THE MEANING OF WEIGHT LOSS FOR WOMEN

By

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Abstract

The purpose of the current study was to examine the experiences of women who lost a significant amount of weight by following a safe and healthy weight loss program. Participants for the study were eight women, aged between 31 and 51. Participants self-identified what constituted a significant amount of weight, and this varied for each participant. Research suggests that significant weight loss has an impact on an individual’s body image and self-concept. The impetus for this study stemmed from the author’s belief that significant weight loss is a psychological, as well as a physical process, and that some individuals could benefit from counselling and support throughout this process. The current study explored how the experience of weight loss impacted each individual’s life. Participant interviews were analysed using a categorical-content, or thematic analysis of the content of participants’ narratives, to uncover commonalities among participants’ experiences. Results indicated that the findings could be grouped into five main areas: Conscious shift in lifestyle change, changes and shifts in relationships, the influence of social commentary, self perception with changing body size, and struggles with weight loss and disordered eating. Results offered support for various forms of counselling throughout the weight loss journey, including individual, couples, and group counselling.
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Introduction

Jasper's (1993, pp. 195-196) descriptive visualization provides assistance in understanding the impact of significant weight loss on women:

Imagine that you are driving your car along the street. It is an old Lincoln Continental. Friends, relatives, and strangers criticize you for driving this car. It's huge and awkward to park, and, worst of all, it guzzles gas. Whereas at one time driving it enhanced your reputation—people assumed you to be a well-to-do and upstanding citizen—it now reflects badly on your moral character. People assume you don’t care about the environment or anything else beside yourself.

You decide to buy a new car, perhaps one of those being advertised as “built for the human race.” It’s much smaller, gets far better gas mileage, and transforms your character in the eyes of friends, relatives, and strangers. Once again you are embraced by the human race. It feels good.

Just one thing though: you can't seem to get the hang of driving the thing around. Despite the fact that you are in this much more compact car, you drive it as though it were the size of your old Lincoln Continental. You drive right past parking spots that would easily accommodate the new car, but would never have taken the Lincoln. When you do park, you notice that you leave enough space between your car and the next one to fit the difference.

Furthermore, adrenaline is released and your heart pounds when, as you are passing another car, just for a moment you lose touch with the boundaries of your new car, connect with those of the old Lincoln, and panic that you are going to be too close to make it safely. You relax as you reconnect with the car you are actually in.

It takes time to accommodate to driving a car with significantly different dimensions from one that you have been used to. During the in-between stage your “car body-image” is distorted. It’s not, however, a perceptual distortion, but more like a kinaesthetic one. If you were to step out of the car and look at it, you wouldn’t perceive it to be bigger or smaller than it actually is, but you might behave as if it were while driving it.

Now imagine a woman who has succeeded in losing weight. Her character has been transformed in the eyes of her friends, relatives, and strangers. Compliments on her “accomplishment” abound. She is pleased. It feels good. Except, just like the person who feels like she’s still in the Lincoln Continental, this woman still feels fat.
The meaning of weight loss for women

The purpose of the current study was to examine the experiences of women who lost a significant amount of weight through a safe and healthy weight loss program. A significant amount of weight was defined as a body shape-altering amount of weight (i.e., the weight loss altered the participants' physical appearance) and varied for each participant. This study examined how the experience of weight loss impacted each individual's life.

The rationale for the current study stems from the researcher's belief that significant weight loss is a psychological, as well as a physical, process and that some individuals going through the process of weight loss could benefit from counselling and support throughout the process. Given the absence of research in this area, this study will fill a gap in the existing literature as well as give voice to women experiencing weight loss.

Weight loss is generally viewed as a positive event, and the negative aspects of this experience may not be acknowledged or validated by those who lose weight, their friends, family, or society in general. It may be the case that weight loss is related to other issues such as depression and dissatisfaction.

Furthermore, it appears that a large percentage of the North American population could be classified as overweight. There are health problems, including diabetes, associated with obesity. As there becomes more emphasis on weight loss, some of the concerns mentioned above will become more relevant for many individuals.

From a counselling perspective, the process of weight loss can be viewed as a life transition event, much like marriage or the birth of a first child. Support is generally viewed as useful to help individuals though life transitions. Dealing with weight loss,
the support that is needed may be for more than the actual loss of weight. Support could be invaluable in dealing with other losses or changes that may be experienced, such as relationships with family and friends, and embracing a new body shape while recognizing the loss of a familiar shape.

The current research was aimed toward acknowledging that, as women raise losses or unmet expectations related to weight loss, these issues may be starting points for counsellors to assist these professionals with issues and concerns to address during the counselling process. This research will be useful to inform counsellors working with individuals who have experienced weight loss about the issues they might expect to see so that each counsellor is not starting from scratch when working with clients with this experience.
Literature Review

A review of the literature in the area of women's experiences of weight loss has revealed that there appears to be no research specifically addressing the question of women's experiences of weight loss. Accordingly, it has been necessary to take a broader look across the research literature and examine factors that may impact the current research question.

Thus, the literature review will begin by examining the current focus in society on thinness. Studies show that media influences and societal pressures perpetuate this focus on thinness, and that thinness is currently held up as the epitome of feminine beauty (Morry & Staska, 2001; Wiseman, Gray, Mosimann, & Ahrens, 1992). The literature review will next focus on the research looking at how weight affects self-esteem, and connections between weight and body image. Weight is seen as an essential component of female body esteem, and it has been shown that weight loss may not fully ameliorate a negative body image. It has also been shown that changes in body image are not related to changes in weight (Foster, Wadden, & Vogt, 1997). Next, psychological symptoms associated with weight loss will be outlined. Studies have shown no evidence that long-term suppression of body weight is associated with psychological distress. Research also shows that weight loss and regain have not been found to be associated with long-term adverse psychological effects (Nauta, Hospers, & Jansen, 2001). Expectations about weight loss will also be examined, attempting to answer the question of what is a reasonable weight loss, and to examine expectations about treatment outcomes. Differences between men and women will be discussed. In general, research shows that, compared to men, women have been more concerned with weight, view being overweight
as less desirable, judge others more on appearance, and are more likely to diet and exercise to lose weight (McAllister & Caltabiano, 1994). Women have been shown to have clearly defined “templates” of the ideal body shape and show much less variability than men in their view of acceptable size and weight (McAllister & Caltabiano, 1994). In support of this are findings that women are more concerned than men when certain parts of their bodies deviate from the ideal and almost 70% of women are not satisfied with their weight (McAllister & Caltabiano, 1994). Finally, factors related to weight loss outcomes will be discussed.

**Thinness in Today’s Society**

Before looking at specific factors, it is important to examine the importance of weight for women in today’s society. Orbach (1978) stated that “every woman wants to be thin. Our images of womanhood are almost synonymous with thinness” (p. 7). The focus on thinness often begins during adolescence and research shows that this focus can be reinforced by media exposure as well as societal expectations and pressures (Morry et al., 2001; Silverstein, Perdue, Peterson, & Kelly, 1986; Wertheim, Paxton, Schultz, & Muir, 1997). Rodin, Silberstein, and Striegel-Moore’s (1984) work suggests that cultural norms and female sex-role stereotypes and attitudes provide a context for understanding women's preoccupation with thinness and their pursuit of beauty. In much of society today, obesity is a strongly stigmatized condition and is met with psychological, social, and economic punishment. In examining biological aspects of weight reduction, it is suggested that the contemporary beauty ideal of "thinness equals attractiveness" prescribes a body weight that is unrealistically low given that developmental milestones (e.g., puberty, pregnancy, menopause) tend to increase fat and slow women’s metabolic
The meaning of weight loss for women

The authors argue that women's preoccupation with their appearance comes out of shame and social pressure, and leads to psychological consequences such as decreased self-esteem, distorted body image, and feelings of helplessness and frustration in response to unsuccessful dieting efforts.

A study by Wertheim, Paxton, Schutz, and Muir (1997) examined why adolescent girls watch their weight. Thirty girls aged 14-16 were administered semistructured interviews consisting of open-ended and rated questions. The research assessed descriptions of, and reasons for, weight loss attempts with an emphasis on noting sociocultural influences. The findings suggest a strong role of sociocultural influences leading to both healthy and unhealthy body attitudes and eating behaviors. Media and fashion were reported to exert the strongest pressures to be thin. While a few subjects reported direct pressures to diet from friends and parents, indirect social influences were more common. These influences included social comparison, joint dieting, and avoidance of social disapproval.

