than adopting weight-loss behaviours, the women turn to food for comfort. Food becomes the punishment and the reward, the oppressor—causing unwanted weight gain—and the rescuer—bringing comfort and relief from negative affect.

Non-hunger eating. Many of the women admit that psychological hunger often induces them to eat when they are not physiologically hungry. They agree with Tatiana who said, *my dad died, and I went right back to old patterns of eating, 'cause a lot of my eating had to do with emotions.* They qualify eating patterns in the out-of-control phase of their relationship with food as *emotional eating*, the stimuli for which stem from a wide range of emotional states both positive and negative.

> Marianne: *When I'm happy, I want to eat; when I'm sad, I want to eat; when I'm mad, I want to eat… I was really stressed out… so you turn to eating… I was really excited… I had an extra portion… So, it's every single emotion… For me to be an emotional eater, you know, it was a way for me to feel good.*

Whether she was eating to self-soothe because she could not get pregnant or celebrating her pregnancy with an additional helping of food, Marianne is the quintessence of the emotional eater. And, from her own admission, when she ate despite the fact that she was not physically hungry, she would not be overeating grapes!

As is the case with the other women, it is mostly the bad food--poutine, chips, sweets, and junk food--that satisfies emotional hunger (Wardle, 2006).

> Chloe: *I ate for financial reasons 'cause I had money. I ate because I was sad and I was depressed. I ate because I was happy a lot. Like, I found every excuse to eat a chocolate bar or ice cream or to, you know, eat junk food.*

Chloe admits that in the past, she turned to drugs because it was easier than learning to deal with her emotions. She acknowledges using food for a similar purpose: to handle her emotional state regardless of the nature of her feelings. As a group, the research participants identify a mixture of emotions, which often leads them to non-hunger eating. Like Marianne, they use food as a reward to manage positive emotions; they also eat to assuage negative feelings and to relieve loneliness and stress.

A recurring theme throughout the narratives is the use of food to deal with sadness and loneliness; food is consumed to *fill-up* that sad, empty space created by solitude and isolation.

> Marianne: *I kept a lot in… When I'm by myself [when her ex-husband left her alone with a baby], you know, I'd buy stuff that I like to eat and that's how I'd spend my night. I'd watch TV, I'd feed the baby, or, you know, and then I'd eat, which gave me the happiness I think that I was missing.*

Non-hunger eating is also done automatically and mindlessly as 'something to do'. Tatiana describes the process, I couldn't stop eating because 'oh, I'm feeling bad, I'm bored, nothing going on, I think I'll have this, I think I'll have that.' Elaine concurs and offers: I kind of got bored with my life, so I started eating, and eating, and eating, and I started gaining, gaining a lot of weight.

A very heartrending segment in the women's stories is Marianne's description of an episode of non-hunger eating she experienced as a child. She recounts:

And I remember one day, just being home. I don't remember where my mom was or; I was home, I was playing with my dolls and I made toasts all afternoon. I kept eating toasts. Like, I remember that, I remember that afternoon… I kept eating toasts and it was so yummy. I remember feeling good; and I was probably just really lonely.

To this day, Marianne frequently stands and stares at her open food cupboard during television commercials in search of something that could fill the void of being alone.

Stress was another common negative emotion that was relieved by non-hunger eating. Marianne describes stress relief as *the pressure to which, for no reason, I'll start eating like when I'm opening my bills.* While stress might stop some people from eating, for others, such as for the women who participated in this project, stressful situations are diffused with food. Elaine recounts how she handled a stressful day at work:

Elaine: *I told a co-worker of mine, I said, 'tonight, it's poutine. You're coming with me, we're eating poutine. I need ma poutine. It's been an awful day'… And we went and I had it. I wanted it; I had it… taking the stress out… through a poutine.*

The iterative cycle discussed in regards to eating comfort food as a means to assuage the negative affect of weight gain is repeated with non-hunger eating. The awful feelings caused by their increasing weight status are allayed with food even when they are not physically hungry.

Veronica: *Hum, probably when I felt out-of-control with my weight. Like if you're like bored and you, you're thinking about how you're fat. Or, how like you really want to lose weight and then in order to, like the anxiety that rises in you, you go to cupboard and you find something that you can eat.*

Sense of powerlessness. Many of the women insist that they have often felt powerless to modify their eating behaviour or control their appetite in the past. When I

asked Veronica to describe *out-of-control*, she offered, *it's just, just eat everything that's not good.* Talking about her eating patterns, Chloe depicts well the struggles experienced by women who are in the out-of-control phase of their relationship with food. She states,

> *I say to myself, I don't want to eat that; be good today, be good today. And I just go to the, to the bad food, you know. Like, I would say, just don't eat that today, eat good today, I just couldn't do it, you know.*

As for a number of the other women, Chloe acknowledges that she is often unable to enact her intention to eat in a way that will not derail her from her weight-loss goals.

For many of the women, out-of-control eating, or powerlessness to control their food consumption, is sometimes preceded by periods of restrained eating (dieting). As Tatiana suggests, *it was like I hadn't had the food for so long that now I had it and I just couldn't stop eating it.* Of course, restrained eating is a practice most women have learned as young girls. In her story, Veronica relates how she knew about food and portion control as an 8-year-old who was consistently harassed by her mother to keep away from sweets and desserts on account of her size. She explains her *unconscious… freak-out sessions,* times when she overeats as a kind of insurgence against the set of rules governing how an overweight or obese woman must eat.

> Veronica: *Like anything, you know, don't touch that, well I'm gonna touch it, So, instead of like, like being, it's almost like instead of learning about how to deal with it you just kind of, it's almost an illegal thing. So, if you have it, have as much as you can that one time.*
>
> M: *So, you always feel guilty eating?*
>
> Veronica: *Yeah, always.*

Since self-regulation of food intake is consistently construed as self-regulation of weight (Herman & Polivy, 2004), out-of-control eating necessarily results in the women feeling out-of-control in relation to their weight status. Negative affect, more specifically, feelings of helplessness, guilt, and shame inevitably accompany their failure to manage their response to food. Often, the women who go through episodes of disinhibition concerning their food intake experience feelings of fear and anxiety at the thought that they may not be able to ever regain control of their consumption. As Chloe explains after one of her lapses,

> *The day's not over yet. I might go to McDonald's and have a big fucking cheeseburger* (laughter)*... If it was alcohol, this interview wouldn't be going on. I'd be finishing and calling my drug dealer... because I'm a drug addict or whatever, like I, I can't stop... Whatever happens, happens. I have no control about what's gonna happen.*

The controlling stage. All of the women in this project said that when they initiated their weight loss project, they went from being out-of-control or having very little control over food to closely controlling their intake. The controlling phase is a time of transition when they become determined to restrict their eating and make mindful food choices (hallmark of the in-control phase). It is also a period when negative self-regard gives way to a renewed sense of empowerment. Whereas the previous day might have been spent eating with utter abandon, intake patterns seem to change almost overnight. Except for Chloe, for whom the process remained a struggle until the end, the women affirm that engagement in the controlling stage was not a difficult affair. Veronica comments on the ease with which she experienced the process,

> *As far as wanting to go to the gym, wanting to exercise, wanting to do the food logs, wanting to, you know, eat properly, that didn't, it wasn't a stretch for me, uh, to do that.*

While Tatiana never progressed to the next phase of her relationship with food during the time of the interviews, for some of the women, the controlling stage lasted a few weeks after engagement. It is during this period that the women start to proselytize and advocate the benefits of healthy eating to others (children, siblings, co-workers, and friends). Marianne illustrates this when she recounts: *With a friend, you know, I try to say, if you really have to eat something, eat something healthy.* In my field notes, I have often commented on the assured tone of voice, the confidence that the women exhibit in talking about nutrition, and their expert stance on the topic once they gain control over their food intake.

Two important facets of the controlling phase of the women's relationship with food are the increase in self-regulation and the increase in self-efficacy beliefs.

Self-regulation. The knowledge that overeating and eating *bad* or *fattening* food impedes achievement of their weight loss goals was evidently present in the out-of-control phase of the women's relationship with food; however, there is an implication here that the women gain the ability to exercise restraint and are able to decide whether or not to eat in the controlling stage. And, as they start to restrain their eating, they become more self-regulatory (Vartanian, Herman, & Polivy, 2006).

> Tatiana: *So, every week I go back and I bring my little food journal. And, I'm honest to a fault. If I have a couple of slurps of soy milk, I write, 'I had a couple of slurps of soy milk.'*

Tatiana's statement provides a glimpse into the form of surveillance that women in the controlling phase might exercise over their food consumption. The constant *mental turmoil* and the energy expended thinking about wanting to eat or eating too much of the wrong foods for the wrong reasons with the resulting loathed weight gain evident in the out-of-control phase becomes sharply focused on regulating one's intake. Food is

carefully monitored—*I have all my meals planned every day,* says Chloe—certain (i.e., fattening) foods are banned altogether and portions are strictly limited:

> Veronica: *We had to write down 10 of the worst things that we had eaten over the last week or so. And so, like you write down 10 things; and pretty much as soon as you're done the list, he* [the trainer] *says, OK, now everything you just wrote down you can't eat for the next 12 weeks.*

All of the women interviewed said that for a certain period of time, they were extremely selective of the foods they ate; as Tatiana mentioned above, they wrote down everything they consumed with a view to increasing awareness and regulating their intake patterns. Within their current weight loss program, those who had joined *Weight Watchers* counted the point value assigned to particular food items; one woman counted calories (after a relapse) and two kept food logs to be reviewed by a nutritionist or fitness instructor. Worthy of note in this phase is that long-term goals to achieve a desired weight are often replaced with short-time commitment to an eating plan and to monitoring one's eating behaviour. Tatiana tells the story of the manner in which the nutritionist instructed her when she initiated her current weight loss project:

> *So she* [the nutritionist] *gave me a basic plan. She didn't tell me how long I was gonna do it for. She said, 'for the next week, I want you to record, you know, what's your, what's you're eating.' She said, 'here's your plan; if you're eating anything else that's on the plan, I want to know.'*

Self-efficacy. Self-efficacy is understood here as the belief that one can persist in her efforts to control her eating with a view to eventually losing weight. It became evident through the narratives that the women's sense of self-efficacy in regard to food consumption increased owing to their mastery experiences of self-regulation resulting in successful weight loss (Bandura, 1999). The women's sense of self-efficacy with regard to controlling their food intake goes from the uncertainty that Veronica describes as

characteristic of the out-of-control phase to levels of self-assurance that they can maintain their current control over eating and pursue their weight goals.

Veronica: *Uh, like kind of, you know, when you've tried and stopped and tried and stopped and been successful a little bit but not really fully and, you know, you have always that element of failure, that you think, like, OK, when is this gonna, like, when am I gonna fail, you know? Or, like, am I really ever gonna reach the goal? Or, like, because you've never reached the goal, you think it's never, although it's still there and it's this thing that just you know, like the imaginary pot of gold at the end of the rainbow, you never think that you're actually gonna reach the end of the rainbow.*

When Elaine was asked to express her level of confidence that she could continue her weight loss efforts through monitoring her food intake and manage her weight in the future, she replied, *on a scale of 1 to 10, it's a 10.5* (laughter).

As Bandura (1999) suggests, seeing others such as oneself succeed further enhances self-efficacy. All the women initiated their weight-loss journey with the support of friends or a group of women who similarly adopted new eating behaviours with a view to losing weight. When discussing prominent themes in her weight loss experience during the last interview, Tatiana, who, because of her academic background is familiar with the concept, confirmed the role of vicarious experience in enhancing her sense of self-efficacy.

M: *So, you're having mastery experiences every day that you're able to continue… Self-efficacy is also seeing others succeed.*

Tatiana: *Yes.*

M: *And you mentioned something about the community. When you went to Johanna, you saw other clients?*

Tatiana: *Yes. Completely, they're helping me that way.*

Most of the women who participated in this research project validate the importance of peer and expert support as they began changing their eating patterns; peers who encouraged and provided the solace of shared struggles, experts who stimulated them to new peak performances. Chloe describes her experience of following the *Weight Watchers* food plan with her friend: *We were losing weight together and we were calling each other, we were doing it together. So, it made it fun, you know.* Tatiana explains her confidence that she could comply with the nutritionist's request to dramatically increase her fluid intake although this had not been part of her previous experience: *She said, 'I want you to drink uh, between three and four litres of water a day' which I thought, 'OK, I, I, I can do this.'*

The in-control stage. In mapping the change process, it is obvious that there has been a shift in the way the research participants connect to food as a result of their successful initiation and persistence in a weight loss project.

> Marianne: *I've changed my mind set in a sense that I don't, you don't have to get excited over food all the time.*
>
> Veronica: *So instead of seeing it, like, it's another event I'm coming up to, or whatever, you know. Or, I'm having dinner with family and there's desert. Well, I can have a little piece and enjoy the little piece or I can have none 'cause I'm not really in a place where I want to have any, 'cause I can say no. Or I can have this giant, enormous piece because what if that pie never comes again? So now, my mental, and it's only been the last little while, is that all this stuff, if I want it tomorrow, it will be there tomorrow. Like that's really if I want ice cream, it'll be there on Wednesday.*
>
> Elaine: *I'm not dependent on food; I choose what to eat.*

Whereas they might previously have been caught in a cycle of negative emotions, deprivation, and unrestrained eating, or they might have completely

suppressed non-hunger eating (in the previous stage), the women now make different food choices as a result of their more positive emotional states. As Elaine suggests, *when I feel good, I am happy of eating healthy… It's not even trying to stop yourself from eating something bad but it's wanting to eat something good.* At this point, the scrutiny over consumption patterns that the research participants exercised in the controlling phase gives way to a more relaxed approach. That transformation is evidenced in the vocabulary used to describe their relationship with food; mindfulness and personal choice become manifest and non-hunger eating is redirected.

The emphasis during the in-control stage is away from yo-yo dieting which the women might have done in the past toward the adoption of a healthy lifestyle; food is purchased, prepared and eaten in a mindful manner that does not rob them of self-regard nor detract from their goal achievement.

Mindful eating. The salient characteristic of the in-control stage is the sense of empowerment in one's relationship with food. Whether they choose to restrict their consumption (portion control, exclusion of certain foods), select healthier alternatives, or even opt to overeat and eat junk food, the women insist that their choices are now made mindfully and with full awareness of options and consequences. As Veronica explains,

> *Now I feel like, like I, if I'm making that conscious effort to eat like crap, I'm consciously doing it, not, I never have one of those moments going, what am I doing? Like… you know, because I know, because I'm making the choice to. And then I don't feel guilty about it either 'cause I've made that choice.*

Marianne supports this perspective and further suggests that mindful choices carry little guilt.

> *And sometimes I'll go and I'll be, oh, I want to have this and I'll get to the fridge or the cupboard and I'll say, hum, OK, here you go again! It's like I've been in a*

daze… It's like, you don't need it; you're really not hungry. So I catch myself a lot more… And sometimes I do catch myself and I say, oh, what the hell.

In addition to increased awareness of intake patterns, the women talk about taking ownership of the eating process and consciously exercising more assertiveness concerning their needs and preferences. Most of them engage in intentional deliberations and intense internal negotiations regarding the impact of their food choices:

Elaine: [what] *helped me do* [it] *is ask the question before you eat it: Do you really want it? Yes, eat it. Do you really want it? Not that much; I prefer to have my glass of wine next weekend. I prefer to have wine than to have that chocolate cake. I really like sugar but I prefer the wine.*

Cognitive strategies to remain in-control of their food intake also include appraisal of the costs-benefits of eating certain foods or of overeating. Although they might sometimes increase their daily level of physical activity to compensate for their high caloric intake, supplemental weight-reducing practices help the women keep focused on their self-determined goals. As Chloe acknowledges,

Do I really want to eat sour cream and onion chips tonight? You know, do I really want, like I did work out today, do I really want to screw up what I just did? So, yeah, so, it's just helping me; being at the gym, being involved in classes really helped me too.

The notion of cheating on one's diet is replaced by a conscious decision-making process concerning what, how much, and when to eat. Veronica discusses her *out list* and its impact on her consumption patterns as she continued her engagement in her weight-loss project:

Veronica: *I wouldn't say that I'm as hard-core as I was in the very beginning… Having, uh, that type of out list like, I never thought about it as like I can't do it 'cause he'll* [trainer] *get mad or like, I can't do it 'cause, like, I'll be cheating, 'cause*

if I do it, it's like I'm willingly saying I'm gonna eat this stuff. So, it made me more aware… And so, I don't see it as cheating, I just see it as like, you know, maybe not seeing your goals, like that day you know, or like, I don't know, I just see it like… postponing my goals. I didn't see it as cheating 'cause I think everybody deserves a chocolate day, you know…I don't restrict anything; I just don't necessarily choose it.

To be in-control of their eating means that the research participants can now enjoy food; they no longer have to hide or eat on the run to conceal their eating to themselves and to others. They seem keenly aware of their food choices, which have often been modified from selections they made in the past (i.e., vegetables and hummus instead of chips and dip), and they allow themselves more latitude than in the controlling phase without completely derailing their weight-loss efforts.

The meaning of food is revised from that of *bad*, *naughty*, or *fattening* to appellations such as *healthier choices*. And though the constant inner chatter through which the overpowering call of food used to be heard has not completely died down, it has lost some of its intensity and the women seem in a better place to resist its appeal.

Dealing with junk food. Although the women affirm that they no longer experience the overpowering cravings of the out-of-control phase, there are still favorite foods that "push them over the edge"; their propensity for old favorites (i.e., junk foods) has not completely disappeared. Elaine who previously said *I love junk food* and now offers, *I try to, you know, eat good food with a good salad, trying to get contentment differently,* has not developed an overnight craving for broiled chicken and vegetables served without butter.

Chloe: *It's, uh, I ask God to like, uh keep me away from bad food; help me make healthy decisions… I love the poutines, the pizzas; it's really bad for me. Uh, I ask God to remove the obsession that I have with* [bad food].

Because it can be a struggle to deal with junk food, the research participants provide accounts of the strategies they devised to help them maintain control as their new eating habits became entrenched. These strategies include replacing eating at some fast food outlets (McDonald's, La Belle Province) with what are considered healthier alternatives (Subways) and substituting the type of food sometimes consumed when not physiologically hungry (e.g., eating sushi instead of poutine):

> Elaine: *Before, you know, nothing would stop me* [from going to McDonald's]; *I just wanted it… I don't like fat food anymore. I used to crave it and I still crave it. So when I have my fat food craving, I go to Subway. It's not bad, you know, it can be a very healthy sandwich. So, for me, I went, it's junk.*

Some of the women place roadblocks to consumption (having to make junk food rather than simply purchasing it) or they engage in environmental re-engineering (keeping a junk-food-free household, replacing junk food with fruits and vegetables) as means to avoiding eating junk food. Finally, it would seem that simply bringing their attention to how they feel physically after overeating or eating greasy foods (physically bloated, lack of energy, *yucky*, feeling *like crap*) is now a deterrent to the practice.

Non-hunger eating. In the in-control phase of their relationship with food, the women learn to befriend their body and they become proficient at differentiating between physiological and psychological hunger. As Veronica explains, *it's just really just teaching you to be more in tune with your body and fueling it for, like fuelling it instead of like, you know, gorging food.* The difference between the out-of-control and the in-control phases in regards to non-hunger eating is that in the latter phase, strategies are devised and adopted to cope with life issues and strong emotions thereby decreasing the frequency of emotional eating cycles.

> M: *So, tell me about your relationship with food now.*

Elaine: *Uh, it's very good. I don't have the cravings that I used to have for specific things. Uh,* (sigh) *it's not linked to the emotional roller coaster like it used to be.*

Chloe's strategies to deal with her emotions include engagement in alternate activities; her approach to refraining from eating when not physically hungry is in the *doing*:

M: *So, are there times now that you eat for reasons outside of hunger?*

Chloe: *Yeah; it's not because I'm bored or nothing. If I'm bored I do, like I read, I've been reading a lot. I go on the computer, drink water. But no, I'm not eating out of emotions. I talked to my ex yesterday for the first time in 6 months, so… I just stayed on the phone; like, I called everybody I knew… I just stayed on the phone till 11 o'clock and then I went right to bed. I didn't have a glass of milk or nothing; I just went right to bed.*

For Elaine, Veronica, and Marianne, the strategies are self-talk and bringing their attention to their feelings so as to name the emotions behind the hunger; they also make use of natural releases such as shedding tears in response to emotional states; their way is in the *being*:

Marianne: *I had an argument with my ex-husband on the phone, I just wanted to go out and get a cheese burger, you know,*

M: *Did you?*

Marianne: *No.*

M: *What did you do?*

Marianne: *Uh, I cried, and, uh, no I don't think I ate anything.*

M: *Which is different than you would have done before?*

Marianne: *Yeah. Absolutely, absolutely, in a heart beat.*

Overcoming obstacles. Many of the women insist that there are still situations that are problematic for them in terms of their relationship with food. *I can't to this day,*

Tatiana affirms, *buy a bag of cookies and not eat the whole bag.* As Veronica corroborates, there are times when behaviours evident in the out-of-control phase make a return visit:

> Veronica: *I buy a bag of Oreos, and go OK, like that could be like fun for this week, or like whatever. And it could be a small bag, I'll eat it all first because if I get rid of it, then I don't have it for the rest of the week; so then it's gone… It's such mental turmoil.*

Although they are generally in control of their eating and devise creative strategies to avoid overeating, eating junk food, or engaging in non-hunger eating, the women acknowledge that they are not always entirely successful in implementing what they know to be helpful. As Chloe offers,

> Chloe: *Uh, it's been like up and, since my boyfriend was like, you know, it's really me like emotionally so, I, I think for three days I ate Ben and Jerry's ice cream at night … Emotional eating big time.*

The difference is that if she were in the out-of-control phase of her relationship with food, Chloe would have continued eating ice cream as she did with her friend that entire summer after both of them had given birth. Here, she was able to break the iterative cycle of uncontrolled non-hunger eating and negative emotions. She was able to recognize her emotional state and restart her weight-loss effort. In fact, she managed to regain control over her eating after only a short lapse.

The women insist that eating with a view to reducing or managing one's weight must not be obsessive if it is to be maintained. Consequently, as the novelty of the weight-loss project wears off, as the writing of the food logs proves tedious, as their weight plateaus while the goals remains elusive, and as their initial programs (*Weight Watchers*, *Women's Transformation*, gym-based weight-loss program) come to an end, adjustments are made to the all-or-nothing approach to food adopted while the women

try to regain dominance over their eating. The seeming effortlessness of the controlling phase gives way to more pragmatic assessments; now the stories include phrases such as *c'est pas facile, man* (Chloe); *it's really, really hard… eating healthy takes a lot of effort* [in planning and preparation] (Marianne), *it's tough* (Elaine); and even Tatiana who consistently followed her weight-loss program to the letter admits, *I haven't gone to that complete confidence* which means that she still has to exercise vigilance.

Regardless of the quality of the relationship one entertains with food, it is a relationship that can never be severed if one wants to remain alive. For the women involved in this study, food has served them in the past (managing strong emotions, defying social norms, bonding with family and friends) while it has also been a genuine hindrance (feelings of loss of control, guilt, and shame; unwanted weight gains). As they embarked on their weight-loss journey, physiological and psychological needs still needed to be filled and deliberate choices to engage in eating behaviours aligned with goal achievement remained to be made several times daily. As they travelled through the different phases of their relationship with food, the women seemed to become increasingly more empowered to self-regulate and achieve control over their nutritional intake. I believe that this speaks volumes concerning their self-determination, their resilience and the quality of their new relationship with food.

Section 4 – Relationship with Physical Activity

> Chloe*: I'm there* [at the gym] *because I want to be there for one; I'm there because I have to be there to lose the weight, I'm there because, because it's good for me. Like, just like Alcoholics Anonymous is my, my workout for my sobriety, my gym is my workout for my life.*

Of the new relationships that the participants in this research developed as they pursued their weight loss journey, engagement in regular physical activity[62] seems to have been the most rewarding for some while it proved extremely challenging for others. Veronica and Elaine discovered new interests that reawakened their love of athleticism and their intrinsic desire to be active while Marianne and Chloe consistently needed to motivate themselves to get to the gym though ultimately they appreciated the benefits of their workouts. Until the end, Tatiana opted to abide by her nutritionist's recommendation that she postpone engagement in a relationship with physical activity even if she had been looking forward to attending yoga classes when she moved back to the city.[63] In the present section, I discuss patterns of involvement in physical activity prior to and after engagment in the women's weight loss programs.

Past patterns of involvement in physical activity. Just prior to their engagement in a weight loss project, the women who shared their story as part of this research project led a sedentary lifestyle. They did very little or no exercise and most acknowledged that their sedentariness was a factor contributing to their weight status. Some women had previously been quite active, others had few and sporadic experiences with physical activity; one research participant had neither exercised nor participated in organized sports in the past. And though many of the women had joined fitness facilities on numerous occasions throughout their adult lives, short stints seem to

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[62] In this project, physical activity implies involvement in organized sports or in gym-based, home-based or outdoor activities identified as sport or exercise by the research participants. It is not necessarily restricted to a predetermined duration or level of intensity. The usual definition of physical activity includes exercise, sport and the activities of daily living (Berger, 2004) as well as occasional leisure-time physical activities. However, daily living activities are not included in the participants' patterns of physical activity and the women only rarely mentioned these endeavors as significant in their weight loss stories.

[63] Tatiana was taking isotretinoin (Accutane) – a very strong anti-acne medication – at the same time as she was trying to lose weight. Johanna, her nutritionist, advised her to refrain from engagement in physical activity since she was experiencing serious side effects of the medication, e.g., severe dryness, skin inflammation and discoloration causing discomfort and pain.

have been the norm for most. Even Veronica, who loves working out, opted out of her membership at the *Running Room* because she could not find a sense of community and the social support she was looking for. Overall, 'sporadic' seems to be an appropriate adjective that describes the women's past patterns of gym-based activities. As Marianne explains,

> *I dieted off and on, exercising off and on; so my weight fluctuated… I did treadmill all the time... because it was the easiest thing to do... Like, sporadically I'd do it. You know, for a month, I'd do it maybe twice in one month, and then I'd do it four times the next month. Or, and then I wouldn't do it for two months.*

It seems that prior to their engagement in the current weight loss program, the women would come to a place where they felt the need to do something about their weight and consequently signed up for a membership at a fitness facility: They initiated an exercise program as a means to facilitate weight management rather than for the sheer love of physical activity. The women talk about iterative or *vicious cycles* whereby negative affect – not feeling that great about themselves – would lead them to stop exercising. This would result in weight gain and further negative affect. To counter the weight gain, the women would resume their engagement in physical activity, which they ultimately stopped when they did not see quick results, i.e., weight loss; in turn, this led back to negative affect and the cycle continued.

Present patterns of involvement in physical activity. As mentioned above, for the women in this study, engagement in regular physical activity has centered around participation in sports and exercise at the exclusion of daily activities such as climbing stairs, gardening, walking the dog, etc., which they do not necessarily mention in their pursuit of an active lifestyle. Other than Chloe, who sometimes cycles to school, none of the women acknowledge active transportation as part of her daily routine. Elaine is the

one woman who has the most diversified involvement in sports and exercise and who is the most committed to her program.

In order to enact their decision to exercise, the four participants who were motivated to do so overcame the impact of their weight status on their self-efficacy beliefs regarding initiation and regular pursuit of their program. As part of the healthy lifestyle they desire to achieve, the women all state that they enjoy the many benefits of increased levels of physical activity; however, they exhibit different motivational states with respect to participation. Although the research participants have not been asked to complete the *Sports Motivation Scale* (Pelletier, Vallerand, & Sarazin, 2007), it would seem that motivation to exercise ranges from amotivation (no motivation to exercise) to intrinsic motivation (exercising for the love of the activity (Vallerand, 1997). The women who exercise acknowledge receiving social support and they confirm the motivational effect of feeling related to others who also engage in regular physical activities. Those further along the continuum toward context (exercise) specific intrinsic motivation demonstrate higher autonomy in their choice of activity, somewhat greater confidence in their athletic abilities, and higher levels of participation. For Elaine and Veronica, physical activity has become a friend; for Chloe and Marianne, it is still a somewhat casual acquaintance; for Tatiana exercise is an entry in her contact list – it has served her in the past and she may or may not call on it again in the future.

The description provided by Marianne who said, *I really wanted to squeeze in as much* [physical activity] *as I could,* summarizes the patterns of involvement the women exhibited at the beginning of their weight loss journey. Whereby they had been totally inactive, physical activity became one of the primary foci of those who did exercise.

The manner in which both Elaine and Veronica talk about their involvement in physical activity manifests their intrinsic motivation. Elaine, formerly known as the *work machine*--the woman who had little time for anything else but work, has discovered

dragon boat; she loves the sport so much that she is willing to rearrange her work schedule to attend the practices. She is on two dragon boat teams, she has joined a women's softball team, she plays volleyball, goes swimming, does the stationary bike at home and, when I last saw her, she had started belly dancing classes. Contrary to some of the other research participants, her renewed passion for physical fitness never diminished throughout the interview process. Although Elaine vows never to join a fitness facility again, she is totally confident that she will continue exercising after she has reached her weight loss goals. She explains,

> *I'm never gonna go to a gym ever again. And not spend $500 to a gym that I'm never gonna go. I need to do exercise; I need to feel I have an objective. I'm doing it for something. Going to the gym for me, there's no objective.*

Veronica also expresses a profound dislike for *dumb cardio machines* (e.g., treadmill) on which one would presumably run for miles without ever achieving a goal (e.g., winning a race); however, she has *reconnected with the gym* and practically lives there. Given her desire to lose weight and achieve the body of an athlete, she chooses cardio and strength training rather than yoga and stretching. Although her weight loss strategy involves participation in a gym-based group program, she trains harder, longer and with more dedication than any other women in her group. Even when she experienced a lapse in her diet around the Christmas holidays, Veronica faithfully continued going to the gym. At this point, her involvement in physical activity is such that she is considering a 5-year goal to participate in the Ironman triathlon as *the ultimate test of athleticism*.

For Chloe and Marianne, physical activity seems to have a different connotation. Though both say that they truly get pleasure from certain aspects of their participation in gym-based activities, their stories do not mirror the core level enjoyment displayed by Elaine and Veronica. Chloe insists that she is acquiring a *developing attitude of exercise*.

She tries to visit the gym 5 days per week doing cardio and strength training, which she believes contribute to her weight loss. Like Veronica, she prioritizes the calorie-burning property of her workout rather than the sheer pleasure of participating in a physical activity.

> *The spinning is really helping me. 'Cause I like doing it; it's like a quick 45 minute of like intensity and like you know, you're sweating and it's like getting all these toxins out of you and I feel so much better when I'm done. Like during it, I'm like pushing myself and I'm like puffing, but at the end, I did it. Like I burned how many calories?*

For Chloe, as it is for Marianne, consistency with exercise is an issue. Marianne's comment about one of her lapses is typical of Chloe's experience: *When you get out of a routine it's hard to get back in.* Chloe has often let weeks go by without going to the gym. She has changed fitness facilities more than once during the interview process and she lists lack of resources and her need for childcare among other deterrents to exercise.

Marianne's initial weight loss strategy involved participation in a gym-based, trainer-led program to which she chose to add a running clinic. She insists that she wants to include 4 days of cardio exercise and 3 days of strength training in her schedule though she expressed concern over the possibility of turning herself off by doing too much exercise. Marianne claims that fitness training is *a total life change,* which has become *almost addictive;* however, at our second meeting, I assumed that she was resisting getting back into her routine after a minor foot injury when she kept postponing our getting together.[64] My field notes from that meeting provide an indication

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[64] My discovery as a researcher in this instance is that resistance to the research process might mirror the participants' experience with the research topic. My assumption at the time was that Marianne did not want to meet with me because she was not fully in action to lose weight. This hunch was confirmed at the third meeting when, she was eager to see me and excited about telling me her story of getting back into action and losing 10lbs. Another hypothesis is that

of my efforts to reconcile what Marianne was telling me with what I was interpreting as resistance to resume her engagement in physical activity. I wrote,

> *Telling James* [co-worker] *that he could stay at his desk during the interview and her introducing me to her colleagues felt that Marianne needed people around for support.*[65] *She has cycled back from action to preparation. I'm not sure where she's going… I know that she says she feels different in her body but the context was such that I did not get a sense of real connection. She was talking at me rather than with me.*

But then there was a change at our third meeting and Marianne did resume her weight loss efforts after the relapse. Again my field notes are evidence of the process,

> *I was thrilled to see Marianne. She had lost weight, was wearing a fitted sweater and she seemed to exude happiness. This was so different than what I had anticipated… There's a difference between 'real action' where the person is really doing it and the struggle of that middle stage between preparation and action… Hugs and kisses* (from her) *when I left and real enthusiasm about seeing my results.*

When I ultimately contacted Marianne with a view to potentially meeting and discussing the research results, she was again dismissive. I sensed that she could not get off the phone fast enough and she certainly did not want to meet me. I have no evidence to support my assumptions, however, given our previous interactions, I suspected that Marianne was again caught up in that vicious cycle that she mentioned in regards to her past involvement in physical activity.

Marianne experienced the shame and guilt that formerly accompanied obesity-promoting behaviour and was loath to admit that she had lapsed.

[65] Marianne's colleagues did not stay for the interview; however, two people came in her office when I was there and she took the time to tell me their story. I had the feeling that she was avoiding her own story.

Benefits of physical activity. Much of the benefits that the research participants say they hoped to derive from participation in physical activity are quite standard: They recognize the positive impacts of increased levels of physical fitness on life expectancy and on other aspects of wellness (e.g., physical, mental and social health). Ultimately, all the women agree that working out *feels good* and that it is a great self-confidence builder. They enjoy looking good in their clothes, they acknowledge that it is fun to try new things and they appreciate that sports participation is a great way to meet new people. Some of the women claim that it is wonderful to rise to new challenges, surpass previous accomplishments, or win gold medals at competitions. However, for most of the women in this study, working out is recognized as a necessity for weight management. Exercise allows them to *compensate* for occasional overconsumption and it is a helpful reminder to remain on their weight reducing diets. The general belief is that exercising and eating well are part of a healthy lifestyle that most say they want to achieve.

Obstacles to physical activity. Notwithstanding the benefits of physical activity, the women speak of the need to overcome obstacles in order to initiate a workout program and remain fully engaged. Most of the barriers to participation – past and present – are: Lack of athletic identification, extrinsic motivation impacting self-determination, time requirement given involvement in other pursuits, injury, difficulty in resuming an interrupted routine, the need to learn basic techniques before the activity becomes *fun*, boredom with gym equipment, Canadian winters, inclement weather, and the lack of resources, such as childcare. However, the number one obstacle, that which the research participants cite most often as an impediment to engagement in athletic activity, is their negative body image.

Though she has played softball for 10 years and is a strong player, Elaine admits that when she went to the league's try-outs, she thought, *oh my god, they're just gonna say, 'you think she can play? She's so fat'.* Meanwhile, she became a star player!

Elaine's certainty that women on the softball team would instantly reject her because of her size or Veronica's reluctance to run during the day for fear of ridicule are instances of how dissatisfaction with the physical-self is a real barrier to the women's participation in physical activity.

Based on their conviction (and potentially on their lived experience) that people in fitness facilities engage in self-comparison – of their body and performance, the gym is often cited as one of the more frightening places to exercise. Initially at least, the women's assumption is that they will not fit in and they will come out wanting. A suggestion to overcome the 'weight handicap' is provided by Veronica, who recounts her experience of joining the gym and offers advice on how to sustain self-determination to be physically active,

> *Say somebody starts often and they uh, go into the class and they're uncomfortable and they're out of their comfort zone* [because of their weight] *and they're, they're mentally, they're like 'you can't do this', you know, you talk to yourself. All the things you tell yourself every day as you walk anywhere because you're uncomfortable with how you are, it all comes to the forefront of your mind when you're in that first, second, third class. Everything is, you know, 'why are you here? You can't do this, you're just gonna, just gonna', you know, 'there's no point and blahblahblah'. If you can rec, recognize that beforehand, this is gonna be the hardest thing I will ever have to do ever in my life is take care of me; is decide that I matter the most.*

Veronica's recommendation concerns the necessity for a reordering of cognitive processes if one is to remain physically active. According to her, negative attitudes toward physical activity, influenced by psychosocial factors such as body image dissatisfaction and weak self-efficacy beliefs, must be anticipated and preempted by a reframe whereby the whole self, not just the body, becomes the valued beneficiary of

one's efforts. A strong determination to remain on task replaces negative self-talk; the self rather than the activity becomes the focus of commitment.

Factors supporting initiation and continued engagement. In her statement, *this is gonna be the hardest thing I will ever have to do ever in my life is take care of me*, Veronica highlights the determination necessary to adopt an active lifestyle, to exercise regularly and to remain engaged in a weight loss process. She continues her reflections,

> *You have trainers and yea, you have people who are alongside you going 'way to go, yea, yea, yea; rah rah rah' you know, but at the end of the day it's you. Because nobody's gonna make you sweat, nobody's gonna make you lift weight, nobody's gonna make you say no when nobody else is around who, whenever you need to, you know, it really does come from you.*

In addition to self-determination, I have identified, within the women's narratives, three strands of support that positively impacted initiation and continued involvement in fitness activities: Social support, expert support and environmental support.

Social support. Here, supportive relationships are with personal friends, family members, and co-workers. They are also with new exercise buddies or sports team members whom the women meet while engaging in their respective endeavors. For them, social support ranges from a simple invitation to exercise, even if there is no follow-through by the person extending the invitation, to connecting with an exercise partner, to having a knowledgeable friend design their exercise routine.

People in the social support network offer encouragement and they provide accountability. Elaine describes the support that she derives from her involvement in dragon boat and softball teams:

> *I realized I have to be in a team environment, 'cause if I go on my own, I don't feel like going, I'm not gonna go. But if I'm in a team, I'm not gonna let my team go, uh,*

you know, down. So, it has to be in a team environment and it has to have a score; we win or lose.

Helping relationships also transform going to the gym into a *social event.* Some of the women have indicated that their all-out involvement in sports and physical activity has alienated some of their former friends while engagement in athletics has opened the doors to making new friends who share the same interests and a similar predilection for an active lifestyle.

Expert support. Veronica and Marianne referred to expert support most often since both of them initiated their current weight loss program at the invitation of a fitness instructor. Veronica's trainer approached her, explained the program which was about to start at the gym and he invited her to join the weight-loss group. By her admission, Veronica knows her way around the gym; however, she needed to understand the basic techniques involved in an activity before she could enjoy herself. She also needed variety and challenge in the pursuit of that athletic identity she has always desired. The assistant fitness instructor, the expert who takes her back to the middle of the gym when her self-confidence wanes, works out with her on new routines and consistently challenges her to higher limits of endurance and performance.

For Marianne, expert support means that someone was there to motivate and encourage her as she began her weight loss and exercise program. The fitness instructor introduced her to the weight room and stood by her while she worked out given that her body image dissatisfaction precluded her from looking in the mirror to monitor her performance. Marianne also received expert support that allowed her to push her own limits of endurance to start running. She tells a story that illustrates the role of the expert, the running instructor who facilitated the realization of her dream:

I'll never be a long-distance runner, uh, but this is something I always wanted to do… For me, going around the track, uh, I started off doing quarter walk quarter

run quarter, you know. And then I'd do half and half and, uh, there was one day, of course, you have all the seasoned runners who were doing their things, passing me and I totally got focused into what my trainer said; and I was doing it. And, uh, there was one particular time when I went once around the track without stopping. I was pleased. Anyway, the next week, we came, we had to go and we did our thing 'cause we always did drills, and then the trainer said, uh, 'OK, I want everyone to go around the track. Let's just do, you know, uh, focus on whatever you can, as much as you can'. Listen, you know, I think he gave them like 6 times. And he said for me, he said, 'you know, try to do 2'. So, he would blow the whistle when the time was up. And I was half of the way around the track on my second one. And he blew the whistle and, I kept going. I said, 'I'm not stopping, I'm gonna, I'm gonna run'. Usually people would stop and just walk. And he stood there, and everybody, you know doing their own thing, and he stood there and he watched me, and he was like, 'bravo', you know. I was high for the rest of the day because I felt such a sense of accomplishment.

Environmental support. The environmental conditions that the research participants describe as helpful in regards to initiation and prolonged engagement in a fitness program are: Proximity to fitness facilities, affordability of gym membership, availability of classes and programs both inside and outside the gym in an urban setting (e.g., community swimming pools, lunchtime fitness classes, work-site and local sports teams), and easy access to home-based exercise equipment (e.g., treadmill, stationary bike). Not surprisingly, however, is the qualification expressed previously that the fitness facility must be perceived as a friendly and welcoming setting in order to support the women's regular attendance. Chloe explains the benefits of a community-type atmosphere at a fitness facility,

Now I have, people who know me at the gym. I call on the phone, I want to register for spinning; oh Chloe, Chloe; they know my name, Chloe… Uh, having friends at the gym who know me really helps me too. You know, 'cause then I can go there and I can feel like a part of, you know, and not like outcasted.

The research participants refer to the importance of cultivating a sense of belonging (relatedness to others as members of a distinctive group—physically active individuals), which can transform an impersonal fitness facility into a welcoming and supportive setting.

Veronica: *But, like, especially for women 'cause I think women are in need of connecting emotionally or, you know, just on, or just day to day with other people and I think that; I mean obviously, the gym is almost the worst place to do that because everybody's kind of like, you know, compares themselves. But if you can get passed that and really connect with other women or even like just people in general, and uh foster that sense of like belongingness, then there's no reason that you would, that you need to feel like a fish out of water.*

Making friends thus becomes crucial for the women in reclaiming their place at the gym and in counteracting the effects of what is often perceived as a hostile environment.

Section 5 – New Relationship with Weight: Current Weight Loss

This final segment of the research findings focuses on the manner in which the research participants made and enacted their decision to lose weight. First, I briefly outline past experiences of weight management and introduce some of the mental models associated with weight loss since these provide context for decision-making and engagement in the current project. In keeping with the paradigm adapted from Strauss and Corbin (1990), I then discuss the causal conditions that led the women to make a decision to lose weight. I also summarize the intervening conditions and the actions and

interactions that helped the research participants successfully engage in their current weight-loss project. The section ends with a brief sketch of the women's weight-loss journey including impacts of successful engagement in their respective weight loss programs.

Contextual framework.

Experiences. In terms of weight gain, the research participants offer that in addition to the usual determinants of obesity and obesity-promoting behaviours, particular life events have contributed to their weight status. Almost all of the women experienced unwelcome weight gain upon the death of a family member or friend since they liberally used food as comfort in the grieving process. Some women gained weight in relation to romantic relationships—getting married, unhappy relationship, or break-up. The two women who had children insist that they were unable to lose the extra weight post-pregnancy. In addition, a variety of other reasons were offered to explain significant increases in BMI: lack of regular schedule, long daily commute, little time to prepare proper meals, etc.

The women consistently associate their weight gains with lack of self-care. Marianne tells the story of how she gained weight: *I started eating a little bit again and not really caring, and not really exercising*. It would seem that a customary response to increasing weight is denial: refusal to get on the scale and intentional avoidance of anything that would point to one's weight status.

The women acknowledge that they failed to manage their weight in the past when their desire to lose weight was trumped by other pursuits or when their motivation and readiness for change were lacking: *I tried for a diet, after, when I became single*, says Elaine, *but the motivation wasn't there, and I got caught up in my work*. Tatiana also offers the story of how concern regarding her increasing weight status was overshadowed by circumstances in her life.

I thought 'well, you know, I don't like my weight right now, I don't like the way I look, I don't like the way I feel, but hum.' You know, again, I was doing shift work, and 'this is the best I can manage for the moment, oh well, I'll, I'll let it go.'

Nonetheless, most of the research participants have had previous experiences with weight loss.[66] Although reduced food consumption and increased levels of physical activity seem to have been the norm to achieve size reduction, most women refer to past *yo-yo dieting* rather than to lifestyle changes. They acknowledge adopting weight-reducing strategies only to abandon them when their physical discomfort subsided and the oppressive compunction to lose weight decreased. Veronica recounts,

Like, I would go to, you know, a naturopath, or I would kind of read up on this book or whatever, and then I would change my diet but I never actually kind of grasped the concept I guess of a lifestyle! It was, like, what can get me to where I want to go?

Tatiana describes inconsistent weight-reducing behaviour as follows: *But like anything, I started to remind myself of someone with schizophrenia* (laughter) *because you take your medication and you feel better and then you stop taking your medication.* The women insist that in the past, they ultimately engaged in weight-loss programs when they were totally repulsed by their weight, their appearance and their eating habits.

Elaine: *The other times I had to kind of get to the point where was écœurée* [sick of it]. *Uh, and I would go, a weekend of just fast food, all weekend so that on Monday I would have had all my fast food so on Monday I would start my diet... The diet day, Monday morning, always had to be a Monday morning 'cause you can't start on Tuesday, it doesn't, doesn't work.*

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[66] Chloe is the only woman who insists that she had no prior experience with weight loss; however, she lost weight when she started using cocaine and admits going back to her illicit drug habit after her first pregnancy, as this was the only way she knew of to lose weight.

Mental models of weight loss. As the women were telling the story of their engagement in their current weight loss, they often mentioned their state of readiness to take action. I believe that their mental models regarding weight loss—what it entails and how it must done—provide important clues towards identifying the factors that enabled them to enact their intention to lose weight this time around.

Based on past weight-loss experiences, most of the women believe that healthy and permanent weight reduction must take place over time and involve a lifestyle change (i.e., healthy relationship with food and physical activity), rather than simply following a specific restrictive diet. Accordingly, weight loss is a concept that must be apprehended holistically. As Chloe suggests,

> *If somebody feels good on the inside and they want their outside to match it, they're not gonna be overeating, they're not gonna be; they're gonna be exercising and you know, having the mind and the body in sync and doing things together and, uh, having harmony within the whole package. So, I think overeating and just eating junk food and not paying attention is not really a positive attribute to have, I think in order to have mind health and body health you need to eat well and put the proper nutrients into your body.*

The women also offer that a sustainable weight-reducing strategy must allow some leeway. It cannot demand that one keep measuring or counting every morsel that is ingested. As Marianne suggests,

> *We have to cut out certain foods. Once in a while it's OK to splurge but if we get into it every day, then it's not good, you know…You have to indulge in something. Because then you'll always be miserable and you have to, you have to like what you're eating too.*

Conversely, for most of the research participants, weight loss and the adoption of an active lifestyle are extremely difficult processes that demand focus and hard work. As Veronica indicates,

> *This is gonna hurt like hell, it's not gonna be the easiest thing…* [weight loss is] *a second full-time job… If you, if you're just doing something because other people want you to do it or because you feel you have to do it, or you should do it, or whatever, until you, until you have had enough, you'll, you'll never really be successful at it. I think that it, it becomes, it has to be an internal, you know, an intrinsic motivator, like it's just not something that you can pick up one day 'cause you read a magazine and it had a really good article in it, you know. Like, uh, you have to be there mentally and you have to know that it's gonna take work.*

According to the mental models evidenced in the narratives of the research participants, a woman who successfully enacts her decision to lose weight has to be in a state of readiness to adopt a health-promoting lifestyle that includes more than simply dieting to normalize her weight status. She must admit that she is overweight, she must be *ready inside,* and above all, she must *turn-off the external voices* that compel her to lose weight, in other words, she must be self-determined and assume ownership of the process. Furthermore, the woman needs to be willing to do the work on an on-going basis to achieve desired results. Elaine provides a wonderful metaphor to illustrate the state of psychological readiness necessary to take action,

> *You have to almost come to the realization, it's, that's what I'm saying, you can't, like you can't continue. This is not, I don't know, I, I, we get, we get to a point sometimes where, you know, you have a glass of wine, you have another, you have another and then you say, no, I have to stop.*

In terms of sustained engagement, the research participants surmise that once a woman does take action, her self-efficacy beliefs become stronger and, as a rule, she

realizes that the intensity of the process lessens somewhat. Marianne offers, *and then half way through, again, like I said, they* [women who are engaged in the weight-loss process] *realize, OK, it's not so bad, this isn't as hard as it was. And then it becomes easier.* Ultimately, according to the women, those who give up their engagement in weight-reducing activities are simply giving up on themselves.

Factors facilitating decision to lose weight. According to Strauss and Corbin (1990), causal conditions are the events and behaviours that precede a phenomenon; they are the factors on account of which this particular phenomenon occurs. In this case, the causal conditions that facilitated decision-making are 1) the personal situations of each of the women involved in this study; 2) the reasons they offered to explain initiation; and 3) the goals they claimed they wanted to achieve as a result of engagement in the weight-loss process.