Our concept of the ideal body shape comes from a collective vision influenced by television, catalogues, clothing advertisements, and even toys. In an article in Self magazine, writer Penny Ward Moser (1989, as cited in Morry & Staska, 2001) discussed her own weight and how the Barbie doll has influenced the beauty ideal. Ms. Moser stands 5’7” tall and weighs 124 pounds. This places her in the low normal weight range on the height/weight charts, but she still feels heavy. Figuring that the Barbie doll is one way youngsters learn about the ideal body, she measured the doll and then measured herself. Using the hips as a constant, Ms. Moser did some calculations to estimate how her own body would have to change to attain Barbie’s proportions. She found that her
bust would need to grow 12 inches, her waist would need to shrink 10 inches, and she
would need to measure 7'2" in height.

Morry and Staska (2001) also noted that women’s beauty and fitness magazines
emphasize the ideal of the thin female form. Exposure to magazine advertisements and
television programs has been found to correlate with eating disorder symptomatology in
women. A number of studies have also found that exposure to advertisements containing
slim models affected women’s estimations of their own body size (Myers & Biocca,
1992; Sumner, Waller, Killick, & Elstein, 1993; both as cited in Morry & Staska, 2001).
Although it cannot be concluded that the media acts as an initial antecedent to eating
disorders, it is clear that the media may have an effect upon women’s body image,
particularly if women are already sensitive to their body size (Waller & Shaw, 1994; as
cited in Morry & Staska, 2001).

Silverstein, Perdue, Peterson, and Kelly (1986) found that the current standard of
attractiveness portrayed on television and in magazines is slimmer for women than for
men, and that the recent standard for women portrayed in magazines and in movies is
slimmer than it was in the past. Present–day women who look at the major mass media
are exposed to a standard of bodily attractiveness that is slimmer than that presented for
men, and that is less curvaceous than that presented for women since the 1930s.

A study by Garner, Garfinkel, Schwartz, and Thompson (1980; as cited in Morry
& Staska, 2001) analyzed the heights and weights of women from Playboy magazine and
Miss America pageant contestants and winners over a 20-year span from 1959 to 1978.
The results indicate that the average weight of these women decreased significantly over
time.
Following from this earlier research, Wiseman, Gray, Mosimann, and Ahrens (1992) examined cultural expectations of thinness in women, and specifically American society's depiction of the ideal female body. Body measurements of Playboy magazine centerfolds and Miss America contestants for 1979-1988 indicated body weights that were 13-29% below the expected weight for women in that age group. Miss America contestants showed a significant decrease in expected weight between 1979 and 1988. Diet-for-weight-loss and exercise articles in six women's magazines were tabulated for 1959-1988, and the data showed a significant increase in both diet and exercise articles. These findings suggest that the overvaluation of thinness continued over this time period and thinness was sought through both dieting and exercise.

Other research has shown that thinness progressively became the epitome of feminine beauty in the 1990s. Fallon and Rozin (1985; as cited in McAllister & Caltabiano, 1994) suggested that this ideal has been internalised by many women, so perception of their own weight and body size is distorted and is associated with negative affective states. Rodin et al. (1985; as cited in McAllister & Caltabiano, 1994) argue that the more women show disordered eating, the more normative it becomes, thereby increasing the likelihood of even more women with disordered eating.

A study by Brownell (1991) examined two assumptions with regard to body weight and shape. The first assumption is that the body is infinitely malleable and that, with the right combination of diet and exercise, every person can reach the ideal. The second assumption is that vast rewards await the person who attains the ideal. When one becomes slimmer, more fit, and more attractive, life will improve dramatically, or so
most people believe. However, the actual rewards of being attractive are less than most would expect.

Young, Gittelsohn, Charleston, Felix-Aaron, and Lawrence (2001) examined motivations for exercise and weight loss among African-American women. Their research was based on African-Americans being more likely to be sedentary and maintain higher body weights compared with Caucasian women. To develop effective intervention strategies, the researchers sought to understand why some women are successful in maintaining weight loss. The results of this study showed that motivators to initiate exercise were health concerns, weight control, stress reduction, and the influence of others. Motivators to continue exercising included feeling good and having energy. In contrast, women who were sedentary indicated that social support and enjoyment would serve as motivating factors for them. Overall, all women reported that physically active women conveyed the image of high energy and self-esteem.

Based on a belief that society continues to emphasise the importance of youthful looks, even while the North American population at large is aging, Gupta and Schork (1993) examined the relation between aging-related concerns and body image parameters related to body weight and shape for both men and women. Their results indicated that women were more concerned about aging-related changes than were men. In examining this effect in different age groups, results showed that women in the youngest age range (less than 30 years old) were more concerned than men in their age group regarding the effect of aging upon their appearance. This difference was less marked between the women and the men in the older age groups, where both women and men expressed similar concerns about the effects of aging on the skin, such as wrinkles. Gupta and
Schork (1993) found that women who were concerned about the effects of aging upon their appearance tended to also be more preoccupied with losing weight.

The research literature in this area outlines that there has been, and continues to be, a focus on thinness for women. This view is reinforced by the media and societal influences on women, which portray thinness as an ideal. Furthermore, the thinness ideal can be internalised by women, affecting perceptions of body weight and size, and impacting self-esteem.

Weight and Self-Esteem

Colin (2001) examined the relationship among body-esteem, self-esteem, and weight in normal women. In this study, normal women were defined as those who did not have an eating disorder. Participants, who were female undergraduate psychology students, were given false weight feedback. Three experimental conditions were used: “weight gain”, “weight loss”, and “real weight” feedback.

The results showed that, in normal women, body esteem is more likely to be diminished in response to a weight gain than it is to be enhanced in response to a weight loss. Thus, while the results of this study confirm Franzoi’s (1984, 1986) assertion that weight is an essential component of female body esteem, they also show that the female struggle with weight involves an unbalanced equation. That is, women are more likely to feel worse about their bodies than better.

These results are relevant to the current study, as this suggests that women who are losing weight or who have lost weight will not necessarily experience an enhancement of their body esteem or self esteem. However, it is likely that enhancement of body esteem or self esteem is an expectation of women going through the process of
losing weight. Being made aware of this expectation and related research findings may be helpful to women who are going through the process of weight loss so they can form clear and realistic expectations about weight loss and resulting feelings and attitudes.

A recent study by Bryan and Tiggemann (2001) looked at the effect of weight-loss dieting on cognitive performance and psychological well being in overweight women. Forty-two women, with a mean age of 48.9 years undertook a 12-week weight reduction diet while 21 women (control group) maintained their usual diet and exercise habits for 12 weeks. All women completed neuropsychological tests of speed of information processing, executive function, working memory, immediate and delayed recall and recognition, and verbal ability. They also completed measures of weight locus of control, dieting beliefs, self-esteem, mood, and dysfunctional attitudes before and after the 12-week interval. Being on the diet had a minimal impact on cognitive performance but a positive effect on emotional eating, feelings of depression, dysfunctional attitudes, and their sense of control over weight and eating behavior.

Wadden, Womble, Stunkard, and Anderson (2002) conducted a review of empirical studies of the psychosocial consequences of obesity and weight loss. This review found that the great majority of obese individuals appeared to have essentially normal psychological functioning, despite their daily exposure to weight-related prejudice and discrimination in a society that glorifies thinness. Among those who were encountered in clinical settings, approximately 10-20% were likely to suffer from clinically significant symptoms of depression, negative body image, or impaired health-related quality of life. These problems were more likely to occur in women, particularly those from higher socioeconomic status levels (Wadden et al., 2002).
Porter and Wampler (2000) addressed the issue of changes in individual and relational variables following rapid weight loss, examining changes in depression, self-esteem, body weight and mass, and marital satisfaction over the period of a year for women and men undergoing gastric bypass surgery as a treatment for morbid obesity. The results of this study were consistent with previous research demonstrating significant improvement in psychological functioning following rapid weight loss. While there were significant and positive changes in depression and self-esteem, there was no significant change in marital satisfaction. These results indicated that the weight loss, in itself, would not necessarily result in any of the anticipated changes in relationship. In fact, in marriages where obesity played a positive role in maintaining the relationship, a new disorder or focus may be likely to develop after weight loss.

Tiggemann and Rothblum (1997) examined gender differences in internal beliefs about weight and negative attitudes towards self and others. The researchers began with two predictions. The first prediction was that for people who are overweight, internal locus of control would be negatively related to self esteem. The results of the current study confirmed this interaction between internal locus of control and weight on self esteem for women, but not for men. The second prediction was that internal weight locus of control would have negative social consequences in terms of greater negative stereotyping of obese people. This prediction was confirmed for women.

McArthur and Howard (2001) surveyed 128 female dietetics majors aspiring to be registered dieticians to identify and assess their reasons for wanting to lose weight as well as the weight loss techniques and information sources they used and would recommend to clients. The reason for wanting to lose weight selected by the greatest number of
dietetics majors was to improve their appearance, suggesting that these students perceived being overweight as unattractive. The preliminary data suggested that the dietetics majors had accepted society's overvaluation of thinness and assessed their self-worth in the context of their physical appearance, which was strongly associated with their weight. The results of the study suggested a need for more learning opportunities focussed on enhancement of self-esteem and weight management (McArthur & Howard, 2001).