Personal situation. Though the research participants differ in terms of their backgrounds, their age, their socio-economic position, and social status at the time when they made a decision to lose weight, there are parallels in their narratives that provide helpful clues that can be used to address the research questions. Very briefly, these are their stories[67]:

For Chloe, the realization that she was overweight compelled her to engage in a weight-loss process. When she was four months pregnant with her second child, she *got sober:* She stopped taking illicit drugs, joined *Alcoholics Anonymous* and quit smoking. She celebrated the second anniversary of her sobriety on the same day as our third interview. Chloe gained a significant amount of weight post-pregnancy when she continued to eat junk food for several months as a way to bond with a friend. She

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[67] As mentioned previously, see Appendices G-K for a fuller profile of each woman and the story of her relationship with weight throughout her life, including engagement in the current weight-loss project and changes associated with weight loss.

ultimately made the decision to lose weight when she saw pictures of herself. She describes the occasion,

> *You look in the mirror you don't think and then when you get a picture taken you're like 'I'm disgusting.' Like, I, I felt like I was, phew, like just horrible. I was so disgusted with the way I looked... I was really big and I was, the only thing that made me feel better was eating. Like just, just eating more chocolate and you know, like I didn't, I hadn't, I didn't want to do any of the actions, you know, I was depressed about the way I looked and I didn't know how to solve the problem.*

Acknowledging her weight status coincided with the day she went to church with her *Alcoholics Annonymous* sponsor and made a commitment to attend regularly, a pledge that involved a lifestyle change. At the time, Chloe was also nearing the end of an abusive relationship with a partner who habitually insulted her because of her weight. She admits that on the threshold of initiation, she was *unhappy* about her appearance, she was fearful of becoming extremely obese and she was concerned about what she believed to be people's judgmental attitudes toward her. Although she felt better about herself for her ability to change some areas of her life, she experienced negative affects such as *guilt,* a *sense of failure*, and *a sense of inadequacy* for not altering her weight-related behaviours.

According to Elaine, burnout and the end of a relationship were significant events that impacted her decision to lose weight. She suffered from burnout two years prior to the actual enactment of her intentions; however, she consistently refered to the illness as if it happened only very recently. Above all, she credits her ability to leave an unsatisfactory romantic relationship as a catalyst for change. Elaine is adamant that she desperately wanted a lifestyle change: She yearned to be more socially and physically active. She felt unhealthy because of her weight, was generally unhappy, and, because she was bored and lonely, she was looking for *something to do.* Consequently, she

engaged in a reflective process that led her to take stock of her life and re-evaluate her priorities. In doing so, she pondered the steps that would enable her to *live life to the fullest*. She recounts her process,

> *And from that point it was kind of starting clean. You know, I left him and I'm starting at the beginning. I have a clean plate; I only have possibilities to come. So, that's why I decided, OK, let's, what are the different elements that could allow me to live the life I want… What action can I take to improve? And, you know, the easy, the easy one was to lose weight, actually.*

Elaine understood engagement in a weight-loss project as taking back control over her weight and her eating, which consequently meant that she would regain control over her life; she would no longer *live as a victim* as she had done in her last romantic relationship.

For Marianne, a mild depression that culminated in burnout just prior to initiation provided the motivation to engage in a weight-loss project. She describes the time,

> *I was eating a lot of comfort food. Foods that I don't normally eat—I don't normally eat a lot of breads. And, anyways, the month and a half that I was home, off of work, I gained about 10 lbs because the only time I felt good was when I was eating bread or pasta. Uh, comfort foods, and carbs.*

Marianne was left with her two children after the break-up of her marriage and she realized that she needed to be healthy to assume her full responsibilities; this implied emotional and physical self-care. She had been very unhappy for a long time and she felt *unattractive and uncomfortable* in her skin. Furthermore, her living arrangements, having moved back in with her mother, had brought additional difficulties in regard to cooking and making food choices that she thought would be conducive to weight loss. Although Marianne had the knowledge of what to do to improve her health, *be more physical and make wiser choices about what I eat*, she considered herself

helpless to turn her situation around. She recalls the time during her illness when she finally made the decision to lose weight, *I don't feel good about myself and, uh, once I'm back at work, I'm gonna do it.*

Tatiana made a decision to lose weight after selling her house and moving from the hometown where she grew up to the city where she works, thus eliminating a three-hour daily commute. She saw the move as *the time to make a change...* [to adopt] *a different lifestyle*. Inspired by a recent trip to Europe, she was resolute in that she wanted a change where she would lose weight as a result of being more active, *be the person who is doing things, joining things; like out more*. However, after she moved, she let her overweight interfere with her desire to engage in physical activity and she did not *walk everywhere* as she had planned. In addition, her move allowed easier access to restaurants and she started to binge again, though not regularly. Tatiana also acknowledges out-of-control emotional eating. As a consequence of her eating patterns, she experienced serious intestinal problems and was advised by her doctor that she would need surgery, which she greatly feared.

For Veronica, a significant weight gain following an injury was at the root of her initiating a weight-loss program. Veronica was at the beginning of her professional career and had recently moved away from her family to live with her sister; this meant that she was now completely responsible for shopping and food preparation. She had stopped running due to plantar fasciitis and lack of interest in unchallenging levels of physical activity as a result of her injury. She was sorely disappointed at not pursuing her dream of becoming an athlete. When Veronica finally weighed herself, she realized that she had gained 25 lbs in seven months; she had *peaked...reached like the all-time high.* She acknowledges being exceedingly unhappy with the weight gain, which she considered a serious impediment to her desire to get married. She admits feeling *hopeless, miserable,* and *defeated* on account of her weight and *despairing,* feeling *not*

confident at the prospect of taking action. For her, losing weight was such a daunting prospect that she could not *even wrap* [her] *head around actually doing this.* Veronica felt extremely embarrassed *looking around at* [her] *family, like knowing that everybody was getting larger…and like we're not doing anything about it.* According to her, she was *out-of-control* with her eating and she believed that *there was no option* other than to join a gym and do something about her weight.

Reasons motivating the desire to lose weight. In the second interview, I asked the research participants to provide a bullet-point summary of the reasons why they wanted to engage in a weight-loss project. Given their prior relationship with their weight, it should come as no surprise that they referred to their desire to improve their appearance and increase their body image satisfaction as a prime motivator of their decision. Most women thought that in losing weight they would become more attractive, especially to men, and hoped that as a result of weight loss they would eventually find a romantic partner. Marianne outlined her motivation for wanting to lose weight as: *I want to meet someone and I want them to say, oh wow, you know, like well she's beautiful, or she's nice looking, or she's in shape.* In addition, the women maintain that they believed that increased satisfaction with their self-image would heighten their self-regard.

According to the mental models discussed above, however, it would seem that the research participants considered that strictly working on improving their appearance, although of paramount importance, would not be a sufficient incentive to fully engage in a weight-loss process. Their intention was to change their lifestyle, improve their life, and consequently heighten positive affect: They wanted to feel better physically and generally feel better about themselves. Most of the women agree with Elaine who suggests the need to adopt a *healthier* way of life when listing her reasons for wanting to lose weight. Healthy lifestyle is construed as eating in a healthy manner and exercising on a regular basis. Moreover, the women also concur with Elaine's definition of *health* as

that which is *not just in food but emotionally, physically, and with the food but spiritually too…It's not your weight the priority, it's you.* Within this paradigm, weight loss becomes one, and only one, of the endeavours that propel one along the wellness continuum toward optimal health.

In addition to the above, the mothers in the group asserted that they also wanted to lose weight for the benefit of their children. They wanted to be role models in terms of their eating habits and aimed to be fit enough to participate in their children's activities.

Goals for engagement in a weight loss journey. The women claim that they did not set specific long-term weight goals when they made the decision to initiate their current weight-loss project. They simply set out to reverse the upward trend they had experienced in the recent past rather than aim for distal goals that they deemed elusive. Marianne offers,

> *It feels different this time because I'm not looking at it as, you know, short-term. I haven't put a time on it, there's no pressure on myself to say, OK, within two months, I have to lose this much weight. You know, OK, I know I'm gonna lose weight and uh, whatever, OK, I, I don't have to see the results uh, you know, I don't have to lose 60 lbs, you know, in six months or whatever. It will happen and I'll just feel good; I'll feel better every day.*

Tatiana, whose initial goal was to regain control over her eating habits, tells the story of her experience with initial goal setting when she recounts,

> *For me to have that goal of 100 and whatever pounds, I still don't have that concept down where I'll know what I'll look like… All I was focused on was, this week. It was just, I'm gonna do this, this week.*

In fact, I have found very little evidence in the women's narratives to indicate that they originally believed that engaging in a weight-loss process would yield significant results and that they would actually reduce their BMI to within the "normal" range. *I'm*

looking at the journey, says Elaine, *I still don't know what the destination will be. I'm hoping it will be a good destination; I'm working towards it.* The women simply set out to decrease their size so that they could be more attractive, more comfortable in their bodies, and potentially become a *normal* woman.

Factors facilitating engagement in a weight loss project.

Intervening conditions promoting engagement. Given the contextual framework in which the research participants made the decision to lose weight, I have isolated the opportunity to engage in weight-loss projects as crucial among the intervening conditions that facilitated engagement. However, opportunities must be seized if they are to support enactment of the decision to lose weight. For the women in this study, the recognition that they needed external resources as well as their own self-determination to tackle their weight-related issues created the mental readiness for them to take advantage of the opportunities that came their way. As Veronica offers, w*hy I started… was because the opportunity rose, just what I'd, what I'd wanted, like mentally as far as that.* The following discussion focuses on 1) opportunity for engagement; 2) need for external resources; and 3) self-determination.

Opportunity for engagement. A constant in the women's stories about the manner in which they took action to lose weight are accounts of how they seized an opportunity to enact their decision. For Elaine and Marianne, the opportunities consisted of work-site programs: Elaine enrolled in *Weight Watchers* when a new session began at work and she started training with her organization's dragon boat team; Marianne accepted the invitation of her co-worker/fitness instructor to join a gym-based weight-loss program for women beginning just as she was about to get back to work. Veronica also accepted the invitation of one of the gym instructors to join a women's weight-loss

program;[68] Tatiana received an extension of her work benefits that included coverage for registered dieticians while a friend coincidentally provided a referral to a nutritionist who had helped her lose weight. Finally, one of Chloe's friends advised her that she was joining *Weight Watchers* and Chloe simply decided to go with her.[69] She recounts her experience with her first visit, which also speaks of her full engagement in the program:

> Chloe: *The clincher was when I got on the scale and it showed me how much I weighed.*
>
> M: *At Weight Watchers you mean?*
>
> Chloe: *Yeah. I felt like a heifer being weighed in to go get slaughtered* (laughter). *Like,* (laughter) *shut-up* (laughter); *you know, we're all waiting to be weighed, to be, to the slaughterhouse; so I felt, like, not good. And then I saw the weight and I was really discouraged and then; but then, the week after when I'd lost three pounds just by watching what I ate, I was encouraged to, to continue.*

Like many of the other women in this study, Chloe's initial weight loss contributed to strengthening her self-efficacy beliefs. She became convinced that she could indeed persist in her weight-loss efforts and become the *success story* that she aspired to be.

External resources. I found it noteworthy and somewhat unexpected that the research participants did not spend great lengths of time in planning for action. Just as Tatiana who said, *I don't think consciously I said, oh, I'm gonna lose weight and I'm gonna do it this way*, once their decision to lose weight was made, the women simply seemed to seize the opportunity that came their way.[70] Veronica summarizes her

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[68] The difference between Marianne and Veronica's programs is that Marianne consulted an outside dietician while Veronica's trainer monitored her eating (i.e., read her food journals and offered nutrition seminars as part of her weight-loss program).

[69] It was also at the invitation of a friend who was going on a *Fat Smash* diet that Chloe resumed her weight-loss efforts after a relapse.

[70] For a number of reasons, the length of time between intention formation and engagement varies from a few weeks (Veronica, Marianne) to a few months (Chloe, Tatiana, Elaine). All of the

thought process as, *my action plan was just to give myself to the trainer and go, 'OK, what do you want me to do?'* Elaine also explains her spur-of-the-moment decision to join *Weight Watchers*,

> *This time was very different because I didn't think about it too, too long... I found out they had a new session coming, starting at Weight Watchers and I joined; when before I probably would have said, 'I'll wait 'till the last, the next one because my head's not there yet'...But this time I said, 'no, no, no. I'll join'...The timing was there, it was right, so, I didn't have to make a big deal out of it. I said, you know, 'just go.'*

If they did not engage in action planning, however, how did the women prepare to seize the opportunity that helped them take action? For Marianne, the readiness to grasp the chance to lose weight came during her illness when she realized that she needed help to get better (i.e., work with someone who would help her to lose weight) so that she could feel better in her skin. Chloe's need to surround herself with supportive others is in keeping with her previous patterns of effecting health-related behaviour changes (e.g., joining *Narcotics/Alcoholics Annonymous,* working with a sponsor, sponsoring others in her situation); she also had very little knowledge of the necessary steps involved in effecting weight loss without the use of illicit drugs. Therefore, her decision to join *Weight Watchers* with a friend seems a natural response to the presenting opportunity.

While they were in the decision-making stage, many of the women had taken some measures that gradually eased their full engagement in the weight-loss process. Veronica had joined the local fitness facility because she loved exercising and felt comfortable in a gym environment; Tatiana was making conscious efforts to increase her

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women claim that full-fledged action occurred when they took advantage of the opportunity to engage in a weight-loss program.

fibre and water consumption as prescribed by her family physician to avoid surgery, and Elaine started to cook using healthier recipes. Both Veronica and Elaine lost a few pounds. Eventually, all three women acknowledged that they became aware that successful implementation of their decision to lose weight would necessarily have to involve different strategies and more concerted efforts; they concluded that external resources would be helpful if they were to fully enact their intention. *I knew I couldn't do it on my own*, Veronica admits, *because if I could I would have*. However, even though their attempts to modify some of their weight-related behaviours were not totally successful, the women's endeavours seem to have contributed to keeping alive the action-oriented mind-set that resulted from the decision-making process.

Self-determination. I could sense the difference in attitude between the first and second interview when I asked the research participants to tell the story about their current weight-loss journey. There seemed to be a shift in attitude whereby negative feelings about the self, about weight, and about the weight-loss process transformed into a new sense of determination to tackle weight-related issues. As the women recounted the events that occurred during the decisional process that culminated in enactment, the shift from helplessness to self-empowerment was apparent. Gone were words such as *sadness, loneliness,* and *gross* associated with weight and self-image; the women were now using phrases like *enough is enough, I want to do this; I'm gonna do it…that's it, today; I'm sick and tired of being sick and tired; fed up; reached that point of no return; instead of bitching about it, I'm just gonna do this;* and finally, *that's it, fuck, I had enough, man. I'm tired of looking like this,* to explain their state of mental readiness; they were ready for the opportunity when it presented itself. Veronica describes her frame of mind when she made the decision to lose weight,

> *I knew how much I weighed and I knew that either I was going to do something about it or nothing about it. But if I did nothing about it, I'd be disgustingly*

ginormous and I would be very unhappy and I would just be; it was like there's no option. Either I was gonna get my ass in the gym or I was not gonna get my ass in the gym, but there was no way I wasn't gonna do it. You know, like… there was no option.

The women speak about assuming ownership of the weight-loss process in their readiness to take action. The following is an excerpt of a conversation I had with Elaine on the topic of readiness and self-determination:

M: *We talked about being mentally ready…to lose weight;*

Elaine: *You have to be. It's like someone asking you to go into detox. It's, it's like someone telling you, "you have to go in, go in detox; you can't drink anymore your alcohol that you were drinking; you can't smoke, you can't take drugs"…If someone else tells you and you're not ready; it's not gonna happen.*

M: *But for you, you were ready?*

Elaine: *Oh yeah. It was my decision.*

The stories of engagement in weight-loss programs told by the research participants bear evidence of their motivation to prioritize self-care and self-determination. They assumed ownership of their weight status, yet recognized the need for help in enacting their decision; moreover, they were ready to do the work necessary to produce lasting results.

Actions and interactions facilitating successful engagement. In order to further map the intention-behaviour segment of the change process experienced by the participants in this research, it is important to look at actions and interactions that coalesce with intervening conditions to promote successful engagement in the weight-loss journey (Strauss & Corbin, 1990). I have identified two action-promoting conditions that have helped the women enact their decision to lose weight. These are: 1) characteristics of the weight-loss program, and 2) social support.

Characteristics of the program: Novelty, lifestyle focus, learning opportunities. Without exception, the women in this study were drawn by the novelty of their weight-loss programs. The strategies they implemented differed from approaches they had adopted in previous attempts to lose weight. They were still expected to monitor their food consumption and most were encouraged to raise their levels of physical activity; however, the weight-loss programs were packaged differently. Working with nutritionists and fitness instructors or even going to weekly *Weight Watchers* meetings with a friend or co-workers did not resemble the tired Monday mornings' solo diet attempts that consistently failed in the past. For the women about to embark on a weight-loss journey, the landscape looked new and appealing. As Tatiana offers,

> *This* [following nutritionist's recommendations] *is going to be quite challenging... I've never had that. In anything I've done, any work of my own; I've never had that kind of approach. And I thought, maybe this will help because that is different... This might be what I need.*

Compounding the attraction of the weight-reducing strategy was the fact that the process offered more than potential weight loss; the journey itself was attractive and enjoyable. Veronica thought it was *fun working out and sweating and like getting your butt in gear and seeing results* [and having] *the illusion* [that] *somebody actually cares whether or not you're successful.* Chloe also found it fun to lose weight with a friend: *We were doing it together. So, it made it fun.* Marianne *totally was jumping into Eric's programs* [because] *that's pretty much what I wanted to do... I just wanted to feel good and exercise really makes me feel good. And when, when I'm eating healthy, it makes me feel good.* For Tatiana, the enjoyment of the exchanges with the nutritionist, as both worked on her body as a *project,* was enough to elicit full commitment:

> M: *This for you is about the process?*
>
> Tatiana: *Hum, hum.*

M: *Rather than the goal?*

Tatiana: *That so sums it up beautifully. It is; it's completely about the process. Probably the first time I never had a goal.*

Finally, for Elaine, who combined sports with *Weight Watchers*, the rewards came from engaging her competitive side and turning the weight-loss process into a game; given her character, she knew that she would need to win. Her program (viz., attendance at weekly meetings and participation in team sports) also provided opportunities for social interactions, something Elaine desired ardently.

Another matter that drew near consensus among the research participants, and one which I believe facilitated engagement, is the fact that they viewed their weight-loss program as a viable lifestyle rather than a diet. Veronica explains what seems to be a general understanding of the diet concept:

> *Atkins, or whatever… South Beach Diet and all that stuff, no; 'cause they're really great books to read but really, when you actually do them, it sucks. So, I, I had, I've read a lot of the diet books, you know, the Abs Diet and all this stuff and basically, the Abs Diet is pretty much eating healthily. It's like all; they treat it like rocket science when really it's not. Everybody just says the same thing in different, you know, novels. So, that, I was never interested in that. I just wanted to eat well.*

Many of the women agreed with Veronica. They were careful to use phrases such as *eating plan, eating program,* or *following the Canada Food Guide,* rather than *diet* to describe their new eating habits. In fact, most insisted that they did not *believe in diets*. In the first few weeks after initiation in the weight-loss program, when they were going from the out-of-control to the controlling phase of their relationship with food, none of the women said that they "went on a diet." They wrote down what they ate, they closely monitored their intake, they exercised portion control and they made deliberate selections of foods with a view to losing weight. However, most women mentioned the

fact that because they were regaining control over their food consumption and had the flexibility to choose what they wanted to eat, they could make the new eating patterns part of an on-going way of life. Rather than adopting a stringent eating plan, which they could not see themselves sustaining—*I'm not gonna suffer. I can't suffer like that anymore. I'm not gonna; 500 calories, that's nothing*! (Marianne), the women believed that they were finally going to achieve the lifestyle they desired. Their weight loss might not be as rapid as they would have liked; however, it would be achieved in a healthy manner.

Chloe is somewhat of an exception here. She initially lost 12 lbs during the eight weeks she remained with *Weight Watchers*, however, she found that the program offered too much leniency. Her experience with *Alcoholics Anonymous,* which advocates total abstinence, influenced her search for a more rigid program. She kept struggling to go on the *Fat Smash Diet* (Smith, 2006) after a lapse from her initial stint with *Weight Watchers.* However, she agreed with the others that eating *clean, healthy, real* foods that are *better for the body* was a real attraction to engage in a weight-loss project.

Although this might or might not be a factor in promoting action to lose weight, once the women began their weight-loss journey, they insisted that the rewards they were getting offset the energy they deployed to keep up their weight-loss efforts: *Like I said, eating healthy takes a lot of effort…So, you got to prepare food and plan and uh, but it's worth it* (Marianne).

A final characteristic of the new, mostly individualized non-dieting programs is the fact that the weight-loss process provided the women with fresh learning opportunities. Though most of them agreed that they had a prior understanding of how to lose weight, they relished the moments of self-discovery and appreciated receiving expert advice about nutrition or physical activity from the professionals with whom they chose to work. *I thought I had knowledge based on all the diets compiled,* said Veronica who admits

learning much from her trainers. Chloe, who previously said, *most of my life I really didn't understand anything about relationships with food,* now admits, *I'm really starting to understand this.* Marianne, who had tried to lose weight all her life, goes on to say, *I really got some insights, little tricks… I'm a lot more knowledgeable, food-wise, exercise-wise, uh, just moderation. A lot of things, just putting it all together; I'm a lot more educated in that sense, and that's huge.* Tatiana, the scholar in the group, refers to her dietician as a teacher who *always has answers.* She maintains,

> *I've learned a lot about, uh, that kind of connection that was always missing for me about how my body and my mind and how everything works together…the principle behind it that even though she's [dietician] not teaching it to me, like in the lesson every week kind of thing, I'm starting to learn. And that's partly how she seems to teach people.*

My hunch is that the positive attitudes and mental readiness displayed by the women at initiation were enhanced by the characteristics of their adopted strategies. The weight-loss program provided hope of starting something new, something that they had not tried before, something that they enjoyed doing, and something that might generate results beyond what they hoped to achieve physically.

Social support. During one of the interviews, I pointed to Marianne, so, your success, your initial success came from social support, a statement to which she responded, *it helps to talk to people about it; ask questions if you're not sure of something, if you want to try something.* As for initiation and continued engagement in physical activity, helpful interpersonal relationships, the group setting, relatedness with other women striving to achieve similar goals, modeling by those who had successfully lost weight in the past, and encouragement from diverse individuals contributed to the women's initial and on-going engagement in the weight-loss process. In one of our

conversations, Tatiana, a spokesperson for expert support, was explicit about the fact that her initial contact with the nutritionist propelled her into action to lose weight:

M: *So, for you, it's like the threshold from not doing something about your weight to doing something about your weight is that visit with that person* [dietician].

Tatiana: *Yes; yeah, completely.*

Support from professionals and from those in one's network helped the research participants concretize their involvement in a weight-loss project. Supportive others inspired, elicited commitment, offered feedback, helped monitor progress, and challenged the women to pursue goals they hardly believed possible.

Veronica: I *had a program that Krystal, my girl trainer, had given me a month ago and the very first thing I had, was it a month ago or two months ago? That I had, I'd lost about 25 lbs at that point and she had me jumping on a box and she said, about this high* [60 cm], *and she said, jump. Yeah, I had to jump onto the box from the floor, and I was like, are you crazy, like I can't do that. She's like, yes you can. She goes, one of the things we're working on is that mentally you still think you're X, your highest weight, you still think you're that weight, she's like, you don't realize that you're like, uh, you aren't that weight anymore and that you have the ability to do, like you kind of have to get comfortable with your body, your whole body. So, that includes jumping up on this box… So, having her to kind of reinforce the mental blockage that you know when you don't see yourself how you maybe should has kind of helped.*

Journey and impacts. The twin foci of this final section of the research findings are the women's experiences after engagement in their weight-loss journey and the impacts of the weight-loss process. Even though none of the women had reached her desired weight at our final meeting, each of them had achieved significant weight

reduction. Additionally, all the women stated that they were determined to continue and hopeful of reaching the final destination, even though that destination remained unclear.

M: You mentioned 184, how confident are you that you will get there?

Veronica: *I'm very confident I'll get there.*

M*: Yeah. Hey what are you saying with that face?*

Veronica*:* (laughter)

M: *That face doesn't show on the tape.*

Veronica: *Uh, I'm confident that I'll, that I can, I'm confident that I'm gonna take the steps towards reaching the goal.*

In charting their progress over the course of the several months during which they were engaged in a weight-loss process, it is evident that though they feel good about the work they have done, not all the women had a smooth ride. Regardless, all agree that they have derived benefits that exceed the diminishing numbers on the scale.

The journey: Bumps in the road toward goal achievement. For the women in this study, the adoption of behaviours conducive to weight loss (e.g., mindful food choices, active lifestyle) produced significant physical results. Chloe lost over 30 lbs; Elaine lost more than 10% of her body weight—over 25 lbs; Marianne lost 25lbs in the first segment of her weight-loss project and 10 lbs when she recovered from a lapse; Tatiana lost 26 lbs; Veronica lost 38 lbs and her overall measurements decreased by several inches. The women affirm that they feel proud of their accomplishments thus far; they really enjoy their new way of life and generally feel in control of their relationship with their weight and with food. Marianne offers, *It feels different. It feels, OK, I'm in control of my life, it took me a little while to get here, but I'm here; it's, it's solid.*

As the weeks went by, the women's weight-loss accomplishments seemed to boost their self-efficacy beliefs. Gradually, they started to realize that they were not only able to keep up with others in the weight-loss groups, they were stronger than other

women in their fitness classes and they were better players than their teammates. They came to appreciate that they could successfully surmount obstacles and, above all, that the weight was coming off.

Notwithstanding their weight-loss success, the long-term weight goals appeared very far off for most of the women. To promote goal pursuit, the women proceeded to set short-term objectives that they believed to be more manageable. For some, such as Elaine and Tatiana, getting out of the 200-pounds range was the desired objective; then, as Elaine claims, *once you get out of the 200, you can actually; you feel that you can have a goal because you're on your way.* Others planned to lose so many pounds per month for the next number of months or they set their sight on losing a certain amount of weight for a significant target date (birthday, end of the year, summertime). Overall, the women seem to agree that though they are encouraged by the fact that the journey has been *worth it,* by their significant weight loss and the achievement of proximal goals, they often question whether they will ever reach the desired destination.

> Veronica: *When you've tried and stopped and tried and stopped and been successful a little bit but not really fully and, you know, you have always that element of failure, that you think, like, OK, when is this gonna, like, when am I gonna fail, you know? Or, like, am I really ever gonna reach the goal? Or like, because you've never reached the goal, you think it's never, although it's still there and it's this thing that just you know, like the imaginary pot of gold at the end of the rainbow, you never think that you're actually gonna reach the end of the rainbow. So, you're just on this journey and it just becomes about the journey, instead, like and everybody goes, you know the whole Harley Davidson slogan, 'it's about the journey, not the destination.' And although that's true, sometimes it's nice to just get to the destination* (laughter).

Tatiana was the only one who never set a weight goal and she never deviated from her weight-loss strategy. The four other research participants, who were involved in time-bound, structured programs (*Weight Watchers*, gym-based activities), found it challenging and somewhat scary to pursue their efforts to lose weight once the programs were terminated.[71] Although the women had not remained unwavering in their weight loss efforts the entire time, giving themselves more and more leeway with their food consumption and yet remaining in control of their eating—*I didn't ever deprive myself of what I really wanted, like I, it had, I wasn't like crazy or anything…I wasn't perfect*—most of them found that the group setting and the individual support had not only been instrumental at initiation, they were helpful for continued involvement in the process. Ultimately, the four women appear to have found new opportunities and new resources (e.g., fitness instructors, additional physical activities, new helpful relationships, etc.) to help them make the transition and persist with the new weight-related behaviours.

In terms of the journey itself, Elaine and Veronica had short lapses when faced with the abundance of food during the winter holiday seasons. Each gained a few pounds, which they quickly lost as they resumed their weight loss efforts. After her initial time at *Weight Watchers,* Chloe struggled through the entire journey. She admits, *sometimes I take back my will and I do it Chloe's way; and I gain weight.* However, given her resolve to improve her appearance, she remains eager to continue, saying, *I am determined… to do the things I need to do to look good… to feel better about myself.* Even if constancy is not always an appropriate description of her process, Chloe can pride herself in that she was able to face personal setbacks and find strategies other than overeating to relieve stress. She says, [before] *I could stay consistent for three*

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[71] Tatiana was in a 12 week program with her nutritionist; a stint that she hoped to renew when it ended. Chloe initiated termination of her attendance at *Weight Watchers* eight weeks after joining the group. For Elaine, Marianne, and Veronica, the attendance at weekly sessions lasted from four to six months—until the program ended.

weeks... But now it's been four months or something, I've been really consistent going [to the gym] *almost every day.* She is well on her way to adopting proper nutrition and consistent physical activity as part of her lifestyle.

Marianne is the one research participant who experienced the longest lapse during the weight-loss process. She had a perfect attendance record in the gym-based program designed to help overweight and obese women like her lose weight. However, though she had lost 25 lbs with the program, she blames a foot injury and the struggles to maintain eating patterns in keeping with her desired lifestyle for her inconsistent weight-loss efforts. She ultimately took ownership of her weight-loss process and enlisted the help of her close relative to restart her weight-loss efforts. With her mother and daughter following her lead, she became the expert in the process and quickly lost 10 lbs through self-regulation in regards to food consumption. When I last saw her, she was in action and had resumed her journey toward her goal.[72]

Impacts of adoption of new weight-related behaviours. Most of the impacts of the current weight loss for the research participants have been discussed above (relationship with self and the body, relationship with others, etc.). In addition, the women claim to have experienced significant physical changes. Their narratives provide evidence that not only are they lighter, they feel healthier and more fit, they can breathe more easily, they have more energy, and they feel more comfortable in their clothes. They have also learned to recognize the link between mind and body: *I've learned a lot about, uh, that kind of connection that was always missing for me about how my body and my mind and everything work together* (Tatiana). Psychologically, the helplessness and limiting beliefs have been replaced by a new sense of confidence that one can, in fact, achieve what she sets out to accomplish. *I realized like my, uh, how I saw myself*

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[72] At the end of our third interview, Marianne was still planning to resume fitness training and she had received a program from a fitness instructor; however, she had not yet gone back to the gym.

and how it limited me before. Uh, like I see myself seeing myself differently... I just believe in myself now, like, that I can do things that I put my mind to" (Veronica). The *dark cloud* has vanished as the women have *grabbed onto the reins* and took control of their weight, of their eating, of the weight loss process; they took ownership of their lives.

Elaine provides a wonderful metaphor with which I brought her own story to a close (see Appendix H) and with which I wish to end the current chapter. When reflecting upon the weight-loss journey, she offers her insights as to how the process must be apprehended as one and only one of the many steps toward achieving her personal vision. She says,

> *It's not your weight the priority, it's you. And the weight is just part of it. It's like, you know, wanting to... It's like wanting to dress up for an evening... You just don't buy the shoes, right?...You buy the dress, you try to put make-up and your hair will look nice. What, you know, if you just focused on the weight, you know, if you go into your, uh, your gardening clothes, but you have really nice pump shoes, you know... Are you gonna be happy with the way you look? Or, you know, it's the whole.*
>
> M: *So, it's a holistic... approach. The whole you, the whole lifestyle, the whole everything?*
>
> Elaine: *Yeah.*
>
> M: *And the weight is just part of that?*
>
> Elaine: *It's just a part of it. And, and probably that's why... it was easier than I thought. Well, why was it easier? Well, because it wasn't just the focus...*
>
> M: *You often hear something like I gave up.*
>
> Elaine: *Yea... So, they gave up on themselves.*

Chapter 5

Coffee and Dessert: A Concluding Discussion

As we reach the end of the meal, as it were, and linger over coffee and desert, I would review the fare we sampled together. My intention is to gather elements from the previous conversations for the purpose of specifically addressing the research questions, which were previously outlined as follows:

Why and how do obese women form an intention to lose weight?

How do they successfully translate this intention into weight-loss behaviours?

The objective in addressing these questions is to ascertain the salient biopsychosocial factors that both motivated the research participants to lose weight and those that facilitated their successful engagement in a weight-loss project (i.e., helped them bridge the gap between intention formation and action). The discussion in this final chapter of the collective case study report is divided as follows: a) Examination of the biopsychosocial factors involved in decision-making and successful engagement in a weight-loss project with a view to highlighting those factors involved in bridging the intention-behaviour gap; b) reference of the representation of behaviour change issued from the women's stories to the health action process approach (HAPA) (Schwarzer, 1992; 1996) and to other psychosocial models of individual health behaviour change (Sutton, 2001; Armitage & Connor, 2000); c) discussion of the implications of the research findings for the wellness of obese women and ultimately for the design of health promotion programs geared to addressing issues related to women and obesity.

Biopsychosocial Factors Involved in Weight-Related Behaviour Change

Intention formation: Motivation and decision-making process. At the time when they made a decision to lose weight, the women were seeking self-improvement and they wanted to move along the continuum toward enhanced wellness: have a healthy lifestyle that encompasses several dimensions of health—social, psychological,

and physical (Donatelle, Davis, Johnson Munroe, Munroe, & Casselman, 2004). Motivating factors or outcome expectancies (Bandura, 1998; Schwarzer et al., 2003), an exacerbating condition, and out-of-the-ordinary life events contributed to their mental readiness to form a strong intention to lose weight.

Outcome expectancies. Given the research participants' past relationship with their weight and its impacts on their lives, the positive outcome expectancies that motivated them to lose weight involved the following: (1) The central desire to improve their social health. Becoming more socially acceptable with a view to potentially developing a satisfying romantic relationship was a prime motivator of weight loss for the participants in this research project. Given their age, a serious implication for the women who did not already have children is that they could potentially become mothers; (2) The need to enhance their psychological wellbeing—mental and emotional health (improved body image satisfaction, self-regard, and affect). The relationship with their weight and their inability to engage in a weight-reducing program had deeply affected the women's emotional health. In addition, their perceived inability to exercise self-regulation to redress the energy equation on a regular basis caused mental anguish. The women felt unhappy, lonely, helpless, hopeless, guilty, and out-of-control; they believed that weight loss or joining the world of *normal* women would counter negative affect, quiet the mental turmoil urging them to lose weight, enhance their self-regard, and generally result in positive affect; (3) the need to improve their physical health: The women believed that they would be healthier if they regained control over their eating, exercised regularly and ultimately lost weight; they would be able to fit into their clothes and generally feel more comfortable physically.

Exacerbating condition. Along with positive outcome expectancies, an exacerbating condition contributed to the formation of an intention to lose weight. In this case, the exacerbating condition was reaching an unprecedented weight status.

Obviously, when individual behaviour change is self-generated, it is usually borne out of unease with the current state of affairs. Therefore, a certain level of dissatisfaction with one's weight status might be understood as a motivating factor for weight loss (Heinberg, Thompson, & Matzon 2001). In fact, all the research participants were at their highest weight[73] and some had recently gained a significant amount of weight just prior to making a decision to engage in a weight-loss project; reaching the *all-time-high* was seen as a momentous occurrence. The ensuing rise in weight related body image dissatisfaction and the desire to regain control over their food consumption, over their weight, and over their life in general lead to an overwhelming desire to reduce their body weight.

Atypical life events. Finally, all of the research participants encountered out-of-the-ordinary life events that paved the way for intention formation toward weight loss. Some of these events involved a sense of loss (ending of a romantic relationship, moving away from family surroundings, experiencing physical and mental difficulties, stopping substance abuse), while others opened the doors of potentiality (having a religious experience, moving to an urban centre, taking a European vacation and encountering different lifestyles). The events created a shift in daily routines and they provided opportunities for reflection. The women took stock of their lives (past and present) and they envisioned a thinner self with a brighter future. The compelling vision achieved through a self-reevaluation process (Prochaska, Norcross, & DiClemente, 1994) propelled them toward making a decision to achieve the desired outcomes.

Given the strength of their outcome expectancies, the exacerbating condition and the life events that gave them pause to reflect and create a vision of a preferred future, the women formed a strong intention to engage in a weight-loss process. What is

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[73] The women who had children might have been at a higher weight during pregnancy.

noteworthy here is that the intention set by the research participants does not necessarily include the choice of instrumental behaviours (Bagozzi, Baumgartner, & Pieters, 1998), such as regulating food consumption and engaging in regular physical activity, that they would ultimately adopt in the pursuit of their goal. At this stage, the women are motivated to stop gaining and they want to start losing weight in order to achieve the desired meta-goal: a thinner version of the self, enjoying the positive outcomes of weight loss.

Engagement process: Bridging the intention-behaviour gap. For the women involved in this research project, the psychosocial factors that bridged the intention-behaviour gap and increased the likelihood of successful engagement in a weight-loss process are: (1) self-directed intervening actions; (2) self-efficacy; (3) opportunity; (4) social support; (5) program characteristics; and (6) self-regulation. A qualification here is that these factors span the interval between the formation of a global intention to achieve an over-arching goal to lose weight and the initiation of obesity-reducing behaviours necessary for goal attainment, rather than between the formation of behavioural intentions (Sheeran, 2002) to regulate food consumption and exercise regularly and the enactment of such behaviours. The global intention to lose weight was translated into behavioural intentions during the engagement phase of the change process. Nevertheless, the factors enumerated above appear to be precisely those that have contributed to the women's successful enactment of their behavioural intentions.

Self-directed intervening actions and self-efficacy. The research participants' global intention to lose weight was translated into weight-reducing behaviours as follows: Based on their past experiences, many (three out of five) of the women took self-directed intervening actions (e.g., eating more fibre, eating home-cooked meals, joining a gym) toward effecting weight loss soon after making a decision to lose weight. And though they do not assess these efforts as *full-fledged actions*, the new behaviours led

to the shedding of a few pounds. Regardless of whether it was achieved through self-directed intervening actions or through initiation of the strategy, which the women ultimately adopted, the initial loss of a few pounds increased the strength of their self-efficacy beliefs (Bandura, 1999; 1997a) toward successful engagement in a weight-reducing program.

Opportunity. A cognitive shift and the acknowledgement that external resources would be necessary for action contributed to the women's readiness to respond positively to a presenting opportunity: work-based or gym-based weight-loss programs, invitation to join *Weight Watchers*, access to dietician. The decision-making process, during which a strong global intention to engage in a weight-loss venture had been created, seemed to have resulted in a mindset change: Despair gave way to optimism, and wishful thinking to problem solving and self-determination. It is in that frame of mind that the women reached out for help and almost fortuitously came across an opportunity, a program that offered support toward weight loss. The formation of a behavioural intention to monitor food consumption and, in most instances, raise levels of physical activity was concretized through this presenting opportunity (i.e., the set of weight-reducing behaviours that the women ultimately chose to adopt was part of the program's strategy).

Social support. As mentioned previously, the women identified social support as a necessary resource to help them bridge the gap from intention to action. None of the research participants journeyed alone; they used existing relationships or formed new ones to assist their weight-loss efforts. Social support came from those in the women's network, from professionals such as *Weight Watchers* facilitators, fitness instructors, and dieticians, or from new sources such as people they met through sports and physical activity.

Program characteristics and self-regulation. In addition to helping relationships facilitating engagement in a weight-loss project, the chosen strategy appealed because of the *characteristics of the program* itself. The approach seemed attractive because it was novel, focusing on a healthy lifestyle rather than on a diet plan, and because the project offered rewarding learning opportunities that could help the women sustain their weight loss. Finally, the research participants engaged in *self-regulation* (Baumeister, Heatherton, & Tice, 1994; Carver, 2004; Carver & Scheier, 1998) and they exerted efforts to modify obesity-promoting behaviours.

Engagement process: Sustaining action. Though the focus of this research is on the factors that facilitated enactment of an intention to lose weight, successful engagement in a weight-loss process requires repeated performance of the newly adopted behaviours. Self-regulation (i.e., daily monitoring of nutritional intake, assessing adequacy of levels of physical activity—for those who exercised, and weighing themselves regularly) also helped the women remain in action. Some of the factors that promoted *initiation* continued to exercise their influence as the women maintained their newly acquired behaviours. Other factors involved in the action process *per se* are (1) self-efficacy; (2) positive outcomes; (3) ability to recover from lapses; and (4) maintenance of the newly adopted behaviours.

Self-efficacy played a crucial role in the maintenance of the desired behaviours. It provided confidence that once the women had initiated action, they could sustain the behaviours and reach positive outcomes. Beliefs in their self-efficacy to cope with barriers and recover from lapses (Brownell, Marlatt, Lichtenstein, & Wilson, 1986) also contributed to sustained action toward goal attainment. As suggested by Bandura (1997a), self-efficacy beliefs were enhanced through mastery experiences of weight loss and from vicarious experiences of seeing others like themselves succeed. Evidenced here is a reciprocal relationship between self-efficacy and successful engagement

whereby self-efficacy influences action, which in turn influences one's sense of self-efficacy. And though it is implied in the literature that self-efficacy and successful action are mutually reinforcing (Schwarzer & Renner 2000; Bandura, 1998; Bandura, 1997b), bi-directional arrows to and from self-efficacy and action, such as indicated in figure 2, are rarely, if ever, explicitly illustrated in socio-cognitive models of individual health-related behaviour change. In addition to weight loss, the women acknowledge the following positive outcomes of successful engagement:

- Self-identity becomes distinct from the physical self: I am more than my weight (Sparkes, 1997). Changed relationship with self as well as heightened body image satisfaction[74] interact to increase self-acceptance, self-regard, and self-confidence. Reduced body size means that the women can shop in regular stores, thus enhancing their self-identification as *normal* women.
- Changed relationship with weight results in openness to self-discovery and willingness to reveal self to others. Because they feel better about themselves, many of the women are more socially active and they are more open to new relationships given that their fear of rejection has diminished.
- Changed relationship with food, self-regulation, mindful choices to feed physiological rather than psychological hunger, and the ability to develop new strategies to deal with psychological needs create feelings of control. Constant mental chatter about out-of-control weight and food consumption has decreased.

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[74] All of the women are still in action to lose weight. Therefore, the operative word here is *heightened* since none of them admit to having achieved complete satisfaction with her body image.

- For those who have changed their relationship with physical activity, the benefits are a sense of wellness and physicall well-being, increased self-confidence, and happiness at having achieved an active lifestyle.

All the research participants were able to maintain the newly adopted behaviours for several weeks during which time they recovered from short lapses and experienced some success toward achievement of the outcomes that initially motivated them to engage in the weight-loss process. At the last interview, all of the women were still in action toward achieving their weight-loss goal.

Research Participants' Weight-Related Behaviour Change Process

In keeping with the above discussion, the relationships among the psychosocial factors involved in the weight-related change process when the women involved in this research project formed an intention to lose weight and enacted that intention are represented in figure 2.

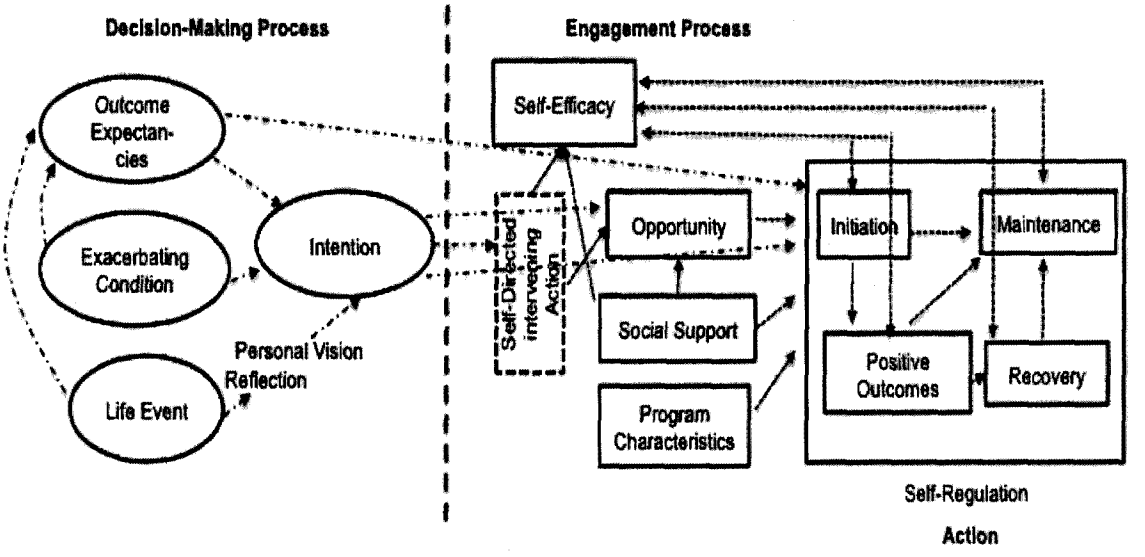

Figure 2. Research participants' behaviour change process.

Links to Psychosocial Models of Behaviour Change

The intent of this research project was neither to confirm nor to refute the established frameworks designed to predict or explain the adoption of individual health-related behaviours (Armitage & Conner, 2000; Sutton, 2001; Norman et al., 2000). Rather, it was meant to provide additional pieces of the puzzle to illuminate the processes that bridge what is typically referred to as the intention-behaviour gap (Sheeran, 2002). My hope was and remains to help obese women translate their intention to lose weight into weight-reducing behaviours should they choose to do so. However, because the HAPA model (Schwarzer, 1992; Schwarzer, 1996) was foundational in the elaboration of the research questions, I propose to link the preceding discussion to HAPA, which encompasses a variety of constructs at play in many of the other social cognitive models of individual health-related behaviour change outlined in the first chapter of this report.

From the graphic representation of the change processes experienced by the women in this study, it is apparent that similar to the HAPA and other behavioural enactment and multi-stage models (Armitage & Conner, 2000), such as the Rubicon Model (Heckhausen, 1991), the Action Control theory (Kuhl, 1985), the implementation intentions process {(Heckhausen, 1991), the Transtheoretical Model (Prochaska, Norcross, & DiClemente, 1994), and the Goal Pursuit or Theory of Trying (Bagozzi & Edwards, 2000), there are distinct phases of change during which various factors interact and different cognitions operate. In the research participants' experience, these stages are *decision-making, engagement* and *action.*

The decision-making process, akin to HAPA's motivation phase, culminates in the setting of a strong global intention or an intense self-determination (Williams, Grow, Freedman, Ryan, & Deci, 1996) to move toward a focal goal (Sheeran, 2002)—weight loss in this instance. Positive anticipatory emotions (Bagozzi et al., 1998) that emerge at

this stage are excitement, hope, and optimism. Cognitive processes are the women's definite appreciation for the positive outcomes linked to goal attainment, their intense desire to attenuate the psychosocial impacts associated with an exacerbating condition, as well as a reflective and deliberative mindset brought on by an atypical life event which lead to the creation of a personal vision of their desired future. Even though physical health was an expected outcome of goal attainment, awareness of the health-related risks associated with obesity was not an important determinant of intention formation. This corroborates results from Schwarzer and Renner (2000) who found that while outcome expectancies influenced goal formation, risk perception, though still an integral part of the HAPA model, did not prove a strong predictor of intention.

During the engagement phase of the change process, the research participants seized a presenting opportunity to concretize their intention to adopt specific behaviours conducive to weight reduction. At this stage, they exhibited an implemental mindset (Gollwitzer, Oettingen, 2000) somewhat analogous to that evidenced in the volition phase of the HAPA model. However, rather than actively making action plans and detailing the specific "when, where, and how" of performance to ensure execution of the desired behaviours (Gollwitzer & Sheeran, 2006), the women responded reactively to an opportunity and adopted the behaviours promoted within the weight-loss scheme that they ultimately embraced. As a result of their positive response to the presenting opportunity, engagement in weight-related behaviours seemed only a natural and necessary step in goal pursuit. Consequently, the algorithms of action sequence (Schwarzer, 1999), central components of planning in the volition phase in the HAPA model, were provided by the program/weight loss professional rather than through self-designed plans. Necessarily, the women chose to adhere to the behavioural strategies inbuilt in their selected course of action and in that sense, the algorithms inherent in the program exigencies facilitated initiation of obesity-reducing behaviours.

As in the HAPA model, the women proceeded to action and enacted their behavioural intentions. During that phase of the change process, they initiated weight-reducing behaviours, persisted in the selected weight-related activities, reaped the rewards of successful engagement (a factor rarely discussed in HAPA), and while they lapsed, they were able to recover and sustain action.

In research conducted to test the robustness of the HAPA model, cognitive processes involved in behavioural self-regulation (Carver, 2004; Carver & Scheier, 1998) in the volition phase are described as (a) awareness of standards, (b) self-monitoring, and (c) self-regulatory effort (Sniehotta, Scholz, & Schwarzer, 2005; Sniehotta, Nagy, Scholz, & Schwarzer, 2006). Unquestionably, the participants in this research practiced self-regulation to initiate weight-related behaviours, to overcome barriers to continued performance, and to prevent and recover from lapses. While the standards for action were derived from the adopted weight-loss strategies (daily allowable food intake; frequency, duration, and intensity of physical activities), the women monitored their adherence to the requirements of their program (they kept food logs, measured intake against *Weight Watchers'* point system, counted calories, and ensured adequate levels of physical activity). Finally, they expanded self-regulatory efforts to carry out their intention, to resist temptation (Bagozzi, Moore, & Leone, 2004; Bridle, Riemsma, Pattenden, Sowden, Mather, Watt, & Walker, 2005), and to persist in striving toward their weight-loss goal.

A glaring omission in the decision-making process, as extracted from the participants' stories, is self-efficacy (Schwarzer et al., 2003), a secondary precursor of goal setting in the motivation phase of the HAPA model (Schwarzer, 1999). An obvious difference between HAPA and the change process experienced by the research participants is that the women in this collective case study only selected the behaviours conducive to the regulation of body weight in the engagement phase. As discussed in

the findings section of this report, the women were reluctant to set challenging distal goals; they had little confidence in goal achievement other than the incremental attainment of proximal goals. Perceived behavioural control, or the confidence that they had the power to regulate their eating and raise their levels of physical activity to reach their desired goal (Bagozzi et al., 2004), a construct often equated with self-efficacy (Ajzen, 1991), was also impacted by past experiences with food and exercise. Self-efficacy beliefs at goal setting seemed to be moderated by the fact that even if they had had mastery experiences of weight loss in the distant past, the women had not recently been able to adopt the goal-directed behaviours to fulfil their desire to lose weight.

It is during the engagement phase that self-efficacy started to play a significant role in the change process. As they entered that phase, the women were consumed by the wish to reduce their body weight, they were motivated by outcome expectancies and by positive anticipatory emotions; they felt ready to embark on a weight-loss journey. However, though they believed that they could potentially lose some weight, the caveat was that they needed help to enact their decision to do so. In a mutually affecting relationship, self-efficacy beliefs toward task performance facilitated engagement and helped sustain action while the mastery experiences of weight loss enhanced self-efficacy beliefs.

Implications of Research Findings For The Wellness of Obese Women

As a concluding segment of this report, I would outline a few of the implications of the inquiry for the wellness of obese women with a caveat that the effects of being obese vary across individuals (Friedman & Brownell, 1995). Although considerations must be given to the limitations of a collective case study involving five participants who shared their successful weight-loss narratives, my wish is that some of the inferences from the current research might serve as potential avenues to improve programs designed to address obesity in adult women. Briefly, I discuss a) body image and mental

models; b) social support; and c) events and opportunities. Informed by the findings from the current research project, I also offer personal suggestions that I hope might be helpful to obese women.

Body image and mental models. One of the foremost impacts of obesity for women such as those involved in this project is the correlation between weight status and body image dissatisfaction. In a self-fulfilling prophecy, obese women, who might believe that they are "abnormal," engage the world and their relationships through the lens of their weight and they act/react accordingly. Bolstered by the marginalization of obese individuals, more specifically women in society at large, their mental models intimate that they are necessarily unattractive, especially to a romantic partner. This is a core issue that affects a fundamental human need to love and be loved. A corollary to that proposition is the belief that they might consequently be robbed of the opportunity to give birth and nurture children unless they lose weight and attract a partner. Though the wish to have children is by no means universal, the aspiration to do so is often a burning desire for a large majority of women.

Trying to change sociocultural norms of attractiveness and ubiquitous anti-fat attitudes is a formidable task. To challenge the link between body image dissatisfaction and weight status is to question the very fabric of our society and of the cultural standards of female beauty (Sobal & Maurer, 1999) widely promoted by the media and the fashion and diet industries. However, this does not mean that efforts to help those outside the range of normal body weights increase or maintain their self-acceptance, self-regard, and body esteem are necessarily futile and destined to fail. I would suggest that projects, such as beauty at any size, be launched as standalone mental health promotion programs and as integral parts of public initiatives geared to encourage weight management and weight loss.

I would also suggest that the choice of obese women as to whether or not to reduce body size must be respected above all. Unfortunately, freedom of choice will result in ruffling feathers on both sides of the divide: an obese woman must not be shamed by her feminist sisters when she decides to engage in weight loss practices and she must not be scorned by society and the medical world when she chooses not to. Empowerment for women means that they receive unconditional support for their decision to lose or not lose weight, that they have access to unbiased knowledge that promotes physical health at any size—not a very realistic aspiration (Ernsberger & Koletsky, 1999)—and that they be helped to acquire the skills and tools to move forward on all the dimensions of the wellness continuum whatever their size.

Supportive relationships. This research report has been written from a relational perspective given the significance of relationships for women in general (Jordan & Hartling, 2002; Surrey, 1991b; Jordan, 1992) and for those involved in the current study. An implication of this inquiry for obese women is the importance of social support: losing-weight-in-relationship. Support may come from health, fitness, and weight-loss professionals, from friends who would share the experience, or from new acquaintances one meets while attempting to adopt an active lifestyle. Regardless of the source, supportive relationships can enable women to initiate and maintain weight-reducing behaviours. To be helpful, professionals must demonstrate both expertise and care and they must be challenging yet empathetic. Formal visits to aloof clinicians or sessions in impersonal fitness facilities do not appear to facilitate sustained engagement in a weight-loss project. Fortunately, the *2006 Canadian clinical practice guidelines on the management and prevention of obesity in adults and children* (Lau et al., 2006) rightly promote that "primary care health professionals... create a nonjudgmental atmosphere when discussing weight management" (p. S8). To their credit, the authors of

the Canadian guidelines focus on preventing and treating obesity through lifestyle and behaviour modification rather than strictly through low calorie diets.

In light of the above, I would suggest that it might be helpful for obese women who would chose to embark on a weight-loss journey to (a) establish a rapport with attentive professionals who offer programs encompassing more than one behaviour or one dimension of a healthy lifestyle (e.g., food consumption, physical activity, and emotional wellness); (b) participate in communities of shared interest; and (c) cultivate interpersonal relationships that are mutually accepting, supportive, and motivating.

Events and opportunities. In this study, atypical life events and presenting opportunities facilitated the formation of a global intention to lose weight and the initiation of behaviours conducive to reducing body weight. Life events disrupted the daily routine and created the space to envision future possibilities. They also contributed to the willingness to respond positively to presenting opportunities, which offered the impetus needed for engagement. However, though some life events can be arranged, by their very definition, fortuitous opportunities cannot be pre-planned. As discussed above, qualitatively different mindsets are at work whether one is in the decision-making or in the engagement/action phase of the change process. When taking stock of their life and contemplating their future, the women were deliberative; when they had formed an intention to lose weight, they adopted an implemental mindset. Had they not been in an action-oriented, volitional frame of mind, they might have missed or ignored an opportunity for engagement.

Though there is only limited evidence for the effectiveness of stage-based interventions—more specifically with TTM phases of change (Bridle et al., 2005)—especially when complex behaviours are involved, I believe that it might be appropriate to work with obese individuals and encourage a visioning process that will provide the cognitive dissonance (Festinger, 1962) and creative tension (Senge, 1990) required to

move toward goal attainment. Once a vision has been achieved, the woman might be encouraged to seek out or create opportunities for engagement. The implications here are that life events need not be momentous or the opportunities totally inadvertent in order to facilitate intention formation and initiation of the desired behaviours.

I would suggest that professional life or fitness coaching (Gavin & Mcbrearty, 2005; Gavin, 2005), individually or in a group (Spence & Grant, 2005), might be helpful to obese women. Coaching has been defined as a "collaborative, solution-focused, result-oriented systematic process, used with normal, non-clinical populations, in which the coach facilitates the self-directed learning, personal growth and goal attainment of the coachee" (Grant, 2003, p. 1). Effective professional coaches actively work to maintain a non-judgmental stance and foster trusting relationships where the agenda for change belongs to the client. A hallmark of life coaching is that coaches seek to empower their coachees to arrive at a compelling vision of the future and they work in partnership with them to maximize self-efficacy, existing competencies, resources, and opportunities necessary to actually achieve the pre-determined goal. My suggestion is not that coaches replace health or fitness professionals, as they might not have the expertise necessary to guide the person towards the choice of appropriate behaviours leading to the adoption of a healthy lifestyle. Rather, they might simply walk alongside obese clients to enhance readiness to change, to navigate barriers and lapses, and to help them focus on reaching the chosen destination.

Gratitude

The meal is over and the coffee is finished. As I stand at the door and wave goodby to my guests, including you, the reader, I am filled with gratitude to the women who have shared their stories. Though Tatiana was referring to her weight loss when she offered,

> *It's a real risk for me to try and expose myself in this way and be visible… I'm gonna have to get comfortable with the idea of being a woman and being visible as a woman and not just hide there.*

I believe that her words apply to the interview process. My greatest hope as a researcher is that the women have been empowered through the telling of their stories.

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Appendix A

Criteria for Inclusion Presented to Potential Participant

1. Caucasian, English-speaking, Canadian woman between the ages of 26-45.
2. Weight loss was self-initiated (not specifically to follow recommendations from health professional).
3. Body Mass Index (BMI: W (kg)/H (meter)^2) before taking action to lose weight was over 30.0 and under 34.9.
4. Working at losing weight and have lived the experience taken action for at least one (1) month and no more than six (6) months.
5. Weight loss of at least 2 kg (5lbs) since the start of the weight loss program through one or a combination of the following strategies: (please circle one or more strategy).
    a. Followed a self-designed calorie-reduced diet plan (this could include Canada Food Guide);
    b. Followed a published calorie-reduced diet plan (The South Beach Diet, Fat Smash, Dr. Atkins' (New) Diet Revolution, The Zone, etc.)
    c. Followed a calorie-reduced diet plan designed by a recognized nutrition expert (registered dietician);
    d. Followed a calorie-reduced diet plan designed by a commercial weight loss group and attended weekly group meetings (*Weight Watchers).*
    e. Increased physical activity through engagement in non gym-based activities (at least 3 times per week)
    f. Increased physical activity through engagement in gym-based activities at a women-only facility or at a co-ed gym at least 3 times per week.

Appendix B

Assumptions Underlying the Research

- Women basically want to lose weight and be thin;
- Obesity is not an illness; rather it is an impediment to optimal health and high quality of life; weight definitely impacts self-esteem even if only state self-esteem;
- In this society, as in many contemporary societies, I question how it is possible to truly love / be satisfied with an obese body given socio-cultural norms of body weight for women;
- Going on a successful weight-loss program is nearly impossible and it seems that only magic works to get me on a program. Losing 1lb is the end of the world;
- Gaining weight is the easiest thing in the world to do for a person with a weight 'problem';
- Intending to go on a diet does not necessarily translate in actual dieting behavior.

Appendix C

Consent to Participate in a Doctoral Research Project

Women, Obesity and Weight Loss: Bridging the Intention-Behaviour Gap

This is to state that I agree to participate in a program of research being conducted by Madeleine Mcbrearty, a doctoral student in the Special Individualized Program of Concordia University. Telephone number: 514-000-0000; mcbrearty@sympatico.ca.

A. PURPOSE

I have been informed that the purpose of the research is (a) to determine the different factors that influence overweight women's decision to lose weight, and (b) to examine how women successfully initiate weight loss programs. There is no hidden motive in this research of which I have not been informed.

B. PROCEDURES

I understand that my participation in this research involves the following:

1) Participating in three (3) face-to-face interviews which are expected to last approximately 90 minutes. The first two interviews will focus on the factors that influenced my decision to lose weight and on my experiences with the weight loss process. In the last interview, I will be asked to discuss prominent themes and patterns from my answers to the questions presented to me in the previous interviews.
2) Showing pictures of myself to the researcher in order to discuss my self-concept in relationship to my weight (gender, body image, self-esteem).
3) Reviewing and commenting on the research findings (optional).

The interviews will be recorded. My answers to the interview questions will be transcribed and excerpts from these transcripts may be included in the research report. I will be invited to verify my interview transcripts; at this time I may request that material be added or deleted.

C. RISKS AND BENEFITS

I understand that the possible benefits of this study are increased awareness of the processes involved in weight loss and individual behaviour change.

D. CONDITIONS OF PARTICIPATION

- I fulfill the criteria for participation in this study as elaborated by Ms. Mcbrearty.
- I may refuse to answer any question or provide any information that I feel invades my privacy. I understand that I am free to withdraw my consent and discontinue my participation at anytime without negative consequences.
- I understand that my participation in this study is CONFIDENTIAL (i.e., the researcher will know, but will not disclose my identity). However, I have a choice to allow / not allow my pictures to be included in the researcher's thesis and further publication. My choice is indicated below.
- I understand that my participation in this study is on a voluntary basis. I will not be remunerated.
- I understand that the data from this study will be used in the researcher's PhD dissertation. The results may also be included in future publications.

I HAVE CAREFULLY STUDIED THE ABOVE AND UNDERSTAND THIS AGREEMENT. I FREELY CONSENT AND VOLUNTARILY AGREE TO PARTICIPATE IN THIS STUDY.

Signature: _____

Name: _____(please print)

Address: _____
Number Street City Postal Code

Telephone: _____
Day Evening Cell (optional)

Please indicate the name you would like as a pseudonym:

_____

If at any time you have questions about your rights as a research participant, please contact Adela Reid, Research Ethics and Compliance Officer, Concordia University, at (514) 848-2424 x7481 or by email at areid@alcor.concordia.ca.

Appendix D

Invitation to Participate in the Research (Email)

Hello,

As a member of the AHSC/HSI community and a Concordia SIP student, I am seeking your help in finding participants for my doctoral project. My research is on obesity and individual behavior change; mostly, I am interested in the narratives of overweight women who have successfully taken action to lose weight.

I am looking for Caucasian, English-speaking women between the ages of 30-45 who are presently working at losing weight; women who have lost at least 2kg (approx. 5lbs) in the last few months. (Other inclusion criteria, such as body mass index, can be discussed in an initial phone call with potential participants).

Participation in my research involves three face-to-face interviews, which can be conducted either in Montreal or Ottawa. During the interviews, I will ask the women to tell me their story regarding their weight and weight loss projects. I also intend to include them in co-creating the research findings. I truly believe that the women will find telling their story a positive experience.

Would you pass along my email address or telephone number to women who might be interested in participating in this project.

With deep gratitude,

Madeleine Mcbrearty (HSI2003)

email

514.000.0000

Appendix E

Invitation to Participate in the Research (Poster)

Would you like to participate in a research project on weight loss?

Are YOU IN THE PROCESS OF LOSING WEIGHT at the moment? WOULD YOU ENJOY TELLING YOUR WEIGHT LOSS STORY? If you answered 'yes' to these 2 questions, I would love to talk with you! I am a student at Concordia University. My research is on how people change; mostly, I am interested in the stories of how women successfully take action to lose weight.

I am looking for Caucasian, English-speaking women between the ages of 26-45 who are ***actively working at losing weight.***

Your participation in this research will involve 3 interviews set up at your own convenience. I believe that you will find telling your story about weight loss a very positive experience. In addition, your willingness to share your own story can help others who are struggling with similar issues.

Please call or email me if you are interested in participating in this project.

I look forward to talking with you,

Madeleine Mcbrearty

514.000.0000

email

Appendix F

Aggregate Profile of Research Participants at Initiation

As a summary of the previous discussion and a help to identifying the biopsychosocial factors involved in the current weight-related behaviour change, I have drafted a collective profile of the women as they entered the decision-making process and progressed towards the enactment of their intention to lose weight.[75] In summarizing the d, I also offer relevant links to the literature where applicable. The profile is as follows:

Childhood experiences. For a variety of reasons, genetic, nutritional, and/or environmental (Hebebrand & Hinney, 2009; Heinberg & Thompson 2009), most of the women were overweight as children and adolescents. Their weight status, eating patterns, and levels of physical activity were not systematically addressed by a primary care worker with a view to promoting weight management (Barlow, 2007; Bowdoin, 2008; Spear et al. 2007). As is common for obese children and pubescent girls, the women were the objects of weight-related teasing (Haines, Neumark-Sztainer, Hannan, Van, & Eisenberg 2008). Even as children, they assessed the inadequacy of their looks through comparison with peers and found a discrepancy between their appearance and the sociocultural standards of beauty (Klaczynski, Goold, & Mudry 2004) leading to the onset of body image dissatisfaction (BID) (Gleason, Alexander, & Somers, 2000; Matz, Foster, Faith, & Wadden 2002; Striegel-Moore & Franko, 2002).

Body image dissatisfaction. For the women, body image is an aspect of their self-concept that seems to be primarily a reflection of how they believe others view them (Jackson, 2002). Pervasive body image dissatisfaction related to weight status, a predominant issue among women in general (Grabe & Hyde 2006; Green & Pritchard

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[75] A list of socio-demographic characteristics pertaining to the research participants was outlined in chapter 2. The aggregate profile was also drafted in the interest of promoting the replication of the research findings.

2003), is often a legacy from the research participants' mother (Kearney-Cooke, 2004). It is also fuelled by the internalization of the thin beauty ideal (Bordo, 1993; Cafri, Yamamiya, Brannick, & Thompson, 2005) and by antifat social attitudes (Puhl & Heuer, 2009; Crandall, 1994). Although their weight has served them in certain areas (shielded them from others and from their own introspective negative scrutiny), the women have entertained a rather antagonistic relationship with their body throughout their life.

Negative covert and overt weight-related messages, more notably active weight status cues (Degher & Hughes, 1999) from family and friends (Green & Pritchard, 2003), have also contributed to the women's body image dissatisfaction (Gleeson & Frith, 2006). These messages continue to exacerbate their mental turmoil in regard to their weight and their desire/need to reduce it.

Body image dissatisfaction and mental models concerning the social appeal of overweight and obese women have also deeply impacted the research participants' self-regard (Choate, 2005; Leary, 2004). The women believe that weight loss would increase their general social acceptability and their chances of finding a desirable romantic partner. For those who are not already mothers, the longing to have children is a compelling incentive for seeking a romantic relationship.

Membership in the collective of obese women is regarded mostly as a liability (Sparkes, 1997). The research participants want to improve their appearance to become *normal*. Improved satisfaction with self and body image is equated with weight loss and physical fitness (Ogden J., 2003; Grimshaw, 1999; Bordo, 1993).

Weight management history. Prior to initiation in their current weight-loss project, all the women admit to consciously avoiding concrete reminders of their weight (e.g., standing on a scale, looking at their reflection in a mirror or shop window, etc.) (Degher & Hughes, 1999). They thus circumvented an often-essential first step in addressing overweight and obesity: assessing current weight status (Lau et al., 2007).

Throughout the women's lives, managing their weight has been a major preoccupation (Germov & Williams, 1996; Bordo, 1993). They acknowledge a history of struggling with weight. Even though they have had some mitigated success with weight loss in the past, mostly through bouts of exercising and restrained eating (Herman & Polivy, 2004; 2005), they have not consistently sustained what they refer to as a healthy lifestyle (i.e., self-described *healthy* relationship with food and physical activity) (Lau et al., 2007). Losing weight and maintaining the weight loss has consequently remained a struggle and an unfulfilled desire (Ross, 2009; Mann et al., 2007).

Replicating societal attitudes and the medical discourse, which often assign the blame for their condition squarely on the shoulders of obese individuals (Wray & Deery, 2008; Puhl & Brownell, 2001; Surrey, 1991a), self-acknowledged failure to make mindful food choices and exercise self-regulation in regard to overeating and non-hunger eating (i.e., self-assessed out-of-control eating) has often resulted in feelings of shame and helplessness. The women know about nutrition (e.g., Canada Food Guide). Their relationship with food has consistently been a source of comfort and a cause for grief (Conner & Armitage, 2002). They have used food to assuage negative affect, stress, as well as anxiety over the recognition of their weight status.

Some of the women have previously enjoyed an active lifestyle; however, relationship with physical activity has been inconsistent even for those who claim that they enjoy sports, exercise, and physical activities. All were sedentary at the time when they made a decision to lose weight.

Appendix G

Chloe's Story: C'est pas facile, man!

Of English and Native Canadian origins, Chloe is a no holds barred, extreme extrovert who often thinks out loud using spoken words in her self-reflections. She is a lively 27 year old single mother of two young daughters and is always on the go: She is a full-time student in her first year at University; she works part-time, often exercises at the gym, and habitually attends church functions. She is engaged in tenuous romantic relationships and spends a considerable amount of time with family, friends and acquaintances. And, given that she has achieved and maintained sobriety with the help of Alcoholics Anonymous (AA), she regularly attends AA meetings and acts as a sponsor to young alcoholics and drug users who are struggling to stay sober. On the day of our third meeting, Chloe proudly celebrated the anniversary of her two years of sobriety.

I am extremely grateful for Chloe's unique contribution to the research. I value her lack of pretence, her unconventionality, her honesty, and the candour with which she spoke about distinctive aspects of her struggles with weight loss. Unlike other women who may have had a comprehensive knowledge of nutrition before attempting to change their weight-related behaviour and unlike those whose weight loss experiences are grounded in fairly standard practices, Chloe's current weight loss is her *first attempt to try to really attack this problem.* She acknowledges,

> [after the birth of my first child] *I was getting fat and I was ugly and I didn't like it. So, I went back to drugs* [cocaine] *because it was the only thing I knew was a solution to losing weight for me… I didn't understand or learn much in life about like nutrition, exercise and all. I didn't understand any of it.*

Although she has lost 30lbs, the process has not been effortless for Chloe. She repeatedly made resolutions to lose weight and she was frequently successful at enacting her plans; however, she also experienced recurring lapses that prevented her from achieving her ultimate goal – losing an additional 10-20lbs. Hers was a Monday to Friday affair in which she engaged with strong determination and a certain degree of leniency. She describes her process:

> *I don't do it on the weekends. On the weekends, I slack and I have some chips with my kids and we have popcorn and stuff. I think it's OK to have a little bit of leniency… I do it 5 days a week and most of the time I do it on the weekend. But then at nigh time I have some junk food with the girls during movies. You know, but I do it. I follow the plan; I just add some stuff at the end of the day. Uh, and I don't go to the gym on the weekend.*

Regardless of the latitude she affords herself, Chloe compares her longstanding relationship with her weight as a constant *fight… always been a struggle; never satisfying.* At the end of our time together and after shedding so much weight, she has not yet changed the metaphor. She tells a story abounding in superlatives with deep sighs that illuminate her level of difficulty in sustaining weight loss behaviours: *I push myself at the gym, I try to eat healthy. It's really a struggle though… it's so hard; it's really hard… I've got a long way to go… it's really difficult.*

A recurring theme in Chloe's story is the discrepancy between her negative body image and the positive affect she has been experiencing in the past few years. She explains her dilemma:

I'm disgusting. Like, I, I felt like I was, phew, like just horrible… I was so disgusted with the way I look. And inside, I feel good. It's the outside that's not looking good. And I want to come to a place where the two meet… where I'm in harmony with the both… I accept who I am inside; I want to be acceptable for the way I look… And I'm still struggling with the outside…. I'm better than I was, but I still struggle with the outside a lot.

The thread that runs through Chloe's narrative is her desire to match the 'inside' with the 'outside'. In the last few years, she has made some significant changes that have deeply affected her self-concept. She is pleased to report, [I] *quit drinking alcohol; alcohol, drugs, cigarettes, pot, everything. I quit it all.* She talks about the experience as *this journey that I've been on, like really trying to get to who I really am.* Her voyage of self-discovery is far from over. Her recent accomplishments to become sober and maintain her sobriety, however, have contributed to her sense of well-being and she has engaged in her current weight loss efforts with the intent to expand her inner contentment to her outward appearance.

Relationship with Weight

As background to her current weight loss, Chloe offers glimpses into a life of hardships, deprivation and drug use. Interwoven throughout her narrative is also the preoccupation with her physical self as the prime motivation for her aspiration to lose weight.

Chloe provides an account of her relationship with her weight that spans the years from puberty to after the birth of her second child. She also refers to her drug usage as the only weight management strategies with which she was purportedly familiar prior to engaging in the current weight loss process.

I was fat my whole life, pretty much.

Chloe associates the beginning of her relationship with her weight with the onset of puberty when she was 9 years old. She gained a lot of weight during a very short period of time and her body became riddled with very apparent stretch marks. She still recalls the taunts of other children on account of the fact that she was the only girl with developed breasts at her age.

Chloe and her two siblings come from a financially disadvantaged background. They were raised *in a household with violence* [where] *not a lot of good things happened.* Chloe's father was addicted to heroin – he is currently on a methadone program – and she vividly remembers the disparaging weight-related names that he called her as a child. She also recollects his accusations that she was eating too much, depleting the family's financial resources. She internalized her father's remarks and came to think of herself as *I'm worthless, I'm useless, I am nothing.* Today, her father *rags on* her and compares her to her mother because she is trying to lose weight.

Chloe's mother was an alcoholic who was also abusing drugs – she has been sober for a number of years. A woman who lost 200lbs at the age of 18 through VLCD and exercise, she has kept the weight off to this day. Chloe offered interesting reflections on her mother's relationship with weight and how her body image dissatisfaction might have affected Chloe's own physical self-concept:

My mother has been on a diet since she was 18 years old… She's always watched what she's eating and always like conscious of this and that; never satisfied with the way she looks. Every time, 'I look fat, I look fat, I look fat'. All

the time… So, maybe from my early on, in my subconscious I've picked it up… the way we're supposed to look, our outer appearance.

Unquestionably, Chloe's life lacked stability. She alternated between her mother's home and foster care from the ages of 12 to 17 and she struggled with depression. The situation was certainly not conducive to her *develop*[ing] *healthy eating habits at a young age.* She recounts her experience with food in group homes:

You know, lots of the meals were controlled. So, when I got a chance for money or whatever, I would go and buy junk food. And, you know… when we would get our weekly allowance at the group home or whatever, I would; weekends would come and it would be chips and chocolate and Coke 'cause all week food was very controlled.

Her obesity-promoting eating patterns resulted in Chloe getting *bigger than anybody else in… high school.* To compensate for her size, approximately 140 lbs, and the dissatisfaction with her body image, she engaged in downward social comparison, regularly associating with friends who were larger than her: *Yea, they* [my friends] *were big girls I think I surrounded myself with to make myself feel better.* Although at the time she thought that she was indeed bigger than the other students, today she wishes that she could fit in the jeans she wore in high school.

Weight management through drug use.

When she was 17, Chloe started using drugs and *did a lot of work on the street.* Because she preferred to use her money for drugs rather than for food, she lost a lot of weight. She was happy to have lost weight but when describing her looks at the time, she claims: *I was skinny then, still, my perception I thought I was big… looking back, I look horrible, I'm all grey.* However, at the time, her body image was such that she imagined that she was tipped less than the dancers at a strip club where she worked as a bartender because she *wasn't as skinny as all the other girls.* Overall, however, she says that she felt more confident because she had lost weight, could fit into *mini dresses* and thought that she was sexier and more attractive to men.

After 6 years, Chloe decided to curb her drug use. Although she continued to *smoke pot,* she managed to stay off cocaine for a while and became pregnant with her first child. She gained a considerable amount of weight during the pregnancy and was unable to take it off in the months following the baby's birth. Consequently, she went back to using cocaine. She maintains that it was *the only thing* [she] *knew was a solution to losing weight* and to deal with her emotions. She acknowledges that she was drugging away her emotions at the time instead of using food to deal with negative affect as would be her propensity today. She did lose the weight with drugs; however, she discovered that she was pregnant again and entered rehab *skinny, skinny, skinny, four months pregnant.*

It was in rehab that Chloe became sober; it was also in rehab that she resumed her habit of eating junk food. She describes her time in the institution: *It was difficult for a long time. Uh, but I also quit smoking too. So, quitting everything; at the rehab, there was a canteen so I was eating like 6 chocolate bars a day.* As she had done during and after her first pregnancy, she continued eating uncontrollably and she gained weight until she reached an all-time high of 183lbs, the weight at which she started her current weight loss process. Chloe is very candid about her attitude and the basis of her food consumption at the time. She explains,

> *I just ate and ate and ate. I was just not feeling well, depressed… I figured if I'm not spending my money on drugs, or cigarettes or anything, I might as well spend my money on food and I only live once so I might as well just have fun with it. I don't care if people don't like me for who I am… they want to look at the way I look, well, fuck 'em; look somewhere else.*

Unlike her first pregnancy, she fortunately did not go back to using drugs as a means to reducing her weight. And herein was her dilemma: She ate to assuage negative emotions, she was unsuccessful in her attempts at self-regulation – *I say to myself, I don't want to eat that'; be good today, be good today. And I just go to the, to the bad food, you know. Like, I would say, just don't eat that today, eat good today. I just couldn't do it, you know* – and the only way she knew how to lose weight was through feeding her drug addiction. Since she was intent on not going back to drugs, she needed to find new weight loss strategies.

Importance of the physical self.

Above any other psychosocial factors that contribute to Chloe's determination to lose weight is her concern with her appearance. She discusses how she believes that her body image is not aligned with reality. Her narrative provides insights into her negative body image, her fear of being perceived as obese and the impacts of her physical self-concept. Throughout, Chloe talks about her intense desire to lose weight so as to be more attractive and therefore happier.

Disease of perception: Negative body image.

Frequently, throughout her narrative, Chloe refers to what she calls a *disease of perception,* which she attributes, like many other individual characteristics, to the fact that she is an alcoholic. I repeatedly tried to ascertain the meaning of this condition, which seems akin to body image distortion or the inability to accurately assess her looks. Her story is that:

> *I have a disease of perception… where, as an alcoholic, perception and ego get in the way… I have a disease of the mind and a disease of the body… Like I think that everything is fat… Like no matter what, I look big. Like, I guess it was instilled in me at a young age and I never felt skinny, skinny, skinny. Just like an anorexic would look in the mirror and think she doesn't look good you know.*

Yet, though she affirms that she perceives herself as overweight regardless of her weight status, it was not until she saw pictures of herself with an extra 45lbs, wearing maternity clothes long after she had given birth, that Chloe recognized the extent to which she had gained weight. Her reaction to the pictures was one of incredulity: *do I really look like that? 'Cause I always think I don't look like that… how come people didn't tell me? I looked so bad.* Chloe consistently refers to the moment when she saw her pictures as the point in time when she fully recognized that she needed to lose weight. It was a few months after this realization that she initiated the first segment of her weight loss journey. In the meantime, she continued eating junk food to assuage her discontent with her weight.

A pattern in Chloe's narrative is her wish that her friends would explicitly challenge her about her appearance since she believes that she cannot accurately assess her size. Nevertheless, although she purports to be looking for overt acknowledgement of her weight status by her friends, she admits that it is likely that she would deem their assertions offensive and hurtful. On the other hand, she supposes that the confrontation might also be something that could potentially propel her into action:

> *You wish somebody would come and tell you, 'you're fat; yea, do something about it!' I would probably be hurt but then I'd want to do something about it. Or, I would just rebel and keep eating more. But I think I would do something about it.*

In spite of her assertions that her family and friends were too subtle in reference to her size, Chloe does admit that her boyfriend, Jason, the father of her children, was the one person who was very vocal about her appearance. He is one of the major reasons why she decided to lose weight. Jason consistently used her weight as an insult when they argued just as her own father had done when she was a child. She recalls Jason's verbal abuse and how she felt about herself when he would make offensive remarks: *You're fat, you're f...ing this, you're disgusting... So, it really affected my self-esteem, my confidence or lack or self-esteem, lack of confidence.* Naturally, Chloe thought that if she improved her appearance, she would increase her chances of keeping the man who ultimately left her for a stripper. She even goes as far as excusing him for leaving her, *I understand* [why he left], *like I wouldn't want to be with me either* [given the way I look]. However, looking back at the impacts that her relationship with her weight has had on her life as a whole, she offers with a deep sigh, *I could have got a better boyfriend if I was thinner.*

Chloe is very open about the fact that her weight has been an impediment to engagement in sexual activity either with Jason or with a subsequent boyfriend. She claims that because of her negative body image, she always insists on having sex in the dark, feels very uncomfortable, and necessarily restrains herself because full participation entails letting go and exposing parts of her body that are an embarrassment for her – sadly, parts of her womanhood.

Throughout her narrative, Chloe expresses her deep fear of obesity: *I see people on the street and then I look at them. I'm 'please don't tell me I look like that'... I don't ever want to be there.* She recognizes the risks that she could very well weigh 300lbs if she did not engage in a weight loss process and clearly has qualms about the possibility that she could be counted among the obese:

> [women with] *pimples in the skin... fat hanging out... double chins...* [women who] *can only wear jogging pants, spandex... Women who are really big [are] pathetic 'cause they cant control theirselves... I'm judging them and here I have a problem with food... Sometimes I just can't understand how people let theirselves gain to a certain weight.*

Regardless of where she situates herself on the underweight – extremely obese continuum, the words that Chloe uses to describe her own appearance are highly derogatory. She refers to her physical self as *a slob... a cow... a heifer... horrible, horrible...* She also describes the affect that she experienced in relation to her weight and appearance in very negative terms:

> *I didn't like the way I looked... I felt gross in everything. I was always discouraged... I felt like* (sigh) *people would judge me, that I never looked good in anything... and think I was ugly and how could he* [Jason] *be with her, she's so fat... I feel like I gotta hide myself...I couldn't shop at any good stores... I feel awkward when a skinny person comes around...*

I want to be skinny; I want to be thin.

Chloe's story is that her negative body image stems from her upbringing and from societal and media influences. She claims that from early childhood, she was told that she had to *look like a model* in order for *people to really be* [her] *friends.* She

believes that if she were thinner she could get more positive feedback from people in general and she would have more friends. According to her, skinny people intentionally shun those who are heavier while *a lot of us [women] who are bigger... feel more comfortable around each other.* Unfortunately, the gate to the popular crowd opens wider for those who are slender. She values people's opinion to the extent that she feels the need to tell them *I'll be skinnier, you know. I feel like, uh, people really look for stuff like that.* It is little wonder that she does not feel very self-confident given that her potential for social inclusion is directly related to her physical attractiveness (Leary, 2000).

Though she is somewhat ambivalent about her aspirations to enhance her physical self, referring to her relationship with her weight as *the complex of outer appearance, like a negative, like the way I look is important,* Chloe is eager to conform to societal standards of beauty. She believes that *in society, when you walk on the street and you see all these skinny girls who look so good... it's the first appearance that we see on somebody.* Again, weight status is assumed a crucial factor to navigate the social landscape. Finally, Chloe also truly wishes to look like a star! She says, *I don't want to be that kind of person* [a star] *but I want to look good, you know.* Although she suggests, *my basic concern is at least that I can feel comfortable in what I wear and to have healthier outlook on food,* her contention throughout our time together is that she wants to be thinner. Her goal is not to become *supermodel skinny* or *drug skinny,* – 118lbs – a weight that can only be achieved with a *cocaine diet;* she wants to be *normal,* which, for her, means that she could settle for 140lbs – a lower weight, although desirable is not realistic since after all, she is a 'mom' and she does *like cheesecake.*

Current Weight Loss

The message that inhabited Chloe's thoughts on the threshold of her current weight loss was, *I want to be that cool soccer mom that looks good... I just want to get to my weight goal and I just want to maintain it.* She provides an inventory of the motivational factors behind her desire to lose weight: (a) She was unhappy with the way she looked, she was *tired of being, like, the heavy girl* and, she worried greatly about people's opinions and judgments; consequently, she felt *very insecure* about her appearance; (b) Because she had learned to care about herself – becoming sober – she also wanted to improve her physical self-image; and (c) she wanted to break the cycle of abuse that she experienced as a child and wished to become a role model for her children, introducing them to healthy eating habits.

Chloe provides further insights about her circumstances in the 2 or 3 months between realizing the extent to which she had gained weight (by looking at pictures of herself) and making the decision to initiate her current weight loss efforts: She was depressed and ate sweets to feel better. In addition, her relationship with Jason was coming to an end and the negative feelings involved in her decision to lose weight were compounded by the imminent break-up. She describes her emotional state as follows:

> [I felt] *a sense of failure because, because my dad told me my whole life that I was fat and I just never did anything about it. Uh, a sense of, uh, inadequacy in my relationship towards like, sex and stuff like that... unhappiness, guilty feelings, like feelings of guilt 'cause I was just continuing the, that behaviour and just; I just knew that I would never change... like this is always gonna be what it is, I'm just gonna continue to gain weight and I'm gonna be that... that heavy mom, you know. I'm not fun anymore, I'm not feeling comfortable... unloved, and every time we fought, he* [Jason] *brought up the fact that I was overweight and just discouraged.*

Much in Chloe's story points to her near obsession with wanting to be thinner as a means to be happier. The drawback was that her weight management experiences were tenuous. She admits, *I don't know nothing about diets; I just know that you don't eat junk food.* She lacked knowledge of nutrition; she definitely could not 'starve' herself as she had done in the past without the help of drugs; she was unable to curb her eating of junk food even with the best of intentions; and, she failed to act on her plans to go to the gym as she was completely unfamiliar with the concept of exercise. She was *depressed about the way* [she] *looked and* [she] *didn't know how to solve the problem.*

From one weight management strategy to another.

Whether it is *Alcoholics Anonymous, Weight Watchers* or simply dieting and exercising with friends, social support is a central element in Chloe's successful engagement in a health-related behaviour change process. Friends are those who 'kick her ass' and keep her accountable to her intended strategy. In the action phase of her attempts to lose weight, she attended *Weight Watchers* meetings, followed the *Fat Smash* and *Extreme Fat Smash* (Smith, 2006) diets, took up membership and exercised at a number of gyms, and she engaged in outdoor activities. In periods when she did not fully adhere to a formal weight loss strategy, she more or less watched what she ate while giving herself the latitude to also eat junk food.

Weight Watchers. The opportunity that facilitated her first step in the quest to lose weight was when a friend declared her intention to attend *Weight Watchers'* meetings. Chloe maintains that her resolve to join the program was not *a long-term decision;* it was more spur of the moment – her friend mentioned *Weight Watchers* and she went along with her to her first meeting. When I asked her what finally propelled her into action to lose weight, she offered:

> *The clincher was when I got on the scale* [at Weight Watchers] *and it showed me how much I weighed… Yea, I felt like a heifer being weighed in to go get slaughtered* (laughter)… *you know, we're all waiting to be weighed, to be, to the slaughterhouse. So, I felt, like no good. And then I saw the weight and I was really discouraged; and then, but then, the week after when I'd lost 3lbs just watching what I ate… I was encouraged to, to continue.*

The weight loss in the first week of the program heighted her sense of self-efficacy and Chloe was encouraged to keep going. She attended 7 more sessions because she and her friend had resolved to do so and because *doing it together… made it fun;* she lost a total of 12lbs on the program. Although she did join a gym, she does not recall going because she *didn't have to go.* She simply watched what she ate and followed the plan: She diligently recorded her food intake and counted points.

In retrospect Chloe believes that *Weight Watchers* did not work for her because it gave her too much leeway to eat what she wanted. Unlike *Alcoholics Anonymous*, she admits that the freedom it afforded was detrimental to her strict adherence to the program. She describes her experience when she went off the plan: *I have one fucking cheeseburger and I'm like, 'OK, whatever, I'll start next week'. You know, like, I give myself leeway again.* Another reason Chloe provides for ceasing to attend *Weight Watchers'* meetings is lack of financial resources; however, her story might suggest otherwise. First, lack of money does not appear a deterrent in later weight loss pursuits. Even though she is a single parent and lives off students' loans, Chloe often bought fruits, vegetables, costly cheeses and expensive snacks for subsequent diets. She also spent over $700 at *Lululemon*, a posh yoga-inspired athletic apparel store, so that she could feel good when she is working out.

Second, as already mentioned, her concern about people's judgement of her appearance and her phobia of being considered obese were high on the list of factors that motivated her decision to lose weight; she did not want to be associated with places and events where she would be ranked as one of the 'fat women.' Although she felt remorseful about that stance, she took exception at having to shop at *Addition Elle* when she could not find clothes elsewhere. She explains:

> *Walking around with an Addition Elle bag, I was like, 'no, yikes'... I shouldn't judge... like it's wrong of me, it's just weight, you know; it doesn't matter what people look like on the outside. But for me, I just didn't want to be associated with it. I didn't want to be classified with it.*

She also acknowledges her attitude and feelings attached to attendance at *Weight Watchers'* meetings:

> *I didn't feel good, you know, like, uh, I know when I'm in the middle of Alcoholics Anonymous, like we're all the same even though some of us are lawyers, some of us are students, some of us are, you know, there's pedophiles. Some of us are like people who would not normally mix. Same thing with Weight Watchers, we're all people who wouldn't normally mix. But because we're all overweight and I just, like I don't want to be classified... Like I don't want to be the face of Weight Watchers, you know... it's not something I would like to brag about...the program of Alcoholics Anonymous gave me my life back but Weight Watchers has just allowed me to just watch what I was eating and gave me a little leeway when I wanted to have junk food.*

Obviously, for Chloe, it is preferable to be associated with alcoholics and drug addicts than with obese women.

Fat Smash* or *Extreme Fat Smash (Smith, 2006). Once Chloe stopped going to *Weight Watchers*, a friend who had lost 20lbs through a *Fat* Smash diet although she had very little weight to lose – a friend who now represented the epitome of physical beauty, *she's 22... she's got no fat on her, it's all lean and like she looks great* – introduced her to the diet. *Fat Smash* and its more stringent companion, *Extreme Fat Smash,* are 90-day, 4-phase, very low calorie diets that start with a 9-day detox period and ends with strict recommendations for lifelong maintenance. Food choices are extremely restricted on the diets according to which exercise is a compulsory element in the weight loss program. Unlike *Weight Watchers* these diets offer very little leeway and they offer promises of substantial weight loss within a very short time.

Although Chloe convincingly declares *I want to do this for, for real and I'm committed to doing it,* the remainder of her weight loss story is one of continuous looping between making up her mind to go on a weight loss program, strict adherence to diet/exercise for a short time and lapses and relapses. She admits that in periods of intention formation, she has to *kick* [her] *ass, kick, kick it into gear... just have discipline.* If she wants to achieve her dream of *looking good,* she has *to do the work. So, sometimes it needs sacrifices.* For Chloe, changing her eating habits is hard – *I can have unlimited carrots and celery,* she says, *but there's only so much in a day I can f...in eat* – especially when the food prescribed in the program, e.g., whey protein shakes, is *disgusting* and *gross.* As a result, her experience with her current weight loss is: *I've gained and put on, gained and put on.* By this Chloe means that until she started seriously adhering to the diet and exercise program, as she did in the weeks prior to our last meeting, she was unable to cross the 20lbs-loss threshold.

Physical Activity. As is recommended in the *Fat Smash* program, Chloe began training at the gym when she adopted that particular weight-loss strategy, opting for 'fat burning', cardio activities rather than strength-building exercises. In the beginning, when she could do so with friends, she visited the gym on a regular basis. Otherwise, she found it difficult to fit exercise in her schedule. Incorporating gym-based activities also proved somewhat challenging for Chloe who already possessed a high level of negativity with regards to her body image. She says: *The worst place is in the gym 'cause everybody's so fit there… The worst place is the gym.*

As was her experience with consistency in dieting, it took extreme self-discipline, *hard work and dedication* for Chloe to exercise regularly for a prolonged period of time. However, her persistence is quite remarkable! Her story abounds with references to attempts at maintaining a level of physical activity that could speed up her weight loss efforts. She not only resumed training after experiencing lapses, she also tried to include outdoor exercise, such as cycling to school, as a means to increase the number of calories expanded on a given day.

One relationship that proved extremely helpful to Chloe in view of maintaining regular physical activity was a new boyfriend, Cameron, who happened to be a personal trainer. The two became 'gym buddies' and Chloe started to experience the benefits of exercising four or more times a week. She says,

> *I feel good at the gym when I'm like spinning and lifting weights and lit it makes me feel good, it gives me energy… it lets me know I'm alive… And, uh, it makes me second guess the thought of like, do I really want to eat sour cream and onion chips tonight? You know, do I really want, like I did work out today, do I really want to screw up what I just did?... I'm doing this weight loss thing 'cause I want to. If I go to the gym, I sweat my ass off, I don't want frigging eat 10 o'clock at night and waste the work I just did all day.*

Unfortunately Cameron, whom Chloe had met at *Alcoholics Anonymous*, resumed his drug consumption and she terminated the relationship. Although frequent visits at the gym proved challenging after the break-up, Chloe enlisted the help of other friends and she quickly resumed her workout schedule. She talks of the support she receives from these friends:

> *I have commitment, like for me; I have my own commitment to be there* [at the gym]. *I paid to be in this class; I'm not gonna not be there… And also, having a partner too, you know… to be accountable. You know, when my friends call me on Sunday night and say, you're gonna be there at 9:30 tomorrow morning? 'Uh, well, uh, OK, I'll be there'. So, now I have to be accountable, I have to be there at 9:30, you know. So, that helps to be accountable too. And it's important for me to have a gym partner; it gives me encouragement that I need.*

In the end, Chloe's determination to lose weight to improve her appearance starts to incorporate other aspects of her health. She is determined not to reproduce her mother's sedentary lifestyle and she is learning that exercise is good for her mental and physical health.

> *I want to be healthy and in order to be healthy, you got to continue to go to the gym; got to continue to eat healthy… I just want to train my body for healthy eating, healthy living and a healthy lifestyle… I'm there* [at the gym] *because it's good for me. Like, just like AA is my, my workout for sobriety, my gym is my workout for my life.*

These words become all the more convincing when placed in context: The Chloe who speaks her desire for a healthy lifestyle is the same woman who, through self-determination, self-regulation and social support, has been able to achieve sobriety and maintain abstinence from drugs, alcohol and tobacco for the past two years.

The Anatomy of a Lapse

My third meeting with Chloe was a tremendous learning opportunity. I ascertained the benefits of direct observation as complement to the interview process; however, I also experienced first-hand how power dynamics could have a significant influence on that which takes place during an encounter. Although she has never attended a class I taught, Chloe is taking courses in the Department of Applied Human Science where I am a part-time lecturer. In effect, although I have consciously tried to equalize the relationship in a respectful manner – meeting at her house and at a time of her choice; listening empathically and interjecting little in the narrative other than using minimal encouragers to allow self-disclosure at a level she deemed proper; matching her language and building on her answers to ask my next question; demonstrating appropriate curiosity and keeping a learner's attitude; frequently expressing gratitude for being trusted with her story; and, as I did with all other participants, asking her opinion on the research questions – it remains that I am an older woman, more knowledgeable in topics of Chloe's interest, i.e., weight loss and exercise, and a 'teacher' in the department where she would like to major.

In consideration of the relationship and with a concern to meet at Chloe's convenience, I agreed to join her at the gym prior to our third meeting so that she could fit her work-out in her day's schedule given that she was celebrating the anniversary of her two year of sobriety that evening. Looking back, I questioned the appropriateness of my decision to meet Chloe at the gym rather than in a neutral environment where we would sit down and engage in a semi-structured process to review and discuss patterns outlined in our first two meetings; however, I considered the meeting at the gym an excellent opportunity to further equalize the relationship and I did not perceive any ethical violation in my agreement to do so. Little did I realize how my choice would affect the content and overall unfolding of our third meeting.

After a relapse that lasted a little under two months, Chloe was back in a place where she yearned to be the *super-fit soccer mom,* finding it quite discouraging to be the biggest one among the Westmount mothers who brought their children to soccer practice. She describes her frame of mind at the time when she made the decision to resume her weight loss initiatives:

> *I'm sick of looking like this; I'm f...in tired... I was depressed... and I said, 'that's it, fuck'. I had enough man; I'm tired of looking like this, you know, summer's coming, that's it, decision made. I want to look good for summertime.*

To help support her efforts, she engaged in environmental control, substituting healthy food for all the junk food in her house. She also confirmed that her self-efficacy beliefs were high at initiation as she was 95% confident that she would reach her goal by summertime. She considered herself fully in action and worked out at least 5 days per week. She was getting compliments and encouragement from people in her network, she felt good about her journey and she was determined to lose the weight. And then we met.