Nauta, Hospers, and Jansen (2001) evaluated the effectiveness of a group cognitive treatment and a group behavioural treatment for obese binge eaters and obese non-binge eaters, as well as examined the role of weight changes on psychological well-being at a 1-year follow-up. Results revealed that both treatments had a markedly positive and lasting impact on shape concern, weight concern and eating concern, binge eating, self-esteem, and depression at the time of the 1 year follow up. The 1 year follow up results for weight loss showed that, between pre-treatment and the 1 year follow up, participants in the behaviour treatment lost 3.0 kg, while participants in the cognitive treatment lost 0.3 kg. However, participants who gained weight were as successful in changes in psychological well-being as participants who lost weight, suggesting that weight gain or weight loss did not have a significant impact on psychological well-being.

Weight and Body Image

Cash (1994) examined body image and weight changes in 102 subjects (88 women and 14 men) ranging in age from 17 to 74 years. Body image was defined in this study as "one's psychological experiences of the appearance and functioning of one's body" (Cash, 1994, p. 239). It has been found that negative body image clearly
diminishes one's quality of life and that discontent with weight and weight sensitive body areas is the most salient source of a negative body image. Women's body image distress overwhelmingly concerns fears and feelings of being fat. Such dissatisfaction is due partly to the cultural emphasis on thinness and attractiveness. A key finding was that weight loss brought clients' perceived body size into closer congruence with their ideals. Those who successfully lost weight held more positive attitudes about their appearance than did a matched control sample. The data provided evidence to support the retrospective findings of other studies; that is, that regaining weight is particularly detrimental to clients' body satisfaction.

Studies examining the link between body weight and body image show that overweight persons, especially women, have a more negative body experience. Moreover, research has shown that, especially for women, holding the belief that one is fat is more detrimental to body image and self-concept than the physically overweight condition per se. Furthermore, it has been shown that weight loss may not fully ameliorate a negative body image (Cash, 1994). Foster, Wadden, and Vogt (1997) have also found that changes in body image are not related to changes in weight.

Considering that a more satisfying body image is a central motivation for weight loss, there is little research on the effectiveness of weight loss programs in improving body image attitudes. These results indicate that more research is needed in this area.

*Psychological Symptoms Associated with Weight Loss*

Klem, Wing, McGuire, Seagle, and Hill (1998) examined psychological symptoms in individuals successful at long-term maintenance of weight loss. Set point theory suggests that successful maintenance of weight loss ("weight suppression") may
be associated with psychological distress. This study examined the association between psychological symptoms and body weight suppression in over 600 women who had lost at least 13.6 kg and maintained the loss for at least 1 year. The results of this study found no evidence that long-term suppression of body weight is associated with psychological distress. As well, other research (e.g., Kitsantas, 2000; Nauta, Hospers, & Jansen, 2001) shows that weight loss and regain have not been found to be associated with long-term adverse psychological effects.

While the results of this study outline that there are no major psychological problems associated with maintaining weight loss, there is no examination of the experience of the weight loss. It may be that women experience distress throughout the weight loss process, but not after the process. Further research in this area would be beneficial to understanding the impact of weight loss.

Kayman, Bruvold, and Stern (1990) note that a major problem faced by people who succeed in losing weight is that the majority cannot maintain these losses. Relapse is a particular problem for obese people because repeated weight loss followed by weight gain may have detrimental health, metabolic, and psychological consequences. In this study, weight gain (relapse) was frequently attributed to negative emotional states and unexpected or unpredictable stressful life events.

Expectations about Weight Loss

A study by Foster et al. (1997) attempted to answer the question of what is a reasonable weight loss and examined patients' expectations and evaluations of obesity treatment outcomes. The authors noted that, although there is a growing consensus among professionals on what constitutes "reasonable" or "successful" weight loss goals,
relatively little is known about patients' views of goal weights (Foster et al., 1997). Patients' expectations about weight loss and the degree to which they are met are likely to affect self-efficacy and relapse. The purpose of this study was to increase the understanding of patients' goals, expectations, and evaluations of obesity treatment in a sample of 60 obese women seeking weight loss treatment.

This study revealed several major findings about obese individuals' goals, expectations, and evaluations of obesity treatment (Foster et al., 1997). First, patients' goal weights averaged a 32% reduction in initial weight, a value quite different from the 5% to 10% reduction recommended by expert panels and governmental guidelines. However, patients were only able to achieve 50% of this goal after 48 weeks of treatment. Goal weights were nearly three times the amount of the patients' typical weight losses. Patients rated appearance and physical comfort as the most important factors in selecting a specific goal weight. Goal weight was most strongly correlated with measures of body image and self-esteem; more positive ratings of both were associated with lower weight reduction goals. Thus, efforts to improve body image and self-esteem among obese persons may help patients set more reasonable weight loss goals.

The second main finding of this study demonstrated how patients evaluated various treatment outcomes. Before treatment, a 17-kg weight loss was described as disappointing and “could not be viewed as successful in any way” (Foster et al., 1997, p. 81). Even a 25 kg weight loss was only acceptable and “not one that I would be particularly happy with” (Foster et al., 1997, p. 81). Moreover, the end of treatment, weights for almost half (47%) of the sample were higher than those defined as
disappointing. Thus, many patients completed treatment having achieved an outcome
they judged (before treatment) as worse than disappointing.

The third main finding was that weight loss, although less than desired, had
significant positive physical and psychosocial effects. Patients who reached a supposedly
disappointing weight reported that the effects of achieving this weight were more positive
than they had anticipated, suggesting that the weight loss required to achieve positive
effects was less than patients expected. The fourth key finding was that, despite
experiencing significant positive physical and psychosocial benefits, patients remained
dissatisfied with their weight (Foster et al., 1997).

Brink and Ferguson (1998) described the reasons people give for deciding to lose
weight relative to weight history and gender. Their sample consisted of 162 Caucasian
community volunteers, categorized into five groups according to their success at weight
loss. The findings of the study showed that physicians were a strong motivator for
weight loss, with every group mentioning a physician at least once. Health was the
primary reason given by both men and women for entering a program of weight loss;
however, appearance and self-esteem issues were also present. Brink and Ferguson
(1998) found that the decision to lose weight, and the reasons behind the decision, did not
necessarily differentiate the successful dieter from the unsuccessful dieter.

Dohm, Beattie, Aibel, and Striegel-Moore (2001) explored the relative
contribution of exercise, coping responses, cognitive attributions, and emotional
experiences to successful weight-loss maintenance in men and women. The results of
this study implied that, of the variables included in the study, for both men and women,
the most useful variable for differentiating between successful and unsuccessful weight-loss maintainers may involve how they respond to a dietary lapse.

Tiggemann and Rothblum (1988) examined gender differences in social consequences of perceived overweight in the United States and Australia. The researchers' interest was in investigating the extent to which individuals were concerned about the appearance of their body and reported their weight to have interfered with social activities. A secondary interest was in examining perceived reasons about the causes of overweight in general and people's stereotypes about obese and non-obese men and women. The researchers hypothesized that women would be more greatly affected by the social consequences of overweight than would men given the salience of weight and dieting for women in these countries.

One of the clearest findings of Tiggemann and Rothblum's (1988) study was the discrepancy between objective and subjective impressions of degree of overweight. While, at most, 20% of this sample might be considered overweight on objective criteria, more than 50% felt they were overweight. This was particularly true for women. Contrary to the researchers' expectations, age of subjects did not affect perceived social consequences of being overweight. There were a number of nationality differences; however, these tended to be eclipsed in magnitude by the gender differences. As predicted, weight was a much larger and central concern for women than for men. Women experienced a greater discrepancy between ideal and actual weight and, consequently, dieted much more than men. Women scored higher on public body consciousness and lower on body competence than did men. Women were also more
likely than men to perceive differences between overweight and average-weight individuals and to report that their own weight had interfered with social activities.

Finally, the results indicated fairly widespread negative stereotyping of the obese. Thus, there do appear to be consequences merely of being labeled fat or thin and, as predicted, this is disproportionately important for women. Furthermore, these stereotypes tend to be shared by the overweight themselves (i.e., there were no differences on the basis of weight among subjects) and generally by men and women alike (Tiggemann & Rothblum, 1988).