The one thing that Chloe has consistently been apprehensive about is getting on a scale. She did weigh herself on occasions when she 'felt good' but preferred to monitor her weight status through the way in which she fit in a certain pair of jeans. I was aware

of this fact; however, when we finished our workout at the gym, I pointed at the digital scale and eagerly invited her to weigh herself so that she could ascertain exactly how much weight she had lost. In retrospect, I believe that I was perhaps more concerned about the research – finding out exactly how much weight she had lost – than about respecting Chloe's reticence. I am convinced that given the power dynamics involved in our relationship, it would have been extremely difficult for Chloe to refuse my 'invitation'. She reluctantly did get on the scale and her entire demeanour changed when she discovered that she had not lost as much weight as she had anticipated in the last few weeks. I became instantly aware of the consequences of my actions and regretted causing undue anxiety, which I expressed at once. In order to change the mood prior to our entering into the interview process, I offered to buy coffee on our way to the meeting room. As I was ordering coffee, Chloe bought herself an enormous brownie. Given that this was such a significant deviation from how she had been eating in the recent past, our meeting centered on the purchase and consumption of the pastry. The mood was sombre throughout the meeting as Chloe found it quite difficult to tell me how well she had been doing since resuming her weight loss efforts when she sat in front of me eating the rich chocolate brownie. Ultimately, I am grateful to Chloe for agreeing to have a fourth interview when she was positively in action with regards to weight loss.

Chloe draws on her experience as an alcoholic to explain her actions. She maintains that for alcoholics, it is obsession with alcohol and lack of regard for the consequences of their behaviours that leads to consumption; and, when an alcoholic starts drinking, s/he craves more. Similarly, she explains:

> *I'm an alcoholic. I have a disease of the mind and a disease of the body… I just finished working out, I go to Second Cup, I want a brownie, I'm getting a brownie, I don't care. No mental defence; I just took one. I don't really care. Like, I didn't even think about it. No consequence for my actions. That's like my disease… no defence. Whatever, I don't care; I'm just doing it.*

Once she started eating the brownie, however, Chloe expressed feelings of guilt, fear and shame. Guilt for eating something that is not in keeping with her weight loss goals, fear that she would not be able to stop and fear of incurring other people's judgment, and shame because she was eating obesity-inducing foods in front of another person.

- Guilt: *And then, starts to feel under guilt, you know. Like, if I'm playing it all in my head.*
- Fear: *The day's not over yet. I might go to McDonald's and have a big fucking cheeseburger (laughter)… If it was alcohol, this interview wouldn't be going on. I'd be finishing and calling my drug dealer… because I'm a drug addict or whatever, like I, I can't stop… Whatever happens, happens. I have no control about what's gonna happen.*
- Shame*: I see like a bigger person eating like a bag of chips; I'm like 'don't they see what's going on (laughter) but then I do the same thing…. Like, I wouldn't eat that brownie in public. No way… [because people might say] What the fuck's with that girl, man; think she needs a fucking brownie?*

Nevertheless, negative affect was not sufficient to stop Chloe from eating. She knew that the lapse would detract her from reaching her weight goal; however, she appealed to that mantra that has helped her with her addiction: *one day at a time* and thus resolved to resume her efforts to become healthy, to *feel better, not hiding in the*

jogging pants, not wearing baggy clothes… getting jeans… dress like a lady. She also picked up the familiar refrain that it is *progress rather than perfection…* [and that it is] *not about the destination…* [It is] *getting there, man; getting there that counts.*

The next time I met Chloe, she confirmed that she was, in fact, able to recover from her lapse and not go into relapse has she had done previously. To my surprise, she had weighed herself on *the old time scale at the YMCA* and found that she had lost an additional 6lbs, which brought her 14lbs from her goal weight. Although she still longed to return to the *Fat Smash* weight loss program, she had been unable to do so. Instead, she reduced portion size and consciously monitored her food consumption while faithfully working out at the gym at least 4 times per week. According to her, she was again full-fledged in action to lose weight.

Steps to Transformation

Chloe reports: *I am proud of the way I look today but I still have so much more to do.* For her, the struggle continues! She attributes her success thus far to social support, to the encouraging comments that she receives from her friends, and to the positive physiological changes that she experiences. She believes that her appeal, especially as regards men, is progressively increasing. She also deems that her appearance has changed to the extent that she no longer tries to hide behind big clothes; in fact, she feels a surge of motivation to continue her weight loss efforts when she tries on the clothes from last year and finds them too big on her. She has adopted new strategies to deal with negative emotions, she has become more knowledgeable about nutrition, her relationship to food has changed, and, as evidenced in the narrative, so has her relationship to physical activity.

Physically, Chloe's vision is to *look at a picture of* [herself] *now and look in six months and go, 'oh, my goodness, that's not even the same person'.* At the identity level, I asked Chloe who she found herself to be, given her weight loss and the changes in her attitudes and behaviours. What became evident is that a fundamental shift seems to have occurred through the journey. Chloe might not have concretized her new identity; however, she has started asking the existential questions that will bring her to a new level of self-awareness. Hers is not only a weight loss process it is a quest to find out who she really is:

> [not just the weight loss] *but getting rid of ex-boyfriends and spending time by myself and getting to; I don't even know who I am, really…getting rid of drugs, cigarette, everything. It's like I'm not that person I was; I don't even know who I am really. I know that I'm a single mom; that I work… I don't even know who I am. I'm caring, I'm compassionate; sometimes I don't even know who I am; that's the whole process of this. It's just kind of figure out who I am.*

At the end of our time together, Chloe waxes philosophical on the transformation that has begun as she strives to achieve a higher level of holistic health:

> *Throughout this journey, I realized that it's not about being skinny, it's not about what you look like; it's about what's inside. If somebody feels good on the inside and they want their outside to match it, they're not gonna be overeating… they're gonna be exercising… having the mind and the body in sync and doing things together and having harmony within the whole package. So, I think overeating and just eating junk food and not paying attention is not really a positive attribute to have… in order to have mind health and body health, you need to eat well and put proper nutrients into your body… I'm learning this throughout.*

Appendix H

Elaine's Story: Leaping Into Action

> *I took the decision to lose weight because I just wanted to improve my life… If you always live in the past, you're never gonna advance… So, I decided to just, for me, by big point was take action; what action can I take to improve? And, you know, the easy, the easy one was to lose weight, actually.*

Elaine is a lively, articulate, and engaging French Canadian career woman who, by her own admission, is also extremely competitive. She has recently become involved in team sports and has discovered a passion for Dragon Boat. I most appreciated Elaine's whole-hearted enthusiasm for the research topic, her openness to discuss very personal issues, and her willingness to carry on with her story even when the interviews extended beyond their originally scheduled time frame.

Elaine is keenly aware that in her late 30's, her opportunity to give birth will only extend for a few more years. She is presently single and hopes to form a relationship to fulfill her desire to have children, an aspiration which she had put on hold for a number of years while working extensively at building a career in the HR department of a large Canadian corporation. Elaine's investment in her career has often trumped other pursuits (self-care and relationships). She experienced burnout two years ago, an episode that was a catalyst for change. Her ability to recover from burnout and her capacity to terminate an *unhealthy relationship* greatly increased her sense of self-efficacy to initiate her current weight loss venture.

Elaine describes herself as *large but… not extra large*, overweight rather than obese. She states, *I never thought I was a thin person, ever, ever.* Positive body image has not been a part of her experience throughout adulthood. When asked if there was ever a time when she felt good about her body, her first response was *not that I recall.* Subsequently, she offered *when I was young and it didn't matter.* Her current goal weight is 170lbs. From her early twenties until recently, Elaine's weight climbed from 150lbs to 215- 220lbs. She experienced a significant weight gain (30lbs) during her last summer break in university and she lost the weight (35lbs) prior to entering the work force. Since initiating her current weight loss, Elaine has lost approximately 30lbs.

Elaine decided to lose weight for a variety of reasons; for her, weight loss is a *project*, she undertook as a quest to *live life more fully* and resolve *every issue* (boredom, lack of social contact, health). She aspires to bring positivity to her life and desires to be healthier *not just in* [regard to] *food but emotionally, physically…* [and] *spiritually.* She wants to feel better, have fun, reconnect with her love of sports and meet new people. She also yearns to get out of her *comfort zone* and take risks in order to fulfill her life's vision, which includes elements for which she initiated her weight loss. Elaine offers that one of the foremost reasons for initiating her current weight loss project is that she no longer wanted to be a *victim.* She provides a beautiful metaphor for her leap into action:

> *At one point, I just decided, I, I'm sick and tired of having a feeling that I'm just, uh, having my life go by and I'm not, you know, I'm not, I'm not on the train. I'm just, you know, looking at everybody pass by, and, je vis, tu sais, je vis à côté de ma vie… But I have to go in; I have to hop on the train. You hop on the train if you do things.*

For Elaine, the train she wants to board is intended to take her out of her comfort zone into action mode where she is in charge of her own life rather than a casualty of unsatisfying relationships and unmanageable weight.

Backdrop: Elaine's 'Before' Story

As contextual background to her current weight loss, Elaine offers her personal story in relation to her weight throughout her life. *I've never been someone that had a weight problem before* she stated in our initial conversation. Therefore, she started the story of her relationship with her weight when she was in CEGEP (early adulthood). Her coming of age story is one of social comparison where her self-assessment is influenced by her size of clothing, in-group norms, and socio-cultural standards of thinness. She states,

> *I just saw myself very fat… Hum, because I was comparing myself, I guess, to everything in the magazines, what was in style, uh, my girlfriends, what boys liked… I was very impressed with the, with the stars, and public image, and I paid a lot of attention to comparing myself to others.*

The story is one of fear and shame; fear that her size, shameful to herself, would also be an embarrassment to others; *I didn't want to disappoint him* [her first boyfriend]... *in front of his family.*

Elaine's involvement with weight issues, however, goes back further than her teenage years. As a child, even though she was trained to eat all the food on her plate she does not recall having a weight problem. Even so, she soon learned that dieting was an adult preoccupation of crucial importance in that it could potentially save someone's life. Elaine lived in the shadow of her ailing mother and she grew up with a father whose attention was focused on caring for his sick wife. After one of her mother's debilitating strokes, her father is said to have *risked both of their lives* engaging in a prolonged period of fasting intended to rid the body of noxious substances (medication). Following this event, both of Elaine's parents *became very obsessed with diet.* She admits that vicariously, *diet's part of my life; it's been part of their life, uh, pretty much my entire life.* Her father is still the person she identifies as someone who wanted her to lose weight prior to engagement in her current weight loss.

Elaine also grew up surrounded by *heavier set women* with whom she is still very close. To this day, her grand-mother, herself a *very large, very, very large; you know, like very large* woman, feels free to comment on Elaine's appearance when she gains *extra weight.* The family culture is one where food is abundantly consumed at gatherings, *we're 5, we're cooking for 20. So, it's, it's always been a lot of food.* Yet it is also one in which women have extensive experience with dieting. Dissatisfaction with weight and negative body image (including intense dislike for surplus fat under the chin – double chin) is a trademark of many female relatives. Elaine recounts the story of a young cousin who once said: *j'pense que je suis malade; j'dois avoir la diète.* In the context of immediate and extended family, dieting is as rampant as a communicable disease.

After a series of painful events (end of a romantic relationship, passing-away of her mother) and prior to entering her last year of university, Elaine went on a 3-month vacation to Banff, AB where she gained 30lbs. She regarded the vacation as a last opportunity for fun and freedom before graduating and ultimately joining the job market (becoming a full-fledged, responsible adult). Elaine admits that in Banff, she *had way too much fun* and she explains her weight gain as *being very bloated* from over consumption

of alcohol. Her family and friends' reaction to her weight gain upon her return was one of incredulity. She soon started her *first real diet,* a very restrictive eating plan supervised by an obesity specialist (MD). Elaine and a *good friend… who was a lot heavier* motivated each other throughout the weight-loss process. After 6 or 7 months, she had lost 35lbs and she celebrated her victory by going out to *Pizza Hut.* Nevertheless, she retained the weight loss for *two, three years.*

Relationship with weight: I did not have a weight problem.

It is during her CEGEP years that Elaine's self-concept became enmeshed with her body image and her sense of self intricately linked to her weight status. She acquired a fat identity at a time when, by her own admission, she *did not have a weight problem.* A significant portion of our initial meeting was spent looking at photos from this period. Looking back, she describes herself over and over again as physically *solid, never extremely thin… did not have a weight problem.* However, she emphasizes that although she was not *fat* during this period of her life her body image was that of *a very fat*, not *extremely feminine* woman who *wished* [she] *could have been thinner.* When her weight reached 200lbs in her early thirties, she recognized that reality had finally caught up to the self-identity story she had been telling herself. Crossing this milestone filled her with shame and it led her to the acknowledgement that she indeed had become a fat woman.

> Elaine: *a few years ago when I just… I think when I, I went over the 200 there, and, you know. Like for me, coming back to that and weighing, my weight was 180, for me, that was, I had never gone there, like that was unexplored territory and when I hit the 200, I never thought I would get there.*
>
> M: *So, for you 200 was kind of a marker, that…*
>
> Elaine: *Uh, 200 was… I was so ashamed!... that I went there. But then you feel so bad about yourself that you continue eating and then you just go, well, I just have to accept that I'm a fat person now. I've always felt that I was fat and now I'm fat… That's the message I've given myself all my life; well, now I have a reason.*

Just prior to her current weight loss, the distortion and partition between Elaine's body image and her weight status was still evident. In fact, it became a motivation for deciding to lose weight. She says,

When I see myself in pictures, that's not me!... it freaks me out. And I go, oh my god, am I that fat? Like, I don't see myself that fat anymore… well, if this is not me, then might as well become who I am. She took action to lose weight so that her physical self would conform to her self-identity.

Weight experienced as a benefit. Throughout her life, Elaine's weight has served several purposes. As a framework for her current weight loss endeavours, she acknowledges that her weight has been used as…

- a protective wall. Elaine used her weight to camouflage her core identity; she put it forward as a buffer to manage her social and professional insecurities. She recalls finding it *easier to kind of think that your weight is your problem than saying that people don't like you because, you know, you're boring.*

- a drive for overachievement in sports. Even though she describes herself as *pretty strong* and a *good player,* she is convinced that she must overachieve to be accepted into the local softball team. She ascribes her performance anxiety and insecurity about making the team to her weight. She states, *they* [softball players] *were probably thinking, 'what is she going to do? She,' you know, I don't move like a sport person.*
- a justification to regulate engagement in risky activities. Throughout her life Elaine has let her weight stop her from participating in risky physical activities. However, she also uses her weight to justify the fact that she has been smoking since the age of 23. She proposes that she continues doing so since stopping would surely result in weight gain.
- a controlling factor in romantic relationships. In one relationship, Elaine used her weight as a proxy which could potentially enact her intention to break free from an unsatisfying relationship. With her last partner, she relinquishes complete control to both him and her weight until such a time as she decides to regain power over her life. In this relationship, she gives free reign to a partner (boyfriend) who is *very, very dominant, very controlling* and to her weight (another partner) that has also become uncontrollable.
- a gateway between the world of women whose body size is outside the socially acceptable norms and the sphere of *real* or *normal* women whose body weight affords them membership as insiders: *It's kind of a sense of belonging... Because before, you're just a fat person. Now, you know, I, I can shop at the same shops, you know, boutiques, as everybody; it's like fitting in... It's not being the outsider.*

Weight as a feature that must be concealed. If social encounters are fraught with the dread that people might be put off by her size, it follows that weight was something that must be masked or minimized. Consequently, Elaine worked hard at concealing her weight and counteracting its effects on others. She admits to developing wit as counterbalance for her negative self-regard and her self-assessed lack of attractiveness to others. According to her, she has consistently used humour to compensate for the potential character flaws, which others purportedly associate with her weight status. She offers,

> *I've compensated for the fact that I don't like myself with the fact, and I think that's very general, lots of people with weight problems, we're very funny people... we make people laugh. So, you know, I'm, I'm the funniest friend, I'm the clown of the party. I'm, you know, make everybody laugh.*

As many overweight and obese women, Elaine dressed in layers of loose black clothing to downplay her weight. And, not only did she feel the need to cover herself, she also believed that she had to hide elements associated with being fat, i.e., eating *junk food.* She did not feel good about eating in public since she was convinced that if she did, people would judge her and comment, *look at you, you're eating chips. Oh, here you go, that's why she's fat, she's eating chips. Ah! My god!*

Even as she tries to hide her overweight from others, Elaine also uses strategies to conceal her weight from herself. For her, weight is a constant preoccupation, which absorbs parts of her consciousness throughout the day even when she engages in activities not related to weight or weight loss. She says, *It's always at the back of my mind; I have to lose weight, I have to lose weight. You know, one day I'm gonna lose*

weight." However, this incessant nagging running in the background is not a voice that compels her to take action; neither is the dissatisfaction that she experiences with her appearance. Instead of taking measures to stop the clamouring voices, Elaine avoids dealing with the fact that she might be overweight by refusing to have her picture taken and by not looking at herself in a mirror.

It is interesting that when Elaine determines to initiate her current weight loss project, she does so with a goal to resolve *every issue that* [she has], *and not just being a victim but act on it.*

Emotional impacts of weight status. When asked about images that she associates with the word *overweight,* Elaine's answer is revealing of her own emotional state prior to engaging in her current weight loss project. She mentions feelings of *losing control, being unhappy, being very secluded* [renfermée]; *uh, sense of desperation.* For her, the emotional impact associated with overweight status is two-fold: (a) negative emotions derived directly from dissatisfaction with her weight and appearance, and (b) negative emotions associated with her personal situation, which is assumed to be a result of her appearance and size.

Negative emotions: Direct impact of weight status. Elaine's repeated assertions that she initiated her current weight loss to be at peace with herself and bring more positivity to her life attest to the fact that for her, overweight is associated with negativity. While she states that her body image satisfaction has somewhat increased during her last romantic relationship, it remains that she primarily associates excess weight with negative emotions, i.e., feelings of *unhappiness, embarrassment* and *shame.* Weight has been an impediment to complete happiness since she became dissatisfied with her body image in early adulthood. Elaine states that she feels *awful* about herself when she has excess weight. She provides the analogy of feeling *like a big potato.* Even her friends agree that losing weight would *make* [her] *happier.* The belief that it is impossible to be overweight and happy are summed up in the following statement:

> Elaine: *I haven't seen a lot of people really comfortable with being fat. I've never met someone who really felt good.*
>
> M: *Humhum, about being the size they are, yea.*
>
> Elaine: *About being overweight. I've never really seen someone 'I am proud,' because you find someone saying 'I am proud' and then at one point, they go on a diet [laughter]. Like, well, 'you're not that proud!'*

A further source of negative emotions derived from her weight status is that for Elaine, weight is the basis for her sense of self. In that context, the very core of her identity as a woman becomes at risk with weight gain.

> Elaine: *when I started gaining weight and I cut my hair, which was the biggest mistake ever? See* [looking at the picture], *now we're seeing it coming, pretty, a lot.*
>
> M: *How did you feel there?*
>
> Elaine: *Oh!!!! I thought I looked like a lesbian.*

Negative emotions: Indirect impact of weight status. Elaine acknowledges that she is uncomfortable in social situations and ill at ease with *being seductive.* The awareness of her overweight often results in feelings of despair and self-pity given that her perceptions of attractiveness and desirability are inversely correlated to her weight; *no one, you know, would ever think I'm remotely attractive.* Elaine feels incessantly

judged by others and insists that her appearance has greatly reduced her popularity with the opposite sex. She considers that as a *fat woman* her ability to form new relationships is severely curtailed. This belief has lead to feelings of loneliness and self-deprecation has resulted in behaviours that she describes as withdrawn and *defensive.*

M: *And, does losing weight have anything to do with building your social circle?*

Elaine: *Uh, yes because it opens you up to new relationships; because you don't, you're more open to people to come towards you.*

M: *When you lose weight?*

Elaine: *It's because you when you have, when you're overweight, you have a little bit of extra pounds, it's kind of you don't deserve to have new people around you.*

M: *Humhum*

Elaine: *Look, I'm, I'm fat! That they're just probably talking to me out of pity or whatever.*

The darkest hours.

Romantic Relationships. At age 26, a few years after graduation and following her major weight gain and ensuing weigh loss, Elaine started an unsatisfying romantic relationship where *she got bored with* [her] *life; so,* [she] *started eating, and eating, and eating, and* [she] *started gaining, gaining a lot of weight.* Nevertheless, she stayed in the relationship for a number of years, choosing not to take action to manage her weight or to end the relationship.

When she finally separated from her boyfriend, Elaine tried dieting *but the motivation wasn't there.* She remained single for a number of years during which her career became her primary focus. Since goal pursuit seemed to require all her available resources, aspirations such as forming romantic relationships, entertaining friendships, participating in sports, and engaging in self-care were put on the back burner while Elaine worked at furthering her career. She recalls that time as, *your plate is so full; your work is more important than anything else.*

The result of this intense focus on work was burnout, which she describes as *reach[ing] the bottom of the barrel.* However, Elaine repeatedly asserts that she is grateful for her illness since she appreciates it as a time when she began asking existential questions about her values, her life goals and her preferred lifestyle. She comments on her ability to maintain *control* over herself and over her environment prior to burnout. She admits that during her illness, she experienced a total loss of control. To compensate for this feeling of disempowerment, she began a *rocky relationship* with a man to whom she relinquished control of her life, someone who would *take decisions* for her. Although this was an unhappy relationship, Elaine was only able to decide to leave and actually enact that decision long after she had recovered from burnout.

The illness, the ensuing relationship and the break-up are central to Elaine's story in that they serve as the backdrop for her current weight-loss. Firstly, Elaine's body image satisfaction and her sense of femininity are elements of self-concept that she often appraised according to the assessment of a significant other. These elements increased through the relationship and she began to consider that obesity did not necessarily equate unattractiveness; *he* [boyfriend] *thought chubby girls were beautiful... I learned a lot through him, uh, that it's not, it's not so bad to look like that* [overweight].

Secondly, the acceptance of her physical self, conveyed by her partner, opened the door to Elaine believing that her size did not necessarily prevent her from attracting men. *Uh, so, kind of thought, well you know, maybe I'm not that ugly and maybe I don't look like a monster, and maybe I can, you know, be attractive to some people.* With greater tolerance for her physical self, Elaine shifted her emphasis from embarrassment with her looks to health as an impetus for weight loss. With appropriate consideration to her age, she began to be concerned about the impact of her weight on her health rather than strictly on her appearance. Ultimately, Elaine sought to resolve *every* [health] *issue* that she had and not simply focus on weight loss.

Thirdly, her capacity to recover from burnout and her ability to make a decision to severe an unhappy relationship and actually do so increased her self-efficacy toward achieving other life goals such as losing weight. Acting to break the relationship was the catalyst that bolstered her determination, *I've been through a very difficult experience; I know I can do it.* The reflections that started after the burn-out and the ensuing romantic relationship took her on a journey of self-discovery where she found *the person I knew was me... a fun person... a complete person, not just a working machine.*

Relationship with food: It's so impulsive!

Some of the factors directly influencing Elaine's weight gains are her eating patterns where non-hunger eating is normative. According to her, food has a dualistic nature, good or bad. She overeats or eats what she refers to as bad and *fattening* foods in order to (a) soothe or punish herself, (b) relieve stress, (c) reward her accomplishments, and (d) navigate the social landscape.

Food as self-soothing or self-punishment. About her relationship with food, Elaine offers, *it's so impulsive; you know, you feel good, you wanna eat, you feel bad, you wanna eat. It's comfort food, you know. What does your mother give you? It's food, you know. Here, go on, that'll make you feel better.* Elaine eats *comfort food* first and foremost at times of emotional unrest. *When I feel good* she says *I am happy of eating healthy.* However, when she is not feeling so good, healthy foods such as *vegetables, meat, hum, fruits* are not on the menu. At that time, it is *junk food* that she craves. Elaine has a marked liking for fast food especially McDonald's. She describes her penchant for junk food as, *I like it! Unfortunately, I love it!*

Elaine uses food to comfort herself emotionally for negative feelings directly and indirectly related to weight status. However, she also uses food to punish herself for her failure to enact her intentions in certain situations such as staying in an unsatisfying romantic relationship when she wants to leave. Whether she eats to self-soothe or to chastise herself, overeating and eating *fattening* foods becomes a vicious cycle that is difficult to break. She says,

> *'Cause when you go get poutine or you go, you go to McDonald's but you're, you know, you go get McDonalds, you bring it home and eat it home in your closed environment. Hum, well that's punishment. So, you know, it's, it's like, it's, it's instant gratification. But then you feel bad and you're guilty. So, what do you do the next day? Well, look what I did last night! I ate that. So, is it worth really just doing exercise?*

Food as stress reliever. While stress might stop some people from eating, for Elaine, stressful situations are diffused with food. She recounts the story of how she handled a stressful day at work:

Elaine: *Oh yea, two weeks ago I told a co-worker of mine, I said, 'tonight, it's poutine. You're coming with me, we're eating poutine. I need ma poutine. It's been an awful day,' I said 'it's gonna be my flex point, but I'm gonna eat that poutine, today…' And we went and I had it. I wanted it, I had it.*

M: But you're conscious that this was a bad day at work,

Elaine: *Yea,*

M: *and then you went out*

Elaine: *Yea*

M: *and overate.*

Elaine: *I compensated with a poutine… at La Belle Province. Did it make me feel better? Of course not! 'Cause then you feel, Oh, I'm bloated up and I don't feel good, and… But, you know, I would not have been happy if I didn't have that. I'm you know, I would have gone even on my own.*

M: *The, this was your way of, like taking care of yourself, or*

Elaine: *Yea. Exactly, taking the stress out… through a poutine.*

Food as a reward. Elaine animatedly identifies that she purchases special foods she normally would not buy as rewards for her accomplishments; *you've done great,* she declares, *let's go and buy a really nice piece of cheese… with $20 for that little slice there.* To this day, eating remains a reward for achievement. Elaine admits that after weighing herself one morning and seeing her weight at 190lbs, she *ate a little bit more* throughout the day than usual.

Social activity. For Elaine, eating is a socially sanctioned activity that provides an occasion to get together with friends. It provides *something to do.* When she has guests, she cooks *healthy* fare; however, when she eats alone, food, like cigarettes, becomes *kind of a friend* that relieves her loneliness. Nevertheless, she admits that when she does eat at home alone food needs to be *cooked, eat[en], and almost digested in 10 minutes… in front of the TV.*

Physical activity: *I hate the gym*

Until CEGEP, Elaine says that she was fit because she was very active in sports. According to her, she has an inherent love of sports. It is during her university years that her participation subsided and her lifestyle became more sedentary. She also attributes her lack of engagement in sports to a physical condition, which she sought to resolve when she initiated her current weight loss project. In her late twenties, when she started gaining weight, she avoided physical activity although her romantic partner at the time was a tennis instructor with a degree in Physical Education. She says, *it* [how she felt about herself] *took all pleasure out of playing sports.*

Given her competitive nature, Elaine admits that she needs a team environment to engage in sports; she requires a setting where she can contribute to her team's success. She also confesses that she hates the gym since she does not see the point in pursuing activities where there is no goal and scores are not kept. Although she has joined several gyms throughout her adult life, as much to counter loneliness as to get fit, her adherence record is quite dismal. She explains,

I need an objective. When I do like, when I do sports, I like to go and have a goal. But to me, the gym there's no goal. It's like, uh, doing the bike, doing the Stairmaster, and doing the weights; I find it boring as hell.

Turning the Page – Changing the Chapter

The turning point.

The immediate context in which Elaine took the decision to lose weight is the aftermath of the break-up with the man to whom she had abdicated much of her power while recovering from burnout. For her, leaving the relationship meant that she could start with *a clean plate* to give new direction to her life. At 37, she longed to be an active participant in her life rather than a powerless victim and a spectator observing from the periphery. This yearning to regain control over her life is a key motivational element for Elaine's current weight loss project and is one of the central themes of her story. She calls attention to this premise in an answer to the question of *"what brings you into action?* (pause) *What brings a woman into action?*

Elaine: *Action. The desire to be happy.*

M: *Becomes dominant?*

Elaine: *Yea. The desire to be happy and to feel that you deserve it.*

M: *Hum. Did you not think that you deserved it before?*

Elaine: *No… No. I deserved my, I deserved being obese; I deserved being fat, I… Oh, you think that, well I thought, yea, yea. That's why I'm alone; see, you got yourself fat, you got yourself fat, you got yourself within, you know, you're not calling your friends. You know, it's a vicious circle and at one point you just go, well you know what? No way. I'm not going to get to 40, very shortly, and still be like that. That's not, that's not the life I want, I have to, I just have to take control.*

Elaine knew that weight loss efforts would require space, time, energy and self-regard; she was determined, however, that they not become her entire focus. She insisted that losing weight remain only *one* of the many elements that would contribute to enhancing her whole life. Her reasoning was as follows:

OK, let's what are the different elements that could allow me to live the life I want? Well, I need to get into social activities, I need to eat healthier because I know if I lose weight, I'm just gonna feel better about myself and be more approachable. Uh, I'm, and just do more.

Goals.

Ultimately, Elaine's objectives were to feel better about herself and *be more approachable.* For her, the decision to lose weight was part of a greater pursuit to bring about a complete lifestyle makeover. Her commitment to the weight loss was commitment to the process of leaping to action to better her life. After acknowledging the reality of her physical self as a *fat person,* Elaine sought to change her body to bring it into conformity with the mental picture she has of her preferred self (I am not the fat woman that is my body). In terms of weight, Elaine's vision of herself was to be *thinner, healthier, more active* than she had been for the last several years. She did not start her current weight loss program with a concrete action plan to achieve a specific goal weight. She comments, *I didn't have a precise goal… I didn't have an [action plan]… I think my first action plan was getting out of the 200 family* (laughter). *That was my big,*

big, big goal. When asked how she felt about getting below 200lbs, she replied, *Because I did so much sports… it was super easy… Oh my god! It's like, I never want to go back again, ever! Ever.*

It was only after achieving the loss of 10% of her weight, a loss that Elaine had surpassed by our second meeting, that she allowed herself to set further goals for her weight loss. Her proximal goals became incremental i.e., losing small amounts within a certain timeframe such as losing 5lbs by Christmas. Although she knows that her *poids santé* is 155lbs (BMI=24.3), she only unconvincingly puts this weight forward as something she *should try to reach* in the long term.

By our third interview, the rate at which Elaine was losing weight had greatly decreased. She stated that until she resumed a higher level of physical activity and returned to *Weight Watchers* meetings, her goal was to maintain her current weight. She asserts that her eventual goal is to weigh 170lbs. When asked: *To what do you attribute that motivation* [to keep going with the weight loss]; *now that you were able to say to me, 'hey, listen, 10.5* [on 10] *I'm not going back where I was;' like, what keeps you going?* She replied, *I see the light at the end of the tunnel. Like at 170… it's something I can aspire. Before, I probably would not even have thought about it.*

Motivation.

The decisional factors that combined to finally propel Elaine into action to lose weight were far more critical than reaching a certain number on the scale. Overall, her absolute commitment to significantly decrease her weight was taken jointly with her pledge to (a) take action to reclaim control of her life rather than living in self-pity; (b) improve her life, which, for her, meant *improving my health… improving the way I felt about myself;* (c) enhance her situation by surrounding herself with *things [she] wanted to do;* (d) diversify her interests and not just be a *working machine;* (e) open the door to living a more positive life; and (f) be more involved in sports in order to *be socially active and have more fun.*

Readiness and opportunity.

As mentioned previously, the ability to bring her romantic relationship to an end increased Elaine's sense of self-efficacy and provided the impetus to initiate her current weight loss process. She tells the story of her inner dialogue on the threshold of the dramatic shift she experienced after the separation,

> *I was in an unhealthy relationship; I had the strength to finish it… Uh, and I would say, really, the turning point where I decided to, OK, I have to do something, I have to lose weight, I have to be more positive. I am reading The Secret, I am sending messages to the universe that is positive* [snicker] *and I; actually, when I left my boyfriend back in January, this was like, OK, I've done something difficult. Everything that you've gone through that is difficult, you've surpassed. Now, just do things for yourself. You know, you're a good person, you have good values, you're honest; just do it. It was really just, just do it.*

The *just do it* for Elaine started with a change in her eating habits. Having left the *unhealthy* relationship behind, she moved forward in search of a *healthier* lifestyle, which included *healthier* food choices. Her self-designed eating program resulted in a minimal weight loss over a number of months. However, Elaine's efforts to lose weight on her own constituted the first segment of her current weight loss project. The adjustments she made to her eating patterns and the ensuing minor weight loss contributed to her

readiness to finally adopt more rigorous strategies – joining *Weight Watchers* and becoming physically active.

Elaine describes the initiation of her current weight loss efforts as unlike previous occurrences when she would have felt *totally disgusted with food or with the way [she] looked."* This time around, she did not have to punish herself by gorging on *fast food* prior to starting her eating plan. She recalls earlier attempts,

> Elaine: *I would go a weekend of just fast food, all weekend so that on Monday I would have had all my fast food. So, on Monday I would start my diet.*
>
> M: *The diet day.*
>
> Elaine: *The diet day, Monday morning, always Monday morning cause you can't start on Tuesday; it doesn't work. It should be a Monday morning.*

For Elaine, the opportunity for further engagement in monitoring her consumption patterns came when *Weight Watchers* began running a program at her workplace. She describes her initial commitment to the program as rather spontaneous rather than a very well deliberated process. She tells the story of her decision to join the program:

> *And I had started on my own just to, I, I lost a few pounds before joining Weight Watchers. So, I kind of was in the mood a little bit. And I decided, OK, I just want to eat a little bit healthier. And I re, I saw I lost two, three pounds so that the machine was already on. So, I joined Weight Watchers and it was so* [laughter]; *it was so very easy because it was combined with sports. Uh, but you know what, I just decided to go. I found out they had a new session coming, starting at Weight Watchers and I joined; when before I probably would have said, I'll wait 'till the last, the next one because my head's not there yet... the timing was right, so, I didn't have to make a big deal out of it.*

In terms of increased physical activity, Elaine seized two opportunities. She became a player in a local softball league and she joined a couple of Dragon Boat teams at work. She credits the discovery that she likes to be active as a major element of her success.

Successful engagement.

In addition to the opportunities, which Elaine seized upon to initiate her current weight loss, there are a number of elements that enabled her to translate her initial incursion into weight loss into successful engagement in the process. These include a complementary blend of inner and outer resources.

Internal resources. Elaine attributes much of her success in taking action to the fact that she decided to prioritize her own needs and lose weight for herself rather than to please someone else. She says, *you can't do that* [lose weight] *for someone else... it's losing weight just to feel better about my, feel better about my life.* Her primary motivation stemmed from her determination to do something for herself, something that she decided through her own volition without prompting from another person. *It has to be a decision that you take and that has to be for you and for nobody else.*

Elaine also emphasizes her competitive nature as an important factor in her determination to sustain engagement in the weight loss process. This inherent propensity was nourished by her participation in sports – Dragon Boat competitions – and her desire to surpass fellow group members' weekly weight loss. She admits thriving on the fact that the *Weight Watcher* facilitator (external resource) broadcasts her weight loss to others within audible range. She says,

Elaine: *No, it has to be, has to be. I don't know. For me, it kind of an image of authority.*

M: *Like, la madame [*the Weight Watcher's facilitator]. (laughter)

Elaine: *There has to be la madame, there and that you do get weighed in front of les madames… They don't hear your weight but they, you lost 2 today, uh, this week!*

M: *Oh, OK, she says that out loud.*

Elaine: *Yea.*

M: *Yea*

Elaine: *Competitiveness.*

M: *OK, so, so people, you didn't mean to stay for the meet, you didn't need to stay for the meeting but…*

Elaine: *Yea. Just, and that's not the sticker that they give you or the key, I, I don't care. But just tell me I've lost 2 and then I'm just happy to go, Woohoo! And then, you know… see another person only lost one,*

M: *Oh, sucks to be her, hey?*

Elaine: *Yea… Like, I did 2, I lost 2, 2 and ½ [spoken in a mimicking tone]. Neyneyneyney* (laughter)*… I'm just trying to put it as competitiveness; and you know. But I like to beat other people.*

External resources. For Elaine, the benefits afforded by *Weight Watchers* were the frequency and structure of the work-site meetings; getting weighed every week, i.e., *being monitored* and seeing results were important external helps for sustained engagement in the weight loss process. It appears that the achievement, recognition and celebration of weekly proximal goals (mastery experiences-ref) enhanced her self-efficacy beliefs; it stimulated her resolve to self-regulate in terms of food consumption and to persevere in her efforts toward achieving her distal goals.

Per her own admission, the group setting provided an opportunity to engage Elaine's competitive nature. However, she credits her motivation for prolonged engagement to the encouragement she received from the women involved in a similar process. She also acknowledges that seeing others like herself succeed (vicarious experiences, Bandura, 1997) further heightened her self-efficacy beliefs and bolstered her resolve to persevere in action.

Elaine did not tell people of her weight loss efforts at the beginning of her journey; however, co-workers and friends soon began to notice that she was losing weight. She calls people's reactions to her new size, *little bonus that happen all the time."* Comments that she received from people in her social environment often took the form of compliments.

Challenges.

Elaine's story is not one of hardships and struggles to achieve weight loss. Rather it is a narrative where ease, fun, accomplishments and success prevail. For her weight loss is not difficult because it is holistic. She has combined mindful eating with involvement in sports and physical activity. She stresses the importance of not feeling deprived and does not *starving* herself. Although special occasions such as birthdays and holidays still present a challenge for Elaine, she admits that during these family

events, she gives herself permission to eat liberally with the caveat that she will continue making healthy food choices when the occasion is over. This has worked well for her in that it has removed the guilt associated with overeating.

A further challenge for Elaine is associated with the changing weather and the seasonality of sports activities. According to her, weight loss was easier and faster in the summer since, in her experience, training for and competing in Dragon Boat races resulted in energy outputs that far surpassed her caloric intake on a consistent basis. In addition, Elaine says that when she is involved in Dragon Boat training, she contributes her 100% which bolsters her resolve to eat healthy, *I'll eat something good,* she says *because I feel good.*

The hiatus between training sessions slowed Elaine's weight loss as did the fact that the work-site *Weight Watchers* program was temporarily discontinued given that it did not attract enough participants to warrant a new session. According to her, losing the group support, the accountability system, and the incentive derived from having others aware of whether she had lost or gained weight on a given week was significant. And, though she may have gained a few pounds over the holiday season when family events incited overconsumption, when *Weight Watchers* meetings had been postponed and Dragon Boat training halted, she has quickly lost the added pounds and is successfully continuing on the downward trend toward reaching her goal weight.

Elaine's 'After' Story

Elaine's 'after' story really starts in conjunction with initiation of her current weight loss project. The significant changes that she has experienced have been incremental. The difference in size and appearance has had an impact on several aspects of her health, demeanour and lifestyle. Not only does she feel better physically, she has been able to recover control over her life. That sense of control is evidenced in the fresh rapport she has formed with her body and her weight which has resulted in increased social interactions. A further corroboration of self-empowerment derived from weight loss is in the area of her emotional health. Throughout the weight loss process, her relationship with food has been adjusted and she has rediscovered her love of sports which lay dormant under the protective layers of her weight. Elaine succeeded in reclaiming her identity as a complete person: an active, healthy, fun-loving, sports-oriented, socially committed, intelligent woman who wants to be happy and live life to the fullest.

New relationship with the body.

Unlike the period when her body image was achieved through social comparison, I did not detect in Elaine's story that her self-assessment and desire to initiate her current weight loss project was provoked by contrast of her physical self with others. This would seem to corroborate her repeated assertions that she determined to lose weight primarily for herself and to enhance her health and her overall happiness. During our first meeting when she had lost approximately 5-8lbs, Elaine was still hard pressed to find anything about her body that she liked. By the time she had lost weight, the difference in body image satisfaction was remarkable.

1st interview: M: *Were there any parts of your body that you did like?*

Elaine: *That I did like? My eyes?*

3rd interview*: M: Is there something you like about your body?*

Elaine: *Uh, yes! Uh,*

M: *Tell me*

Elaine: *It's voluptuous and it's, you know, I feel lucky that I'm a voluptuous woman but I'm proportionate.*

M: *OK, so, you like your body much more*

Elaine: *A lot more, yea. I don't see in the mirror, I don't see the round one, the round person I used to be. So, I just, I have curves now… I'm not the round person; I'm just curvy and I don't hate it.*

Elaine offers that she now *feels pretty good* about what she sees when she looks at her body. Her journey has been one of self-discovery where losing a few pounds has enabled her to make a breach in the protective wall that used to be her weight. As a woman, she feels sexier and more comfortable with herself. She wears *very fitting…clothes that [she] look[s] pretty nice in"* and she candidly acknowledges her weight while self-disclosing to others *I don't care,* she says, *for me, now, it's just a number.* Weight is no longer a shameful attribute that must be kept secret and hidden. Elaine's resolve to reach her goal or at least maintain her current weight is so strong that she is determined to *"go to work naked* rather than go back and shop for plus sizes in specialty shops that cater to overweight and obese women. She is an insider now, she wears *normal* clothes and she belongs!

Emotional impact of weight loss.

M: *How do you feel about yourself in general now that you've lost weight?*

Elaine: *…Mentally, a lot better. I'm, I'm a lot less stressed. I'm, like that dark cloud is not there.*

As already identified of Elaine's motivational factors for weight loss was to stop feeling and acting like a victim. Throughout her story, fear of loneliness and boredom were often presented as epitome of victimhood. Since the initiation of her current weight loss program, she has endeavoured to assuage her feelings of loneliness by actively reaching out to others and by engaging in a 'weight loss project' that commands her attention and occupies her free time. Elaine has also adopted a new attitude towards other people. She has stopped projecting her negative self-image onto others, assuming that they are judging her through her own self-deprecating eyes. Instead, she now initiates conversation with those she finds interesting and takes the lead in sending out invitations to friends without unduly fearing rejection; she is more relaxed, *a lot less defensive* more *open,* and much *more approachable*. Elaine acknowledges that even her friends have seen the difference in her attitude; they comment that she is less clingy and much more carefree.

Elaine: [talking about herself] *… you're more at peace with who you are. You're more available to others. You can give more than always, you know, when you had a discomfort, when you're not happy, you just, like, you're sucking energy from people. Now, you're more available to give some.*

According to Elaine, though she might still suffer from the impostor syndrome at work, increased comfort with her physical self has enhanced her global sense of self-confidence. She says,

That I can accomplish something for myself, that, for me, it's a lot more victory than somebody saying, you know what, here's $5,000 more per year, here's 15%

increase. You know, that for me was a big victory in self-confidence. Look what I've done for myself!

What emanates strongly from Elaine's 'after' story is her feelings of well-being. She is extremely proud of her accomplishments: she has seen results on a weekly basis; she has achieved a significant weight loss; she has continued to lose weight even after the work-site *Weight Watchers* sessions had been stopped; and she has competed in Dragon Boat races where her team won a gold medal. The energy that Elaine used to spend dwelling on weight-related issues has now been redirected into self-affirmation and her successes act as positive reinforcements for continued involvement in the weight loss process.

New relationship with food.

M: *So, tell me about your relationship with food now.*

Elaine: *Uh, it's very good. I don't have the cravings that I used to have for specific things. Uh,* (sigh) *it's not linked to the emotional roller coaster like it used to be.*

Elaine states that she has experienced a shift in the frequency of non-hunger eating episodes connected to her emotional states. Firstly, she has reached her goals of decreasing negative affect by looking at the brighter side of life and attracting positive experiences. Feeling good, for Elaine, increases the likelihood that she will eat healthy food. Secondly, when negative emotions do arise, she engages in an inner dialogue to process and deal with the feelings instead of using food to assuage her discomfort.

Elaine offers that through her weight lost, she has learned to eat consciously. She approached the *Weight Watchers* program as a healthy way of eating rather than as a diet. Instead of adopting the regimented methodology recommended by *Weight Watchers*, i.e., limiting daily food intake to a set number of points assigned from every food consumed, she engages in inner reflections before eating and asks questions such as: *Do I want to eat that? Am I hungry for that? And, since that has a lot more points and a lot or calories, do I want, do I really want to eat it today?* Impulsive consumption has been replaced by mindful eating.

For her, food has lost its centrality. *I can control food* she says, *I think that I was just focusing on that [as] the solution to all my problems.* Although she does not stop herself from eating what she likes, her preferences have changed and so has the role of food in her life. Elaine has learned to relieve her stress with sushi instead of poutine. She affirms that she now *get[s] contentment differently* than by eating fattening food and she seeks to satisfy her love of *junk food* by choosing what she considers to be healthier alternatives. Although she still gives herself *permission* to go to McDonald's on occasions, it is now a reasoned choice void of guilt, one over which she has control. *I am not dependant on food, I choose what I eat* she proclaims.

Love of sports.

As discussed throughout, Elaine's physical self-concept as an inactive woman prior to her current weight loss has been radically revolutionized. Her sustained involvement in sports and physical activities is one of the major lifestyle changes that have transformed her from a deskbound workaholic into someone whose training practices often supersede work commitments. She has discovered a passion for Dragon Boat. The woman who was previously easily out-of-breath and potentially affected by sun strokes, now shows high levels of self-efficacy to train for 2 hours at a time and

compete in four 500-meter races during a summer weekend at the Olympic basin. She has tried softball, which she played for an entire season, and volleyball, which she ultimately discontinued for lack of interest. She swims regularly and she is taking belly dancing lessons with some friends.

This portion of Elaine's story brings us back full circle to its introduction where she offered that her intention in embarking on a weight loss project was to feel better, have fun, reconnect with her love of sports and meet new people. For Elaine, participation in sports and physical activities has served all of these purposes. Increased physical activity significantly contributed to her ability to lose weight and feel better. The output from strenuous training often superseded caloric intake and resulted in consistent weight loss throughout the process. Elaine's active lifestyle also provided motivation for sustained engagement in weight loss since she was having fun and was making new friends while losing weight. Given that it was important for her that weight loss not be the primary focal point of her life, she could focus her attention to playing sports and enjoy the process.

For Elaine, being physically active means that she is also socially active and lives life more fully. She counters feelings of loneliness and boredom with structured involvement in team sports where teammates who pursue similar interests have become friends. Since she has started playing sports and participating in physical activities, her social circle has expanded. She states, *I found people to do sports with me… So, you change your environment, you change your social circle… because people that were in my surroundings* [previously]*… were at a different lifestyle of what I wanted to live. And, the fact that most of them* [teammates] *are single is an added bonus!*

A Closing Metaphor

Elaine provided a wonderful metaphor, which I would like to offer in bringing her story to a close. This metaphor represents her deep desire to keep her weight loss efforts within the purview of a global change to achieve her personal vision and not give up on herself rather than as the entire focus of her daily existence. She says,

> *Elaine: It's not your weight the priority, it's you. And the weight is just part of it. It's like, you know, wanting to… It's like wanting to dress up for an evening.*
>
> *M: Yea*
>
> *Elaine: You just don't buy the shoes, right?*
>
> *M: Humhum*
>
> *Elaine: You buy the dress, you try to put make-up and your hair will look nice. What, you know, if you just focused on the weight, you know, if you go into your, uh, your gardening clothes, but you have really nice pump shoes, you know,*
>
> *M: Oui, oui,*
>
> *Elaine: Are you gonna be happy with the way you look? Or, you know, it's the whole*
>
> M: *So, it's a holistic*
>
> Elaine: *Humhum*
>
> M: *approach. The whole you, the whole lifestyle, the whole everything*;
>
> Elaine: *Yea*

M: *and the weight is just part of that?*

Elaine: *It's just a part of it. And, and probably that's why… it was easier than I thought. Well, why was it easier? Well, because it wasn't just the focus…*

M: *You often hear I something like I gave up, hey?*

Elaine: *Yea*

M: *Yea*

Elaine: *So, they gave up on themselves.*

Appendix I

Marianne's Story: I Want to Feel Good in my Skin

> *Because I had a burnout last year... I realized that I had to* [lose weight]... *learn how to take care of myself; and I wanted to feel good about myself and not just, you know, appearance-wise. I wanted to feel good in my skin... I just wanted to feel comfortable when I'm sitting down and my clothes aren't tight, and, uh, again, mainly because taking care of myself and knowing that I had to eat healthy and exercise is just good for you, it gives you more energy and I wanted that.*

Marianne is a resilient single mother who has been through much physical, emotional and financial adversity throughout her life. She describes herself as *a pleaser* who strives to make everybody happy and as a woman who has consistently faced hardship with a *just-suck-it-up attitude; just do it! No one's gotta do it for you.* This past year, she suffered a mild depression, which culminated in a stress-related illness just prior to initiation in her current weight loss program. Marianne's enthusiasm for the research project was evident from the very start. In sharing her weight loss experience, she hoped to inspire other women, who, like her appreciate the importance of social support in achieving weight loss. She stressed the value of telling her story to let others know that they are not alone as they go through the process. She says, *a lot of times... I told people, you know, well, mostly women, you know, you're not alone.*

An English-speaking Canadian woman in her early 40's, Marianne moved back to her mother's place due to her ex-husband's lack of money management skills; she struggles to make her mother's house her home, her mother's kitchen a place where she can prepare her own chosen recipes. Marianne's divorce was finalized between our second and third meetings. She has two children, a 13-year-old girl and a 5-year-old boy who are important motivators in her weight loss efforts; she works full-time at a community fitness center where she is in charge of children's activities. Marianne is 5'6" and she weighed 216lbs at the start of her weigh loss project. At this point, she considers 150lbs (her weight in CEGEP) as her ideal weight, a number that she has set as the approximate goal of her current efforts. The first time we met, Marianne had lost 15lbs; overall, she has lost 30lbs.