Factors Related to Weight Loss Outcomes

Dennis and Goldberg (1996) found that self-efficacy beliefs may be central to individualising interventions for weight loss that extend beyond an improvement in knowledge and technique of nutrition and eating behaviours. Kitsantas’ (2000) study proposed to identify the self-regulatory strategies that people use to lose, maintain, or manage their weight, and to assess their self-efficacy perceptions to implement these strategies. The findings of the study supported the hypothesis that the healthy weight group, the overweight group, and the previously overweight group of participants differed in their overall use of total self-regulatory strategies. Healthy weight people and those who were previously overweight used significantly more self-regulatory strategies than those people who tried to lose weight but were unsuccessful. Kitsantas (2000) concluded that self-regulated strategies should be implemented into future weight loss programs. Specifically, instruction should be focussed on helping people to devise strategies to optimise self-regulation and to enhance their self-efficacy perceptions to incorporate these strategies into their daily program.
Wadden and Frey (1997) evaluated the long-term efficacy of a proprietary weight loss program with 621 male and female participants who had completed a 26 week weight loss program. The findings of the study showed that a program of lifestyle modification combined with the brief use of a very-low-calorie diet was associated with successful weight loss in a substantial portion of patients, several years after treatment.

Kayman, Bruvold, and Stern's (1990) study identified an important difference in the way in which maintainers and relapsers coped with their problems. Whereas maintainers and relapsers all reported unexpected and unpredictable stressful life events, maintainers believed themselves capable of handling their problems and used problem-solving skills to cope with their difficulties. In contrast, relapsers did not deal with their problems directly and reported that they used food to make themselves feel better when upset. These findings offer additional support for Marlatt and Gordon's (1985) theory of relapse, which suggests that an individual who has successfully made a behavioural change will return to a former negative behaviour pattern when a high-risk (problem) situation occurs for which coping skills are lacking.

Social support, or the perception that family or friends are available to discuss troubles and offer help when needed, seemed significantly greater for the maintainers than for the relapsers in Kayman et al.'s (1990) study. There is some indication that social support plays a role in the maintenance of new health behaviours. The researchers suggested that, based on the observation that individuals vary greatly in the ways they achieve successful long-term weight loss maintenance, each person who seeks treatment should be assessed before any intervention and guided in the selection of the most
appropriate intervention, rather than offering the same program to all (Kayman et al., 1990).

A study by Oginka-Bulik and Juczynski (2001) investigated whether coping with stress or other psychological variables contributed to the prediction of reducing weight in women, and compared the level of these predictors before and after a weight reduction program based on psychological actions. The results of the study showed that implementing a weight reduction program based on psychological actions led to significant reduction in women's body weight (Oginka-Bulik & Juczynski, 2001). These results confirmed the assumption that coping with stress is a determinant of reducing weight in overweight women.

Brodie and Slade (1990) compared both weight and fat loss in overweight women exposed to two styles of program and two levels of intervention. Body image and other psychological changes were examined including an eating disorder scale, motivational variables, and depressive symptoms. The results of this study showed that weight loss was influenced by different styles of intervention or motivation, such as physician recommendations or health. It appeared that motivational differences were only important in determining involvement in a weight loss program, not outcome of the weight loss effort. Psychological differences appeared not to precede weight loss programs, but rather tended to follow involvement in them. The researchers concluded that the psychological benefit of losing weight was best achieved by a high intervention strategy which included an element of positive life style education.

Kiernan, King, Kraemer, Stefanick, and Killen (1998) used signal detection methods to identify predictors of successful weight loss in 177 mildly to moderately
overweight men and women, assigned to one of two weight loss programs (diet only and diet plus exercise). Participants in the diet plus exercise program who were initially more satisfied with their bodies and did not have a history of repeated weight loss were most likely to succeed. In contrast, participants in the diet plus exercise program who were either extremely dissatisfied with their bodies or who had a history of repeated weight loss were at similar risk for failure as participants in the diet only program. The researchers concluded that the identification of characteristics of unsuccessful subgroups of people attempting weight loss suggested the utility of exploring these subgroups further, both to establish their generalizability as well as to inform future efforts to tailor weight-loss strategies to increase the likelihood of success.

Purpose of the Present Study

The current study explored the lived experience of women who have lost a significant amount of weight. In particular, this study examined expectations about weight loss, the impact of weight loss on relations with others and with oneself, what helped these women through their weight loss process, and additional factors that might contribute to a successful transition through this process for other women.
Method

Participants

Participants for the current study were eight women, aged between 31 and 51 years (See Appendix A). Women in this age range were chosen as it seemed likely that these women would be old enough to have experienced the process of weight gain and weight loss, while reducing the complications of chronic health concerns due to aging.

The current study focused only on women for three reasons. First, there is little literature in this area and the research that exists tends to focus on women. Thus, it seemed reasonable to base the current research question on the research literature that already exists. Second, it was anticipated that it would be easier to gain access to female participants because more women than men attend weight loss programs, and women were more likely to volunteer for research studies. Further, it seemed reasonable that the psychological experience of weight loss might be different for men and women. As a result it made sense to focus on only one gender. Finally, as a woman, this researcher may be more sensitive to women’s issues and concerns in the experience of weight loss.

Women were invited to take part in the study if they self-identified as having lost a significant amount of weight. What could be considered a significant amount of weight was up to the participants. The women reported having lost weight ranging from 20 to 100 lbs. Participants were recruited by several methods. The study was advertised through the Adult Development and Psychometrics Lab at the University of British Columbia. Advertisements were placed in the community, including at local community centres, gyms, libraries, and on neighbourhood bulletin boards (See Appendix B). It was anticipated that some participants may become involved through word of mouth, by becoming aware of the research through friends, families, or coworkers who have seen
the study advertised. The study was also advertised on Volunteer Vancouver’s website (www.govolunteer.ca). All participants were required to read and sign an Informed Consent before participating in the study (See Appendix C).

Exclusion criteria ruled out participants with eating disorders, those whose weight loss was due to illness, and those whose weight loss was immediately post-pregnancy. Participants who did not speak English sufficiently well to understand the interview questions, and to give comprehensible answers to these questions, were excluded from participating. As the research is based on a belief that North American culture influences ideals about beauty and thinness, participants must have lived in North America since at least the age of five.

Of the eight participants, five of the women were married, one had never been married, one was separated, and one divorced. Three of the married women had children. Seven of the eight women held at least an undergraduate degree, while two women had also completed a Masters degree, and three other women were currently enrolled in a Masters program. Household income varied for the participants, ranging from a $16,000 to $29,999 bracket to a range of $60,000 to $99,999. Five of the eight participants indicated that their household income fell in the $60,000 to $99,999 category.

Procedure

Research method. The current study can be described as a categorical-content or thematic analysis of the content of participants’ narratives. This research design was chosen to provide a full, rich description of participants’ experiences and to attempt to uncover commonalities among participants’ experiences using a categorical content form of narrative analysis. Because the purpose of the study was to explore the meaning of
weight loss for women, commonalities among participants’ experiences provided a base understanding for counsellors of the process and meaning of weight loss for women. The research question asked women who have lost weight about the process of losing weight, and the meaning of this experience.

While qualitative studies freely use the terms “narrative” and “narrative research”, it is quite rare to find definitions of these terms. Webster’s (1966) dictionary defines a “narrative” as a “discourse, or an example of it, designed to represent a connected succession of happenings (Lieblich, Tuval-Mashiach, & Zilber, 1998, p. 2). Narrative inquiry is founded on several main principles that underlie and guide the research. The postmodern approach foregoes the search of true and fixed meanings, and instead emphasizes descriptive nuances, differences, and paradoxes. It is not that there is “no truth” that can be known, it is that truth claims are contextually-situated personal knowledge claims. There is a change from a substantial to a relational concept of meaning, with a move from the modern search for the one true and real meaning to a relational unfolding of events. That is, truth is partial or fragmented, there is no end point, or finality. Rather, truth is temporal in a specific time and place.

Riessman (1993) states that nature and the world do not tell stories, rather individuals do. Interpretation is inevitable because narratives are representations of people’s construals. There is no hard distinction in postpositivist research between fact and interpretation. Human agency and imagination determine what gets included and excluded in narrativisation, how events are plotted, and what they are supposed to mean. Individuals construct past events and actions in personal narratives to claim identities and construct lives. Not merely information storage devices, narratives structure perceptual
experience, organize memory, “segment and purpose-build the very events of a life” (Bruner, 1997, cited in Riessman, 1993, p. 2). Individuals become the autobiographical narratives by which they tell about their lives. These private constructions typically mesh with a community of life stories or “deep structures” about the nature of life itself. People are born into cultural narratives (e.g., motherhood and sexuality, in terms of cultural norms), and we frame our experience from the language used in the cultures that we are born into.