In the course of the three interviews, Marianne told the story of her relationship with her weight throughout her life and of her initial involvement in the current weight loss project. She also recounted the resumption of her efforts after the relapse, which she experienced following an injury midway through the process. At the end of our time together, she brings us back full circle to the beginning of her narrative with a focus on her overall health and an expressed desire to *feel comfortable in my own skin.*

Backdrop

As backdrop for her current weight loss, Marianne tells a story of hardship and permanent struggle with her weight, which resulted in frequent weight gains and inconsistent losses. It is also a tale of emotional eating as a way to feel good, and of extreme dissatisfaction with her body image.

A lifelong struggle: As a child, I was always chubby, always chubby.

> *I will always struggle. I'll always struggle with my weight. And I don't know, strug, I don't know if struggle is the right word. Uh, when I finally do get to where I want*

to be physically, I don't know if for the rest of my life, if I, if I will be struggling. Cause it's still a struggle… I just want to feel, I guess, normal in a sense because growing up chubby, chubby wasn't normal.

Given that she associates obesity with extreme corpulence (*grossly obese, 700lbs*), Marianne considers herself 'overweight' rather than 'obese.' She admits that her weight has fluctuated throughout her life since she has been *diet*[ing] *off and on, exercising off and on*. Thus, she has been unable to maintain a weight with which she is comfortable.

Marianne begins the story of her relationship with her weight as a latchkey child of two working parents. She describes herself as a chubby redhead who suffered on account of her size and her hair color: *Growing up as a redhead! An overweight redhead! Like a chubby redhead-was torture*. She spent a lot of time by herself after school, eating to assuage loneliness and boredom while acquiring knowledge of nutrition from TV commercials. She recounts an episode of non-hunger eating as a child:

And I remember one day, just being home. I don't remember where my mom was or; I was home, I was playing with my dolls and I made toasts all afternoon. I kept eating toasts. Like, I remember that, I remember that afternoon… I kept eating toasts and it was so yummy. I remember feeling good; and I was probably just really lonely.

At the age of 10, Marianne's mother took her to the paediatrician who put her on a restricted eating plan. When talking about the impetus for losing weight at that very early age, she offers that she *just wanted to feel comfortable… in* [her] *own skin.*

One of the most heartrending passages in Marianne's story is her description of the disappointment she experienced when she failed to coax God in making her skinny overnight at the age of 10. The road to a normal weight seemed so long and hard, and she felt so helpless in her quest to lose weight, she hoped that a little 'magic' could produce the instant results she could not achieve.

I remember as a child when I was 10; remember going to bed at night and praying to God: Oh, please, please god, let me wake up and be thin…Yea, you know; so, wow, worst disappointment waking up the next day and not, and almost forgetting, but the going, oh yea, I prayed that I'd wake up skinny today. You know,

M: *What a disappointment!*

Marianne: *Yea, it was. Yea, it was.*

Marianne is an extrovert for whom friends are extremely important. Although she recollects having many school friends as a child, she remembers her weight as an impediment to making even more friends. She also recalls the shame of being taunted by her classmates in elementary school. Just as she was horrified to discover that her weight had exceeded 200lbs as an adult, she was appalled by her 100lbs weight as a child. *Oh my God; if anybody knew, it would be horrible*! (spoken with much emphasis).

Marianne continued to diet throughout her teenage years. She was still chubby in junior high and finally lost weight in grade 10. She maintained her weight loss until she was 19 when her father died. She used food to alleviate the sadness of losing a parent and she overate as a form of mourning. She describes the stress of having one of her siblings comment on the fact that she had deviated from the *Weight Watchers'* eating plan she was following as a teen. Of course, she resorted to her standard response to

relieve the anxiety caused by the remark: emotional eating. She says, *My brother* [said] *'you should watch what you're eating, and you know, you have to go to weigh in or something.' I felt so much pressure; I probably went in the house and ate something.*

I was hoping it was my thyroid.

And the weight thing, you know, it actually, the thyroid, it's the thyroid!

Just as she wished to be made thin overnight as a child, Marianne was gripped by the idea that her overweight could somehow be attributed to a malfunction of her thyroid gland rather than as a result of the consistent imbalance between her consumption and exertion patterns. Fortunately, or unfortunately, her thyroid was not diagnosed as the cause of her overweight. The story the relationship with her weight throughout adulthood is one of continued struggle to maintain some form of control over her eating and over her fluctuating body weight. Marianne dieted often and almost invariably regained the weight within a short time. She went on a VLCD (500-cal/day with protein injections) with her sister and lost 30lbs prior to her wedding. Even with such a significant weight loss, she still regards the results as dubious: *I felt really good when I got married; but looking back at pictures in my wedding dress, I remember there's a part with, there's satin. I'm going, 'oh my god,' I was so fat you know*. The dieting experience had been so horrendous for her that she vowed never to put herself through a similar ordeal; *I can't suffer like that anymore*.

Marianne married at age 20, had her first child at 28, moved back to her parents' house with her ex-husband and ultimately separated at 36. While she had tangible proofs of her ex-partner's unfaithfulness, she still questioned whether her weight might have been the core reason for the separation.

> *I knew he had been unfaithful and he was involved with someone who was a bit wacko. So, during that time, it was really hard because, hum, I knew already that I was an emotional eater, but here I'm thinking, oh my god, OK, maybe it's my weight; maybe I should lose weight, maybe…*

Her first pregnancy, although a welcome experience that had been long anticipated, resulted in a drastic weight gain for Marianne (+50lbs). A fragment of her story embodies her fear of facing her highest weight or how much she would have weighed during her pregnancy:

> *I think my highest [weight] has been 200. It's funny that uh, uh, no, when I was pregnant, when I was pregnant, I got up to 2, 230, 235… No, that's not true, when I was pregnant, when I got pregnant, actually I was about 200lbs… I'm all estimating. It was either, no, it couldn't have been 250, I would have had a heart attack. Like, I would have really freaked out. I probably was up to 235, 240.*

It comes as no surprise that with such an extreme reaction to the numbers on the scale, Marianne did not weigh herself for many years. She ultimately lost the weight with social support provided by a friend when both *walked everywhere*. With her second pregnancy, Marianne made better food choices saying that she was determined to limit her weight gain. At the end of that pregnancy, she had gained 37lbs and she does not talk about losing that weight prior to her current weight loss efforts.

Relationship with weight.

Thus far, Marianne has told us the story of her struggle with her weight. Part of her narrative also encompasses the rapport she has maintained with her body throughout her life. For her, appearance and self-esteem are correlated: to look good is

to feel good about the self; *to get attention is wonderful for the psyche*. Therefore, the impact of her relationship with her body and her size affects many areas of her life. It (a) triggers negative emotions, (b) shapes relationships, (c) inhibits engagement in physical activity, and (d) hinders self-care.

Negative emotions. Marianne concedes feeling horrible about herself and about the way she looked in the past. The expressions she used when first asked to describe her body were gross, really gross, and disturbing almost. In fact, she could only point to dimples in her shoulders as the one feature she appreciated about herself. Dissatisfaction with her body image decreased her overall sense of wellness: *When I was 210 or 220*[lbs], *whatever it may be. I was agh… it's horrible… here I was, I wasn't feeling good and, you know, and here I was, I was fat again*. The only times she remembers feeling positive about her weight is when she was on a successful weight loss program or wearing smaller-size jeans. Then, she recognizes feeling *pretty good, pretty healthy… amazing*.

The metaphor used to describe her relationship with her weight is one that abounds with words such as helplessness, sadness, unhappiness and discouragement, which she experienced during those times when she was overweight – most of her life. Marianne is keenly aware of the societal and media influences on standards of attractiveness. However, she is absolutely convinced that it is impossible to be overweight and happy. Unequivocally, she says of obese and overly obese individuals, *my heart just hurts for them… when you hear an obese person or an overweight person saying 'I'm happy,' I've been there, done that; I know I'll never be happy until I'm on the way* [to losing weight].

Relationships. Marianne brings many people into her story, family and friends, co-workers who are an inspiration for her and who have also become friends, her ex-partner, etc. However, apart from the positive, howbeit brief, relationship she had with a man she met through an Internet dating site, there are very few references to romantic relationships in her narrative. She describes her reluctance to post pictures of herself on Internet sites as *if it's a really good looking guy… I'd be apprehensive, you know. If he contacts me, OK but I'm not gonna contact him because why would he want to be with someone who's overweight?*

Her weight has held Marianne back from participating in social activities. In fact, the most profound impact of her dissatisfaction with her body image is the embarrassment that she suffers in social situations. In fact, she says, *there are times when I haven't gone to things just because I didn't feel good about my body… definitely avoiding parties*. She poignantly recounts an incident that illustrates so fittingly the shame she experiences even with family and friends while in public:

> *We went to a family reunion. I was with my mom, my sister. These are my nephews and my daughter, and, uh, I felt horrible. I was, I was excited to go to this reunion but I'm saying to myself, 'why can't I be thin', you know. Like, I'm representing my mom and look at me…*

Physical activity. According to Marianne, 'fat' women are reticent to go into the gym because they are embarrassed and dread that people will negatively evaluate their physique. Accordingly, one of the major impediments to her participation in sports and exercise was her level of dissatisfaction with her body image. In addition to her concern about others' opinions, Marianne also shied away from the weight room because she was reluctant to look at herself in a mirror for fear of being confronted with the reality that she was overweight;

Marianne: *I was afraid to go into the weight room… I couldn't look in the mirror…*

M: *those mirrors were… intimidating you.*

Marianne: *Oh, absolutely. I couldn't focus. I would just look and go, 'oh, gross! Oh, oh, oh! You know, like, I didn't want to look at myself.*

Just as she consistently refused to weigh herself throughout most of her adult life, she winced at looking in a mirror where she could potentially be confronted with the reality of her overweight. This unwillingness to look at herself played into Marianne's denial of her weight status and it lessened the impact of her unhappiness with her body image. She says,

> *I totally zoned out, I didn't want to look at myself in the mirror… I'd make sure I'd never catch a glimpse of myself. Like totally in denial. You're overweight, you need to lose weight, but, and you know, you're unhappy but totally like not wanting to see yourself.*

Self-Care. As is the case for so many women, excess weight for Marianne resulted in diminished self-care. Since taking care of herself meant to *eat healthy and exercise… be in shape* her reluctance to take the steps to do so resulted in disregard for her general appearance, *not really caring about the clothes I wore*. The perennial dilemma of the overweight woman: wear ill-fitting, baggy clothes and elastic-waist pants or shop at *Addition-Elle* and get clothes that fit properly! Shopping at a store that caters to overweight women commands the recognition that one is 'fat' and acceptance that she will remain so for as long at the clothes will last. Marianne was adamant about not shopping at *Addition-Elle!* What a relief for her when she could buy clothes off-the-rack in a US store. This was evidence for her that she was not *as fat as I think I am*. However, the opportunity to shop in the US is not often afforded to Marianne who continues to suffer in clothes that are either uncomfortably tight or entirely unfashionable.

Energy in > energy out.

One sure way to lose weight is to ensure that the amount of calories ingested is consistently less than the energy expanded. The issue for Marianne is that she is trapped in a vicious circle whereby negative emotions lead to an increase in emotional eating and a decrease in physical activity. In turn, this behaviour pattern provokes negative emotions and the cycle remains unbroken. Her relationship with food and her inconsistent exercise levels have been key contributing factors to her overweight status.

Relationship with food: I am an emotional eater! To this day, Marianne is extremely passionate when she broaches the topic of food: *I love food. I really have to say I love food. Hum, I've always loved food… always loved carbs… How can eating something so bad for you [poutine] make you feel so good?* Whereas her self-description as an emotional eater is a central theme of her story, one that she readily identifies as huge pattern throughout her life, her relationship with food has unquestionably been influenced by family traditions. For Marianne, food is a comfort and a means to self-soothe. She tells the story of eating to manage a myriad of emotions while she also acquiesces that her consumption patterns are in themselves a source of guilt and negative feelings.

Family traditions. Marianne describes her father as French Canadian and her mother as of Heinz 57 origins. While growing up, her parents owned a fruit and vegetable store and she was occasionally introduced to some fresh produce. However,

the family mostly ate what Marianne considers Canadian food which included items such paté chinois, mashed potatoes, fried pork chops, white bread and a Canadian version of spaghetti often washed down with a bottle of Pepsi. One of the words she often chooses to describe her father's concoctions is *amazing!* She explains how she came to love carbohydrates:

> *I love to put a piece of baloney on the barbecue! That's amazing! You know, hum, my dad too. My dad loved to eat. Hum, I remember once, my dad, we still joke about it. It has to be fresh white bread, and you get a bag of plain chips. He'd put butter on the bread and he'd put chips* [showing how chips were lined up on the bread]. *Oh, my god! It's one of the most amazing things in the world!... It's really good. French fries, he'd cut up a... potato and fry it. And, uh, put it in between two slices of white bread with butter... Really good... So, you know, you sort of carry on what your, your traditions.*

Living with her mother often results in a struggle in regards to food choices and preparation methods. However, even though she consistently affirms that she prefers whole wheat or flax seed bread and tries to make healthier versions of her mother's cooking, i.e., mashed potatoes with chicken broth instead of milk and butter, whenever she does not feel well she craves and eats white bread and pasta because *of course, you always love your mom's cooking...* [and because this] *food has really given me so much comfort all my life.*

Non-hunger eating: Positive impact. Marianne raises the meaning of 'comfort food' and 'emotional eating' to a new level. Talking about the time of her illness prior to engaging in her weight loss program, she describes her eating as:

> *I wasn't eating because I had to eat to, to fuel my body. I was eating because I loved to eat! Or, I don't know if it's so much of loving to eat, but comforting myself when I ate... Some people eat to live and I was living to eat.*

Automatic, mindless eating has been a sure way for Marianne to deal with a multitude of emotions throughout her life:

> *When I'm happy, I want to eat; when I'm sad, I want to eat' when I'm mad, I want to eat... I was really stressed out... so you turn to eating... I was really excited... I had an extra portion... So, it's every single emotion... For me to be an emotional eater, you know, it was a way for me to feel good.*

She maintains the eating habits of eating to relieve loneliness and boredom, which she acquired in childhood:

> *I kept a lot in... When I'm by myself [when her ex-husband left her alone with a baby], you know, I'd buy stuff that I like to eat and that's how I'd spend my night. I'd watch TV, I'd feed the baby, or, you know, and then I'd eat, which gave me the happiness I think that I was missing.*

She also turns to eating as a means to relieve the stress she experiences as a single mother left financially impoverished by her ex-husband's reckless spending habits:

> *Looking back to times when I'd be stressed, or you know, really bingeing... And my credit, my credit is ruined which has always been like in the back, the pressure to which, for no reason, I'll start eating. Like, when I'm opening my bills or something, you know.*

Dieting for Marianne is not only a matter of making healthy food choices it means parting with family practices and cutting off the lifeline to comfort and self-soothing. Not only must she change her eating habits, she must implement new coping strategies to manage emotions if she is to succeed in her weight loss endeavours.

Non-hunger eating: Negative impact. As an adult, Marianne is an aficionado of fast food and she loves junk food; she consistently struggles to make healthy food choices. Even though non-hunger eating or eating food not prepared according to healthy nutrition standards has been effective in managing her emotions, it also negatively impacts Marianne's emotional health. She is engaged in what she labels as a *love-hate relationship with food.* She loves to eat; however, she often experiences negative emotions when she fails to control her food intake. *And then, once you go through the, the process of eating through emotions, it's almost, you almost go through, uh, for me personally, uh, not, uh, what kind of word am I looking for? Like helplessness almost; like, oh God, I blew it again.*

In turn, that feeling of helplessness provokes overeating: *I'm going through something where it's almost, like oh, I'm back… I just want to stuff my face.* The consequences of self-sabotaging her weight loss efforts is weight gain which ultimately leads to unhappiness and despair. Unhappiness with her body image, because the socially reinforced norms of beauty to which she ascribes dictate that *it is impossible to be overweight and happy with your body*; and despair because the *long road ahead* to reach the desired weight keeps getting longer with each added pound.

Physical Activity: Never anything serious. For the last 13 years, Marianne has volunteered and worked at the fitness center where she is currently employed. This means a free gym membership with full access to equipment and fitness programs every day of the week. Nonetheless, except for the time when she walked with her friend to lose weight after her first pregnancy, Marianne depicts her involvement with physical activity as *off and on, never anything serious.* Sometimes she would use the treadmill, or on other occasions she would participate in a fitness class; however, participation was always sporadic. She provides a number of reasons for lack of involvement – insufficient time, fatigue, work, no childcare and negative body image. Moreover, she offers an explanation that I think would resonate with many overweight women for whom persistent engagement in physical activity is often a losing battle. She acknowledges that though the initial excitement experienced at initiation of a fitness program is very real, monotony soon takes its toll:

> [at some point] *I started exercising a little bit more. But then I'd get back into, you get into a rut. You do it for a couple of months and then the novelty's off. And you're not psyched any more, and I don't look good anyways, so…*

Hitting bottom: I need help.

> *When you're not feeling that great about yourself, the eating and the stopping exercising, that comes back… I had no control… I didn't care. It was helpless…* [so I said] *you have to do something about this, you know. And I reached out, I reached out for help which a lot of people can't do; and I'm very proud of myself that I, that I got to the point on my own where I said, I need help.*

A few months prior to engaging in her weight loss program, Marianne experienced a mild depression that left her feeling helpless. She felt emotionally and physically not well, could not perform common tasks effectively, and she started withdrawing socially; above all, she felt out-of-control. Her doctor prescribed mild

antidepressants and although her family and friends objected to her taking the medication, she continued to do so throughout the time we met; she also had a few sessions with a psychologist, which she considers helpful. Rather than improving, however, she started to feel progressively worst. Marianne was hospitalized for a few days and though the doctors could not agree on the nature of her illness, one physician offered that what ailed her could be *due to stress* and that what was happening was her body's way of saying *you're not gonna stop, I'm gonna stop for you.*

Marianne remained at home with intermittent fever for the next few weeks. She goes on to describe that the only times when she felt well during her illness was when she ate simple carbohydrates. She came to a place where she would eat to feel better and then she would have to lie down when the immediate effects of her eating dissipated. She recounts, *Because the only time I felt good is when I was eating bread or pasta... I ate so much bread it was unbelievable. But when I was eating, for the few minutes I felt OK, the pain was gone*. During the six weeks when she was ill Marianne gained 10lbs and she certainly felt worst for it. It is at this juncture that she recognized that she needed help if she was ever to get well again. She remembered that a weight loss program for which she had previously expressed interest had started at work. Although she was self-conscious about joining the group already in-progress, she reached out to the instructor, a good friend, and was invited to do so. She admits feeling extremely excited at the prospect of losing weight and believed that the work-site weight loss program – a.k.a., Eric's program – would be a lifeline to help her start *feeling good in* [her] *own skin.*

The Turning Point

At the end of January 2007, Marianne was well enough to come back to work and join the experimental weight loss program designed by Eric, one of her co-workers who is a certified trainer and F.I.T (fitness instructor training) program instructor. For Marianne, adherence to the plan meant a real lifestyle change, which, according to her, is the only way to lose weight and keep it off. Her journey, however, was not smooth; it was interrupted by an injury and a relapse, which lasted a number of weeks. Nevertheless, when I met her for the third time, she was back on track and had recently lost a further 10lbs. It is particularly interesting to trace Marianne's progress through the initial and latter phases of her weight loss efforts since to do so affords an opportunity to compare what essentially are different ways to move from intention to action. For both initial and second phases of Marianne's journey, I will attempt to extract (a) the motivating factors and goals that led her to her successful engagement, (b) a summary description of her journey, and (c) the resources that contributed to her success.

Phase I: Eric's program.

As mentioned, Marianne's illness stimulated her readiness for change and Eric's work-site program provided the opportunity for her to move from intention to action towards losing weight. She acknowledges that the ease she experienced during the initial phase of the program stemmed from the fact that she was ready inside. When pressed to explain the source of this readiness, Marianne outlines the motivating factors and goals that induced her to move forward.

Motivation. *I wanted to feel good about myself... you know what, it's just, it's just a whole sense of life being good and, and feeling good about life... I think it's important to feel good about yourself.* Marianne enumerates a series of reasons, which propelled her toward engagement in a weight loss program. Above all, however, she consistently

mentions that she wanted to *feel good* in her own skin. Although this element of Marianne's story is never clearly defined throughout our three interviews, it is a rationale for engaging in weight loss efforts that recurs time and again. This *feeling good in my skin* takes on several meanings for her. It is the motive that encapsulates all other incentives, which she lists as wanting to:

- Engage in self-care which means eating healthy and exercising on a regular basis; self-care is more than wanting to be healthy for her children, it is necessary because she *needs to feel good about* [her]*self*.
- Feel comfortable in wearing clothes that fit and not having to undo her jeans because they are so tight that she cannot sit down without suffocating;
- Be fit enough to participate in her children's activities; *be active with them… be a role model* for them;
- Be attractive to men so that she could meet someone who says '*oh, wow, like well she's beautiful', or 'she's nice looking', or 'she's in shape'*;
- Increase her self-esteem as a result of feeling good about herself and her appearance; and
- Be healthy or move forward on the wellness continuum by improving the physical and emotional aspects of her health.

Marianne's children and her work are sources of happiness for her; however, she acknowledges that she has been very *unhappy for so long… in life in general*. According to her, she desired to lose weight because she was confident that achieving weight loss would further her sense of well-being. She believed that losing weight would help her face the stresses in her life so that she could carry on rather than suffer as she did through her recent illness. For Marianne, losing weight was a coping mechanism as well as a matter of survival.

> *To take care of my children with everything that was happening in my life with my marriage breaking up. And, I knew that for me, I had to be healthy to take care of my children… And the only way I was gonna do that is start to be more physical and make wise choices about what I eat… So, it was pretty cut and dry; I knew what I had to do.*

Goals. For Marianne, the goals of her efforts are intertwined with the motivating factors that helped her join the work-site program and follow-through on her intentions to lose weight. When asked about her goals, she remains consistent and affirms that she just wanted *to be comfortable in* [her] *own skin*. She does, however, indicate that in a vision of her preferred self, she would be 50lbs lighter. Although she was advised by fitness experts/friends against setting such a high goal, she expresses that she would *like to lose 50 if not 60lbs... I don't want to be totally ripped. I don't want to; I just want to be comfortable to wear a short-sleeved shirt and not feel that my arms are huge*.

The journey. When she joined the program, Marianne was asked to weigh herself for the first time in years; she was instructed to come into the weight room twice a week and look at herself in the mirror to ensure that she was doing the reps properly. Although she still shies away from weighing herself regularly, her journey started with an acknowledgment of her weight status. There was no possibility of denying her weight any longer. Eric's plan included weight training supplemented by aerobic exercise, which included participation in a running clinic. In addition, Marianne saw a dietician who asked her to record her food intake. Even if she admits not learning a whole lot from the

dietician, she was excited at the prospect of getting some tips that could potentially influence the way she ate. She adhered to the dietician's instructions to keep food logs and she wrote down everything she ate. She also started to assert herself at home where she continued to ask her mother to modify her recipes to bring them in line with her new eating strategy, i.e., making wiser food choices.

Although she had followed many diets throughout her life, Marianne admits that she never exercised while doing so; consequently, Eric's program was a novel approach for her. When asked about the level of difficulty she had keeping with the plan, she replies: *it was really easy. It's almost, you know, like you're signing that contract in blood.* The commitment she made when joining the program reinforced her resolve to successfully engage in the weight loss process. She recounts that she was one of six or seven women who had registered and how she was often the only one who showed up for class. *I followed along like a puppy dog* she says when describing the journey. The physiological changes she experienced and her achievements contributed to raising her self-efficacy and generated positive feelings of wellness:

> [I was] *physically feeling good* [and thinking] *'Oh, I've got energy, I, I can do anything'... I was excited and, uh, he was showing us different exercises and it was very exciting, you know, when you realize you can lift more than what you thought you could lift. And every week, they, you know, you could feel yourself getting better. It was amazing.*

Marianne relates how she experienced physical activity as *addictive* while on Eric's program. She also comments on her changed perspective of aerobic exercise to the point where she says that she *just wanted to do as much as* [she] *could.* Yet, with all the ease and enjoyment she experienced, with all the benefits she reaped, Marianne describes the difficulty she had to get back to her exercise routine after missing even only one day: *When something comes up and you miss a day, it's really tough. You miss two or three days and you're like, oh my god, my program is shot. But, uh, you just have to keep fighting.* She also discusses how losing some weight lessens the commitment that she felt at initiation. This part of the story reads like the anatomy of a relapse. She says:

> *You lose weight and then you have this false sense of, I don't even know what the word is, of security in a sense that, oh yea, I've lost weight; OK, I can eat; I can eat sort of regular. And then, you eat something and then, you know, you eat something the next day. A few days go by, and you, I haven't, you know, look I'm still thin. And then, it just creeps up on you. And, that's dangerous because it's hard work to lose weight and to exercise. And then, to do this, really sucks.*

The running clinic came to an end, Eric's program terminated in April, summer and it's plethora of fresh fruit and vegetables came to a close; pre-school and special events brought back the pastries Marianne loved so much, she hurt her foot, and Halloween rolled around with an abundance of candies and chocolate she could not resist. Sometimes Marianne ate to manage stress at work or simply because she did not plan what she would eat during the day; she would go home famished and eat whatever was presented to her. The initial phase of her weight loss was suspended with her affirmation that *I've had a couple of set-backs but no, I'm not stopping.* When we met for the second time, she was *aiming* [to resume her weight loss] *for Monday again.*

Engagement and persistence: Helpful factors.

Reaching out for help during her illness is evidence of Marianne's resilience. According to her, it was her saving grace. Her determination to reclaim control over her life and her eagerness to recover her health so that she could take care of her children are inner resources that sustained her as she took action to lose weight. The support she received from family, co-workers and friends also encouraged successful engagement, maintenance, and resumption of her weight loss efforts.

Internal resources. Unlike other times when she dieted, Marianne adopted a new attitude toward the health behaviour she sought to adopt, making wiser food choices and exercising. She determined that it would be a lifestyle change rather than a quick fix to assuage her unhappiness and helplessness even though she was in crisis at the time. When the opportunity arose, she did not spend much time in goal setting and action planning. She seized the occasion and offers that *sometimes when you over think some things, you just turn yourself into a position where you talk yourself out of doing something. So, sometimes you just have to kind of jump into it, which is what I did.*

Words that Marianne most often associates with weight loss are *determination* and *willpower.* She had knowledge of what to do to lose weight and she was determined to sustain efforts necessary to do so. However, the genuinely uncompromising attitude she describes as *when I put my mind to it, there was no stopping me. No one could stop me*, had to somehow be activated if it was to result in actual behaviour. Marianne recognizes that her stress-related illness, her impending divorce, and her financial situation were critical building blocks that helped her bridge the gap between intention and action; they were cues that brought her to the place where she realized that she needed to engage in self-care and take charge of her life because *nobody's gonna do it but me... just suck it up and do it.* Just as she decided that she needed to be the one to enact her intention to lose weight, she also resolved that the driving force would be to lose weight to enhance her own happiness and that of her children: *I realize[d] what I* [had] *to do, you know, what I* [had] *to do for me, not for anyone else... Just for me and my children.*

External resources. Marianne's mother and daughter did provide substantial support for her weight loss endeavours through their compliments and affirmations; however, the fact that she worked at a community fitness center was undeniably helpful in providing the opportunity to take action. The majority her co-workers are athletes, fitness instructors, and personal trainers. They not only offered support through all phases of her weight loss project, they were sources of *inspiration* that encouraged her to sustain action. Eric and the running clinic instructor helped her successfully navigate the initial engagement period while several other co-workers designed fitness routines for her in the months following the termination of Eric's program. Marianne trained with her colleagues and she adapted recipes so that she could bring healthy alternatives for their communal lunch. She considers her colleagues the friends whom she expected to tell her to *turn around, I'm gonna kick your butt* when she interrupted her training schedule or reduced her efforts to eat according to her chosen plan.

Another strategy that helped Marianne sustain action is the feeling that she had now become somewhat of an expert who could help others, family and friends, take action. The support she offered was reciprocal since the admonition to others to engage and persevere seemed to be for their benefit as well as her own. She says,

> *Women, I think in a way need to stick together in that sense that, you know, it's, it's important because, you know, sometimes we feel secluded... I'm not alone.*

People are going through the same thing. People are having a weight struggle, life struggles… in a sense I just feel stronger, like bonding with women. You know, I see women working out… like the co-worker that's trying to lose weight and I said, you know, she was embarrassed and I said; and my sister when she went upstairs [to the weight room], she's like, 'oh', but, uh, I'm like 'nobody is really watching you, everybody's here to do their own thing; no one is watching you (spoken in a whisper), *nobody's watching you, no one is here to watch you. You are here for you, do it!'*

Phase II: Mind over matter.

When I met Marianne for the third time, she was a changed person. She was an empowered woman who had decided to make her health a priority after having *an epiphany where [she] realized that… I like me*. She had become the expert who designed her own weight loss strategy and persuaded her mother and daughter to join her in losing weight. Through her own self-regulation, she successfully engaged in the process: she knew what to do and where she wanted to go, she monitored her weight, and she sustained her efforts to lose 10lbs in three weeks.

Motivation. According to Marianne, her relapse from the initial weight loss program brought her to the breaking point where she was frustrated for not doing what she knew to do. She describes the moment when she decided to resume her efforts *like bottom. OK, OK, I can't get any lower, so I've got to get back up*. However, she was at a vey different place physically, emotionally and financially than the first time she embarked on the weight loss program. She was healthy, twenty pounds lighter, her divorce had been finalized, she was receiving child-support, and she had started to socialize again. Gone were the feelings of loneliness, unhappiness and helplessness. She says, *I have great friends… I love where I'm at, I love work, I'm busy, uh, love being with my kids, and yea, just enjoying every day… I feel great about myself, I like who I am, uh, and yes, I want to feel comfortable in my own skin*. Although Marianne attaches the same label to her motivation for losing weight this time around, its meaning is somewhat different. She wants to *feel comfortable* in her skin because she feels good about herself. This means:

- Achieving wellness; being healthy above all else. At 42, Marianne wants to be healthy for herself and for her children;
- Increased body image satisfaction;
- Being able to wear clothes that fit; "not always worrying about pulling the shirt down and, you know, the flab with wearing shorts... I definitely see myself being more comfortable and carefree."

This time around, Marianne does not have a goal weight in mind; she affirms that she does not want *a perfect body, a perfect, you know, Hollywood's, uh, what would be plastered all over the place….* [It's just] *being able to look in the mirror and not go, ugh… fit into my clothes, and, and like what I see or how I feel*. She wants her body to match her inner self; she feels increasingly stronger in the core of her being and she is intent on transforming her outside to harmonize with her inside. She offers a metaphor for her weight loss project as *it's…* [like] *completing the puzzle almost* so that she can feel whole.

The journey. Following a relaxed Christmas holiday season when she was off work, socializing and enjoying fast food with her children, Marianne started looking through recipe books and cooking healthier alternatives to her mother's usual fare. She

rediscovered the fun of cooking and baking; she welcomed the *challenge of making an old recipe healthier*. Her attempts strengthened her resolve to actually resume her weight loss efforts.

Marianne talks about the engagement process as a transition rather than as a discrete event. She gradually made the decision to write down everything she ate. This helped increase her awareness of where, when and what she ate. She relates feeling that she was slowly taking back control over her life. Ultimately, she started counting calories. She had not yet resumed physical activity when we met; however, she planned to incorporate cardio and weight training into her lifestyle.

Internal resources. Again, Marianne's take-charge attitude of *just suck it up and do it* served her well. She made the decision and just did it! She describes her self-talk at the time of initiation:

> *Who am I kidding? You know, like, you know what to do, you know how to eat healthy and you want to be healthy. So, just suck it up and do it… cause there's bigger fish to fry in the world, you know. There's, there's other things to worry about more than that; just do it. This should be a no-brainer, this should be a way of life and it is a way of life. Just eating healthy and exercising.*

Marianne's attitude was also one where she determined that if she was not going to lose weight, she needed to stop talking about it. *You either gonna do it, or not*, she exclaims, *And, if I'm not gonna do it, stop complaining about it; cause then, just live*! Although she found counting calories rather painful, she was determined that eating consciously was going to be her way of life. She says,

> *it* [lifestyle change] *has to be. It has to be… That's why it feels different this time because I'm not looking at it as, you know, short-term. I haven't put a time on it; there's no pressure on myself to say, 'OK, within 2 months, I have to lose this much weight'… I don't have to see the results, uh, you know, I don't have to lose 60lbs, you know, in 6 months or whatever. It will happen and I'll just feel good; I'll feel better every day.*

Consequently, when she eats calorie-laden food, it no longer implies that she is 'cheating on her diet'; it means that she is making a conscious decision to do so since *once in a while you need to feel like you're eating something that you normally, you know, could go to a restaurant and eat*. She now feels in control of what she chooses to eat.

External resources. Marianne enlisted the support of her mother and daughter who agreed to start dieting as well. Of course, they started the diet on the Monday! Marianne recalls the experience:

> M: *How did you come to 'today's the day'?*
>
> Marianne: *Uh, well usually the best day to start a diet, quote unquote, you know* (laughter)… *is Monday. So, uh, that's what we did. We said, OK, it was Sunday, 'tomorrow this is what we're gonna do'… we weighed ourselves, we wrote it down, we wrote and we wrote down what we had eaten and, uh, we just, we've been doing it everyday and, uh… I try to weigh myself once a week.*

Weighing herself without external prompt was novel for Marianne; so was the form of support she sought. Unlike the time when she joined Eric's program, she has become the one who owns the program; it is her program that her mother and daughter have joined. The same shift is apparent in the way she relates to her co-workers and

elicits their support. She still enjoys weight training with them; yet, she no longer follows like a puppy dog. She consults her colleagues and taps into their knowledge of fitness; however, she remains in charge of what she wants to do.

> *It just helps to talk to people about it [physical activity]; ask questions if you're not sure of something, if you want to try something. So, who says you can't?... once you're determined to do something, you know, sometimes you know, you might feel you're taking a big chance but I think you can't always put pressure on yourself. You know, you do it, OK... let's do it; let's try it. If it doesn't work, well, we'll do something else.*

Marianne's After Story: *I Found Myself... and I Like Who I Really Am*

Not all the changes that occurred within Marianne are a result of her weight loss; however, she identified central patterns in her story that have been directly affected by her engagement in weight loss efforts. These are (a) relationship with food; (b) self-regard, relationship with weight and body image; and (c) sense of empowerment and emotional health.

Relationship with food.

One of the most prominent patterns in Marianne's story is her emotional eating, her use of food to manage both negative and positive emotions. She used food as a comfort in times of illness, as a friend when she was lonely, and as a confidante when her romantic relationships were falling apart. The meaning of food for Marianne has been more than mere sustenance; it represented the bond that unites her to all the other women in the world who are struggling with their weight:

> *I'll be at Halloween, you know, the kids had candy; and I'm like, I'll just have one. Yea, five little chocolate bars later, I'm going, oh, you're such an idiot... Was it really worth it? But I know two doors down some woman is doing the same thing. It's tough, you know.*

Marianne's approach to eating has shifted in that she appears to have reclaimed her own power over that of food just as she has in other areas of her life. She offers: *I just feel in control... I've changed my mindset in a sense that... you don't have to get excited over food all the time... I just feel in control of my life and that's just one aspect of it.* Her new story about food is of moderation, conscious eating, and informed decisions over her choices. She uses self-talk and self-awareness to deal with her emotions and to rebuff the appeal to eat when she is not hungry.

> Marianne: *Sometimes I'll be watching TV... and it'll pop into my head and then it's like, it's not even a choice. It's like, hein*
>
> M: *I want a bag of chips, I want*
>
> Marianne: *But then, it's like, no! No... it's rare that, you know, maybe a couple times a month where it's really a choice, where I really stand there and fight with myself and say, 'hum, oh what the hell'. Or, 'no, close the fridge you don't need it'. So... I have a lot more control, which is really hard.*

There is a sense of pride in Marianne that she has the power to eat when she wants to eat and to choose whether or not she wants to indulge. The former *how can eating so bad for you make you feel so good?* has turned into *It's nice to be able to think, I eat really healthy every day.*

Self-regard, relationship with weight, and body image.

The outcome of Marianne's altered eating behaviour is necessarily a new relationship with her weight and a changed narrative about her body. *I don't much say 'gross' anymore*, she insists, *OK, yea, it's getting there!* She has become gentler with herself and more accepting of her body. She says, *physical, it's huge, but it's not everything... You don't have to be a, you know, size 6 to have good self-esteem...* [I'm] *not putting pressure on myself to, to physically be something that I'm not.*

The link between self-esteem, self-confidence and the physical self is quite tricky. Marianne suffered because of her weight and she felt bad and unhappy with her size, just as much as any overweight man or woman would be, according to her. Although Marianne attempts to extricate her sense of self-esteem from her body image, it remains that weight loss has boosted her self-confidence. She feels good physically and feels good about herself. She says, *when you feel good about yourself and you are, you know, lighter and you're wearing something that makes you feel good... you'll go and talk to someone... Normally, I wouldn't have the confidence to do that.*

Greater satisfaction with her body image also means that she can buy and wear fitted clothes; she can shop for clothes she likes rather than simply clothes that fit. She explains, *if I have the choice, I'll wear something fitted any day. I feel better.* The mirror has become the friend who confirms her weight loss; she no longer needs to avoid catching a glimpse of herself. In turn, the different image she sees in the mirror helps sustain her weight loss efforts.

Sense of empowerment and emotional health.

When I asked Marianne what had changed for her since she started losing weight, her initial reaction was that she discovered who she really was; she was able to tap into her core identity and realized that she liked what she saw. She says, *I found myself and, and, uh, I like who I am.* She describes the woman she found herself to be as *a really happy, caring, loving mother... and a good friend... I'm really, actually very content.* For Marianne, words such as *unhappiness*, *helplessness* and *loneliness* have been replaced by *happy*, *grateful*, and above all *hopeful.* Her choice to engage in self-care is linked to her determination to *feel happy first.* As the people-pleasing woman who tried to help others all her life, she has come to the conclusion that she must prioritize herself and her own needs before she can be of help to others: *I always tried to make everybody else happy. But now, it's like 'OK, I've got to feel happy first. My happiness has to come from me first before I'm gonna help you solve your problems.*

In our third meeting Marianne was radiant. The most pronounced shift I perceived over the months was how she seemed to be so much more determined and in command of her life. She echoes this sentiment and comments on her self-confidence and determination: *I'm in control of my life. It took me a little while to get here, but I'm here; it's solid... I don't want to feel horrible again.* Marianne is in control of her eating, her emotions, and her weight; she is in control of her life!

A Final Prayer

Put in a nutshell, the change in Marianne is most apparent when she is asked to comment on the object of her prayers now in comparison to when she was a child:

M: *... the deepest yearnings of a child... was to wake up thin, and*

Marianne: *And thinking that it would take a lot of pain and frustration away, I guess. Now, I go to bed and pray that, you know, to wake up healthy and that my children and my family and my friends are healthy; and that, you know, uh, maybe that the world will be more peaceful tomorrow than it is today. And I know, again, to me, now I see the losing weight and the physical activity is just something that has to be part, part of your everyday life.*

Appendix J

Tatiana's Story: Coming Out

With a preference for introversion and a marked attraction to academia, Tatiana is an introspective woman in her early thirties. She works as a full-time Counsellor with youth at risk and their families; she teaches in the Psychology department of a junior college and, although she is not enrolled as a student, she is involved in research projects with members of the faculty at a local university. Tatiana is someone who is *really big on rootedness* and she values friendships such that she is still in touch with several childhood friends. She has not been involved in a romantic relationship for over a decade, a reality that she attributes to her weight status. She candidly states that given her patterns of disordered eating and the other issues that she has had with her weight, she has had more of a relationship with her weight than with anyone else: *My weight and I were really like that was the strongest relationship I had... it affected everybody else... it was always something I was thinking about or preoccupied me in some way.*

I have found Tatiana's commitment to the research valuable and inspiring. I truly appreciated her seriousness, her openness, and her unconditional generosity in telling her story. Her narrative bears evidence that her involvement in her own weight loss process often eclipsed goal attainment. She religiously followed the eating plan prescribed by Johanna, her dietician. She delved wholeheartedly into the topic of nutrition and engaged in the personal growth features, which formed an integral part of the weight loss program. She actively worked at losing weight as if she were engaged on the most captivating research project. When I asked her whether it was fair to assume that she was *process driven* rather than *goal driven*, she replied,

> *Completely process driven. I am... in my life in general... I've never applied that concept to the weight loss idea...* [And it] *never occurred to me that if I kind of got into a process and it was about the process and not just the end result, that that might work better.*

A major theme of Tatiana's story is her 'coming out' on several fronts during her current weight loss. First, after hiding the numbers for so long, she started freely divulging her weight to people in her network such as co-workers and friends; she came out first as a fat person. Then, while she was engaged in her weight loss project, she also underwent serious treatment to clear up severe acne. She was ready to reveal herself to the world.

Backdrop

Tatiana is 5'5" and she weighed 216lbs at the beginning of her current weight loss. She had lost nearly 10lbs when I first met her and went on to lose a total of 26lbs by our third meeting. As a backdrop to her current weight loss, Tatiana tells the story of her relationship with her weight starting in childhood and recounts how family practices contributed to her size and shaped her physical self-concept. Her narrative continues through periods of disordered eating taking us where she takes us through a significant weight loss and shocking weight gains.

I was chubby compared to the other kids.

Tatiana started her story by recounting how she became aware of her size in elementary school and how she came to be taunted by the boys. Although the photos she showed me were not those of an overweight child, she admits comparing herself to

the popular girls at the time. She found herself a little bit chubbier, always heavier than her friends and currently acknowledges that she *never felt like* [her] *weight was good enough*. In her first high school years, Tatiana felt she could not ignore her weight any longer since she had been steadily gaining. At 14, following the example of a family friend, she joined *Weight Watchers* and lost approximately 15lbs in a short period of time. The significant impact of this weight loss is that soon after she lost the weight, she met her first boyfriend. She automatically assumed that she had attracted the boy because she had become skinny. Although the boyfriend tried hard to dissuade her and *did everything in the world to tell* [her] *the exact opposite*, she maintains that she never heard him. To this day, she acknowledges that this experience and the *societal pressure to be thin* have profoundly influenced her physical self-concept in regards to her attractiveness to men. She strongly believes that she has *to be skinny in order to be liked*.

Family story.

Two main factors contributed to Tatiana's excess weight as a child. First, as an honour student, she preferred reading to going outside and playing; although she had been more active as a young child she became increasingly sedentary as she entered her teenage years. Second, her German grandmother acted as her babysitter while her parents were at work and nanny, as Tatiana likes to call her, would *feed* [her] *home-made everything* after school. According to her, she *baked all the time and that continued no matter what I was going through* and never cared much about health. The demonstration of love through the use of food was a double-edged sword. Nanny would show her love through food and kind words, telling Tatiana: '*You look fine', you know, 'you're my girl, it doesn't matter, you know, what you look like or how heavy or not heavy you are*'. Tatiana felt compelled to eat since to refuse food could prove *a very rejecting thing* for the woman *who would love* [her] *no matter what* [she] *looked like*. She came to associate food with family affection and saw it as a symbol of love and a means to assuage negative feelings. She describes her visits to her family after she had left home for college: *Food was important in our family... that was my temptation. Of course I would eat. Uh, and I would eat lots because that's what we did in our family. That was the relationship our family had with food*.

Unfortunately, her father did not figure prominently in that love triangle with food. Tatiana admits that he never mentioned what she ate nor did he express concern during her episodes of disordered eating. Rather, his interest lay more in her appearance and he never shirked from engaging in name-calling or from making disparaging remarks about her weight. Tatiana is convinced that if she had been a boy, this would never have happened. Her assumptions are that if she had been of a different sex, she would have been close to her father, doing things with him and *spending time with him outside*. She is certain that her father would never have said the embarrassing and hurtful things that he liberally verbalized to her simply because she was a girl. It is very ironic that at the man's funeral, a time when Tatiana had lost 60lbs in the not so distant past, acquaintances who were not particularly closed to her got "so excited and so happy" about her appearance. She remembers the ambivalence of having people come up to her in the funeral parlour and, contrary to what her father would have done if were alive, complimented her saying, *you know, I'm very sorry for your loss but you look great*.

Tatiana's mother never had a weight problem and she acted as a role model in terms of *eating and physical activity*; nanny, however, modeled body image disturbance. The same grandmother who lovingly fed her less than healthy food was very weight conscious. Tatiana suspects that her nanny might have had an eating disorder. She

definitely exhibited body image dissatisfaction since at 5'5" with a weight never exceeding 135lbs she consistently went around saying, '*oh, look at my big bum; look at this, look at my hips, look at my big belly*'. Looking at family pictures, Tatiana offers quite a touching observation:

> *I was like a house; I was huge… it's a horrifying picture for me because I'm the largest person in, in the picture… and for a long time I was the only grand-child… And when I looked at that picture, I thought, 'oh my god, you could put my mother and my grandmother right inside of me. Like, they're so little in comparison'.*

Bouts of disordered eating.

Not long after she went on the *Weight Watchers* program and lost weight, Tatiana developed the first of 3 eating disorders with which she was ultimately diagnosed – anorexia nervosa, bulimia, and binge eating disorder (BED). By the time she was in CEGEP, she had become totally obsessed with her weight; she exercised compulsively, refused to eat, and was unable to focus on little else. She recounts the reasons why she eventually dropped out of CEGEP,

> *I was so fixated on my weight; I was running up and down the stairs, around the building, I wasn't eating; I couldn't focus on my work…* [my weight] *was like a best friend to me; it was in a strange way a best friend enemy… It really took over and it was all about my weight, my weight, my weight... I'm so fat, I'm so fat… I had a long history with weight… and I was only 17-18.*

Tatiana admits that her condition also had a marked influence on her forming intimate relationships since she believed that someone suffering with disordered eating is just a little *too much to handle*. She questioned whether any man would want to be with a *girlfriend going around vomiting in the corner?*

Although she tried to hide her disordered eating, Tatiana's friends became increasingly concerned. She was taken to a health specialist and received treatment. However, her confidence that she could eat without inducing vomiting and still manage her weight was short-lived. She soon started eating uncontrollably and gained a lot of weight. She felt as if she needed to make up for her time of restricted eating. As is often the case with those who are trying to control their weight, the distal goal of weight management was eclipsed by the proximal goal of relieving her physical and emotional hunger.

> *The whole idea of weight was horrible to me… on the one hand, I thought this was horrible, this weight business; like it was haunting me everywhere I go. It's always about my weight and about how big I am and about how small I am. But part of me just didn't care because I really wanted the food.*

The previous concern about her lack of eating exhibited by her mother, her doctor and her friends turned into unease about her rapid weight gain. For Tatiana, there appeared to be no status quo in regards to weight. Faced with the reality that she had not found the middle ground where she could eat while maintaining her weight within a healthy range, she started contemplating whether or not she could ever find *a healthy way to deal with food and* [her] *weight.*

Drastic weight loss.

Inspired by Oprah Winfrey's success story, Tatiana enlisted the help of one of her roommates and started walking extensively and she made better food choices. Although the friend did not keep up her commitment to the walking process, Tatiana

continued walking alone *for kilometres and kilometres* and she incorporated strength training and yoga to her routine. At the same time, she started seeing a psychologist to ensure that she would not start exercising compulsively and that she would continue controlling her eating appropriately. With the help of a personal trainer to lose the last 10lbs, she lost 60lbs in 6 months and felt a real sense of empowerment from being fit and having lost weight.

While engaged in efforts to lose weight, Tatiana started her university studies and affirms *that was the only time in my life that I ever felt healthy and I felt that I had a good relationship with my weight.* For the first time, she came to realize that her weight could be a *part of the picture but it wasn't taking everything over.* She came to appreciate that her body, which she had loathed all her life, could be tamed in some areas, i.e., her muscular legs allowed her to run. The operative words here are *in some areas* since even 60lbs thinner, she still wore oversize dark clothing because she was not yet comfortable in her body.