Lieblich et al. (1998) take “narrative research” to refer to any study that uses or analyses narrative materials. The data can be collected as a story, or in other forms, including journals, poems, letters, or documents. Upon looking at different possibilities for reading, interpreting, and analyzing life stories and other narrative materials, two main independent dimensions emerge: those of (a) holistic versus categorical approaches and (b) content versus form. According to Lieblich et al. (1998), these two dimensions may be viewed as intersecting, resulting in a matrix of four cells, which consist of four modes of analysing a narrative, as follows:

- **HOLISTIC-CONTENT**
- **CATEGORICAL-CONTENT**
- **HOLISTIC-FORM**
- **CATEGORICAL FORM**

The holistic-content mode of analysis uses the complete life story of an individual and focuses on the content presented by it. When using separate sections of the story, the researcher analyses the meaning of the part in light of content that emerges from the rest of the narrative or in the context of the story in its entirety. The holistic-form based mode of analysis finds its clearest expression in looking at the plots or structure of complete life stories. The researcher may search for a climax or turning point in the story that would shed light on the entire development. The categorical-content approach is also known as
"content analysis". Categories of the studied topic are defined and separate utterances of the text are extracted, classified, and gathered into these categories or groups to form main themes. Finally, the categorical-form mode of analysis focuses on discrete stylistic or linguistic characteristics of defined units of the narrative. Defined instances are collected from the text and counted, as in the categorical-content mode of reading. This last form of analysis is usually referred to as a structural linguistic approach. Each of the four modes of analysis is related to certain types of research questions, requires different kinds of texts, and is more appropriate for certain sample sizes (Lieblich et al., 1998).

Data collection. The purpose of the study was to understand themes of the lived daily world from the subjects' own perspectives (Kvale, 1996). Specifically, the research aimed to understand the narratives of women's experiences of weight loss. The structure of the research interviews came close to an everyday conversation, involving specific target areas of concern to the research question. Therefore, the research interviews were semistructured; they were neither an open conversation nor a highly structured questionnaire. Interviews were conducted according to an interview guide that focused on certain themes and included suggested questions (See Appendix D).

Interviews ranged from approximately 60 to 90 minutes. Prior to the interview, participants were screened for suitability and clearly informed about the details of the study and what their participation entailed. Interviews with participants were audiotaped, and were conducted at a site at the University of British Columbia or in the participant's home. Prior to interviewing participants, a pilot study was conducted. The main purposes for this pilot study were to determine whether interview questions were clearly understood by participants, whether questions were awkwardly worded, to judge
participants’ reactions to questions that may have been challenging or uncomfortable, and to evaluate the researcher’s interviewing skills. The pilot study was conducted with one woman, in the mid-range for ages.

Transcription procedure. A paid transcriptionist completed the transcription of interviews. Interviews were transcribed verbatim. Prior to transcription, the researcher developed a transcription key. The key included references to indicate participants’ body language, long and slow pauses during the interview, the tone of participants’ voice, and gestures. The researcher also took notes during each interview to determine the particular behaviours and context that were noted in the transcription. Understanding the construction of “talk” is important in narrative research because the narrator and the researcher are co-constructing a conversation or interview. It is necessary that the researcher analyzes this turn-taking “talk”. Therefore, the transcription practices of the researcher denote a great deal about the interpretation of the research interview.

Analysis

Narrative analysis. Each participant’s story was analyzed to identify main themes, and to highlight commonalities in all participants’ experiences. The text of the interviews was broken into relatively small units of content and coded for significant elements of the narrative that addressed the research question. Each transcribed interview was read thoroughly three to four times, looking for various aspects of the research. The data were given initial codes, which were then categorized by content. Once the categories were confirmed, they were placed into clusters and themes were developed.
The method of content analysis has many variations; however, the steps taken in most of the variations of content analysis are summarized by Lieblich et al. (1998) as follows:

1. Selection of the subtext (coding the data). On the basis of the research question, all the relevant sections of text are marked and then assembled to form a new subtext. Characteristically, the selected sections of subtext are taken from the total context of the story and are then treated independently. In the current study, where the researcher has chosen a directive interview, instructing the participant to focus on the "relevant" material, all the obtained text will be taken as the data for the content analysis.

2. Definition of the content categories. The categories are various groupings of similar codes or perspectives that cut across the selected subtext and provide a means of classifying its units.

3. Sorting the material into the categories. Separate sentences or utterances are assigned to relevant categories, which may also include utterances by several different participants.

4. Drawing conclusions from the results. The sentences or utterances in each category can be counted or tabulated, ordered by frequency, or subjected to statistical computations, in accordance with the research aims and questions, and/or the researcher's preference. Alternately, the contents collected in each category can be used descriptively. When specific hypotheses have been stated by the researcher, they can be tested at this stage (Lieblich et al., 1998).
The research interviews were analyzed following the aforementioned steps. The researcher did not quantify the interview data. Main themes were illuminated and described in detail through the use of exemplary quotations from the participants' narratives.

**Criteria for rigor.** Qualitative researchers have identified a variety of approaches to judge the credibility of their findings (Cutliffe & McKenna, 1999). Researchers can enhance the validity of the patterns and themes that emerge in qualitative data, and also guard against researcher bias, by enlisting the assistance of a colleague (Appleton, 1995; Burnard, 1991; both as cited in Cutliffe & McKenna, 1999). In the present study, the transcriptionist, who has an undergraduate degree in Psychology, was enlisted as an experienced colleague. While she was not an expert in qualitative methodology or content analysis specifically, she was highly familiar with the interview content given her position. The transcriptionist independently created a sample of categories based on the interview content, which were then compared to those created by the researcher. Further, the categories created by the researcher were reviewed in their entirety by the transcriptionist to assess their accuracy and consistency. That is, the category codes were examined to ensure that they accurately represented the content relayed by the participants, and were consistently applied to the data. This sharing of interpretation has also been acknowledged to provide an opportunity to challenge the robustness of the emerging categories and themes (Cutliffe & McKenna, 1999). Indeed, the transcriptionist was able to identify and clarify some codes which the researcher had not identified. This collaboration also helped the researcher to provide a more reasoned and complete interpretation, by requiring that the researcher clearly think through and
verbalize ideas in order to share these with the transcriptionist. The interpretation was therefore more complete as it was expanded beyond only the researcher’s interpretation, and both parties involved potentially saw the information differently. Such collaborations have been identified as a positive outcome of this type of sharing of interpretation (Cutliffe & McKenna, 1999).

Ashworth (1993, 1997, as cited in Cutliffe & McKenna, 1999) holds the view that the credibility of the findings is increased if researchers acknowledge and identify their pre-suppositions and subjective judgment. In the current study, the researcher, as a counsellor, naturally held a bias toward the benefit of counselling for the participants in the study. While the researcher may have lacked neutrality, acknowledging this bias helped to minimize it. Identifying and acknowledging biases was supported by discussion with an expert, i.e. thesis supervisor, while preparing and exploring the existing research literature, necessitating that the researcher become aware of biases and clarify these. Neutrality was also supported by the presence of supervisory assistance in identifying and elaborating themes in the research, again requiring that the researcher clearly identify and examine existing biases.
Results

This chapter describes the five main themes that emerged from the interviews. The five themes are as follows: (a) Conscious shift in lifestyle change; (b) Changes and shifts in relationships; (c) The influence of social commentary; (d) Self perception with changing body size; (e) Struggles with weight loss and disordered eating.

Conscious Shift in Lifestyle Change

The theme of a conscious shift in lifestyle change encompasses subjects' motivation or catalyst for change (i.e., the impetus for the weight loss), responses and experiences relating to exercise, and nutrition and diet. Each of the aforementioned factors included a conscious shift, or decision by participants.

Motivation for change. Each participant spoke of a specific motivation or catalyst for change that, in this case, was the weight loss. While these motivations varied among participants, each participant described one or more experiences or realizations that prompted their weight loss process. Four of the eight women spoke of the concept of self disgust, or how they felt about themselves as a motivation for weight loss. Two of the eight women mentioned that their visual appearance was a motivating factor, and two of the eight women also spoke of an increase in clothing size as an impetus for weight loss.

Two participants highlighted the importance of clothing size as a motivating factor;

"I was a bride's maid in a wedding party and my dress was size 18 and I thought I didn't want to be an 18 anymore. I hadn't been an 18 for very long but my size had been increasing and increasing over a two year period and I thought I was, I was done. I thought I didn't want to be an 18 anymore."

"I had an experience where I put on a piece of clothing, or tried to put on a piece of clothing that, that uh, had always been sort of, hm, the largest size item that I'd ever had to wear, it was a, it was a size 22 skirt in fact and it was always sort of the back up piece of clothing in my wardrobe when I gained weight that was always what I reached for. And anyways I put on this skirt one day and it was too
small and I think that uh, that that point the, sort of the disgust element, or the self
disgust element kicked in and I think that was sort of what prompted, uh,
prompted me to be desperate enough…”

Three of the eight women described the impact of excess weight on their health as their
primary motivator for losing weight, which is illustrated in the following description;

“I was suffering from serious health problems. I couldn't walk more than 2
or 3 stairs without gasping for breath. Um, I would constantly experience
shortness of breath, uh, diabetes, uh, heart palpitation, high blood
pressure. My blood pressure was sitting somewhere around 165 over 100
constantly. Um, I was angry all the time and really frustrated.”

Internal factors also appeared to be important as motivators for change. One of
the eight participants described wanting to prove she could do something, while two of
the eight talked of wanting to do something just for themselves and not for their family
members. Further, two of the eight women had started new jobs and described wanting a
new beginning that specifically was related to their physical appearance. One participant
described the experience of a new beginning as follows: “I woke up that day and decided
that it was going to be the first day of the rest of my life and I wasn't going to look
back…”

*Exercise.* The incorporation of exercise into the weight loss process was present
for each participant, although the amount and intensity of exercise varied greatly. The
range of exercise varied from minimal for one participant to a regimented program
including at least 17 days per month of physical activity for another participant. The
other six women fell in between these two extremes. Four of the eight women used
walking as their main form of physical activity. Other forms of exercise included
cardiovascular activity, weight lifting, Jazzercise, golfing, running, biking, Pilates, and
playing a team sport. Each of the women began incorporating some physical activity and
worked up to more intense and longer duration activity as they began to lose weight.

Only one participant noted that she did not exercise much during her weight loss.

Six of the eight women mentioned that the results of exercising kept them motivated, by feeling stronger or having more energy. For several of the women, physical activity was structured and monitored and became closely aligned with their feelings about their weight loss. One woman described this experience:

"... in terms of fitness level and health and so on there are times when I, uh, I found, find myself thinking "wow, I can't believe I can do this. I would never have been able or I haven't, I would never have been able to do this before."

While seven of the eight participants exercised on a regular basis, feelings toward this physical activity were not always positive, as highlighted by the following statement:

"I hate exercise, and I find myself sort of having to bite my tongue almost, because I don't want to say, no really, it'll work if you just get out there and you'll love it and it'll be fabulous."

For one participant, exercise in the form of walking took on importance as more than just a physical activity:

"It was very much um, a spiritual thing too because as I would walk I would pray and I would meditate and things like that was part of the walking for me."

**Nutrition and diet.** Along with exercise, nutrition and dietary changes and monitoring were noted as being a significant part of each participant’s weight loss experience. Each woman used different methods to make changes to her eating habits, but monitoring of food intake was present for each participant.

Six of the eight participants spoke of using food to cope or as comfort prior to losing weight. One of the women described this experience, saying that "I still like using food for comfort. I do. And I will..."
Four of the eight women changed their eating habits by decreasing their portion sizes, while three of the eight women attended and took part in the Weight Watchers program. Each participant found her own unique way to make changes to her diet and eating habits. These varied from balancing meals throughout the day, eating six small meals each day, cutting out sugar from her diet and reducing the intake of carbohydrates, reducing portion sizes, and adopting a vegetarian diet.

Most participants seemed to experiment and find their own ways to lose weight. The incorporation of exercise into weight loss was present for each participant, but the amount, frequency, and duration of physical activity varied greatly from woman to woman. The same can be said of the changes made to food patterns and dietary habits. Interestingly, only one woman who spoke of exercise a great deal, and who had the highest level of physical activity, also talked about using food as comfort during her weight loss, rather than simply before her weight loss. It appears that perhaps those women who had some presence of disordered eating habits felt that food was the key to their weight loss, while those without any signs of disordered eating felt that exercise was the key to their weight loss.

It may also be that it is not how each woman changes her eating habits, but simply that she does change her eating habits that is important. Each woman found a way to do this that fit for her. For example, those who could not, or would not give up sugars did not. Instead, they reduced portion sizes. Those that could not or would not reduce portion sizes chose to eliminated sugar and carbohydrates. For each participant, it may have been that losing weight was a matter of finding what worked for them, and working with what they were willing to compromise.
Changes and Shifts in Relationships

This theme addresses participants' stories of family members, stories of attempts at sabotaging their weight loss process, loss stories of weight loss, and the support of family members and friends. Relationships experienced changes or shifts for participants as a result of their weight loss process and experience.

Relationship changes and support. In discussing changes in relationship and sources of support, four of the eight women spoke of changes in their relationship with their husband, during their weight loss process. These women noted that they experienced improvements in their relationship with their husband during this experience. One participant highlighted this experience in the following description:

“In terms of being with my husband, just me feeling better about myself um and I think looking much better you know has really had an impact on our relationship. It's kind of revitalized it.”

Four of the eight participants also spoke of having support from their husband during their weight loss, although for one of the women this support was described as having been “offered grudgingly”. One participant noted that she was divorced part way through her weight loss journey, although the weight loss was not a contributing factor to the end of the marriage.

Family members were also noted as being particularly significant sources of both support and distress during weight loss, with mothers being most often discussed in the realm of family members. One of the women spoke of her mother as supportive, but noted that she felt her mother did not understand her experiences, while two of the participants described their mothers as “sabotaging” their weight loss, as highlighted by one woman:
"I was battling against my mother, living at home because she took it as an affront, a personal insult that I was refusing her food, that I was trying to be different in an environment where everybody had very unhealthy eating habits, lifestyles, um, and perceptions of themselves…"

Three of the eight participants also noted improvements in their relationships with their children, and one woman described that “I have certainly way more energy in terms of being with my kids and more strength”. The presence of children in the relationship was also discussed in terms of adding further challenges to the women’s weight loss, with immediate family described as a burden. For these women, the challenges and time commitments of raising young children added another element to their weight loss. One participant described this experience, noting that: “I had to take time for myself. I had to make time for myself at the expense of my family.”

Two of the women spoke of having gained weight during pregnancy, which had persisted as an ongoing problem. This is highlighted by the following descriptions:

“When I had my first child, which was, uh, 14 years ago, um, you know, great pregnancy and everything and afterwards um, and just sort of a reasonable amount of weight gain for having a child, of course a lot of weight. Um, and just never lost it afterwards and gained a little bit more even so I was sort of like still carrying around this pregnancy weight with me”.

“With every, with every child, and I've had 5 of them, I sort of got down to maybe 10 pounds over what I was prior to getting pregnant”.

One participant spoke of gaining weight while her son was going through a trauma, and one woman noted that her children also have “weight issues”, as follows:

“And my son has a weight thing...they both gained weight and my daughter who was a little tiny kid, has gained weight ever since and I think she's leveling off now at 13 she is really quite chubby and I find it makes me so anxious. It upsets me, it's, it's like a real effort for me to not say anything to her, not look at her in any way that she could get that message. Like I deplore it, I hate it that I feel that way.”
Five of the eight participants spoke of friends as an important source of support. While friends were generally spoken of in a positive sense, one of the women described losing friends during her weight loss: “I didn't expect to lose my friends. That was really hard, um, I didn't expect my family to abandon me and try to sabotage my efforts...”

One participant spoke of relationship changes in terms of changes within herself, noting that she felt “positive, relaxed, and adventurous” after her weight loss. For other participants, the weight loss experience had elements of loss. Four women spoke of having kept excess weight on for protective factors, highlighted by the following descriptions:

“It makes you somewhat invisible, then you are invisible and there's comfort in that. And if you're not really visible then people aren't really making demands of you and you don't really have to succeed and lalala. I think there's a whole law of um, kind of insulation value”.

“It was definitely a shield in a lot of ways that excess weight. Certainly you can hide behind it”.

“And what I was doing was using the weight as a barrier. And um, it protected me in a way so that I, I didn't appreciate that at the time but I had really needed um, well I didn't need the weight, but I needed some kind of protection, it was the only way I knew how”.

Two women described feeling no sense of loss, during or after their weight loss experience.

Based on the women’s stories, it appeared that all participants experienced some changes in relationship, ranging from family members and children, to friends and support systems. For some, the weight loss triggered unexpected shifts in familial relationships, with mothers being a salient example. Stories of sabotage in relationships were examined, and possible reasons were explored. What underlies this experience is the necessity of support for women going experiencing weight loss. While the primary
support varied for each participant, what was important was the presence of someone to offer unconditional positive support to each woman.

The Influence of Social Commentary

This third theme describes the impact of attention and comments from others. External recognition and attention was perceived differently by each subject and can be described as motivating, validating, and confirming for some, while other participants disliked the attention and wanted to forget about the weight loss experience. Reactions to attention from others was not gendered. That is, it did not differ when comments were expressed by men or women.

Four of the eight women described having mixed feelings about comments, highlighted by the following descriptions:

"On the one hand I need to be reminded I think or I want to be reminded because it think it's, I think that I think it will help me uh, sort of keep my weight under control. Um, on the other hand, sometimes I wish um, I wish that people would just forget about it, certainly there are people in my life now who I don't want them to know that I used to be 85 lbs heavier than I am now kind of thing”.

“I don't like to hear it everyday all the time, that's just like let's not talk about my weight anymore, but every once in a while, when somebody says oh you look, you know, you look good, or whatever, it's like, hm, thanks. You know, it's just a little bit of reinforcement I guess”.