Shocking weight gain.

Tatiana was able to maintain her weight loss for a few years; however, when her father died she resorted to that which she knew could help her feel better, food. She says, *I just don't have that relationship with my weight and my body where I would think to look after myself.* She started eating erratically and eating out of emotion rather than to relieve physical hunger: *I'm feeling bad, I'm bored, there's nothing going on… I would be anxious about something or any, any kind of emotions for that matter.* At the time, Tatiana was doing shift work in a group home for teenage girls often working late into the evening. It was then that she discovered what would eventually lead to further episodes of disordered eating, the drive-through. Late at night, she could order anonymously and eat as much as she wanted without anyone evaluating what she was eating. The most moving segment of Tatiana's story involves her description of a binge and of how she would order from the drive-through of fast food outlets or from Mike's home delivery service.

> *Oh, a binge, it's an incredible experience, a binge… I used to order 2* [Italian poutines] *because it was embarrassing to order just one. Uh, in my mind it was embarrassing because I thought 'uh* (sigh) *to order all this food for 1 person'. So, I would say there were 2 people… I would call and say, 'could I have 2 Italian poutines and 2 seven-up or 2 whatever' so they would think there were 2 people. Uh, I remember actually answering the door pretending there was someone. I'd say, 'oh, they're here' and there would be nobody in my apartment... Just because it was so embarrassing to me that I would be ordering this amount of food… So, I would create whole fantasies about that. I'd figure out ways that it wouldn't be so embarrassing because of my weight… Because I thought, 'if they think I'm a single person ordering all this food, and they see me, the size of me, and look at my weight, that's not gonna be good for me'… I didn't eat in public for years.*

It was not very long before she started gaining weight. She made feeble attempts at exercising or at making better food choices through a variety of dieting plans but was wont to go back to restrained eating. Tatiana got caught up in a cycle that predictably resulted in weight gain. She also acknowledges that goal pursuit was impeded by competing demands for her time and attention. She comments on her internal dialogue at the time:

I don't like my body right now; I don't like the way I look; I don't like the way I feel, but, hum! You know, again, I was doing shift work, and 'this is the best I can manage for the moment. Oh well, I'll, I'll let it go.

Consequently, she soon found herself bigger than ever before. She admits that she made efforts to convince herself that she could accept her weight and tried to promote fat acceptance among the teenage girls with whom she worked. However, she was appalled – *almost had a heart attack* – when she crossed that shocking threshold of 200lbs: *I weighed myself one day and went 'Agh* (laughter) *I've never weighed 200lbs; like that's outrageous. I'm 5'5", how can I weigh 200lbs'?*

Current Weight Loss

This is where we find Tatiana at the beginning of her current weight loss: A two hundred and sixteen pounds, sedentary, single woman with BED that affected her health to the point where she might need surgery. A woman who felt embarrassed around men because of her size; someone who did not weigh herself so that she did not have to face the reality of the number on the scales; a person who hated her body so much that she would only go out in public dressed in black oversized clothing in order to *fit into the woodwork a little bit so that nobody would notice* her. Tatiana was engaged in a metaphorical boxing match with her weight and she was, by and large, losing the battle. Ultimately, she was a woman whose weight affected every area of her life: *It affected my relationships*, she says, *it affected my mental health, it affected, you know, romantic relationships, my identity, how I saw myself, all things of things, uh, but it never occurred to me really how much it affected my health.*

Pre-engagement.

I was getting out of control with the binge eating and I don't want to go down this road again but I don't know what to do. Oh, I have to do something cause it's not healthy… when you're 5 foot 5, 5 foot 6 and you weigh, I think I weighed 216, uh, when I started; uh, and it was just going up… I thought, 'I know it's not healthy'.

After she was officially diagnosed with BED at a local eating disorder clinic, Tatiana's doctor recommended surgery for her gastrointestinal problems. The severity of her condition and the actual prospect of having to undergo a surgical procedure helped her take action toward changing some of her eating habits to improve her situation; she increased her water and fibre consumption.

Another factor, which influenced Tatiana's intention formation in regard to weight loss, is the fact that she sold her house and moved near her work in the city. This saved her the three hour daily commute which had significantly contributed to her weight gain as she often ate to while away the time. Inspired by a recent trip to France, she resolved to change her lifestyle and make a *fresh start*. She was determined to incorporate physical activity in her daily routine and to eat fresh produce bought directly from the market. She also generally wanted to be more socially active. She describes the vision she had of herself at the time: *I would be, uh, thinner; I would be healthier, I would be just more active and to me, that means I wouldn't look like this.* She also hoped to find a boyfriend and, in the event that she remained single, she wanted to set things in motion to adopt children

Tatiana did succeed in changing some of her habits and her health did improve somewhat. She reduced her visits to the Tim Horton's drive-through; however, her personal vision was not sufficient to keep her going. Though she had been successful in

losing weight by walking in the past, she was not motivated to walk even the few city blocks to the market. She could not fit the gym into her schedule and she was too self-conscious at 216lbs to attend the yoga classes she had planned to attend upon her return to the city. Soon she started to *forget* eating the additional fibre and she overlooked drinking the required amount of water since these had not yet become habitual. As was her past experience, she recounts, *Like most times I tried to lose weight… I only do it for a certain amount of time and then I start to fall off again.* It became apparent to Tatiana that she could not enact the desired change on her own.

Perfect timing.

I just wanted to lose weight so I didn't have to have surgery, so I wouldn't have these binges and ongoing cycle with the food. Uh, and that was kind of the mindset that I had.

Just as she realized that she could not maintain the health habits that would enable her to achieve the desired permanent lifestyle change and avoid surgery, a great opportunity presented itself and Tatiana was ready to cease it. On the one hand, her employee benefits had been extended to cover the services of registered dieticians and on the other hand, a friend who had lost weight while seeing a nutritionist suggested that Tatiana make an appointment with the woman who had helped her; the timing was perfect! Furthermore, in the past, she had received help that often came in the form of expert advice or at least professional support: doctor, psychologist, professors, trainer, and clinicians who diagnosed the BED. Consulting with a health professional was therefore a natural step, one that gave her hope that she might succeed.

The only glitch in this otherwise perfect plan was that the nutritionist was going away on holiday and could not see her for another month. During those four weeks Tatiana seemed powerless to curb her binge eating. She comments on her emotional state during that time and how it became quite apparent that she needed help:

I felt horrible; I felt horrible; I felt guilty… Physically… I felt uncomfortable… I felt very guilty 'cause I thought 'what are you doing?' And every time I would binge, I would feel, you know 'what are you doing? Why are you doing this? You know better than that… If you keep this up, you know, you're trying to avoid the surgery and here you are bringing yourself in the same spot again'… It's that little war that I have going on in my head. 'Why are you doing this? And, doesn't matter, might as well do it anyway… I knew I needed some help.

A directive approach.

Tatiana's weight loss story could literally be summarized in one sentence: She did virtually everything the nutritionist (Johanna) told her to do and followed her recommendations to the letter! We have already considered the factors that prompted Tatiana to want to lose weight. These were (a) health – fear of surgery, (b) deal with out-of-control eating – BED and emotional eating, (c) appearance – wanting to attract a man, and (d) wanting a new lifestyle, a fresh start. The intervening condition that increased the likelihood of her taking action was the opportunity that she seized to consult a registered dietician. What then was the significant variable that tipped the scale toward enactment of her intention to lose weight, a process which seemed so smooth and natural? According to Tatiana's narrative, which is exceptionally deferential and complimentary at this point, it was Johanna's approach and personality, her perceived expertise, and the scope of her involvement in her life that helped her take the last step on the bridge connecting intention and behaviour.

Tatiana tells the story of her engagement toward potentially achieving the desired weight loss:

> [Crossing the bridge] *it was all Johanna and it was, uh, it was me and Johanna… Just a decision in my mind that I was gonna do this… And I don't think that I sat myself down and had a talk with myself, saying, 'OK, Tatiana, you're gonna do this', you know. It just fit for me; it just felt natural; it just felt right. And I completely decided that this is what I was going to do without having consciously having that conversation that I would do it. I just did it… It was like a natural. Yea, there's no having to pump myself up for it or keep myself motivated. This is just the way it is… It's like living it as opposed to thinking about it.*

Johanna's approach and personality. From the very first conversation she had with her, Johanna took complete control of the process. She shamelessly cut Tatiana off when her reply did not match her expectations. She said things such as, '*I don't want to hear your story*'. Johanna, the *little drill sergeant*, was going to prove challenging for Tatiana; however, she believed that the directive approach might work since it was completely different from that to which she was accustomed. Tatiana describes the process: *She seems to be in charge… she always has answers… she's accessible all the time… she presents herself very confidently… she seems to know what she's talking about.*

From the onset, Johanna provided advice and made requests that seemed to run counter to common sense and to everything Tatiana had heard previously, i.e., she was told to refrain from exercising during the initial phases of the weight loss program. Not only did the dietician manage the type information she revealed, she also controlled its flow. '*I'm not gonna tell you very much*', said Johanna, '*I'm gonna give you information in bits and pieces… a little piece of information at a time*." Tatiana was given just enough expert information to feel that she was learning; not enough for her to think that she could proceed on her own. This was very freeing for her; it gave her hope that if she simply followed the advice she was given, she would actually lose weight and achieve results that she had only dreamed of. Naturally, she immediately started on the eating plan and religiously kept a food journal just as Johanna had ordered.

The amazing aspect of Johanna's approach is that she also seemed to share ownership of the weight loss process. She made comments such as: '*Our job is to retrain your digestive system*'; or, when Tatiana was not forthcoming with her weight loss goal, she offered: *'My goal for you...* [is that] *we could get you down… you need to be down by about 34lbs to be at a little better body percentage fat more or less*'. My assumption is that Tatiana's academic side was drawn in by Chrissie's methodology. She felt validated, she says *she* [Johanna] *thanked me for coming into her life, thanked me for the knowledge I brought with me*. It seems that rather than individually working at losing weight, Tatiana felt that she would be collaborating with a senior researcher to conduct a scientific experiment, which involved her as the subject. She has taken herself on as a project. Johanna, as the senior researcher, would provide expert direction and both would be working on a challenging and intellectually stimulating project: Lessen the percentage of fat on the body of an obese woman. In fact, Tatiana corroborates this hypothesis:

> M: *It's almost like you're involved in a weight loss project… It's almost like you took on that project and you became your project. I don't know how you feel about that.*
>
> Tatiana: *It makes me laugh, honestly, to think about it because it's very true.*

The fact that Johanna appeared so knowledgeable and presented herself with such confidence did inspire trust; however, the humane side of the person was also essential to elicit compliance. According to Tatiana, it was important for her to feel a good connection with the person with whom she would work at losing weight. Her story is replete with positive adjectives describing Johanna, whose *poster girl* Tatiana has now become. The nutritionist is warm and friendly; she acknowledges her wit which contributes to her feeling welcomed and valued; she *always has an answer* yet *thanks her for coming into her life* [and] *for the knowledge that* [she] *brought with* [her]; she *is always accessible* and only a phone call away in case of emergency...

In addition, Johanna runs her practice in such a way that her clients get to cross path on their way in and out of her office. In fact, she introduces them to one another and encourages friendly encounters within her clientele. Consequently, Tatiana immediately felt a sense of community with the other women she met on her very first visit. This implied that she would not be operating in isolation, as there would be a sense of support among the regulars.

Johanna's perceived expertise. Obviously, an 'expert' using a directive approach cannot be effective if s/he is not perceived as proficient. It is here that Tatiana's depictions of 'Johanna's competency swell to near mythic proportions and her story verges on adulation. Everything that Johanna is, owns, and does is impressive to Tatiana: Johanna's professional profile, *she does personal coaching and personal training along with* [her practice as a] *registered dietician*; the location of her office, *an old Victorian house that she owns... like an old medical building*; her evidence-based approach, [the information] *was very biologically based or physiologically... she really seems to understand how the body works*; her superior knowledge, *we'll talk about the medical system* [says Johanna] *and what they have to say about fasting versus my understanding of fasting and how it differs*; her acknowledged expertise in the field, [she is] *writing her own book and she showed me all the books; she read all the diets that are out there and she has them all*; the implements she uses, *her magic scale...* [with which] *she could measure... fat versus, you know, water, muscle, excrement*; her extraordinary discernment, [in your food journal] *'tell me what you're honestly having', she said, 'cause I'll know'*; and even the fact that she does not need to advertise her services, [because] *she feels that if you come to her it's meant to be kind of thing... she's very spiritual.* In Tatiana's narrative, Johanna has become that all-knowing parent, the guru who must be consulted before decisions on even fairly straightforward issues can be taken. Her expertise is unquestionable; therefore her direct approach, the assignments that she prescribes, the advice that she gives can be fully trusted to generate the desired results.

Scope of Johanna's involvement in Tatiana's life. In light of her experience with BED and with non-hunger eating related to emotional states, Tatiana attributes much of her success to her working on personal issues that might have resulted in overeating in the past. She says,

> *I haven't had cravings and I haven't binged... I haven't even gone off this program. And, even through I was up and down with my emotions with him* [first boyfriend with whom she was reconnecting]*... I worked it out.... This combination of doing the personal... with the eating part... works for me because eating has always been connected... and I've never found anything that connected the two.*

In fact, she agrees that the challenge has been greater in the personal area than in following the food plan and that it is often frustrating to consider the non-physical

aspects of the weight loss process. Perhaps this is why Tatiana is able to say: *It doesn't feel like a diet.*

In addition to providing nutritional advice, Johanna took Tatiana on a path of self-discovery, self-awareness and personal growth. She taught her *universal principles*, which are by no means profound, i.e., *what goes up must come down, there's always two sides to something…* However, these principles are helping her reframe negative situations that have led her to uncontrolled eating in the past. Often, Tatiana emails the nutritionist instead of bingeing or she uses her learning to deal with difficult emotions. According to her, she has been able to connect her head with her body and has gained increased emotional self-awareness. Again, Johanna becomes larger-than-life in this facet of the weight loss project. Tatiana recalls receiving an email, which brought her to tears *because it was so loving… it was incredibly loving.* Not only does she offer strategies to deal with stress, she seems to have foreknowledge of stressful situations about to happen in Tatiana's life: *She knows that my stress triggers a lot of eating… She's really on top of that… she emailed me before* [the potential overeating triggered by the stressful situation].

Johanna goes as far as offering herself as the scapegoat to defuse Tatiana's anger and resentment at not being able to eat certain food. She invites her to *wring her out* in her food journal if that is helpful in managing her emotions. As an external resource to help Tatiana through her weight loss process, Johanna was truly a perfect match*! She gets me every time," says Tatiana; it makes sense and it hits home.*

Impacts: Steps ahead on the wellness continuum.

Since she is more invested in the process of losing weight than in its outcomes, Tatiana does not wax eloquent on the goals that she has achieved through sustained engagement. It is obvious that she did experience some positive transformations consistent with the motivational factors that promoted initiation; these can be considered in relation to progress in the direction of optimal health. Tatiana's narrative also outlines a 'coming out' process, which took place concurrently with engagement in weight loss. As a result, there was a significant shift in her orientation to the world.

After losing 26lbs, Tatiana asserts, *I just know that I'm losing weight and that it feels really good.* The pleasant changes, which are the 'feel good' ingredients that contributed to her sustained engagement, are in keeping with the motivational factors that stimulated her initial commitment. These are: (a) physical health benefits, (b) greater body image satisfaction, (c) new levels of self-confidence, and (d) improved self-efficacy.

Physical health benefits. As stated previously, physical health was one of the prime incentives for Tatiana's current weight loss. She wanted to avoid surgery by decreasing the frequency of her binge eating and she accomplished that goal. She reports *feeling much more comfortable in* [her] *skin* since she started losing weight. When I asked her what 'comfortable' entailed, she mentioned the *obvious feedback* that she is getting from her body, tangible results in terms of increased energy levels – *not feeling so tired and lethargic and weighed down* – and decreased abdominal bloating.

Because Tatiana is involved in the 'body project' with her nutritionist, the fact that Johanna expresses satisfaction with the results of the 'experiment' – *since you've started coming here, you've increased your health more than ten times* – is an external reward that encourages her to continue. However, she insists that personal agency and interest in the change process rather than in goal pursuit were the internal factors that motivated sustained engagement. This statement is almost a textbook definition of

intrinsic motivation. Tatiana's behaviour seems progressively more intrinsically motivated as she persists in her weight loss efforts. She appears to be developing a fresh connection between her new health habits and her strengthened resolve to espouse a different orientation to the world. Her developing self-identity is that of a 'healthy' individual; her process is to engage in activities aligned with the core values that arise from such self-concept (Sheldon & Elliot, 1999). *I'm so aware of the process and so engaged in the process and not the end goal… about the process of learning to eat differently and feel differently and have this lifestyle that's different and be healthier and maintain the healthy and not keep going in cycles.* Thus, Tatiana is hopeful that the shift in the locus of causality for the health-related behaviour she has recently been implementing will yield lasting results. Although she still does not have complete confidence in her ability to maintain her new habits long after she has terminated her work with Johanna, she is optimistic.

Greater body image satisfaction. Another 'feel good' element which is helping Tatiana move forward toward optimal health is her increased satisfaction with her body image. She maintains that from the beginning she did not hold to a specific goal weight since she had no concept of what she would look like if she lost as much as 60lbs. When I pressed her to sketch the vision she has of herself at the completion of her weight loss program, she insisted that it was *not a whole lot different from where she is at present* because she still cannot fathom what she would look like if she were 150lbs. She claims that she wanted to be less than 200lbs, a goal that she achieved. She has also attained her objective to decrease her clothing size from a 16 to a 13 and reveals how ecstatic she is at the possibility of shopping in regular stores. She maintains, *I get excited by the idea that I don't have to go to the special stores for the big ladies.* The paradox here is that every time I met with Tatiana, she continued to wear the clothes she wore when she was bigger. She is not completely walking in the freedom afforded by her size reduction.

What has definitely shifted is that whereas Tatiana used to criticize and hide her body and react negatively when looking at herself, she can now stand naked in front of the mirror, observe the changes in her body, and not be repulsed by what she sees. According to her, her emotional health has improved in that she is happier, more comfortable and in better moods given her weight loss. What is also progressing is the connection between the cognitive and somatic aspects within Tatiana's make-up. She describes the manner in which her current weight loss has impacted her relationship toward her body:

> *This way of doing thing has made me realize… paying attention to myself, to my emotions, to what I'm thinking, as well as what I put in my body* (laughter) *and how it works within my body, that part I never really was aware of… I've never been terribly aware of how my body felt… I operate from the neck up.*

Through the weight loss process, Tatiana is taking steps to embody her self and move toward wholeness and acceptance.

New levels of self-confidence. Tatiana never veered from her eating plan except for once when she had an extra piece of almond bark. Her food intake is extremely regulated and although she finds it difficult to do so, she plans every bite that she consumes. According to her, she is still in the acquisition period of the new eating habits that she hopes will become permanent. However a process that is becoming gradually more entrenched is her attempts to create awareness of the motivational factors behind her non-hunger eating. These efforts have helped her deal with her emotions and stop the binge eating. However, even though her confidence levels are

increasing, she is not yet entirely convinced that she has the self-control necessary to self-regulate in regards to eating. For example, she says, *It takes a long while for me to accept change. It takes a while for me to make it really stick… to this day I cannot buy a bag of cookies and not eat it all.* For Tatiana, a relationship with food where she exercises self-control on a continual basis is still a work in progress.

Just as her assurance is increasing in the area of food consumption, so is her general level of self-confidence. Tatiana has found her voice and has become more assertive with her family, her friends and her students. She also feels more comfortable to anticipate a romantic relationship.

Improved self-efficacy. Tatiana insists that at the beginning of the program, her perceived self-efficacy (Bandura, 1999) only encompassed initiation of the new eating plan. Through mastery experiences (achieving tangible results), vicarious experiences (seeing the results in other clients), and social persuasion (Johanna's influence), her confidence in her ability to sustain effort toward weight loss has now soared to 10 on a scale of 1-10.

A Coming Out Process

Prior to her current weight loss, Tatiana had sold her house in the country and moved to the city, thus removing that which kept her socially isolated. Subsequently, she started serious treatments to eliminate her acne and eventually she shed 26lbs. One by one, she worked at removing the barriers that impeded access to the woman she herself started to discover and whom she agreed to finally introduce to the world. The 'coming out' process is a central element in Tatiana's story.

For as long as she was gaining weight, Tatiana did not weigh herself. It was embarrassing enough when she went to her doctor and the nurse gasped as she stepped on the scale because she was 213lbs. To remain oblivious of the numbers allowed her to deny the reality of her expanding waistline. Of course, it follows that if she did not want to know her weight, she certainly did not want others to be aware of the numbers. She explains her reluctance to share her weight with other women: *If somebody else became aware of it* [weight], *and it wasn't such a secret, uh, I couldn't ignore it.* Hiding her weight was made even easier by the societal norm, at least among women, that one's weight – and age – must be kept secret. A modified version of the Hans Christian Andersen's The Emperor Has No Clothes where the tacit agreement is to simply deny what everyone suspects is the reality. In this case, a 5'5" woman who weighs over 210lbs is obese. Even when Tatiana says that she believes that *half to three quarter of the woman* [in the social services] *if not more have had issues with weight and their appearance and with food in general*, there is still that *immediate denial* when a woman dares to state her real weight.

> *Weight is such a big thing, such a big number, especially with other women… to share with women that you weigh this much. And they say, 'No you don't'; 'yes I do'. 'No, you don't'; 'yes, really I do'* (laughter). *And they're incredulous. 'But you don't look like that'. And then, they'd have my favourite kind of 'oh, but you carry it well, you wear it well, it looks good on you'.*

One day, a woman in the office came out and stated how much she weighed. The response she offered to others' refutation of her weight status modeled for Tatiana the type of retort she would ultimately use in the context of her work environment.

> *'Yes I am* [fat]. *Why are you trying to hide that? What's the big secret? I'm fat, I know I'm fat. So what? Why, why would you; are you trying to make me feel better? You think because I'm fat I must be very sad and a humiliated person or something?'... Why are we tip-toeing around pretending not to say anything?*

It was shocking, but also freeing, for Tatiana to hear someone label herself as 'fat' thus challenging the common assumption that to be obese necessarily equates unhappiness, humiliation and embarrassment. She befriended the woman and tried out the new behaviour with her, i.e., admitting that she was indeed fat. She then started to disclose her weight to women at work, revealing the numbers that she saw on the scale. She acknowledges that she almost felt *kind of giddy* with the freedom of self-disclosure and the almost malevolent satisfaction of seeing *the other women's face because it's such a shock to them that someone would actually admit that they're fat and be OK with admitting that they're fat... and not hide it.*

In addition to the sense of freedom, Tatiana talks about the feelings of empowerment that she experiences in revealing her weight. To divulge the number on the scale or to convey that she does indeed wear size 13 clothes allows her to feel that she is reclaiming control of her body and of her weight loss process. It is with confidence that she insists, *I'm completely out now. No more hiding behind the numbers.*

While coming out as a fat person, another transformation was taking place for Tatiana. Because she had always hated her body, she once asked her mother if there was anything that she liked about her physique, to which her mother replied: *You have such lovely eyebrows.* She admits that she *never touched* [her] *eyebrows again.* When I asked her to comment on the meaning of that question to her mother, Tatiana said, *I was trying to find some way, identity-wise, to figure out who I was and what I was all about.* At that point, her sense of self seemed enmeshed with her physical self-concept.

As a Counsellor trained in Narrative Therapy, Tatiana engaged in the process of externalizing her appearance; she set out to learn how to extricate who she was from what she looked like. She mentioned, *When you take the weight away and externalize it, uh, you think, 'oh my gosh, yea, like there's someone in there. I have no memory of it... no acknowledgement of it'.* Finally, with the weight loss, she has allowed that she is more than her weight: *I am a person and there is my issue with my weight.* She has started asking the question, *who am I without my weight*, and found that she is *a lot... outside of weight.* She says, *I have all these values... I have all these interests. There are so many different ways to describe who I am outside of tha*t [weight].

Tatiana has learned to freely reveal the number on the scale and be at ease with her disclosure. Separating her core identity from her appearance has allowed her to start befriending the woman inside. The next step was to invite her to come out as so much more than a fat woman. Tatiana readily acknowledges that one of the elements that contributed to her weight gain this time around is that she was not comfortable being seen a woman; she was also not adept in dealing with the attention that she received as a result of her previous weight losses. Consequently, she used her weight – and her acne – to protect herself from that unsolicited attention. She thought, *if you can get behind the weight and the acne, boy, you really were pretty good as a man to go after me.*

> Tatiana: *And, isn't it amazing how, for me anyway, the weight would be like the clothes and just cover all of that...Because weight is something for me that has been the big cloak that I cover up with. And to not have that there, is at times, has been a very serious proposition to me; to allow people to see something else*

outside of the weight. 'Cause the weight's a big insulation in many ways, not just physically but psychologically, you know.

M: *Well, you said two things were insulation for you: Your weight and your acne.*

Tatiana: *... It's a time of vulnerability, you know, in that sense. But it's also a time of coming out.*

By losing the weight and taking off the cloaks of weight and acne she is inviting others, women and men, to see her as a woman. It is quite scary to remove the *insulation pieces* and deal with the attention she might get when her appearance meets with the accepted societal standards of beauty. According to Tatiana, that is her weight loss process.

A Concluding Metaphor

The metaphor that Tatiana had offered to represent her relationship with her weight throughout her life was that of a fighting match or a boxing match. How has that metaphor changed now that she has lost 26lbs, I asked. Fittingly, she likened her present state to that of a chrysalis. She described her process as a metamorphosis that will let the beautiful butterfly that she has found herself to be emerge from the cocoon. She offers,

I think of it [relationship with weight] *as a process which is a metamorphosis, I guess... but also I think of it as the revealing kind of thing, like taking off the cloak and the revealing. And there's a certain vulnerability that goes with that... It's a bit scary but at the same time, uh, it's quite exciting... Right now, I'm not really in a place where it's very scary.*

Appendix K

Veronica's Story: I Always Wanted to be Athletic

> *I kind of came to see myself as being a strong, athletic girl… I had athletes all the time coming up to me [in university] and saying, you run farther, you run faster, you're stronger, you have more of an endurance than I do and I'm an athlete… representing the university. And I thought, that's such a change from me, being you know, 5, 6, 13, 14, in high school and in university, desp, or call it desperate, wanting to be this athlete and finally coming to where I found people who would come alongside me and say, well, ya, you can do it. And so that kind of totally changed…*

Veronica is a striking 27 year old single woman of French, English and First Nations descent; she stands 6' tall, wears stilettos and drives a red truck! She is open, straightforward, honest to a fault and definitely unflustered by political correctness. An extreme extrovert for whom friendships are very important, she is exceptionally funny and has a loud infectious laugh – our meetings were anything but boring!

All her life, Veronica has been taller than her peers. Her earliest recollections are the taunts of children who were "making fun of her" because she was *bigger than everybody else*. Looking back at her childhood pictures she concludes that she was simply a *normal child who was taller* than the other kids. She also recognizes that because people referred to her as a 'big girl', she acquired a 'fat' identity instead of the physical self-concept of someone who is merely tall. She explains,

> *It's always a, a tension of being tall or being fat. And so, I think I just took on, well, if I'm tall, then I'm fat… so, you end up… instead of just kind of finding who you are in your height… I'm 6 foot, like, like the concept of well, I'm never gonna be a size 0 and it's not because like I'm this monstress, it's because I'm tall.*

Veronica's mesomorphic body shape – large chest, broad back, narrower hips, and muscular legs – and her very prominent cheeks readily give the impression that she is more overweight than she actually is. At the time of the first interview, she had been engaged in her current weight loss program for 6 weeks. She had lost 5lbs from the 246lbs weight that she had reached the previous summer. Four months later, she had lost nearly 40lbs with a goal of losing 23lbs more before her 28th birthday. Throughout her life, Veronica struggled with her weight; however, the overarching theme of her narrative centers around her negative body image and her ambitions to be athletic, to be recognized as someone who is sporty, to achieve the body of an athlete, and to dress like one.

Backdrop: From Kindergarten Onward…

Veronica's account reads like a coming of age story in which she discusses her personal history and talks about all aspects of her relationship with her weight throughout her life.

From clothes to identity.

> *When I was younger, it was about the clothes that I could wear… as I got older it was like about the actual, like my actual faults… then it became about looking athletic or like actually getting rid of, like changing my body in a sense…*

Veronica initiates the story of her relationship with her weight at age 5 when, in kindergarten, she realized that she was *different than everybody else* because of her size. Her negative body image resulted in that she required herself to be *somebody else* in order to feel good. At that time, the alternate persona she aspired to become was someone of a different size who could wear different clothes. She engaged in constant comparison with her schoolmates and sought to imitate the *girls who are Abercrombie…* [or] *American Eagle, say, or The Gap.* She contended with her own self image and struggled with her appearance all through school, especially in grade 7 when her weight reached 200lbs (a milestone she failed to reverse). However, what had started out as a wish to be a different person who could wear different clothes shifted to a longing for a new identity.

When asked if there was an image or a metaphor that she thought appropriate to describe her journey, Veronica offered a quote by Anna Quindlen (1999) "The thing that is really hard, and really amazing, is giving up on being perfect and beginning the work of becoming yourself." What began to emerge in CEGEP and later became fully manifest in University is Veronica's quest for an athletic identity or at least the desire to look like an athlete, which naturally included dressing like one. She yearned to be like those she saw play basketball or rugby at school; she compared her body to that of other girls and found herself wanting. She says,

> *I'd love to be flat chested and tall and my shoulders, you know, my posture and these people [rowers] were all those kind of things. And so, I, I, I didn't even think about what they were wearing cause that changes so much. It was, it was more how their body morphed into these athletes… and that was what I wanted to be…. These people also represented the same circle of what I found to be, like, to be fulfilling.*

With the perception that there was something undeniably wrong with her own body and that she did not measure up to her desired standards, she started to *"weigh [herself] every day… measure* [herself] *every day just to see* in the hope that her body could be transformed to look like *all* [her] *friends who were athletic.* However, not only did she hold her size responsible for hindering her ambitions to make herself over into an athlete, she also believed that she did not have an innate *spirit of athleticism* that would help her become the person she wanted to be. And, because she valued honesty so deeply, she refused to just be a *wanna be athlete who's not athletic.* She became caught in a cycle where her self-identity as a *fat girl* prevented her from playing sports, which in turn might have helped her acquire the body she wanted.

According to Veronica, what she needed was a trainer or a coach who could have helped her recognize that with practice she could become a good team player. This is in fact what facilitated her engagement in her current weight loss; a trainer approached her and recruited her for a gym-based weight loss program designed especially for women. However, because she did not find that person in high school or in CEGEP, she did not even give herself the chance to pursue the path that could have led her to sports participation and fulfillment of her desire to become athletic. She explains,

> *I went to a couple* [rugby] *tryouts, and then I just kind of half-way through the tryout, not even cause I was out of breath or anything, but all of a sudden I would turn on to 'I'm just gonna be the fat athlete' and 'you gonna, why would you put yourself through that kind of thing?' and I would just leave.*

At the end of CEGEP, Veronica took a hiatus in her studies because she lacked the vision to see herself going to University; she also could not see past her weight to a

preferred future that she could achieve. She admits, *I didn't think I was very smart or interesting.* She had reached an all-time high of 247lbs and confesses that she had *pretty much given up* on herself at the time. She felt discouraged about her future: *I didn't see myself, like, I didn't even see myself going to university, let alone actually successfully winning this weight loss battle.* I believe that her comments about the university application process are very telling of the extent to which her sense of self was enmeshed with her physical self-concept. She says,

> *I was really worried about filling out the application because, again, what would people think based on what I wrote; like about who I was. And I didn't want to send in a picture because then they would see who I was.*

The defining moment came when Veronica started running in her first year of University. She was at her highest weight ever; however, having moved to the West Coast, she wanted to *be a runner really bad.* Living in residence, she reached out to her advisor who introduced her to running. Up to that point, Veronica had been driven by a need to compare herself to others. Suddenly, she was becoming the standards to which she could compare herself.

> *The great thing about running was that it wasn't me comparing myself to other people. It was me actually doing something for me where I can measure the, my ability; and I could measure how I was going through it. And, I didn't have to do it in front of other people. I would run at night, 10 o'clock at night to start with. And then, it took me about a month and then I was running every day in the daylight.*

Veronica discovered that she actually could engage in non-competitive physical activity and that she could do so just as she was, even at her highest weight. She came to the realization that her identity was more than what she looked like, that it was *much more than who I am physically.* She acknowledges,

> *University changed me so much from before I went; obviously, I became the person that I, in a lot of ways, am today… it's changed into what I see for myself also, like as far as my weight is concerned… I became consciously aware of who I was in my twenties. I think before that you just have the idea of what you want [of what] other people think you are.*

Self-perception: I'm not what somebody would find attractive.

Veronica's background story provides further insights of her relationship with her weight. She discusses the influence of her family on her negative body image and she sheds light on the constant inner dialogue directly related to her weight status as well as on the impacts that her weight has had on other areas of her life. She charts her often-futile weight loss efforts and sketches her attempts at becoming physically active while describing her intimate relationship with food.

Family influence. The belief that she was different while growing up meant that there was something amiss with her, that somehow she was flawed because she was *fat.* Veronica's skewed sense of self was bolstered by messages communicated to her by family and friends who wanted her to lose weight. She recounts the effects of her mother's attitude toward excess weight and the fact that unless she reached her goal weight she would never be *right*:

> *I don't know that my mom ever said, you need to loose weight. She never said that; but all of her actions kind of went towards… the verbal of what she would say. You know, like if you would have a cookie, well, 'are you sure you want to*

> *have that cookie?'... She never said anything like, 'oh, you look, you look fine'... It was always just like 'oh, when you reach your* [weight loss] *goal'... instead of refocusing; like, 'wait a minute, it's not just about how you look'...* [and because she had her own weight issues, she] *fueled the idea like of, like say what I thought about myself through what she would say about herself.*

Veronica is extremely close to her immediate and extended family. According to her, all her family members have an issue with their weight. Her mother developed a weight problem after she had children and she struggled her entire life *to go back to her pre-baby times.* Her father is *a lost cause...* [who] *like most men...*[do not think about fitness or eating right]... *He would never see* [losing weight] *as something to improve himself; he would just see it as, well, he's supporting my mother.* Blake, her younger brother is an emotional eater who put on *tons of weight* [because] *whatever he may have been going through at the time, he just ate it.* Morgan, her younger sister did not have a *weight problem* growing up; however, when engaged in serious romantic relationships, Morgan gained 70-80lbs each time. As illustration of how Veronica's mental model of attractiveness – a woman cannot be overweight and still be attractive to a man – is deep-rooted is the manner in which she interprets her sister's weight gains; she considers the added weight as tests for Morgan's partners.

> *She had a boyfriend at the time, and, and part of me thinks that it was one of those, like, how much do you love me, really' kind of things. You know, do you love me at this size? Do you love me at this size? And again* [with her second boyfriend], *do you love me now? Do you love me now, like at this size, or?*

When discussing the reasons that motivated her to engage in her current weight loss and her mental readiness to do so, Veronica offers that the weight status of her family member played a significant role in her decision. In addition to her own negative body image, she reached a point where shame and embarrassment at her family's overweight became overwhelming. She describes her process:

> *Just looking around, like, at my family. Like, knowing that everybody was getting larger, you know. Like, my sister was getting larger, I was getting larger, my brother was getting larger and my dad and my mom. So, like, we're all a big family. Well, that's kind of embarrassing. I think, like, I was kind of like 'yea, it's kind of embarrassing that my whole family is big and, and like, we're not doing anything about it'... Instead of bitching about it, I thought I'm just gonna go and do this."*

Ultimately, Veronica's mother joined her in her current weight loss program which has been helpful; however, she maintains that her level of readiness was such that she would have been prepared to go at it alone.

Inner dialogue. For Veronica, the *mental anguish* associated with her self-concept as a *fat girl* is anchored both in the present and in the past. She describes her inner dialogue about her weight as an incessant urge to engage in weight loss efforts and a compelling desire to be an athlete who wants to be recognized as someone who works out. She refers to her self-talk as the *inner struggles...* [regarding] *your concept of who you are, like, weight-wise... it's always been part of my mental dialogue, like, about my weight, and like losing it, and like this constantly; even when I'm not doing anything about weight.* The message being replayed over and again in Veronica's mind was *I need to; I'm ready; I want to do it.* However this *constant inner conversation* that might confirm readiness to lose weight kept reminding her that she was forever a failure at enacting her intention.

From kindergarten onward, her self-talk was spurred by her negative body image; it translated into a relentless longing to be *somebody else,* to have a different body so that she could dress differently and thus favourably compare with her peers. In university she came to accept that there would be only so much she could change of herself, that there were some things she could change and some she could not. She realized that there was a core self that would remain stable regardless of the efforts she made to alter who she was. With this realization, she now finds herself looking back with an altered perspective that in retrospect she did not have so much to hide, that she did have beautiful legs... She wants to rewrite her personal history and wishes that she could change the script. She wishes back, wishing that her life had been different, wishing that her parents had encouraged her to engage in team sports rather than in other non-physical activities – a desire never verbalized, wishing that her high school experience had been different and that there could have been sports programs in which she *could* have participated, wishing...

Impacts of weight.

In her story, Veronica highlights the impacts of her relationship with her weight on the following aspects: (a) affect (b) general level of self-confidence (c) relationships with others, (d) obstacle to engagement in physical activities, (e) character and behaviour.

Affect. A major impact of Veronica's weight is the humiliation associated with her negative body image. She feels ashamed of her body, guilty about eating 'illegal' foods, embarrassed to eat in public, compelled to hide that she buys junk food, uncomfortable when she stands out in a crowd and totally mortified by her family's weight status. Consequently, her need to hide her body and the elements she believes are contributing to her weight status become compelling. She offers two moving, howbeit lengthy, accounts that illustrate her constant obsession with concealing her weight. The first is a description of the technique she used in high school to try and hide the fact that she did not fit in the same size skirt as the other girls in her class.

> *...there was like with the flap to the uniform, you know. You have the skirt so that you tie it on one side and then you bring the flap over and tie it on the other side. And I would put these little, uh, little safety pins and pin it to my underwear so that you couldn't see how wide I was; because it would come, like you had to wear a white shirt and then a sweater over it. So, if you'd put everything so that you'd hide it to the lowest point, which is right here* [top of the thighs] *and pinned it, it would all stay really flat... And then, you'd put your shirt on and then your sweatshirt over top so then nobody would notice how big you really were... because you have this little pin, whatever. And that was a constant struggle in, in high school, was the, this pin that I had to keep undoing and doing up every time I changed or went to the washroom or whatever.*

The second quote is an explanation of how people's judgments have a direct impact on Veronica's sense that she must hide what she eats – she will not eat 'junk food' in public – or what she purchases at the grocery store:

> *Once people are looking into your grocery bag and, like, they can see like the crappy stuff and like the fact that you're a fat girl and you have the Doritos or, you know, you have the chocolate, or whatever. So, like even now, like having worked out and kind of learning more and making better decisions about my food, then you want to make sure that all the good stuff is on the top and nobody sees any bad stuff. So, I'll not buy anything bad cause what if anybody like, looks in my grocery bags and sees that like there's crap in there and then looks at*

> *me… my new fatty foods are like hummus and like pita or something; but something that it's not so obvious that it's fattening you know, because what will other people say?*

This need to hide her weight continued through CEGEP and University. However, her use of clothes as artefacts behind which she could disappear evolved with her growing sense of self. Her inherent desire to hide her weight seems to have transformed into a compelling need to mask her self-identity, as a person and as a woman. She says, *I was trying to hide in these big oversize shirts, and yet, I was so uncomfortable with like, who I was.* She continued to use the sweatshirts to camouflage the top part of her body with the knowledge that she was trying to hide her *femininity.* It was only after she had been running for some time in University that her self-perception began to evolve from *just the fat girl!* to *a strong athletic girl."*She then started to remove the layers which she used to cover her breasts; she was coming out as a woman and slowly started to entertain the thought that she might be a terrific person in her own rights, a woman who has accomplished interesting things in her young life. This change is only at an embryonic stage for Veronica who admits that only in the last few months has she *actually started to embrace* [herself] *as a woman.* Her self-regard is increasing with the possibility that maybe she is *the full package* after all.

Self-confidence. Veronica distinguishes self-regards or self-liking, which is partly a result of satisfaction with her physical self, from self-esteem and self-confidence (Tafarodi, 2002). Even if much of what she tells in her story contradicts her claim, she proposes that as far as she is concerned, self-esteem is a constant that refers to her personal character and she affirms: *I kind of feel like I always had self-esteem… I don't feel that I ever had self-esteem issues… I just had a weight issue.* For Veronica, self-confidence comes from experience with success and with the ability to lose weight. In the end, she agrees that the fact that she has lost almost 40lbs has positively increased her self-confidence:

> *Somebody may have given me an opportunity, you know, with having 40lbs packed on my body before I wouldn't have been confident. Like, they would maybe have given me that opportunity, the same opportunity they would give me now, and it had nothing to do with weight even. But because I'm more confident in myself… I just believe in myself now, like, that I can do things that I put my mind to… I would be more willing to go out and get that.*

Relationships. A further impact of Veronica's self-concept as a 'fat woman' is on her attitude to relationship formation with men. She brings societal context to bear on standards of beauty. According to her, a tall, fat woman would not be attractive to a man in Montreal while presumably she could perhaps be in other cities. Nevertheless, she admits putting up barriers with men with whom she would chose to relate as friends rather than give them a chance to reject her as a potential girlfriend. Her fears of rejection stem from her conviction that she is not *the kind of girl that you could physically see yourself with.* When asked what would be noticeably different about her experience had she not been overweight or obese throughout her life; she answered,

> Veronica: *I probably wouldn't have put myself out there with people as much. Like I would be the funny girl; I wouldn't be like, you know, the cutesy… I don't do the flirty thing… because you never want to put yourself in a situation where people would be like, 'what are you doing?' Like, you know, kind of rejecting you.*
>
> M: *You don't think that fat people can be flirty?*

> Veronica: *I don't know if fat people can be flirty; they just look more ridiculous [laughter] doing it. But for me, I think I would look more ridiculous… when you're flirting, you're kind of just putting yourself out there, like 'hey, look at me', right… and so he turns around and says 'yea, look at you'. You know what I mean… like in a negative way.*

Veronica states that even when she was attracted to someone, she never saw herself with the man like *normal girls,* i.e., thin girls, who could entertain the thought that they could probably be with the man of their dream *down the line should everything work out.* Gender differences are interesting here. For Veronica, women must be slender in order to attract men while there are no such standards for men. In fact, she asserts that if she were a man, she would probably be married or in a long-term relationship now because *there's always a girl for a guy unless you're absolutely this nasty, you know, like blow-your-nose-on-your-sleeve kind of guy. And even then, there's a girl for you.*

Activities. An important consequence of Veronica's emphasis on her weight rather than on her height is that the limiting beliefs she developed about being fat consistently thwarted her aspirations to be athletic and play sports. She says, *I wasn't confident in who I was as an athlete… and so, my abilities to do athletics were kind of stumped by my insecurities in my physical weight.* She consistently compared herself unfavourably to *all of* [her] *friends* [who] *are very beautiful and athletic and slender;* therefore, she refrained from engaging in activities she would deem enjoyable, i.e., wave boarding or surfing, because she did not want to let others know how big she really was and what *if the board sunk?* Veronica discusses her frame of mind before she started her current weight loss efforts: *I can't go another summer going, uh, you know, if only I could fit into this or if only I could do this, or whatever. Like, cause mentally, if you know that you're big, especially when you know you've grown up that, you won't do certain things.*

Character and behaviour. Whether she intended to engage in organized sports or simply took stock of herself in comparison to her *very attractive* friends, both female and male, Veronica continued to think of herself as *the fat girl who's friend with the attractive people… the friend who, you know, the fat friend who could become friend with beautiful people.* She attributes her ability to form meaningful friendships in spite of her appearance to the fact that she is *funny… and knows a lot of people* rather than to the fact that she is an extremely charismatic person. She also credits her weight for her propensity to engage in relationships with *quality* rather than superficial people as she assumes she would have had her weight not been an issue all her life.

For Veronica, not all aspects of her relationship with her weight are negative. She says, *as much as this whole weight thing has been, like, in a sense it sounds really like there's mental anguish and like so much, like tension; and just a whole bunch of stress for no reason. I wouldn't be the person I am today if I hadn't gone through that.* She suggests that she would have been less compassionate with people such as those morbidly obese or people with handicap or mental illness because *what if it happened* to her! Finally, she credits her weight for keeping her away from drugs, alcohol, and smoking. In her words, *I never wanted to put myself in the midst of going to a club… I didn't want attention… The meat market was not calling me.* However, she confesses that in reality, she *probably would have gone a different path* had she not been concerned about her size, her appearance and her weight.

Prior weight loss: A Monday to Friday experience.

> *Sort of a Monday to Friday thing* [laughter]; *you know, Monday's like the National, like Girl's Fat Day to Start Over [laughter]. All things become new on Monday. Hum, and so, you start kind of good, and you, you eat whatever you think is right for whatever diet you're following… Diets were just like big circles going and constantly going around and you fail. And then, you 'OK, I'll start again on Monday'. And then, you fail and, you know, because you don't ever see, you don't; it's like you don't learn yet about like a lifestyle change.*

Veronica maintains that her set weight is 234. She claims *that's the weight that I did all of my exercise and everything and never lost any more than that. That was the weight that was like the weight that I could only maintain.* At this point, she considers 200lbs a *miracle weight* while acknowledging that184lbs would be the *"perfect weight"* that she never succeeded in reaching. Throughout her life, her mother's struggles with her own weight had a definite influence on Veronica's relationship with her own weight. It is easy to understand how she would have blamed herself for her mother's weight issues, *especially as an oldest child you kind of see yourself in your mom and then you just kind of mirror what she does, you know… and if she was, you know, dealing with her weight and whatever, you kind of would hear it.* On several occasions she followed a diet or another, *Weight Watchers*, *Atkins*, just because her mother took her along on her own weight loss journeys. She lost a few pounds but was never successful at reaching a goal or maintaining the weight loss. She says,

> *When I was younger, the idea of losing weight was really like a great idea in your mind but you never; you can't do anything; you have no control over your groceries, you have no control over what's available to you, really. And you have; you're a kid, you have, you know, no willpower whatsoever. So, the idea of losing weight was just an idea.*

Whereas the idea of losing weight remained a mere fantasy for so long, engaging in her current weight loss required that she take a stance and break with family patterns. She had followed her mother's lead for so long and had engaged in diverse weight loss programs with her without necessarily experiencing success; the roles have now been reversed. Veronica has come of age and has assumed responsibility for her own weight loss.

I never actually kind of grasped the concept… of a lifestyle.

We have already discussed Veronica's experience with physical activity, her desire to be athletic and her commitment to running while in university. She maintains that although she did not engage in sports as much as she would have liked throughout her life, she, *never had a problem with exercise; I've loved exercise. I, like, my issue is with nutritional intake.* With the knowledge that social support is a key success factor in sustaining her engagement in weight loss efforts, she returned home after completing a double major in university with a specific action plan. She determined to find a *community* with whom she could keep running; so, she joined the *Running Room* and started training for a marathon. Half way through her training she was injured with plantar fasciitis and was forced to reduce the level and frequency of her training. She offered 'learn-to-run' clinics but felt unchallenged; ultimately she quit running altogether. At that point, she joined a gym; however, she admits that because she *never actually got on to a community within the gym,* she totally stopped exercising. Seven months later, because she had never changed her way of eating nor made exercise part of a healthy lifestyle, she had gained 25lbs.

Prior relationship with food.

Veronica recounts that even she was only 8 years old, she knew about eating too much and yet sometimes she would still do it. She grew up with constant injunctions that she did not *need dessert* or that she did not *want cookies, or... chocolate.* These somewhat passive-aggressive messages had the underlying assumptions that as a *fat girl,* she *should* refrain from eating the *bad versus good* food. Veronica offers a retort to the *skinny girls* who facetiously comment about eating chocolate: *OK, you ate a square of the chocolate bar; I eat the entire chocolate bar.* Consequently, she sees the consumption of food she has *demonized* as one-time opportunities that need to be seized because *what if they never show up again?* Veronica talks about *coming up against* the illegal foods and provides a description of her eating as:

> *unconscious... freak-out sessions that you have where you just kind of go 'oh well, you just need to it eat it all right now', and like right away and as quick as I can and as much as I can and stuff myself full so then tomorrow I can start on the diet."*

Even as she affirms that she makes better food choices now, whenever she gives in on a whim and buys cookies, chocolate, or 'junk food', she still feels compelled to eat the food all as quickly as she can in order to alleviate the mental anguish associated with resisting the *bad stuff.* She says, *I eat it all first because if I get rid of it, then I don't have it for the rest of the week... it's just such mental turmoil.* It is no wonder that she always feels guilty about eating.