For two of the women, it appeared that comments from others caused them to consider weight loss and how women are perceived more generally. One of the women expressed this, describing that:

“Oh it was very lovely of course, at least on the surface, it was very lovely. But I did kind of wonder if I was more valuable, if a slimmer me was more valuable or was more attractive or more interesting”. 
Two of the women felt positively about hearing comments from others regarding their weight, and weight loss. For these women, comments from others were both motivating and validating, as described by one participant: “it keeps me motivated and, um, it feels very, it's positive. It's nice to know that people have noticed and, uh, um, and people are interested, you know…” Another woman spoke of this experience, noting that: “I feel like it's a feather in my cap for somebody to say ‘you look great’ “.

In contrast, for one of the women, receiving attention and hearing comments from others was a negative experience. She spoke of this experience, stating that: “I don't like the attention that it sometimes brings. That bothers me a lot and I have to kind of work on that. I don't, I don't like it really when they notice. I know they mean well but they create too much of a fuss and I don't like that”.

This theme highlighted the significance of individuality in the process of weight loss. External recognition was found to have two sides. That is, for some participants, attention and comments from others was a positive, validating, and motivating experience, while for others it was a negative experience. Further, when attention was experienced negatively, it often reflected participants’ inner feelings, rather than that the actual content of comments had an impact. This suggested that well-meaning comments from others were interpreted on an individual basis depending on how the women felt about themselves and their weight loss. As well, based on these findings, it would be impossible to suggest whether comments from others would be interpreted as motivating and validating, or as drawing unwanted attention to a negative experience.
**Self-Perception with Changing Body Size**

This theme encompassed women's perceptions of themselves and their body during the process of weight loss. The women spoke of their experiences with recognising their changing body and their feelings around drawing attention to this by how they dressed, as well as the process of shopping for clothing.

Feelings about self during the weight loss process were generally positive. Seven of the eight participants spoke of positive feelings about themselves, such as feeling young, attractive, vibrant, less self conscious, strong, relaxed, happier, energetic, proud, capable, healthier, alive, in more control, brave, courageous, indulgent, peaceful, and having more self esteem. One woman described herself as feeling "much younger, attractive, and vibrant".

Three of the women spoke of feeling "normal" after losing weight, highlighted by the following descriptions:

"I just feel more normal in the world, like my body shape and the way I look is kind of like you know like the way healthy and normal people look".

"My favourite thing about having lost the weight is that I feel quite normal like I feel like someone would look at me and not really have a judgment about my body in either way. Like I'm not thin, I'm not fat I'm just kind of there. And I like that".

Only one participant mentioned feeling like the same person at the end of the process. Five of the women described their journey as being ongoing and a lifelong process, rather than being confined to the actual weight loss experience, as highlighted by one participant: "I think I'm always gonna be in process of this. I don't think it's ever gonna be over". The lifelong process was not necessarily perceived as a negative component, as highlighted by one participant: "So I don't see this as, uh, "Okay I've
reached my goal like I'll go back to where I was". No. I know that isn't for me. This is a life long thing and I enjoy it. You know that's the thing is it's not drudgery for me”.

Another participant described that “this is probably something that I'll do for the rest of my life”.

At the completion of the weight loss, three women spoke of realizing how miserable they had been while overweight and two women described still having “fat days”, as highlighted by the following statement:

“I look in the mirror sometimes and I go wow, I look great. And then I look in the mirror some days and I see that same fat person. When I'm being rational or I'm being open with myself I know exactly what I've accomplished and, um, I see myself the way other people see me. But like I said, there are days when I feel fat and I think I look fat and I still feel those same feelings of self disgust that I used to feel. And I can't figure out which one is real.”

For one participant, the completion of the weight loss journey left her feeling like she had a whole new life. For one woman, the weight loss experience had a spiritual component, described as: “there was also a spiritual component to that and that was you know, I wanted to um I felt like part of caring for myself in every way was valuing my body in this. Um, and seeing it as kind of a value”.

Self perceptions and feelings about selves during and after weight loss were highlighted by the following quotation:

“it was like finding a gift and the gift was ourselves inside of like all that fat kind of thing, um, and you know just that kind of same sense of excitement that you have about have, having a gift or something special, and that thing was our, ourselves”.

Clothing and Body Size. For many participants, one of the significant experiences during their weight loss process was the realization of their changing body size and the experience of shopping for clothing. Six of the eight women spoke of enjoying shopping
more after their weight loss and participating in it more. This was described by one woman as: “the whole clothes shopping experience is a lot more fun than it's ever been before”. Two participants spoke of not enjoying shopping, while one woman was frustrated with the cost of replacing her wardrobe with clothes that fit her.

For some of the women, realistic perception about the actual size and shape of their body was problematic. The following quotation highlights this issue: “I have no concept really of how I look”. Three women spoke of having trouble with self perception in spite of the extended time period of the weight loss, and one of the participants mentioned having an acute awareness of her body size after losing weight. One woman mentioned not caring what her body looks like, and another noted that she had learned to appreciate her body, stating that:

“I learned to um, appreciate my body because I was still hiding, I, they would tell me to lift my arms and expose really, that's how it felt, I was exposing myself on stage and I couldn't do it because I still had this image of 260 lbs”.

The participants varied in how they chose to shop for clothes that fit their changing bodies. While some purchased clothes as they were losing weight, others chose to wait until they felt they had reached the weight loss goal. One woman described her feelings about this experience:

“I was really hesitant to buy myself clothes for a long time and I kept all my fat clothes for 6 months and I kept shorts, a pair of shorts, a pair of pants, a shirt, a vest and a sweater, like basically, one set of clothes for two years and I don’t know whether it was because I was afraid that I would get fat again or if it was for memory's sake”.

Only one woman spoke of having plastic surgery after her weight loss and described her feelings about having surgery after losing weight:

“the best gift I ever gave myself was 4 years after losing all the weight I cut off the extra skin and I have the prettiest boobies in town! That was a gift I gave
myself, I never expected that. I never expected to even want it, I never expected that I would want to, to, I don't know how to say, not fix my body image but, but, match my body to how I felt about myself inside”.

Here, the plastic surgery may have represented a final closure to the weight loss journey, and a starting point for moving forward.

One area that showed differences between the women was how they approached the issue of shopping for clothes to fit their changing body. While some women purchased clothes that fit as they lost weight, others preferred to wait until they felt they had finished their weight loss journey. While this may have been a practical decision, it may also have been partly based on feelings about how successful the weight loss experience would be.

In general, the women felt positively about themselves during their weight loss, and losing the weight seemed to be viewed as a long-term experience and change, rather than a short-term process.

Struggles with Weight Loss and Disordered Eating

In this theme, the disordered eating component, present for some women, is addressed and the women’s emotional stories are explored. Six of the eight women spoke of using food for comfort. The following descriptions highlight the idea of using food as a response to stress:

“It seems to be, it seems to be that if I'm feeling overwhelmed or feeling uh, feeling powerless, um, that, that seems to be when it gets the worst. I mean certainly if I feel stressed I find myself reaching for comfort foods but it seems to be the taking control thing, that, that sets it off the worst um because it's sort of the, the ultimate in giving yourself what you want. You know, you, you can uh, you can give yourself whatever, whatever it is that you think will satisfy you the most and to hell with anybody else. You don't have to worry about pleasing else, so certainly easier to reach for a bag of chocolate chip cookies for example than it is to uh, tell your boss he's a jerk”.
“Uh, feeling powerless, um, that, that seems to be when it gets the worst. I mean certainly if I feel stressed I find myself reaching for comfort foods but it seems to be the taking control thing, that, that sets it off the worst”.

Another woman described the role of food in response to her emotions: “I was angry all the time and really frustrated and I would constantly eat to make myself feel better, and I would never feel better”. For one woman, food and eating represented a form of care for herself, highlighted by the following quotation:

“I was giving so much to other people, this was something that I was giving to myself at some deep level so if I wanted it I had it I ate it and I guess it was so difficult to find other ways to give to myself but eating was easy and right at hand”.

Interestingly, none of the women spoke of eating for enjoyment of the food itself. In contrast to this, one participant described her process of eating as “it was just hazy, disconnect, a total disconnect from everything and just focusing on the eating, what, or not even, just that, that process of just shoving into my mouth and chewing and getting full, wanting to be full”. For the participants, food and eating held emotional meaning, and was a method of addressing feelings.