As is customary with emotional eating, there are times when Veronica eats when she is not hungry. She uses food to *connect with somebody in conversation* or to deal with emotions such as anxiety, sadness, boredom, loneliness or heartbreak. There is very little that a *big sugar drink from Starbucks* cannot assuage. What is distinctive; however, is her use of food to alleviate the stress caused by her weight status. She says,

> *When I felt out-of-control with my weight. Like if you're bored and you, you're thinking about how you're fat. Or, how, like, you really want to loose weight and then, in order to, like the anxiety that rises in you, you go to the cupboard and you find something that you can eat.*
>
> And the cycle continues...

Current Weight Loss

At the beginning of the summer, Veronica finally weighed herself and decided that she needed to stop gaining weight. She had reached that point where she recognized that she was out-of-control as far as her eating was concerned and she was able to say *this is not right; this is not where I'm supposed to be... enough is enough!* She was looking for a long-term, permanent solution and did not want to go on a diet given that diets did not work for her or for anyone who is simply looking *to get results instead of* [recognizing that] *this is a lifestyle.* Her past experience with weight management had been with increased physical activity, i.e., running, and she still entertained the desire to be athletic. Therefore, she joined the gym and resolved to start exercising while eating healthy. Her goals were first and foremost to become athletic and second, to achieve weight loss as a by-product of her hard work in the gym. She knew how to lose weight and she did lose 2lbs on her own; however, she was keenly aware that she could not continue alone.

Opportunity.

The break that facilitated the translation of Veronica's inner longings into actual engagement in a weight loss process came in the form of an invitation by a trainer to join a group program named *Women's Transformation*; a program designed for women that included gym-based activities and nutritional considerations. An avid fan of the *Biggest Loser*, a TV show where people are followed by a trainer, Veronica had been inspired by success stories where the journey had a beginning and a successful ending. She had also wished all her life for a coach or a trainer who would come alongside her and help her lose weight; now was her opportunity! According to her, it was *the right environment* [and] *the right kind of people* that propelled her into action.

Motivation.

When asked to prioritize the reasons why she engaged in weight loss efforts at this time, Veronica suggests *opportunity* as the element at the top of her list. Her response to the trainer's invitation to join the *Women's Transformation* program was *where have you been… for the last 7 years?* However, the invitation needed to resonate with other self-directed if not intrinsic motivational factors to lose weight. While she downplays the place that her physical health had on her decision, she admits feeling *hopeless… defeated…* [and] *out-of-control* but also feeling ready with a *I'm just gonna do it* sense of determination:

> *I knew how much I weighed and I knew that either I was going to do something about it or nothing about it. But if I did nothing about it, I'd be disgustingly ginormous and I would be very unhappy and I would just be; it was like there's no option. Either I was gonna get my ass in the gym or I was not gonna get my ass in the gym, but there was no way I wasn't gonna do it. You know, like… there was no option.*

When I asked Veronica to comment on the research questions, she offered that knowing how difficult it is to lose weight, women who would want to do so must be willing to *pay the price;* they must be ready to do what it takes or they should simply stop complaining *because obviously, you're OK with it if you're like that.* According to her, the decision must be made deliberately, for personal reasons and with the knowledge that *this is gonna be the hardest thing* [and] *you'll never be successful at something if it's not what you want to do.* This was Veronica's attitude when she began her weight loss program. She took ownership of her own process and she was determined to do *whatever it takes!*

In her story, Veronica listed some of the critical elements in her decision to lose weight, factors which led to successful engagement. These include (a) impact of negative body image given her recent weight gain, (b) ambition to get married, and of course her (c) deep-seated desire to acquire an athletic identity.

Wanting to feel better. In addition to the impacts of her weight discussed above, Veronica's negative physical self-concept and her discontent with her recent weight – 25lbs over the past 7 months – came to bear on her determination to lose weight this time around. Part of her story is the belief that dissatisfaction with her body image had a direct effect on her self-regard, *I wasn't happy with my body by any means and of course… it reached out into how I felt about myself, like mentally and, and all that.* Consequently, she determined to lose weight with the hope that increased contentment with her appearance would result in greater self-love, which in turn would improve her chances to be loved by others. She says, *I just know that when I'm not happy with*

myself, it shows on the outside… nobody's gonna want to be with somebody, as friends, more than anything else, if you're obviously not happy with yourself. If I didn't start loving myself, how can I expect anybody else to love me?

Wanting to get married. It is noteworthy, if not heartrending, that her weight status prevented Veronica to love herself let alone accepting that others, men in particular, could love her in spite of her size. Marriage in her late twenties or early thirties has consistently been a part of her life vision; at 27 she considered herself nearly ready. Reflecting back on her journey through university until now, she says: *My journey, like I started the idea of being an athlete… It's just like I wasn't ready until now. And like finally, it was like, OK, now I'm ready and it just; everything just made sense that I'm where I am…;* ready to *fall in love* and get married.

Since she believed that she was *physically inadequate* to attract a partner, Veronica was convinced that she required a transformation in order to do so. She felt the need to lose weight so she would not be *a fat bride.* When discussing her readiness to engage in the weight loss program, she offers:

> *I just see myself on all the playing fields; like, how I am socially, how I am, like, career-wise, where I'm at in my, uh, lifestyle, uh, spiritually… sort of like the whole thing. Like if you, you know, you choose the whole thing right down to the kind of person you would want to be with. Then you have to become that kind, the person you're looking for wants to be with.*

Wanting to be athletic. As Veronica would put it, when you are the *tallest person in a world of midgets* you cannot be invisible. This is how she perceived herself at 6'3" (with heels). Again, appearance becomes a motivating factor for her weight loss efforts. She contends that she did not aspire to become thin; she wanted to be the *athletic girl* who *looks fit.* According to her, she felt comfortable in a gym environment. However, just as she did in high-school and CEGEP, she was looking for the real deal. She says, *I didn't want to be the girl who wears, you know, fake Le Chateau running shoes, you know, hardly sweats a bit and just prances around like a princess around the gym.* Rather, she wanted to be *hard core* in her efforts; ultimately this lead to a dream to train for the *Iron Man* triathlon.

Goals and action plan.

Veronica did not start her weight loss journey with the idea of an ultimate goal weight she wanted to reach nor did she have a vision of herself at her *dream weight.* She mentions,

> *Because you've never reached the goal, you think it's never… you never think that you're actually gonna reach the end of the rainbow. So, you're just on this journey and it just becomes about the journey instead, like, and everybody goes, you know the whole Harley Davidson slo, slogan, slogan, it's about the journey, not the destination. And although that's true, sometimes it's nice to just get to the destination* [laughter]. *And I thought, I'm never gonna get to the destination."*

Even though her trainer keeps reminding her that 'they' could get her to a lower weight than she likes to imagine, Veronica prefers to set more specific and realistic proximal goals such as lose the 25lbs she had recently gained, shedding an additional 23lbs by her 28th birthday or wearing clothes that have no *x in the size.* Her sense of self-efficacy toward goal achievement is such that even after she has lost 37lbs she still sees herself as *the girl who has weight to lose* and a long way to go; she is willing to

take the necessary steps to reach the goal but remains doubtful that she will ever get there.

In terms of a specific action plan that would help her reach her desired goals, Veronica admits that she simply purposed to *give* [herself] *to the trainer and go, 'OK, what do you want me to do?'* The only marks of ownership into the weight loss process are the ability to follow instructions and the will to do so. My hunch is that the appeal of an action plan such as Veronica's is the assurance that collusion with the expert (trainer) will bring the desired results. The body becomes the project that both Veronica and her trainers are working on to melt, shape and improve. *We're building my shoulders,"* she says, *"so that I have more of a, we're shaping me* [indicating a V with her hands].

The journey.

A month and a half later, I am where I am today. Going, like, I can see uh, results, but I can also see where, like, I'm ready for those results.

Veronica's weight loss journey began with the *Women's Transformation* 12-week program, which, because of missed classes and holidays, lasted approximately 5 months. The program was led by a senior (male) trainer and a junior (female) trainer who ultimately became Veronica's very good friend. When the program was over, she joined other *hard core spinners...* [those who] *have the shoes and everything* at the same gym and continued her weight loss efforts informally with the trainer who had become her friend. Throughout the entire weight loss process, she combined mindful eating with increased levels of gym-based physical activity.

At the start of the *Women's Transformation* program Veronica was weighed and measured. She minimizes the embarrassment of revealing her weight with her determination to commit fully to the program and thereby to never come back to her initial weight. She says, *I wasn't embarrassed... I was just, like, you know, talk to me in a year and see where I am now.*

Veronica wanted a long-term lifestyle change that included eating like a *healthy person,* self-monitoring and self-awareness in regards to her food consumption. Unlike previous times when she attempted to lose weight she actually ate rather than simply obsessed about food. Although she was provided with nutrition education, she was never given a 'diet' per se by the trainers nor did she ever intend to go on a very restrictive eating plan, which she believed would only result in weight gain if she resumed her former eating habits. Granted, she was instructed to make a list of *out (*dangerous) foods that she agreed to avoid for a given period of time; however, she was adamant that her eating plan not be about restricting food but about making choices congruent with her objectives. For her, eating certain foods meant to postpone her goals; she chose accordingly.

As well, to help increase her self-awareness, Veronica was asked to keep food logs that would be read by the trainer on a weekly basis. I was curious to know whether she avoided eating certain foods to escape reproach from the reader of her food logs. She denied that this was ever the case; however, she also admitted writing some of her logs from recollection just prior to going into a training session rather than faithfully recording what she ate on a daily basis. Her story is that she was never a *dear diary kind of girl* and therefore keeping up with recording what she ate demanded great discipline on her part.

According to Veronica, she was more rigid with her food choices in the beginning of the program. She talks about *slacking off* over the holiday season or of *not being as*

hard-core as in the beginning because *everybody deserves a chocolate day.* During our second interview, she referred to the need to go back to not eating anything on the *out* list and herein is Veronica's struggle with reaching her desired goals. She never deprived herself entirely of what she wanted to eat and allowed for *days off* during which she assuaged the pangs of guilt from poor food choices with additional training such as a 3-hour spin class!

In terms of physical activity, each participant in *Women's Transformation* was given a personalized program in addition to group instruction and fitness training that took place on a weekly basis. Veronica trained at the gym six days a week, planning in advance what she would do on a given week. She attended a number of lunch classes and combined cardio and weight training. As the weeks progressed and her fitness level increased, she started training regularly with her friend (the trainer) and was challenged to surpass herself to achieve physical exploits she did not believe herself capable of accomplishing. Suddenly, she could keep up with the trainer! Could it be that she was finally acquiring the athletic identity she so passionately sought to attain? Veronica offered that her concept of what it meant to be athletic was fined-tuned during this time. She realized that she had gained the freedom to do what she wanted with her body and she could push herself to do things she had not done before. For her, this meant that she was well on her way to being the kind of athlete she wanted to be.

What stood between Veronica and full acquiescence that she was in fact becoming an athlete was that she continued to think of herself as a fat woman. Her trainers worked throughout the program to help her discard her 'fat identity', the *mental blockage* that had her convinced that she was not the strong athletic woman she was on her way to become. She says, *I'm standing in front of my mirror naked, I still see myself as 40lbs heavier… I'm still a fat person… It's all part of, like, it's not just physically changing or physically losing weight; it's also mentally losing weight.* It would seem that the course of *mentally losing weight* does not happen at the same rate as the physical shedding of pounds. Veronica has a unique way to express the process as *it's almost like your brain has to like knock on your brain's door to… you know, wake up!* She only has fleeting glimpses of herself as having lost weight on *random days* when wearing her *Lululemon ass pants* to the gym she sees her reflection in the mirror, opens her brain's door and determines that she might be *mentally ready to lose weight.*

Veronica worked really hard during *Women's Transformation* and she lost significantly more weight than other women in the group. She credits her determination for her success but also admits that she found the weight loss process to be as time-consuming and taxing as a *second full-time job…* [in which] *you have to be willing to put as much effort and priority in yourself as anybody else… this is as important as anything else in my life right now and I'm going to do it and this is what it's gonna take.*

Helpful elements.

When I asked Veronica how confident she was that she would sustain her weight loss efforts after she had enrolled in the $400 *Women's Transformation* program, she replied:

> *It was this or nothing. Or I was never gonna do it… Because at the end of the day, everything is handed to you, pretty much, you know. I had the gym membership, I had the motivation, I had the support of family and friends and people around that I was meeting; I had the knowledge because I was getting it through the trainers. So, like I mean, if I didn't, wasn't successful at it, then. And mentally, I was ready to do it. So, if I wasn't successful at it, then I was screwed.*

Yes, she did have internal resources and the gym membership; however, in the not-so-distant past Veronica had abandoned the gym because she did not find that sense of community that persuaded her to keep forging ahead. This time around, her own mastery experiences, her trainers' support and the encouragement of fellow group members helped her sustain engagement in her weight loss efforts.

Mastery experiences. First, Veronica gained confidence that her efforts would pay off when she lost 4lbs after the first week on the program and consistently continued to lose on subsequent weeks. Second, her improved capacity to perform basic exercises increased her self-efficacy beliefs toward goal achievement. She talks of the satisfaction she derived *from not being able to do a push up to now doing full push ups* or from realizing that she could accomplish much more physically than she previously thought could be possible.

Expert support. The trainer who asked Veronica to join the *Women's Transformation* program was the catalyst to her taking action to lose weight. The continued support offered by both trainers also helped her persevere through the engagement period into full-scale enactment of her intentions. However, Veronica found not only the expert advice to be useful; she also valued the manner in which it was provided as well as the person who offered it. She found *the illusion of somebody actually car[ing] whether or not you're successful* an important ingredient of her success. She also welcomed the encouragement and the accountability provided by the trainers. Veronica makes a distinction between the 'accountability' factor associated with *Weight Watchers* and that within *Women's Transformation.* While the former is deemed ineffective because it is elicited by *little old ladies,* the latter works because it is the trainer who provides the accountability framework. The trainer is an expert to whom Veronica can look up; she is one to whom she can relate to such an extent that her sense of self-efficacy toward goal pursuit is increased through vicarious experience at the gym.

Group support. According to Veronica, the English girls in the *Women's Transformation* group offer support to each others in class and outside the gym. This is a crucial element for Veronica who needs have that sense of community and social support to persist in her weight loss efforts at the gym. She describes how the support she received from others and in turn provided to newcomers could be helpful to keep neophytes in a gym-based environment:

> *Women are in need of connecting emotionally… the gym is almost the worst place to do that because everybody's kind of like… compares themselves. But if you can get past that and really connect with other women or even, like, just people in general, and foster that sense of like, belongingness, then there's no reason that you would, that you need to feel like a fish out of water.*

The only caveat with the group program is that Veronica feels that she must be careful not to let her brilliance shine too strongly. She is afraid that her group mates will resent her when they find out that she has lost more weight than them!

The Change

> *Unless you go through the journey of losing weight* [instead of gastric by-pass surgery] *and learning self-discipline and all those other things; like, can you really say that like the whole journey has been well worth it… because you need to go through all the processes to get to the end result; like mentally, not just physically, you know. Like, it's almost like you have to grieve for that person that*

you are losing. Like, because as much as like I'm the same person as I was 40lbs ago, I'm not that same person at the same time; I've changed.

Body image. As a woman, Veronica feels more attractive since she has lost weight. She acknowledges: *I've awakened in a way, like as a woman just because prob, for a while I was shut down, you know, just not being connected with myself, I guess... well you can't help but feel more attractive, I think, just because people are like, 'wow, you look really good'.* Although she has not entirely succeeded in shedding her identity as a 'fat woman', she does realize that whereas before she would have often wished to be invisible or she would have let her weight stop her from doing certain things or from asserting her opinion, now that she is *more comfortable* in her own skin, she can look at herself in the mirror and see what she has been missing all along. She says, *it's like you turn off certain senses... when you aren't comfortable with who you are; like, when you're overweight.* As her weight comes down, Veronica allows her senses to be re-ignited: her sense of who she is as a tall woman who can declare: *maybe I'm more comfortable with it* [her strong character]... *it's not just about how you look physically... Like, yea, that's who I am, take it or leave it and I wouldn't, even if you laughed, I wouldn't care cause it's... not me, it's you, you know.*

Dressing like an athlete.

In regards to achieving an athletic identity, the work is still in progress. It is noteworthy that Veronica feels her body has changed the most when she is wearing her work-out clothes. For her, it is important not only to work out and be an athlete; she wants to look like one and dress like one. She says, *If I go out to the grocery store, like you know, and I'm wearing whatever, you know, like I wonder if people can tell that I work out.* She continues her story with enthusiasm and energy about buying clothes at *Lululemon Athletica*, the ultimate in yoga inspired athletic apparel worn in and out of the gym by those who can afford the steep price tags. When she tried on some of the clothes in the store, she experienced a fleeting moment when she had a glimpse of who she had become: *All of a sudden it was like I could see what people were seeing. Like for a split second and then I was like and then I was like that was it!* The reward for her hard work was buying pants in a size smaller than she could ever dream of!

Relationship to food.

Since the beginning of her weight loss efforts, the meaning of food has changed for Veronica and so has her approach to eating. Food seems to have lost its duality of good vs. evil. There is no more mindless consumption since eating has now become a conscious choice. She affirms, *I never have one of those moments going, 'what am I doing?'... We all have choices to make and depending on what my goal is, I'm gonna make certain choices and if I don't make the best choices... I know how I can make it better.* The reward for Veronica is that she feels in control of her eating and that for her, conscious eating is guilt free. Instead of the former all-or-nothing thinking when she chooses to eat *fattening foods*, she reassures herself with her determination which says, *I've come a long way and I have further to go but I've made it part of my lifestyle and mindset not to go back there* [square one].

A Conclusion; Not an Ending

A fitting ending to Veronica's story is her discussion of goal pursuit.

M: *What is the destination* [for you now that you only have 28lbs to go]...

Veronica: *Now the final destination I think is the number but when I get to that destination, the destination will become the starting point of the next journey. And the destination, the end point will have changed.*

M: *What do you think the next destination's gonna be?*

Veronica: *Well, I think that, uh, it will be something along the lines of an action like learning to do something, or if I end up doing triathlons…*

Appendix L

Interview Guide – 1st Interview

This interview is mainly about your past experience with your weight / *before you started losing weight this time around.* During the next interview, we will talk about the reasons that brought you to want to lose weight and the ways you actually are doing it.

1. In as much detail as you wish, tell me your story as regards your weight throughout your adult life.

   Prompts:
   - Would there be a metaphor that comes to mind that represents your relationship with your weight throughout your life?
   - Would you say that you had a weight "problem" before today?
   - [if this is not the first time they are doing something about losing weight] Tell me about your past experiences trying to lose weight.
   - When did you become aware of dealing with extra weight?
   - Was there a weight you would say, this was my 'set weight'?
   - *Did the members of your family have weight issues?*

2. I had asked you to select pictures of yourself before you started losing weight; would you tell me about yourself in those pictures.

   Prompts:
   - How did you feel about yourself in general at the time the picture(s) was/were taken?
   - Tell me about your feelings in regards to your weight at that time.
   - How did you feel about your body in general? Are there parts that you liked?
   - Were there situations when you have felt good about your body or about yourself as regards your weight? What were they?
   - Were there situations when you have felt bad about your body or felt bad about yourself in regards to your weight? What were they?

3. In terms of your relationships;
   - Do you feel that your weight had any impact on the way people interacted with you; accepted or rejected you; felt about you and your competencies?
   - Do you think that other people wanted you to lose weight? If so, who? For what reasons? *How did you feel about that?*

4. What images come to mind when I say the terms 'overweight' and 'obese'?
5. How do you think your experience with your weight would have been different if you were a man?
6. Can you describe other impacts do you think that weight had on your life?
7. Tell me about your relationship with food throughout your life, before you started on your weight loss program? Where there times when you ate for reasons other than being hungry? What were some of these reasons?
8. Are you someone who liked to exercise before engaging in your weight loss program? If so, what did you do before? Where? How often?
9. Is there anything else you would like to share about your story with weight before you embarked on this successful weight loss program?

Thank you for your time today. In the next interview we will focus on your weight-loss experience. I would ask you to think about the factors that influenced your decision and helped you actually start losing weight.

Appendix M

Interview Guide – 2nd Interview

The last interview was mainly about your past experience with your weight / *before you started losing weight this time around.* During this interview, I would like us to talk about the reasons that brought you to want to lose weight and the ways you are actually doing it. **There will be 3 parts to this interview:** (a) the reasons why and the manner in which you made the decision to lose weight, (b) the way in which you took action, (c) your experience since you started.

First Part: Making a decision to lose weight. [This is not about taking action; it is about the decision-making process].

1. As a means to reconnect with what you said last time, would you tell me **why** you decided to lose weight this time around?
2. In as much detail as you wish, tell me **how** you came to decide to lose weight this time?

Prompts:

- What were some of the feelings involved in making your decision to lose weight?
- Is there an event, a situation, a word someone said that stands out as something that helped you decide to lose weight?
- [As a recap] If you were going to put this in point form, what are all the factors that motivated you to want to lose weight?

Second Part: Taking action

3. When you first thought about losing weight, what were some of the ways you considered doing it before you decided on this particular program that you are doing now?
4. What did you finally decide to do? Tell me the story of **how** you got started on your current weight loss program?

Prompts:

- How exactly did you **cross the threshold** of not doing anything to lose weight to taking action to do so? What were the first steps you took?
- What/who helped you get going in the first place? Did anyone say/do something that helped you? What else helped you? If you were going to rank these, what would you say helped you the most to take action?
- At the beginning, did you have a **vision** of yourself having reached your goal? Did that impact your getting started?
- Did you have a concrete **action plan** of exactly what you were going to do before you started? [If so, how easy/hard was it for you to make an action plan? Did it help you?]; did someone help you design a diet / exercise program?
- Did you know a lot about what you chose to do [eg., dieting]?
- [Recap] **To what do you attribute your success** with getting started on your weight loss program?

5. On a scale of 1 to 10, when you made your decision to lose weight, how confident were you that you could actually do what you intended to do? If little, why / if very confident, what/who contributed to this confidence.
6. On a scale of 1 to 10, when you made your decision to lose weight, how confident did you feel that you would do what you intended to do? How much effort did it take to actually do what you intended to do?

Third Part: Weight loss experience

7. Tell me about your experience since you got started?

Prompts:

- What exactly are you trying to achieve? On a scale of 1 to 10, how confident are you that you will achieve your goal? If little, why / if very confident, what/who contributed to this confidence. Is reaching your goal weight important for you?
- How do you keep track of how you are doing?
- What have been some of your challenges? How have you overcome them?

- How consistent are you in doing what you planned to do? If not, how do you get back on track when you go off your weight loss program?
- What helps you keep going? What helps/motivate you to keep putting in the effort to continue losing weight?

8. How is this experience of losing weight different than your past experiences? What stands out for you regarding this experience as compared to other previous experiences with trying to lose weight?
9. How do you feel now that you have lost some weight?

Prompts:

- Do you feel different about yourself than before [self-esteem]?
- How do you feel about your body?
- What about the feeling of 'being a woman'; has that changed?
- Do you notice any change in your interaction with people due to your weight loss?

10. What is your relationship to food now?

Prompts:

- How confident are you that you can control what/when you eat?
- Are there times when you eat for reasons other than hunger? What are some of these reasons?

11. *Tell me about physical activity now.*
    - Do you exercise, if so, when/where?
    - How did you start? How confident were you that you could exercise? Do you like exercising? Is that something you would want to continue doing after you lose weight? How confident are you that you will?
12. Is there anything else that you would want to tell me?

Appendix N

Interview Guide – 3rd Interview

1. How is it going with your weight loss since the last interview?
2. Did anything else come to mind about your experience of deciding to lose weight and actually doing something about it?
3. Reflecting on your experience, is there anything else that would you identify as important in motivating you to actually losing weight – doing it?
4. What would you say has been the change for you since you started on your weight loss journey?

Prompts:

- What are all the elements that have changed in your life?
- What's the main cause of that change – the main reason why you've changed?

5. I have transcribed and read your responses to the first two interviews. I have noted some prominent themes and patterns that stood out for me as well as some questions that I have. However, before I share these with you, let me ask you, when you think back about the first two interviews, I wonder if you can identify some <u>themes</u> and some <u>patterns</u> in your responses that stand out for you.
6. On the whole, what do all these themes mean to you?

Prompts:

- On the whole, what do all these themes mean to you?

7. Some patterns I have identified that I would ask you to comment upon...
8. My research questions are:

Prompts:

a) How do obese women form an intention to lose weight?
b) How do they successfully translate this intention into weight loss behaviours?
c) Do you have any thoughts on these questions?

9. Are there any insights that you gained from recounting your weight loss experience and telling your story? Do these have an impact on your commitment to continue in your weight loss endeavours?

Appendix O

Elaine – Interview Codes

Interview 1

Questions for interview 1:

- What is the focus of the entire interview?
- How does this relate to weight / food / physical activity / self-concept... (and other pertinent concept)?
- What is the context for the present weight loss (internal / external)?
- Is there prior experience with intention formation / engagement?
- How is change experienced / portrayed here?

Focus of interview: History of overweight with a focus on family; illness as a turning point; food as comfort.

1. Relationship with weight general (not involving specific gain / loss)
   - 1.1. Affect (how she feels in regards to her weight)
   - 1.2. Behavior (how she acts as a result of being a fat person)
   - 1.3. Impact
     - 1.3.1. Relationships
     - 1.3.2. Activities
   - 1.4. Stigma (others' reaction to her weight)
2. Personal history (past)
   - 2.1. Weight gain (specific moment when she was gaining / had just gained weight)
     - 2.1.1. Contributing factor (all factors regarded as causing weight gain)
     - 2.1.2. Response
       - 2.1.2.1. Behavior (such as not weighing self)
       - 2.1.2.2. Psychological (e.g. denial)
       - 2.1.2.3. Affect (emotions related to gaining weight)
   - 2.2. Weight loss
     - 2.2.1.Patterns (e.g., yo-yo dieting)
     - 2.2.2.Contributing factor (specific moments when she was losing weight)
     - 2.2.3.Practice (dieting history or what was done in specific instance)
     - 2.2.4.Support (those who helped with weight loss)
       - 2.2.4.1. Expert
       - 2.2.4.2. Others
     - 2.2.5.Affect (emotions related to process or resulting from weight loss)
   - 2.3. Relationship to food
     - 2.3.1.Eating patterns (when / how one ate)
     - 2.3.2.Eating preferences (what one ate / craved)
     - 2.3.3.Nutrition education (good / bad foods)
     - 2.3.4.Non-hunger eating (related to all aspects of eating other than for satisfying physical hunger)
   - 2.4. Physical activity
     - 2.4.1.Patterns (what was done)
     - 2.4.2.Impediments (self / general)
   - 2.5. Relationships (general)
   - 2.6. Decision-making (other than to lose weight)
   - 2.7. Self-esteem (direct reference to self-esteem / general self-worth)
   - 2.8. Family
     - 2.8.1.Weight history of family members
     - 2.8.2.Behavioral patterns (general)
     - 2.8.3.Weight loss practices
     - 2.8.4.Eating traditions and practices
   - 2.9. Societal practices (media and other societal practices / messages)

3. Present weight loss experience
   3.1. Factor contributing to initiation (reasons why initiate weight loss)
   3.2. Practice (program followed)
   3.3. Relationship to food
      3.3.1. Eating patterns
      3.3.2. Evaluation (good / bad food)
      3.3.3. Non-hunger eating
   3.4. Physical activity
   3.5. Self-regulation
      3.5.1. Sustained effort
   3.6. Support
   3.7. Family
      3.7.1. Behavioral patterns
      3.7.2. Practices
4. Change
   4.1. Health
   4.2. Dress
   4.3. Affect (associated with body / weight)
5. Self-concept
   5.1. Assessment (this is who I am/ my personality)
   5.2. Affect (how I feel about who I am)
6. Body image (what I feel about my body)
   6.1. Formative influence
   6.2. Positive
   6.3. Negative
   6.4. Revisionist perspective
7. Mental model
   7.1. Overweight
   7.2. Obesity
   7.3. Weight loss
   7.4. Weight acceptance
   7.5. Affect
8. Self-efficacy
   8.1. Weight loss

Interview 2

Questions for interview 2:

- What is the focus of the entire interview?
- How does this relate to weight / food / physical activity / self-concept...?
- What is the context for present weight loss (internal / external)?
- How is change experienced / portrayed here.?

Focus of interview: Relapse as alternating between preparation and action; desire to be **normal** (who she is, what she looks like, what she does, how she eats); weight loss/relapse recovery as a battle.

1. Self-concept
   1.1. Gender
   1.2. Self-esteem
2. Present weight loss
   2.1. Distal goal (what one wants to achieve with weight loss; includes desired weight)
   2.2. Initiation
      2.2.1. Readiness (psychological state which facilitates decision-making and engagement; behavioral patterns just prior to initiation)
      2.2.2. Motivator (initial goal; factor that influenced decision to lose weight)
         2.2.2.1. Internal (self-oriented reason to lose weight)

2.2.2.2. External (other-directed reason to lose weight)
2.2.3. Decisive factor (factor/event identified as turning-point for engagement)
2.3. Persistence
2.3.1. Motivator (factor that influence continued engagement; affect resulting from persistency)
2.3.1.1. Internal (self-oriented reason to continue)
2.3.1.2. External (other-directed reason to continue)
2.3.1.3. Social support (support from others to continue)
2.3.2. Challenges (obstacles to weigh loss)
2.3.2.1. Lapse/relapse (what caused one to stop pursuing weight loss strategy; consistency patterns; affect resulting from lapse/relapse)
2.3.2.2. Recovery pattern (factors/affect involved in recovery from relapse)
2.3.3. Self-monitoring (how progress is monitored)
2.4. Strategy (what is done to lose weight)
2.4.1. Nutrition
2.4.2. Physical activity
2.4.3. Success factor (reason why the particular weight loss strategy works; also includes differences with past weight loss)
2.5. Locus of control (no one's gonna do it for me)
2.6. Self-efficacy (belief concerning whether she could engage/persist in the process)
2.7. Characteristics (how weight loss process is described / characterized)
2.8. Impact
2.8.1. Psychological (emotional / cognitive effect of weight loss)
2.8.2. Behavioral (change in behavior patterns as a result of weight loss)
2.8.3. Interpersonal (effect of present weight loss ways one relates to others or on how other respond)

3. Past weight loss
3.1. Strategy
3.2. Patterns
4. Physical activity
4.1. Motivator (elements – other than people – identified as important to engage in sports / physical activity)
4.1.1. Social support (person that helps with initiation / continued engagement)
4.2. Challenges
4.3. Assigned benefits
4.4. Patterns
5. Relationship with food
5.1. Family eating habits
5.2. Locus of control
5.3. Eating patterns
5.3.1. Past
5.3.2. Present
6. Mental model
6.1. Normalcy (what is the considered a normal human condition/behavior/emotion)
6.2. Food (what is considered normal eating; designation assigned to food as good/bad, healthy/not healthy)

Interview 3

Questions for interview 3:

- What more is this saying about the intention-behaviour gap? Anything new?
- What do the patterns mean?
- What is this saying about the weight loss journey?
- What are the themes that are emphasized this time around?

Focus of interview: Relapse recovery; losing weight as a health-oriented goal; feeling good; just suck it up!

1. Change process
   - 1.1. Phase of change
   - 1.2. Difference (differences between this weight loss project and prior attempts)
2. Present weight loss
   - 2.1. Goal
   - 2.2. Affect (feelings associated with action phase)
   - 2.3. Initiation
     - 2.3.1. Readiness (psychological state which facilitates decision-making in the preparation stage; behavioral patterns just prior to initiation)
     - 2.3.2. Motivators (factors that influence decision to engage in weight loss process while in preparation)
       - 2.3.2.1. Internal (self-oriented reason to lose weight)
       - 2.3.2.2. External (other-directed reason to lose weight)
     - 2.3.3. Success (factor that contribute to decision to take action)
       - 2.3.3.1. Self (personal behavior/affect that help initiate weight loss)
       - 2.3.3.2. Social support (how other people help initiate weight loss)
       - 2.3.3.3. Other (events, etc. that help initiate weight loss)
     - 2.3.4. Challenge
   - 2.4. Persistence
     - 2.4.1. Behavior patterns
     - 2.4.2. Affect (psychological state which facilitates prolonged engagement in the weight loss process)
     - 2.4.3. Success (factor that facilitates prolonged engagement)
       - 2.4.3.1. Self (personal behavior/affect that help maintain engagement)
       - 2.4.3.2. Social support (how other people help maintain engagement)
       - 2.4.3.3. Other (events, etc. that help maintain engagement)
     - 2.4.4. Challenge
     - 2.4.5. Self-monitoring
   - 2.5. LOC
     - 2.5.1. Change (transformation where one gained greater control over her life/behavior/affect)
     - 2.5.2. Inner dialogue
     - 2.5.3. Impact
   - 2.6. Self-efficacy
3. Strategy
     - 3.1.1. Knowledge
     - 3.1.2. Nutrition
     - 3.1.3. Physical activity
       - 3.1.3.1. Help
       - 3.1.3.2. Challenge
       - 3.1.3.3. Impact
4. Self-concept
   - 4.1. Transformation (how she has changed since the beginning of program; does not include body image)
   - 4.2. Lifestyle
   - 4.3. Body image
     - 4.3.1. Goal
     - 4.3.2. Physical appearance
     - 4.3.3. Affect
   - 4.4. Self-esteem
5. Relationship with food
   - 5.1. Food preparation
     - 5.1.1. Planning
     - 5.1.2. Transforming

- 5.2. Eating patterns
  - 5.2.1. Emotional eating
    - 5.2.1.1. Countering
  - 5.2.2. Affect
6. Mental models
   - 6.1. Weight loss process (generalization about weight loss process; either insights about self/from others engagement in weight loss)
   - 6.2. Physical activity
   - 6.3. Societal influence
   - 6.4. Metaphor
     - 6.4.1. Past (*metaphor provided in the first interview as depiction of self in regards to* relationship with weight)
     - 6.4.2. Present (change in metaphor between first and last interviews)
     - 6.4.3. Other (other metaphors used during interviews)
7. Research questions
   - 7.1. Taking action
   - 7.2. Persistence
8. *Participation in research (identified benefits from participating in research)*

Appendix P

Excerpt From Code Book

Self-Concept Categories

1. *Self-Concept – Identity*
   - Rule for inclusion: Stories and statements that relate one's perception of oneself; self-reflections and perceptions of how one pictures herself to be in the world. Encompasses descriptions of the various roles assumed by the individual. Statements relating to identity are typically introduced by phrases such as *"I was"*, *"I have been"*, *"I am"*, *"I have become"*, *"I want to be"*, *"I will be"*, *"I'm afraid to be"*, etc.
   - Prototype: Perceptions, descriptions, and beliefs about the self void of evaluative connotations (self-esteem; self-efficacy).

   1.1. Self-Concept – Identity – past
      - Rule for inclusion: Stories and statements about the self prior to initiation in current weight loss process – *who I see myself as having been*. Does not necessarily imply that one no longer perceives herself to be that person.
      - Boundaries: Cognitive and emotional characteristics used in the story of the self as well as descriptions of roles that one played in the past. Does not include references to the physical self whether or not these are imbued with attitude and affect (physical attributes / body image) nor does it include stories of the relationship with one's weight prior to initiation of current weight loss process.

      1.1.1. Self-Concept – Identity – past – cognitive
         - Rule for inclusion: Cognitive characteristics used to describe who one perceived/perceives herself to have been prior to initiation in current weight loss process; stories about the roles that one has played in the past.
         - Exemplar:
           Elaine: *All my life I've been a pleaser. Just as long as everybody's happy. OK, just do it; OK, I'll do that, I'll do this. OK, and as long as everybody is happy, I've never, never, never, putting myself first.*
         - Boundaries: Does not include statements about emotional states, perceptions and descriptions of the physical self, or stories about relationship with weight in the past.

      1.1.2. Self-Concept – Identity – past-affect
         - Rule for inclusion: Affective characteristics used to describe who one perceived/perceives herself to have been prior to initiation in current weight loss process.
         - Exemplar:
           Elaine: *It's not being the outsider. I just always felt the outsider; maybe because I was outside of my own image. (2-22)*
         - Boundaries: Does not include value judgments about the self or reports of feelings or emotions impacted by one's physical self and appearance in relation to weight.

   1.2. Self-Concept –Identity – present
      - Rule for inclusion: Perceptions and descriptions of self at present – *who I see myself as being / having become* since engaging in the current weight loss process.
      - Boundaries: Perceptions and descriptions of how one sees herself in the present whether current identity is directly or indirectly related to weight, weight loss or engagement in the current weight loss process; description of roles that one plays in the present. Includes perceptions of past identity that continues in the present insofar as references are not time-bound. Does not include perceptions and descriptions of attributes of the physical self or relationship with weight at present.

      1.2.1. Self-Concept –Identity – present – directly related to current weight loss

- Rule for inclusion: Perceptions and descriptions of self at present directly related to weight, weight loss, or to engagement in the current weight loss process. Includes new roles that one has assumed as a result of initiation in current weight loss process. Might also include self-reflections regarding who one has really become as a result of the weight loss process.
- Exemplar:
  M: *and now that the wall has come down,*
  Elaine: *Humhum*
  M: *did you find a new person inside?*
  Elaine: *I found the person I knew was me… a fun person. A comp, you know, a complete person with, not just a working machine.*
- Boundaries: Stories represent clear identification of who one understands herself to be and the roles she sees herself playing at present in direct relation to her weight status. Perceptions about the present self might also stem from insights gained through engagement in the weight loss process. Does not include statements of affect about present identity or the physical self nor does it refer to one's relationship with her weight.

1.2.2. Self-Concept –Identity – present – not directly related to current weight loss

- Rule for inclusion: Perceptions and descriptions of self at present not directly related to weight, to having lost weight, or to engagement in the current weight loss process.
- Exemplar:
  Chloe: *You know, because that's, I was promiscuous like that before. So, I think like today, I don't want to be that person, and you know, I'm trying to change who I am. So, sexually, I don't think I could be with anybody; I don't want to be with anybody. You know. (1:13)*
- Boundaries: Stories represent clear identification of who one understands herself to be and roles she sees herself playing at present regardless of her weight status. Might also include questions regarding who one has really become. Does not include statements of affect about present identity.

1.3. Self-Concept – Identity – desired

- Rule for inclusion: Stories of who one hopes to become or roles that she will play in the future – who I will/want to become. Projections or assumptions of who one thinks she will become whether or not this identity is related to the current weight loss process.
- Exemplar:
  Veronica: *I always wanted to be athletic, always. In high school, I really wanted, I was, I was on a volleyball team (1:2)*
- Boundaries: Stories about a preferred self which might or might not be related as long-term goals. Includes descriptions that involve physical abilities, i.e., self as an athlete, rather than sheer descriptions of the physical self to which one aspires.

1.4. Self-Concept – Identity – gender

- Rule for inclusion: Discussion of issues perceived related to the fact that one is a woman.
- Exemplar:
  Tatiana: *I can't imagine my dad would have said anything about me being fat as an overweight boy… because as a boy in our family, I would have been spending more time with him.*
- Boundaries: Includes references to the gendered self rather than general assumptions (mental models) about gender identity. Might or might not be related to weight. Does not include straightforward description of the gendered body, i.e., I have large breast.

1.5. Self-Concept – Identity – age

- Rule for inclusion: Discussion of issues perceived related to one's age.
- Exemplar:

Veronica: *I always knew when I was younger that my best time would be when I was, when I was nearing my 30s. I always knew that. (3-15)*

- Boundaries: Does not include description of the physical self in relation to age or aging. Might or might not be related to weight.

2. *Self-Concept – Appraisal*
   - Rule for inclusion: Evaluative stories about the self whether directly or indirectly related to weight, weight loss or engagement in the current weight loss process. Cognitive appraisal of one's capacity to achieve desired goals. Does not include statements of attitude, emotions or feelings about the physical self (body image).
   - Prototype: Statements of self-esteem and self-efficacy.

   2.1. Self-Concept – Appraisal – self-esteem
      - Rule for inclusion: Beliefs, value judgments and affect in relation to one's self-concept. Refers to self-esteem and includes self-worth, self-liking, self-competence, and self-confidence – either in its stable condition (trait) or contingent upon weight loss (state).
      - Boundaries: Refers to appraisals rather than to beliefs about ability to engage in action and reach desired goals (perceived self-efficacy).

      2.1.1. Self-Concept – Appraisal – self-esteem – trait
         - Rule for inclusion: Statements referring to levels of trait self-esteem.
         - Exemplar:

           M: *People would judge you, in which way?*
           Chloe: ..., *I didn't have much self-esteem, you know,*
           Chloe: *or confidence. I had, I was just lacking a lot of it. (1-11)*

         - Boundaries: Includes appraisal of self throughout one's life. Does not refer to affect and value judgments placed on the physical self if these are not directly linked to self-esteem by the narrator.

      2.1.2. Self-Concept – Appraisal – self-esteem – state
         - Rule for inclusion: Appraisal of current state of self-esteem understood as contingent upon weight loss.
         - Exemplar:

           Marianne: *But, you know, when you do feel good about yourself and you are, you know, lighter and you're wearing something that makes you feel good; absolutely you'll go and talk to someone and then, yea... And normally I wouldn't have had the confidence to do that. (2-18)*

         - Boundaries: Includes statements of increased self-worth, self-liking, self-competence, and self-confidence related to weight loss. Does not refer to statements of increased perceived self-efficacy about ability to engage in action and reach desired goals.

   2.2. Self-Concept – Appraisal – perceived self-efficacy
      - Rule for inclusion: Belief in one's ability to engage in goal pursuit and achieve a desired goal regardless of obstacles encountered.
      - Boundaries: May or may not relate to ability to engage in weight loss process and achieve desired weight. While statements related to self-esteem refer to appraisal of self-worth, self-liking, self-competence, and self-confidence, self-efficacy beliefs are linked to performance.

      2.2.1. Self-Concept – Appraisal – perceived self-efficacy – general
         - Rule for inclusion: Belief in one's general abilities to achieve what she wants to accomplish in various areas of her life including general self-efficacy to do something about her weight status.
         - Exemplar:

           Veronica: *I, maybe I just believe in myself now, like, that I can do things that I put my mind to.*

         - Boundaries: Includes statements of general self-efficacy beliefs past and present. Might or might not have been affected by ability to have initiated current weight loss process and experience of weight loss.

2.2.2. Self-Concept – Appraisal – perceived self-efficacy – initiation
- Rule for inclusion: Belief in one's ability to initiate the current weight loss process.
- Exemplar:
  M: *When you made your decision to lose weight, how confident that you could actually do it, on a scale of 1 to 10?*
  Chloe: *4*
  M: *So, you were not that sure.*
  Chloe: *No, I lack a lot of self-confidence.*
- Boundaries: Level of confidence that one has what it takes to initiate a weight loss process no matter the obstacles she might encounter.

2.2.3. Self-Concept – Appraisal – perceived self-efficacy – prolonged engagement
- Rule for inclusion: Belief in one's ability to sustain effort to remain engaged in the weight loss process; confidence that one has what it takes to reach her goal
- Exemplar:
  Elaine: *I'm confident that I will not gain weight. I know that I will reach my goal and it's gonna take me as long as I need. I just don't want to go back.*
- Boundaries: Level of confidence that one has what it takes to sustain the weight loss process no matter the obstacles she might encounter. Statements about engagement and goal pursuit and not necessarily about goal achievement.

2.2.4. Self-Concept – Appraisal – self-efficacy – enhancer
- Rule for inclusion: Elements that increase self-efficacy throughout the weight loss process;
- Exemplar:
  Chloe: *I lack a lot of assurity in myself. So, but having seen the results, I know that I can do it. I know that it can be done. I just have to discipline. Yea. Today, I'm a lot more confident. I'm more like an 8 [out of 10]…*
- Boundaries: Refers to elements which contribute to strengthen belief in one's ability to initiate current weight loss and sustain effort necessary to reach the desired goal rather than those that actually contributed to success during both phases of the weight loss process. Does not include elements, which enhance general self-efficacy – self-efficacy not directly related to current weight loss process.

3. *Self-Concept – Physical Self*
- Rule for inclusion: Stories and statements that relate one's perception of her physical self. Encompasses struggles with a 'fat identity' and stories of lifelong relationship with weight. Includes references to the role assigned to weight in dealing with personal issues not related with body image.
- Prototype: Perception of the physical self.

3.1. Self-Concept – Physical Self – description
- Rule for inclusion: Description of physical self that provides context for present weight status.
- Exemplar:
  Elaine: *as you can probably see, I'm, you know, I'm pretty solid. I have big bones, never been extremely thin, never been 120lbs.*
- Boundaries: Includes descriptions of self at initiation or at set weight. Descriptions are presented as 'factual' rather than imbued with evaluative attitude and affect towards one's body.

3.2. Self-Concept – Physical Self – fat identity
- Rule for inclusion: Stories of self-acceptance and self-disclosure related to one's weight status. Perceptions and descriptions of the self as a fat woman or as a fat woman despite weight loss.
- Boundaries: Also refers to evidence of cognitive changes associated with transformation of fat identity Does not include statements of attitude and affect regarding one's physical self and appearance in relation to weight.

3.2.1. Self-Concept – Physical Self – fat identity – acceptance
- Rules for inclusion: Statements of cognizance regarding one's weight status.
- Exemplar:
  Elaine: *I just have to accept that I'm a fat person now. I've always felt that I was fat and now I'm fat.*
- Boundaries: Refers to recognition of weight status rather than full acceptance and positive attitude toward one's weight and/or body.

3.2.2. Self-Concept – Physical Self – fat identity – disclosure
- Rule for inclusion: Stories of revealing / discussing one's weight or size with others; acknowledgment to others that one is 'fat'. Affect related to self-disclosure.
- Exemplar:
  M: *You were saying the real weight* [to women at the office]?
  Tatiana: *Yea. Yea, I would say the real weight and it was, it was freeing in some ways because it wasn't such a secret.*
- Boundaries: Does not include aspects of self-disclosure not related to one's weight. Includes instances when one refrained from self-disclosing.

3.2.3. Self-Concept – Physical Self – fat identity – stability
- Rules for inclusion: Discussions concerning the stability of one's physical self-concept as a 'fat woman' despite weight loss.
- Exemplar :
  Veronica: if I'm standing in front of my mirror naked, I still see myself as 40lbs heavier.
- Boundaries: Only refers to instances where narrator recognizes that her physical self-concept and body image does not reflect her recent weight loss.

3.3. Self-Concept – Physical Self – relationship with weight
- Rule for inclusion: Stories and statements specifically referring to one's relationship with her weight throughout her life. Includes statements of struggling to deal with weight status, changes one wanted to see, and assertions of not wanting to go back to pre-weight loss weight.
- Exemplar:
  Tatiana: *I had this kind of love-hate relationship with my weight.*
- Boundaries: Restricted to description of relationship with one's weight rather than statements of attitude and affect regarding the body. Does not include physical self-descriptions.

3.4. Self-Concept – Physical Self – substitution
- Rule for inclusion: Use of weight to deal with personal issues not related to physical self – past or in the present.
- Boundaries: Instances when weight/weight status might have been used to avoid certain issues and/or to shield one from dealing with others.

3.4.1. Self-Concept – Physical Self – substitution – past
- Rule for inclusion: Use of weight/weight status to deal with personal issues not related to physical self prior to current weight loss.
- Exemplar:
  Elaine: *It's easier to kind of think that your weight is your problem than saying that people don't like you because, you know, you're boding.*
- Boundaries: Instances when weight was used to avoid certain issues and/or to shield one from dealing with others in the past.

3.4.2. Self-Concept – Physical Self – substitution – present
- Rule for inclusion: Use of weight/weight status to deal with personal issues not related to physical self since initiation in the current weight loss process.
- Exemplar:
  Tatiana: *because weight is something for me that has been the big cloak*
  M: *Humhum*

Tatiana: *that I cover up with. And to not have that there, is at times, has been a very serious proposition to me; to allow people to see something else outside of the weight. 'Cause the weight's a big insulation in many ways, not just physically but psychologically, you know.*

- Boundaries: Instances when weight is used to avoid certain issues, shield one from dealing with others. Also includes insights and changes in the use of one's weight to deal with issues not related to physical self that have occurred as a result of initiating current weight loss process.

3.5. Self-Concept – Physical Self – clothing

- Rule for inclusion: Stories of behavior and affect associated with shopping and wearing clothes. Includes impact of current weight loss on shopping patterns, location and access to different clothing and sizes.
- Prototype: Buying and wearing clothes.

3.5.1. Self-Concept – Physical Self – clothing-purchase

- Rule for inclusion: Description of behavior and/or expression of affect associated with shopping for clothes.
- Exemplar:

Elaine: *This* [jacket she is wearing] *is regular clothes; this is not plus size. This is, there's nothing plus size.*
M: *Yoohoo!*
Elaine: *So, just this,*
M: *Yea*
Elaine: *you know, from go, and I love Reitman's, from having to go in the back where it's 14+*
M: *Yea*
Elaine: *to going in the front, it's a big thing.*

- Boundaries: Includes past and present experiences of shopping.

3.5.2. Self-Concept – Physical Self – clothing-dress

- Rule for inclusion: Description of behavior and/or expression of affect associated with wearing clothes – past or present.
- Exemplar:

Veronica: *like if I choose an outfit to wear, you know, can people tell that I work out; or, you know, if I go out to the grocery store, like, you know, and I'm just wearing whatever, you know, like, I wonder if people can tell that I would out.*

- Boundaries: Includes impact of weight or body image on gestures that one would do to hide her body.

4. *Self-Concept – Body Image*

- Rule for inclusion: General attitude and affect regarding one's body and appearance – past and present; influences on the development of body image; social comparison that contributed to the formation of body image; emotional and behavioral impacts of body image.
- Prototype: Attitude and affect regarding one's body; impact of body image.

4.1. Self-Concept – Body Image – past

- Rule for inclusion: Attitude and affect regarding one's body and appearance in relation to weight prior to current weight loss.
- Exemplar:

Chloe: *I was so disgusted with the way I looked.*

- Boundaries: Does not include reference to the body and appearance in the past void of evaluative or affective content.

4.2. Self-Concept – Body Image – present

- Rule for inclusion: Attitude and affect regarding one's body and appearance in relation to weight since initiation in current weight loss; anticipated attitude and affect regarding one's body after desired weight loss has been achieved.
- Exemplar:

Marianne: *I don't so much say gross anymore. Uh, I still look with the belly, you know; and when I'm getting dressed or I get out of the shower and I'm thinking, OK, yea, it's getting there.*

- Boundaries: Does not include reference to the body and appearance in the present void of evaluative or affective content.

4.3. Self-Concept – Body Image – looking back
- Rule for inclusion: Retrospective appraisal of physical self and appearance in relation to weight.
- Exemplar:

  Elaine: *So, I'm looking at pictures and I look at that, not maybe 2, 3 years ago. And I look at that and I couldn't; this is not fat! When I look at it a few years after, I'm, I say, I wasn't fat! Why did I think I was fat? I wasn't fat.*
- Boundaries: Statements are made either when looking at pictures and reevaluating weight or simply through recall. Does not include reference to physical self and appearance unrelated to weight.

4.4. Self-Concept – Body Image – influences
- Rule for inclusion: Factors that influence(d) how one perceives and feels about her body; messages – overt and covert – related to weight and appearance; reference to socio-cultural standards of attractiveness which may have influenced attitude and affect toward the body
- Boundaries: Does not include influences on physical self – why one became obese – or on attitude towards aspects of the body not related to weight and appearance.

4.4.1. Self-Concept – Body Image – influences – overt message
- Rule for inclusion: Direct messages from family member or people within one's social network – verbal/non-verbal – related to one's weight and appearance, which may have influenced present attitude and affect toward her body.
- Exemplar:

  Chloe: My dad, even growing up would tell me, like, you're fat.
- Boundaries: Does not include direct messages from media or generalized socio-cultural norms regarding weight and appearance.

4.4.2. Self-Concept – Body Image – influences – covert message
- Rule for inclusion: Indirect messages from family member or people within one's network related to one's weight and appearance, which may have influenced present attitude and affect toward her body; family member or people's relationship with their own body weight, dieting history, weight loss patterns and/or appearance.
- Exemplar:

  Veronica*: she* [mother] *was never as big as she thought she was.*
  M: *Yea*
  Veronica: *Like really. And so, I think, uh, hum, she probably in a lot of ways, like, fuelled the idea, like, of, like, say, what I thought about myself through what she would say about herself.*
- Boundaries: Does not include indirect messages from media or generalized socio-cultural norms regarding weight and appearance.

4.4.3. Self-Concept – Body Image – influences – socio-cultural messages
- Rule for inclusion: Socio-cultural standards and messages which are brought up in relation to how one might hold a positive or negative attitude and affect toward her body in the past or the present.
- Exemplar:

  Elaine*: Dove is doing some ads that, with real women…*
  M: *So, when you see that Dove ad, how do you feel about yourself?*
  Elaine: *Uh, I don't know if it's about myself, but it makes, it makes me feel good to send a message out there to soci, you know, to the rest of the society, saying,*
  M: *Humhum*

Elaine: *look, you know, it's not bad, it's, it's, you know, it's, we should, we shouldn't just judge women for, for that; and you know. We've, it's the same, because we'll judge faster people with weight problems than people that have alcohol problem or drug problem.*

- Boundaries: Does not include mental model associated with weight and appearance.

4.5. Self-Concept – Body Image – social comparison

- Rule for inclusion: Use of comparison with others – people with whom one comes in contact and media figures – or with socio-cultural symbols to establish appropriateness of physical self in relation to weight – past and present.
- Boundaries: Stories and statements of social comparison are included only insofar as they are used to establish attractiveness and weight status. Statements do not have to necessarily include evidence of attitude and affect regarding one's body.

4.5.1. Self-Concept – Body Image – social comparison-peer

- Rule for inclusion: Stories and statements about comparing self to others in social network to determine attractiveness or weight status.
- Exemplar

  Tatiana: 'I must be overweight, I must be chubby' and I was compared to my friends I was always the heaviest one.
- Boundaries: Includes descriptions or affect linked to weight status and appearance when compared with others in her social network.

4.5.2. Self-Concept – Body Image – social comparison-general

- Rule for inclusion: Stories and statements about comparing self to others outside one's social network to determine attractiveness or weight status. Includes comparisons to unnamed "others" when not explicitly identified as a peer.
- Exemplar:

  Chloe: *I see people on the street and then I look at them. I'm [sigh] please don't tell me I look like that. If I ever looked like that, would you tell me if I looked like that 'cause I don't ever want to be there.*
- Boundaries: Includes descriptions or affect linked to weight status and appearance when compared with others. Does not include comparison with those in the media.

4.5.3. Self-Concept – Body Image – social comparison – socio-cultural symbols

- Rule for inclusion: Stories and statements about comparing self to those in the media or to socio-cultural symbols to determine attractiveness or weight status.
- Exemplar:

  Tatiana: *To me, Barbie was just a way to be powerful 'cause my Barbies ran the world.*

  M: *OK*

  Tatiana: *So, I didn't see it in terms of their look. But, I know that subliminally, there's all kinds of, yea, the breast, the tiny waist, the little hips, you know. There's so much of that there that subliminally, you can get into things like that.*
- Boundaries: Includes only references, descriptions, or affect linked to weight status and appearance.

4.6. Self-Concept – Body Image – impact

- Rule for inclusion: Cognitive patterns, psycho-affective states, and behavior which is deemed impacted by one's attitude and affect regarding her body – past and present; inner dialogue reflecting preoccupation with weight, appearance, weight gain, and weight loss.
- Boundaries: Does not describe body image per se or include impacts resulting from physical self-concept not directly related to one's weight status. Does not include affect resulting from present weight loss nor does it include discussions of physiological effects of obesity

4.6.1. Self-Concept – Body Image – impact – affect

- Rule for inclusion: Cognitive patterns, psycho-affective states influenced by one's body image – past and present; preoccupation with weight, appearance, weight gain, and weight loss.
- Boundaries: Includes stories and statement of impacts resulting from body image directly related to one's weight status.

4.6.1.1. Self-Concept – Body Image – impact – affect – past

- Rule for inclusion: Cognitive patterns, psycho-affective states influenced by one's body image prior to current weight loss; preoccupation with weight, appearance, weight gain, and weight loss.
- Exemplar:

  Elaine: [prior to engaging in present weight loss I thought] *if I lose weight, I'm just gonna feel better about myself and be more approachable.*
- Boundaries: Does not include former body image.

4.6.1.2. Self-Concept – Body Image – impact – affect – present

- Rule for inclusion: Cognitive patterns, psycho-affective states influenced by one's body image in the present; preoccupation with weight, appearance, weight gain, and weight loss.
- Exemplar:

  Elaine: *Uh, I'm less aggressive* [as a result of losing weight].
- Boundaries: Does not include body image.

4.6.2. Self-Concept – Body Image – impact – limitations

- Rule for inclusion: Stories and statements of self-imposed limits on the range of activities in which one engages as a result of her body image. How one behaves as a consequence of her attitude and affect regarding her physical self in relation to weight and appearance – past and present.
- Exemplar:

  Elaine: *it's* [weight] *been the element that stopped me from doing rock climbing… 'Cause, you know, they're gonna put the harness here and then my fat's gonna show? Like, you don't see a fat person rock climbing!*
- Boundaries: Does not include behavior – past or present – that is not related to body image. Refers more to self-limiting beliefs and limitations that one would impose on herself rather than to past interpersonal behavior, shopping, clothing, exercise, and eating patterns.

Appendix Q

Categories: Threads, Strings, Strands, and Knots

Self-Concept (thread)

1. *Self-Concept – Identity* **(string)**
   - 1.1. Self-Concept – Identity – past **(strand)**
     - 1.1.1. Self-Concept – Identity – past – cognitive (22)[76] **(knot)**
     - 1.1.2. Self-Concept – Identity – past-affect (12)
   - 1.2. Self-Concept –Identity – present
     - 1.2.1. Self-Concept –Identity – present – directly related to current weight loss (33)
     - 1.2.2. Self-Concept –Identity – present – not directly related to current weight loss (27)
   - 1.3. Self-Concept – Identity – desired (28)
   - 1.4. Self-Concept – Identity – gender (34)
   - 1.5. Self-Concept – Identity – age (20)

2. *Self-Concept – Appraisal*
   - 2.1. Self-Concept – Appraisal – self-esteem
     - 2.1.1. Self-Concept – Appraisal – self-esteem – trait (18)
     - 2.1.2. Self-Concept – Appraisal – self-esteem – state (21)
   - 2.2. Self-Concept – Appraisal – self-efficacy
     - 2.2.1. Self-Concept – Appraisal – self-efficacy – general (14)
     - 2.2.2. Self-Concept – Appraisal – self-efficacy – initiation (10)
     - 2.2.3. Self-Concept – Appraisal – self-efficacy – prolonged engagement (52)
     - 2.2.4. Self-Concept – Appraisal – self-efficacy – enhancer (17)

3. *Self-Concept – Physical Self*
   - 3.1. Self-Concept – Physical Self – description (65)
   - 3.2. Self-Concept – Physical Self – relationship with weight (46)
   - 3.3. Self-Concept – Physical Self – substitution
     - 3.3.1. Self-Concept – Physical Self – substitution – past (19)
     - 3.3.2. Self-Concept – Physical Self – substitution – present (4)

4. *Self-Concept – Body Image*
   - 4.1. Self-Concept – Body Image –_past (149)
   - 4.2. Self-Concept – Body Image –_present (150)
   - 4.3. Self-Concept – Body Image –_looking back (35)
   - 4.4. Self-Concept – Body Image –_fat identity
     - 4.4.1. Self-Concept – Body Image –_fat identity – acceptance (10)
     - 4.4.2. Self-Concept – Body Image –_fat identity – disclosure (23)
     - 4.4.3. Self-Concept – Body Image –_fat identity – stability (28)
   - 4.5. Self-Concept – Body Image –_influences
     - 4.5.1. Self-Concept – Body Image –_influences – overt message (31)
     - 4.5.2. Self-Concept – Body Image –_influences – covert message (37)
     - 4.5.3. Self-Concept – Body Image –_influences – socio-cultural message (13)
   - 4.6. Self-Concept – Body Image –_social comparison
     - 4.6.1. Self-Concept – Body Image –_social comparison – peer (55)
     - 4.6.2. Self-Concept – Body Image –_social comparison – general (7)
     - 4.6.3. Self-Concept – Body Image –_social comparison – socio-cultural symbols (6)
   - 4.7. Self-Concept – Body Image –_impact
     - 4.7.1. Self-Concept – Body Image –_impact – affect

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[76] Numbers in brackets indicate the number of code segment in the data.

4.7.1.1. Self-Concept – Body Image –_impact – affect – past (82)
4.7.1.2. Self-Concept – Body Image – impact – affect – present (22)
4.7.2.Self-Concept – Body Image –_impact – limitations (19)

Lifestyle

1. *Lifestyle – Interpersonal Relations*
   1.1. Lifestyle – Interpersonal Relations – context (55)
   1.2. Lifestyle – Interpersonal Relations – relationships with romantic partner (43)
   1.3. Lifestyle – Interpersonal Relations – personal response
      1.3.1.Lifestyle – Interpersonal Relations – personal response – past (22)
      1.3.2.Lifestyle – Interpersonal Relations – personal response – present (34)
   1.4. Lifestyle – Interpersonal Relations – social reaction
      1.4.1.1. Lifestyle – Interpersonal Relations – social reaction – past (47)
      1.4.1.2. Lifestyle – Interpersonal Relations – social reaction – present (63)
   1.5. Lifestyle – Interpersonal Relations – advocacy (26)

2. *Lifestyle – Food*
   2.1. Lifestyle – Food – meaning (81)
   2.2. Lifestyle – Food – family traditions (28)
   2.3. Lifestyle – Food – patterns
      2.3.1.Lifestyle – Food – patterns – past (58)
      2.3.2.Lifestyle – Food – patterns – present (154)
   2.4. Lifestyle – Food – non-hunger eating
      2.4.1.Lifestyle – Food – non-hunger eating – past (43)
      2.4.2.Lifestyle – Food – non-hunger eating-present (40)
   2.5. Lifestyle – Food – locus of control (139)
   2.6. Lifestyle – Food – effect (59)
   2.7. Lifestyle – Food – food preparation (31)

3. *Lifestyle – Physical Activity*
   3.1. Lifestyle – Physical Activity – knowledge (9)
   3.2. Lifestyle – Physical Activity – patterns
      3.2.1.Lifestyle – Physical Activity – patterns – past (59)
      3.2.2.Lifestyle – Physical Activity – patterns – present (87)
   3.3. Lifestyle – Physical Activity – motivators (48)
   3.4. Lifestyle – Physical Activity – obstacles (63)
   3.5. Lifestyle – Physical Activity – support
      3.5.1.Lifestyle – Physical Activity – support – self (18)
      3.5.2.Lifestyle – Physical Activity – support – helping relationships (41)
      3.5.3.Lifestyle – Physical Activity – support – expert (25)
      3.5.4.Lifestyle – Physical Activity – support – environment (28)

4. *Lifestyle – Dress*
   4.1. Lifestyle – Dress – purchase (27)
   4.2. Lifestyle – Dress – dress (79)

5. *Lifestyle-Mental Models*
   5.1. Lifestyle – Mental Models – weight
      5.1.1.Lifestyle – Mental Models – weight – gender (27)
      5.1.2.Lifestyle – Mental Models – weight – thinness (10)
      5.1.3.Lifestyle – Mental Models – weight – overweight (16)
      5.1.4.Lifestyle – Mental Models – weight – obesity (29)
      5.1.5.Lifestyle – Mental Models – fat acceptance (3)
      5.1.6.Lifestyle – Mental Models – weight – weight loss (28)
      5.1.7.Lifestyle – Mental Models – weight – socio-cultural standards (5)

5.2. Lifestyle – Mental Models – metaphors
5.2.1. Lifestyle – Mental Models – metaphors – initial (12)
5.2.2. Lifestyle – Mental Models – metaphors – revised (16)
5.2.3. Lifestyle – Mental Models – metaphors – other (7)

Past Weight Management

1. *Past Weight Management – History*
   1.1. Past Weight Management – History – genetics (22)
   1.2. Past Weight Management – History – age at onset (8)
   1.3. Past Weight Management – History – impact (18)

2. *Past Weight Management – Weight Gain*
   2.1. Past Weight Management – Weight Gain – description (40)
   2.2. Past Weight Management – Weight Gain – response (21)

3. *Past Weight Management – Weight Loss*
   3.1. Past Weight Management – Weight Loss – motivating factors (3)
   3.2. Past Weight Management – Weight Loss – obstacles (15)
   3.3. Past Weight Management – Weight Loss – process (X)
   3.4. Past Weight Management – Weight Loss – support
      3.4.1. Past Weight Management – Weight Loss – support – helping relationships (8)
      3.4.2. Past Weight Management – Weight Loss – support – expert (8)
   3.5. Past Weight Management – Weight Loss – impact (18)

Current Weight Loss

1. *Current Weight Loss-Goal*
   1.1. Current Weight Loss-Goal – short-term (38)
   1.2. Current Weight Loss-Goal – long-term (103)
   1.3. Current Weight Loss-Goal – characteristics (21)
2. *Current Weight Loss – Initiation*
   2.1. Current Weight Loss-Initiation – readiness (105)
   2.2. Current Weight Loss-Initiation – motivating factors
      2.2.1. Current Weight Loss – Initiation – motivating factors – intrinsic (51)
      2.2.2. Current Weight Loss – Initiation – motivating factors – extrinsic (40)
   2.3. Current Weight Loss – Initiation – decisive factors (38)

3. *Current Weight Loss – Strategy*
   3.1. Current Weight Loss – Strategy – knowledge (67)
   3.2. Current Weight Loss – Strategy – considered (14)
   3.3. Current Weight Loss – Strategy – adopted (54)
   3.4. Current Weight Loss – Strategy – success factors (66)
   3.5. Current Weight Loss – Strategy – attitude (43)

4. *Current Weight Loss – Process*
   4.1. Current Weight Loss – Process – journey
      4.1.1. Current Weight Loss – Process – journey – description (93)
      4.1.2. Current Weight Loss – Process – journey – affect (84)
      4.1.3. Current Weight Loss – Process – journey – progress (67)
   4.2. Current Weight Loss – Process – challenges
      4.2.1. Current Weight Loss – Process – challenges – effort (74)
      4.2.2. Current Weight Loss – Process – challenges – lapse (54)
   4.3. Current Weight Loss – Process – monitoring (42)
   4.4. Current Weight Loss – Process – LOC (30)
   4.5. Current Weight Loss – Process – impact of weight loss (76)

4.6. Current Weight Loss – Process – insights (8)
4.7. Current Weight Loss – Process – next steps (4)

5. *Current Weight Loss – Support*
   5.1. Current Weight Loss – Support – helping relationships (77)
   5.2. Current Weight Loss – Support – expert (77)
   5.3. Current Weight Loss – Support – other (24)

Research

1. *Research – Patterns*
   1.1. Research – Patterns – participant identified (10)
   1.2. Research – Patterns – researcher identified (29)
2. *Research– Nuggets* (60)
3. *Research – Research Questions*
   3.1. Research – Research Questions – taking action (12)
   3.2. Research – Research Questions – continued engagement (5)
4. *Research – Impact*

Appendix R

Tatiana's Story Line

Tatiana is in her early 30's / 5'5 – has lost 27lbs since the beginning of her current weight loss process. She has had a long history constant struggle with her weight and with disordered eating. The major theme arising from Tatiana's narrative is her weight loss as body project where she is acting as the subject and the research assistant. Internal motivation whereby the process of weight loss is as important, if not more as the destination is another strong theme. Finally, the use of weight (and acne) as a shield to hide who Tatiana really is proves to be a pervasive theme. Current weight loss has been facilitated by dietician and does not include physical activity.

Relationship With Weight:

- Tatiana realized that she was 'chubby' compared to others around her senior years in grade school. Comparison became something that she did – looking for a reflection of who she was. In grade 7, she saw her baby fat as a problem. Later in life (prior to current weight loss) hitting 20lbs was seen as outrageous.
- Tatiana describes her weight as 'the strongest relationship I had'. It was 'her best friend', her 'enemy', something that was always trying to get her. Weight was a constant preoccupation (thinking about it all the time whether she was on a diet or not) and a filter through which she saw the world.
- *"I'm getting older, uh, there are definite, definite parts of uh my life that are affected health-wise by my weight which I never, years ago, never would have thought of. It affected my relationships, it affected my mental health, it affected you know romantic relationships, my identity, how I saw myself, all kinds of things, uh, but it never occurred to me really how much it affected my health. M: Your physical health; Tatiana: my physical health."*
- When she was gaining weight, she did not want to know her weight – which means that others would not know either (denial of what is). Also, she would not want to have her picture taken and her weight recorded for posterity.
- She went on her first *Weight Watchers'* diet at 14 and lost approximately 15lbs. She has dieted extensively throughout her life not able to keep with the project very long except for the episode when she lost 50lbs after taking up walking. Tatiana never wants to go back to restrained eating.
- After this diet, she had her first boyfriend and the link was created that losing weight is necessary to attract men. From then, weight colored every relationship she has had. According to her, *"anything to do with getting close to people would be difficult at times. Anything to do with uh having a boyfriend. And so my weight would always get in the middle of that relationship". "And, I was very aware of my weight in conjunction to boys. And if they would like me or not, and I thought I had to be skinny in order to have somebody like me."*
- From the age of 17 when she left home for college, Tatiana experienced episodes of disordered eating (anorexia, bulimia, binge eating). However, she felt throughout that her weight was never good enough. During times of disordered eating, she felt that the conditions *"really took over and it was all about my weight, my weight, my weight [laughter]. Everything was about my weight."* Eating disorders are linked to societal pressure to be thin.
- Mother never had a weight problem and always supported Tatiana by respecting her choices without judgment. However, when she compares herself to her mother, Tatiana asks *"where did I go wrong?"*
- Weight issues are not as embarrassing around women because ½-¾ of the women with whom Tatiana worked have had weight issues;

Body Image

- Tatiana always hated her body. She felt better about it when she lost weight. However, even when she battled anorexia, she never found herself skinny enough;
- Wore black to look thinner / hide;
- There are stigma attached to being obese (lazy, eats all the time, 400lbs); therefore, telling people you are obese is like a horrifying label;
- Attempted to accept herself as a big woman to model acceptance to young girls with whom she worked; however, this did not last;
- *"I look at myself, I'm not repulsed. I wouldn't say by any means I'm thinking that I'm the most beautiful thing that walked the earth, but I like what I see and I feel much more accepting of it."*
- Ambivalence with wanting to be a certain size: *"why did that matter to me to be a 13, uh, here I go again with my numbers. What does that have to do with, with my image of myself, these numbers? How is that connected for me? Because it gives me a real high still; I get excited by the idea that I don't have to go to the special stores for the big ladies kind of idea"*;
- Now more satisfied with her body. She looks at herself in the mirror and don't mind as much because she can see changes;
- Feeling more comfortable in her skin but still not 100%;
- Accomplishment that she no longer has to shop in +sizes which means that she is now a 'normal' person;

Weight as a Cloak / Identity:

- *"How can you pay attention to your body if all you're trying to do is hide it and forget about it?"*;
- When trying to establish her identity, Tatiana asked her mother if there was anything she liked about her physically;
- *"Because your weight is encompassing it all, it's overpowering it all. When you take the weight away and externalize it, uh, you think, oh my gosh, yea, like there's someone in there. I have not, no memory of it but no acknowledgement of it. M: So, it has allowed you to see yourself as the beautiful person that you are inside? Tatiana: Yea, it does"*;
- Upon disclosing her weight: *"And it was, it was such a shocking experience to hear somebody say "yea, I'm fat! So…" M: and hear everybody else say "no, you're not fat"" It is as if people have to deny obesity"*;
- But in her experience with women, it has been much more about wanting to live up to society's standards of beauty and that kind of thing. And that was kind of, I think, where she was working from initially. And I set her straight on that, that that's not for me, I would be the opposite. And I said, just the way I would hide behind my weight as a woman, I would hide behind my acne. So, for me, actually trying to get rid of this, is like exposing the numbers, and exposing things";
- *"I was not comfortable being seen… in many ways. And, weight really protected me from that; and so did the acne. Because, if you can get behind the weight and the acne, boy you really were pretty good as a man to go after me"*;
- Hiding weight means that it does not exist; hide femininity, hide with big clothes;
- I'm gonna have to get comfortable with the idea of being a woman and being visible as a woman and not just… hide there.
- *"Because you think, well, I am a lot. I had no idea, like I'm a lot outside of weight. And isn't it amazing how, for me anyway, the weight would be like the clothes and just cover all of that"*;
- Revealing weight is taking risks but also taking control by putting it out there. Tatiana has decided that she would no longer hide behind the numbers;

Relationship with Food:

- From a very young age food was a comfort, sign of love and acceptance (being given and eating nanny's food); she is now teaching herself to eat differently;
- Family of origin's relationship with food is that people eat lots;
- Emotional eating means that no emotion could stop her from eating; and "I usually triggered by emotions for me. Most of the time, but not always. And my eating was always erratic. Because I would be forgetting, because I would be so consumed with something that I wouldn't remember to eat. And because I just don't have that relationship with my weight and my body where I would think to look after myself, it didn't occur to me until I might be starving... So, it's an up and down, up and down and my emotions then go up and down, my eating normally goes up and down; and you don't necessarily think, you just eat (on a binge);
- Eating is something that is done in private – such as at a drive-through. At times, when binge eating, Tatiana would order 2 meals and pretend that she was eating with someone else so that she would not be embarrassed about overeating. Binge eating produces guilt;
- There seems to be an anxiety around food such as cookies. Could she control herself if she bought a bag of cookies and not eat the whole bag;
- Giving in to food (chocolate bars) is like giving away some of your power;

Before	**Change**
Meaning of food: love and acceptance	Teaching self to eat in a different way (self-awareness / control)
Eating out of emotion	Becoming aware of her feelings; naming and dealing with them as opposed to eating/bingeing. Calls friend to help her process difficult situations.
Dieting	Integrating weight-loss process to make it more of a lifestyle change.
Hiding behind weight / acne	Losing weight / dealing with her acne = no more wearing big clothes / going out without make-up / getting rid of the burka
Wanting to lose weight to reach a goal weight / obsessed with the goal	Being internally motivated by the process / no goal weight in mind Taking control over her body Taking control over the process Coming out and saying how she feels / more assertive Being in control rather than food being in control.
Forgot about the program when other things were grabbing her attention	Builds self-efficacy
Metaphor: Battle	Weight loss as metamorphosis

Dietician Effectiveness

- Tatiana prides herself in being the dietician's 'poster girl'
- Takes charge / directive / challenging;
- Has her office in a building that looks like an old medical building (Tatiana dealing with weight as a health issue);
- Unconventional wisdom: *"I thought, OK, this is shaking my, my way of doing things so much, that I think I have to try it"*; *"this way of doing things. And it made me pay a lot of attention to my body, this whole experience of doing this. Because of the way she explained what is going on in my body"*
- Withholds information (she is the expert) / educates / gives homework;

- Teaching universal principles – her expertise is so much more than help to lose weight;
- Always has an answer; presents herself confidently; inspires confidence;
- Helps Tatiana deal with stress and other emotions;
- Deflects feelings unto herself (you can chew me out in your journal);
- Viewed by Tatiana as a 'friend';
- It is as if Tatiana has found someone to work on her body project with her. Kristal is the expert while she is the subject of the experiment and the research assistant.
- On helping relationships: *"I think for me, it's all about the relationship"*. Danger is being alone to deal with emotional situations. This is why Kristal's strategies seem to work – expert support and tools. *"It's not just a program for me; it's about having a relationship." "but because we're kind of like friends in a certain way now"*;

Influences on weight loss

- Initial reasons
  - Health: Binge eating / eating out-of-control
  - Scared of surgery (medical issues from binge eating)
  - Did not want to be 215lbs (appearance); Tatiana saw herself looking different (thinner, healthier, more active);
  - New lifestyle (moved to the city after trip to France / wants to be more active / date / be with people); wants a permanent change;
  - Opportunity (just got coverage for nutritionist at work);

Past and current weight loss process

- Relationships are important for Tatiana
  - Sees the same doctor as when she was a child
  - Still in contact with psychologist she saw a number of years ago
  - Trainer is described as 'a lovely woman'
  - Kristal has become 'a friend'
  - Supported by friends she's had since childhood
- Current: Did not have support to make decision per se. Decision came from her (internally motivated). Since then, she's had support crossing the bridge – it was me and Kristal.
- Started to change her diet on her own (more fiber /water) but could not sustain the change
- *"But, you know, I commit and then I go down, and I commit and, and I told her that the first time I met her. And I said, this is what happens to me, and I said, I don't know if that's gonna happen this time around or not, but I'm putting it out there that this is what happens. And I don't think that I sat myself down and had a talk with myself, saying, OK, Kim you're gonna do this, you know. Uh, it just fit for me, it just felt natural, it just felt right. And I completely decided that this is what I was going to do without having consciously having that conversation that I would do it; I just did it."*
- *"it was very seamless the way it happened. Once I got into it, well, of course this is the way it's going. It was like a natural, yea, there's no having to pump myself up for it or keep myself motivated. This is just the way it is… It's like living it as opposed to thinking about it."*
- I've never been good at connecting my head with my body. Now, I'm getting much better at it because I'm paying attention a lot more to how I feel [physically].
- It's almost like you're involved in a weight-loss project… It's almost like you took on that project and you became your project. I don't know how you feel about that. It makes me laugh, honestly, to think about it, because it's very true.
- To be involved in the process, Tatiana needs to be learning. Although the process comes naturally, it is still not ingrained 100%.
- Throughout the process she was not permitted to engage in physical activities; now that she has 'permission' she still avoids PA;

- Tatiana is confident that she can stay on the program. Her confidence is bolstered by the successes she experiences on a weekly basis;
- Did not have a long-term vision at the beginning of the program; only faced 1 week; she still does not have long-term goal;
- Program needs planning;

Appendix S

Template For Mapping Engagement in Weight Loss

Causal condition:	• Expressed motivation for weight loss • Initial goals
Phenomenon:	• Successful engagement in on-going weight-loss project; • Amount of weight loss – time
Context:	• Past experience with weight (weight management / body image / etc) that influence initiation in current weight loss • When / how / conditions of how weight gain occurred • Experience with food / physical activity
Intervening Conditions:	• Personal resources that facilitated initiation: Attitude • External resources that facilitated initiation, i.e., a friend's invitation / Opportunity (not protracted action planning) • Intervening actions: Enacted strategies that are not in themselves integral parts of the 'formal' weight loss project, i.e., eating more fiber and drinking more water before working with nutritionist.
Action:	• What exactly was done to lose the weight
Resources for sustained efforts	• Personal resources that help sustain efforts to lose weight • External resources that help sustain efforts to lose weight
Consequences:	• Changes in all the areas of health • Behaviours / events taking place as a result of achieving weight loss

Appendix T

Aggregate List of Factors Involved in Engagement

Causal condition:	**Elaine 1:** • Improve appearance (faced with the reality that she has gained 30lbs during her three-month holiday in Banff – this condition is reminiscent of someone who comes home after spending without restraint during a holiday and now has to live frugally, within budget to pay off the debt.) **Elaine Current:** • Regain control of her life and not live as a victim; Be more socially active by being more involved in sports; Engage in weight loss as a project (something to do); • Improve her life: be happy and healthy; Have fun; Get out of the 200lbs range; **Marianne 1**: • Lose weight for impending wedding **Marianne Current Phase 1:** • Feel more comfortable in her skin; • Engage in self-care which means eating healthy and exercising on a regular basis; self-care is more than wanting to be healthy for her children, it is necessary because she *"needs to feel good about [her]self."* • Feel comfortable in wearing clothes that fit and not having to undo her jeans because they are so tight that she cannot sit down without suffocating; • Be healthy / fit enough to participate in her children's activities; *"be active with them… be a role model"* for them; • Be attractive to men so that she could meet someone who says *"oh, wow, like well she's beautiful, or she's nice looking, or she's in shape;"* • Increase her self-esteem as a result of feeling good about herself and her appearance; • Be healthy or move forward on the wellness continuum by improving the physical and emotional aspects of her health. **Marianne Current Phase 2:** • Feel more comfortable in her skin; • Achieve wellness; being healthy above all else. At 42, Marianne wants to be healthy for herself and for her children; • Increase in body image satisfaction: *"It's not a point of being a perfect body, a perfect, you know, Hollywood's, uh, what would be plastered all over the place…. [It's just] being able to look in the mirror and not go, ugh…"* • Be able to wear clothes that fit. *"not always worrying about pulling the shirt down and, you know, the flab with wearing shorts… I definitely see myself being more comfortable and carefree."* **Veronica:** • Wants to feel better and improve body image; • Desires to get married; • Desires to acquire 'athletic identity' **Tatiana 1:** • Find a healthy way to eat and manage weight. **Tatiana Current:** • Improve her health – gastrointestinal problems leading to fear of surgery; • Control BED; • Improve her appearance (thinner) to attract a man; • Have a new lifestyle (be more active) / make a fresh start when moving

	back to the city. **Chloe Current Phase 1:** • Alter the outside (body) to match the inside (sober self); • Improve her appearance because she cares about people's judgment; • Look good in clothes; • Be a role model for her children. • Lose weight to be more attractive (to men). **Chloe Current Phase 2:** • Drastically improve appearance; be 'cool soccer mom'; • Look good for the summer season; • Be healthy. • Lose 10 – 15lbs more
Phenomenon:	Successful engagement in on-going weight-loss project; • Elaine 1: 35-lbs weight-loss; Process lasts between six and seven months; • Elaine Current: 30lbs weight loss at third meeting; • Marianne 1: 30-lbs weight-loss; • Marianne Current Phase 1 (sustained until relapse): 20-lbs weight-loss; • Marianne Current Phase 2: 10-lbs weight-loss; (in addition to the 20lbs lost before relapse): • Veronica: 38-lbs weight-loss at third meeting; • Tatiana 1: 60-lbs weight-loss during 6 month period; • Tatiana Current: 26lbs weight-loss by third meeting; • Chloe Current Phase 1: 20lbs over 5 months; • Chloe Current Phase 2: 15lbs in 3 months.
Context:	**Elaine 1** • Fat identity already linked to her self-perception at lower weight; • Weight gain occurred after the break-up of a romantic relationship and the death of Elaine's mother; • Weight gain occurred away from home and upcoming responsibilities of adulthood; it was the last expression of freedom, a fun time; • Weight gain was caused by excess drinking rather than overeating; **Elaine Current:** • Weight gain occurred during unhappy relationships; • Weight loss undertaken in aftermath of burn-out; a. Has an impulsive relationship with food; loves junk food; eats with the purpose of: a) Self-soothing or self-punishment; b) Stress relief; c) Rewarding self; d) Engaging in social relations; • Physically inactive: Needs competition to participate in PA; Latent love of sports; **Marianne 1:** • Lifelong struggle with weight related issues (body image; non-hunger eating (sadness / mourning); inconsistent engagement in physical activity) • Weight gain occurred after the death of her father; • Hides weight loss process form her brother (he would not be happy that Marianne/sister are on VLCD). **Marianne Current Phase 1:** • Lifelong struggle with weight related issues (body image; non-hunger eating; inconsistent engagement in physical activity) • Mild depression culminating in stress-related illness when she felt loss of control over her body and her weight; • Recent 10lbs weight gain during illness; • Living in her mother's home; a. Works hard make this place her home; b. Often eats mother's cooking; c. Finds it difficult to make food choices that do not coincide with

	mother's cooking patterns' • Emotional eating during separation from ex-husband; • Going through divorce proceedings which leaves her financially strapped as a single mother who has to provide and care for her children; • Sedentary lifestyle. **Marianne Current Phase 2:** • Resumed efforts after relapse from initial phase of the program; • Has a sense of well-being although frustrated for not doing what she knows to do; • Has self-efficacy because she had recently lost 20lbs; • After holiday season when eating was relaxed, enjoying fast food with children; **Veronica:** • Lifelong struggle with weight related issues (body image; family influence; non-hunger eating) • Had started to run in university; came home from university joined *Running Room*; plantar fasciitis stopped her from running; • Always enjoyed physical activity; felt comfortable in a gym environment; • Out-of-control eating; • Gained 25lbs in 7 months. **Tatiana 1:** • Gained weight after recovery from disordered eating; • Develops an uncontrollable urge to eat after periods of restricted eating; • Replaces obsession with weight with university studies; Inspired by Oprah's weight loss; **Tatiana Current:** • Lifelong struggle with weight related issues (body image; disordered and non-hunger eating); • Experience with significant weight loss and ensuing weight gain; • Ingrained meaning of food as sign of love, family affection, acceptance and means to deal with negative feelings; • Father makes disparaging comments about appearance that would not have been made were she a boy; starts gaining weight after the death of her father; • Acknowledges societal influence to be thin in order to be attractive to men; • Competing demands for time impedes goal pursuit = weight gain; • Weighs over 200lbs; • Emotional eating is out-of-control; Diagnosed with BED she needs surgery for gastro-intestinal problems; • Relationship with weight has negative impact on every area of her life; • Used weight to hide her womanhood; • Moves back to the city – avoids 3-hour commute; • Is inspired by a recent trip to France: Desires to travel and have a healthy lifestyle; • Sedentary lifestyle. Weight loss occurs simultaneously with serious treatment for acne. **Chloe Current Phase 1:** • Sees pictures of herself and realizes she had gained weight; • Negative body image; influenced by societal standards of beauty; • Past experience with weight management through drug use; • Weight gain occurred after sobriety was achieved and during/after second pregnancy; • Non-hunger eating; little knowledge of nutrition; loves junk food; unsuccessful at self-regulation; No prior experience with physical activity; physically inactive.

	Chloe Current Phase 2: • Lost 20lbs in first phase of weight loss program; • After relapse that lasted just under 2 months; unlike phase I; Chloe had gained some knowledge of nutrition and some experience with physical activity.
Intervening Conditions:	**Elaine 1:** • Feels the need lose weight before graduation and prior to entering work force; • Intense reaction of family and friends toward her weight gain; • Engages in weight loss with a friend who is worst off (much heavier) than her; (Elaine's acknowledged competitiveness might have been what drove her through the process) • Receives social support and is motivated by her friend; acts as a social support / motivator (to her friend); with motivation identified as an essential component for weight loss: *"it's not about theory… it's about motivation"*; • Has available resources to consult expert (obesity specialist) and pay for protein supplements; **Elaine Current:** • Attitude: a. Prioritizing self-care; b. Self-determination; c. Competitiveness; • Opportunities: a. Work-site weekly *Weight Watchers* program; b. Work-site Dragon Boat team; c. Local softball league; • Intervening action: a. Self-designed weight loss program (cook / eat healthier) with minor weight loss; **Marianne 1:** • Very determined because of young age; Has determination and willpower; • Goes on the diet with her sister; • Has financial resources to purchase protein supplements. **Marianne Current Phase 1:** • Attitude • Realizes that she needs help during her illness; • Wants to regain sense of control over her life and over non-hunger eating – seeking comfort from food; • Determined to make lifestyle change; • Believes that weight loss will bring happiness and will relieve helplessness; • Opportunity a. Work-site programs; b. Available resources to see dietician. **Marianne Current Phase 2:** • Attitude a. Determination: *"Just do it"* b. If you are not going to do it, stop complaining; c. Motivated to continue eating consciously; d. No longer all-or-nothing eating; can eat some foods if she chooses to do so. • Opportunity a. Self-created (self-designed program) • Intervening action: a. Starts with trying out new recipes as alternative to her mother's

	cooking; b. Enlists mother and daughter to follow the diet; **Veronica:** • Attitude a. Feeling hopeless, defeated, out-of-control; b. Feeling ready with a *"I'm just gonna do it"* sense of determination; c. Assuming ownership of the process. • Opportunity: a. Trainer asked her to join a women's group weight loss program at the gym • Intervening action: a. Joined the gym and lost 2lbs on her own; **Tatiana 1:** • Opportunity **a.** One of her roommates agreed to walk with her (did so for 1.5 mo) **Tatiana Current:** • Attitude: a. Unmotivated; self-conscious about becoming more physically active; b. Recognizes that she could not enact intention on her own; • Opportunity: a. Coverage for dietician as work benefit; b. Friend provides nutritionist's name; • Intervening action: a. Eats additional fiber and drinks more water after seeing physician; cannot maintain determination; **Chloe Current Phase 1:** • Attitude a. Depressed; b. Unhappy/insecure about her appearance; fears obesity; c. Guilty for not being able to change her behavior; sense of failure; d. Feels inadequate sexually; break-up with boyfriend compounds negative feelings. • Opportunities: a. Friend invites her to *Weight Watchers* (not protracted action planning); getting on a scale/finding out how much she weighed. b. Friend proposes *Fat Smash* Diet • No intervening actions before joining *Weight Watchers* **Chloe Current Phase 2:** • Attitude a. Depressed; b. Tired of looking 'like this'; c. Determined; enough is enough; d. High self-efficacy • Opportunity: a. January 2nd / start dieting with a friend; • Intervening actions: **a.** While in relapse, she monitored her eating and made healthier food choices.
Action:	**Elaine 1:** • Reduces caloric intake while drinking protein supplements; • Restricts food groups to specific times of day; • Spends a considerable sum of money on protein supplements. **Elaine Current:** • Weekly attendance at work-site *Weight Watchers* meetings; • Mindful eating;

	• Increased physical activity through participation in organized sports and other programs (belly dancing, swimming, badminton, etc.); **Marianne 1:** • Reduces caloric intake (VLCD) while drinking protein supplements; • Does not increase physical activity or exercise; **Marianne Current Phase 1:** • Consistent attendance at work-site training sessions (weight training/running clinic); • Consults a dietician and logs her food consumption; • Makes healthier food choices. **Marianne Current Phase 2:** • Makes healthier food choices; • Counts calories; measures and records her food consumption; • Has not yet incorporated exercise into the program. **Veronica:** • Joins *Women's Transformation*; • Makes healthier food choices; self-monitors; engages in mindful eating; keeps food logs; Exercises (cardio classes / weight training) 6 days /week. **Tatiana 1:** • Walks long distances regularly; • Makes better food choices; • Adds strength training and yoga to her exercise routine. **Tatiana Current:** • Follows dietician's food recommendations to the letter; • Keeps food logs; incorporates personal aspects (non-food related practices); • Engages in the weight loss process rather than in goal striving; • Does not exercise. **Chloe Current Phase 1:** • Followed *Weight Watchers* for 8 weeks (count points / records food intake); • Followed *Fat Smash* weight reducing plan for a number of weeks; • Monitors food intake when not on a specific diet • Does not exercise with *Weight Watchers* / starts exercising with *Fat Smash*; **Chloe Current Phase 2:** • Reduced food portions; made healthier food choices; monitored consumption; • Acquired strategies to deal with negative emotions; • Exercised.
Resources for sustained efforts	**Elaine 1**: • Is accountable to expert MD; • Provides support to a *"heavier"* friend. **Elaine Current:** • Personal resources: a. Mastery experiences (weekly weight losses); b. Competitiveness; • External resources: a. Being monitored: accountability; b. Vicarious experiences (seeing others succeed); c. Group setting: encouragement from weight loss group members; d. Comments and compliments from those in social network; **Marianne 1:** • Being on the diet with her sister; • Impending wedding.

	Marianne Current Phase 1: • External resources: a. Compliments and affirmations from family; b. Working at a fitness facility with trainers who could design programs; c. Great relationship with co-workers whom she calls friends: d. Sharing meals with co-workers who are athletes and fitness professionals (eat healthy); *e.* Offering support to other women as an *"expert"* **Marianne Current Phase 2:** • Personal resources: a. Is the owner / initiator of the weight loss program for herself, her mother and her daughter. • External resources: a. Gets support and expert advice from co-workers; **Veronica:** • Personal Resources: a. Mental readiness and motivation; b. Mastery experiences. c. Gym membership and financial means; • External Resources: a. Support of family and friends; b. Vicarious experience; c. Expert support from trainers; encouragement and accountability; d. Support from fellow group members. **Tatiana 1:** • Personal Resource: a. Continued to walk on her own after roommate discontinued routine • External Resources: a. Roommate who agreed to walk; b. Psychologist monitored things (calls it behavior modification) c. Mother acted as a role model (food consumption and physical activity), respected her choices and did not compel her to eat; d. Personal trainer gives her a program to lose last 10lbs. **Tatiana Current:** • Personal Resource: a. Being involved in a weight loss project as a researcher and a subject; b. Academic orientation; • External Resources: a. Employee benefits covering dietitian; b. Krystal, the dietitian; c. Krystal's clients provide support and vicarious experiences; d. Friends accommodate special dietary needs; e. Women at work; **c.** Nutritionist's direct approach, fit, perceived expertise; the scope of involvement in Tatiana's life **Chloe Current Phase 1:** • Personal resources that help sustain efforts to lose weight a. Mastery experiences with initial weight loss; b. Already proven that she can sustain effort to maintain sobriety; • External resources that help sustain efforts to lose weight a. Friends (diet and exercise); b. Determination to attend gym classes since she has paid for them. **Chloe Current Phase 2:**

	• Personal resources: a. Ability to recover from lapses and resume her efforts toward weight loss; b. Self-determination to continue her efforts when her boyfriend resumes his drug consumption; c. Positive physiological changes (breathes easier / is more attractive) • External resources: a. Friends (diet and exercise); b. New boyfriend is a personal trainer; c. Compliments on her appearance;
Consequences:	**Elaine 1:** • Feels better about her body; • Celebrates weight loss (phenomenon) by eating at Pizza Hut (eating preferences suppressed rather than changed). **Elaine Current:** • Gains sense of control over her life; • Increases body image satisfaction • Joins the ranks of 'normal' women; • Achieves a general sense of well-being: a. No longer lives as a victim; b. New attitude towards others – more open; c. More self-confidence; d. Proud of accomplishments; • Develops new relationship with food: a. Eats mindfully; b. Frequency of non-hunger eating is decreased; c. Food preferences are changed; • Rediscovers her love of sports; radically transforms her sedentary lifestyle; • Redefines her self-concept as a woman (not lacking in area of intelligence, health, social involvement and physical activity); • Weight loss needs to be maintained, i.e., food consumption must be monitored and level of physical activity sustained. **Marianne 1:** • Feels better physically though she still thinks that she's fat; • Increased body image satisfaction: Does not feel ashamed when looking in the mirror. • Is able to fit into clothes; • Feels amazing that she is able to stay on a diet; **Marianne Current Phase 1:** • Improved health; out of burn-out; • Feels better about herself-more positive affect: • Eats with increased awareness • Reduces non-hunger eating – eating to assuage emotions; • Modifies family recipes resulting in healthier alternatives; • Ends with relapse rather than termination. This leaves Marianne with a sense that she must resume her efforts; **Marianne Current Phase 2:** • Finds her core identity; • Gains self-awareness and the power to eat where, when, what she chooses; • Manages emotion with self-talk rather than food; • Increases body image satisfaction; • Increases self-confidence; • Dresses differently;

	• Increases positive affect; • Has a general sense of being in control of her life. **Veronica:** • Decreases sense of 'fat identity'; increases body image satisfaction; • Is more comfortable with self; • Increases sense of 'athletic identity'; dresses like an athlete; • Develops new relationship with food. **Tatiana 1:** • Feels strong and empowered; • Discovers aspects of her body she liked (muscular legs); • Is able to maintain loss for a few years. **Tatiana Current:** • Feels better physically – no longer needs surgery / no BED; developing identity of a healthy woman; • Improved emotional health; acquired strategies to deal with negative emotions; • Increases body image satisfaction: Can look at her body in the mirror and not be repulsed; • Mindset about fat identity is changing; can shop in regular store; • Improves relationship with food; more self-regulation; • Improves levels of general self-confidence; • Improved self-efficacy to continue weight loss and controlled eating; • Sheds outer layers protecting who she is as a woman; self-discloses as a fat woman; reveals herself as a woman to the world. **Chloe Current Phase 1:** • Weight loss efforts are interrupted by a two-month relapse; • Increased knowledge of nutrition; • Increased levels of physical activity; • During relapse, Chloe tries to monitor her eating (no white bread / no pasta)... **Chloe Current Phase 2:** • Has to maintain efforts to lose an additional 10-15lbs; • No longer has to hide behind clothing; can wear fitted clothes; • Cares about acquiring holistic health; • On a quest to discover her self-identity