In spite of exploration of this idea, two women noted that they felt scared of their food issue, and worried about gaining back the weight they had lost. One participant did not speak of any issues or problems around food and eating. One woman spoke of throwing food out as a method of for self-control. Two of the participants described finding new ways of dealing with stress around food, noting that one now drinks more coffee and tea as a substitute for food while the other has found different ways to achieve feelings of relaxation.
**Expectations about weight loss.** In spite of having made a conscious choice to engage in weight loss, only two women spoke of having expected positive changes from their weight loss. These women noted that they expected to have more energy and to feel healthy and happy. The following quotation describes these expectations:

“I expected it to be easier to find clothes. I expected to have more energy. I expected to um, be able to run around with my step-daughter and, and, not get winded walking up a flight of stairs and you know, that sort of stuff”.

For one woman, the changes she experienced were felt to be beyond what she had anticipated, as highlighted by the following description:

“I expected to be healthier, I expected to be a lot happier than I had been. I did not expect all the amazing things that have come to me. Not because I’m slimmer necessarily, but because I’m a lot more self confident without being aggressive about it, I feel really sure of myself in many respects not, in everything but, I haven’t expected this peace to come and that’s been I think the greatest gift to me, is knowing that I’m worth it”.

Two women noted that they did not have any expectations about what their life would be like after losing weight.

Most participants noted that they did not have expectations about changes that would result from their weight loss. This suggests that it may be that the idea of the weight loss was so significant that the women could not anticipate or imagine what changes would result from this. It is possible that they could not see beyond the weight loss process and have concrete expectations about resulting changes. The lack of expectations about the weight loss also suggests that the women may have been afraid of expecting too much and being disappointed or afraid of failing in their weight loss attempt.

The expectations that were described were general and non-specific rather than being concrete. An example was the expectation to feel healthier and happier. As well,
as noted by one of the women, she felt that she had underestimated the changes that occurred for her. This could suggest that expectations the women did have were conservative and realistic.
The meaning of weight loss for women

Discussion

The purpose of the current study was to explore women’s experiences of weight loss, and consider how these experiences could be used to help other women going through a similar experience. The results of the current study will be discussed in detail, exploring each of the five themes and placing them in the greater context of the existing research literature in this area. Strengths and limitations of the current study as well as the implications for future research will also be discussed.

Conscious Shift in Lifestyle Change

The first theme that emerged from the research was that of a conscious shift in lifestyle change. This theme encompasses subjects’ motivation or catalyst for the weight loss and participants’ responses and experiences relating to exercise, nutrition, and diet.

The results of the current study indicated that most participants cited health reasons as their motivation to begin losing weight. This finding is consistent with the findings of Young et al. (2001) as well as Brink and Ferguson (1998). In the latter research, health was the primary reason given by both men and women for entering a program of weight loss. Both successful and unsuccessful dieters in Brink and Ferguson’s (1998) study mentioned a physician at least once, describing them as a strong motivator for weight loss. Notably, none of the participants in the current study mentioned a physician in reference to the motivation for their weight loss. The women in the current study also noted concerns around physical appearance, a motivator also mentioned in both Brink and Ferguson’s and Foster et al.’s (1997) studies.

In the current study, the incorporation of exercise into weight loss was noted by all participants, with most participants indicating that exercise kept them motivated to
continue losing weight. Part of this motivation was due in part to feelings of increased strength and energy. This is certainly consistent with Young et al.’s (2001) findings.

Brodie and Slade (1990) compared both weight and fat loss in overweight women who were exposed to two styles of program and two levels of intervention. Their results study showed that weight loss is influenced by different styles of intervention, and it appeared that motivational differences are only important in determining involvement, not outcome. Psychological differences appear not to precede weight loss programs, but rather tend to follow involvement in them. The researchers concluded that the psychological benefit of losing weight is best achieved by a high intervention strategy which includes an element of positive life style education. The results of this study appear to be consistent with the current research, where the participants included some form of positive lifestyle change in their weight loss.

What emerged from the participants’ interviews was that each participant experienced a specific motivation or catalyst for change, prior to beginning the weight loss journey. This suggests that beginning weight loss is a conscious decision and that the motivation for change will vary for each woman. For both counsellors and clients, part of the work prior to beginning weight loss may include clarifying the reason for weight loss. It appears that each woman will have her own specific motivation or catalyst for change and that this should be clear before beginning weight loss. Counselling at this stage may help women to clarify their reason for attempting to lose weight and ensure that any issues that arise from this are identified and addressed in counselling. Having a clearly identified catalyst for change may be helpful during the weight loss process as something to revisit and keep the goal clearly identified.
Exercise, nutrition and dietary changes were all present and appeared significant for the participants in the study. While exercise varied in amount and intensity for each woman, all undertook some type of exercise while attempting to lose weight. For most of the participants, exercise functioned was a motivator. It appears that both exercise and nutrition and dietary changes were integral to the weight loss for all the participants. This suggests that weight loss appeared to be a well thought out journey, and each woman made conscious changes in her lifestyle. For counsellors, awareness of the integral components of weight loss would be beneficial in supporting women considering a weight loss journey. In this way, counsellors would be able to ensure that women set realistic goals for themselves, and embark on a safe and realistic program of exercise and dietary changes. Discussing the integration of these changes into women’s lifestyle after the weight loss would be important as the weight loss appeared to be a lifestyle change for the participants, rather than a temporary change. For some women, it may be necessary to provide information and education about healthy nutrition and exercise.

Changes and Shifts in Relationships

The second theme addressed participants’ stories of family members, stories of attempts at sabotaging their weight loss process, loss stories of weight loss, and the support of family members and friends. Relationships experienced changes or shifts for participants as a result of their weight loss process and experience.

Porter and Wampler’s (2000) research around weight loss found that, while there were significant and positive changes in depression and self-esteem, there was no significant change in marital satisfaction. These results indicated that the weight loss, in itself, would not necessarily result in any of the anticipated changes in relationship.
Participants in the current study reported changes in feelings around depression and self-esteem, which is similar to Porter and Wampler’s research. However, the women in the current study also reported improvements in their marriages, which appears to be contrary to Porter and Wampler’s findings. It is, however, important to note that not all of the participants in the current research were married or specifically noted changes in their marital relationship.

All of the women in the current study identified some form of support during their weight loss, which reflects Kayman et al.’s (1990) assertion that social support plays a role in the maintenance of new health behaviours. This suggests that women embarking on weight loss would likely find it beneficial to ensure that they have a source of unconditional support. Family members were both a source of support and distress to the participants. For women beginning weight loss, exploration of family relationships may be beneficial. Here, it would be important to look at the functioning of the family as a whole and the role of the woman embarking on weight loss. In the context of the family, it would be important to ensure that sources of support were available. For some participants in the current study, family relationships added challenges to their weight loss, which were largely unanticipated. For women beginning a weight loss journey, consideration of the expected reactions and support from their family would be beneficial.

Kayman et al. (1990) suggested that, based on the observation that individuals vary greatly in the ways they achieve successful long-term weight loss maintenance, each person who seeks treatment should be assessed before any intervention and guided in selection of the most appropriate intervention. It seems possible that, without support,
the women in the current study may not have been successful. For women embarking on weight loss, it is likely to be important to identify who will provide support, the type of support they feel they need, and how much support will be offered. Counselling for women choosing to attempt weight loss may help women clarify what they need and express that to others. Asking for support was challenging for some of the women in the current study, suggesting that exploring this may be an important component in counselling.

For the women in the current study, some relationships experienced change. Awareness of relationships, how these may change, and the reasons for this would be helpful for women considering weight loss. The idea of a support group emerged from the interviews. The women spoke of what it was like to talk to others experiencing similar circumstances, and how others' stories motivated them and provided learning opportunities. This seems to suggest that the presence of a support group would be beneficial to women undergoing weight loss, as having someone who could relate to their experience was identified as being important to the women in the current study.

*The Influence of Social Commentary*

The third theme that emerged from the research addressed the impact of attention and comments from others. External recognition and attention was perceived differently by each subject, and was described as motivating, validating, and confirming for some, while other participants disliked the attention and wanted to forget about the weight loss experience. Reactions to attention from others did not differ when expressed by a male or a female.
The impact of attention and comments from others on women in the process of losing weight has not been specifically addressed in the existing research literature. Therefore, it is not possible to compare the current findings to existing research findings.

Participants in the current study expressed that reactions to comments from others related to weight loss were varied. For some women this attention and feedback had a motivating effect, while for others the impact was negative. These results indicated that it is difficult to anticipate how this type of feedback would be received. The relationship and gender of those offering feedback did not seem to impact how this attention was received by the women. This indicates that this is an area that should be handled with sensitivity and highlights that, in a counselling arena, the work here would be for those involved in a support role in the women’s life. Potentially, this might indicate a need to discuss the impact of making comments, or to check in before asking questions or making statements about how the person looks. Perhaps more than any other, this theme highlighted the significance of individuality in the process of weight loss.

Couples or group counselling might offer an opportunity for partners, friends, and family members to explore the type of feedback that would be considered helpful or supportive. This type of counselling environment might offer an opportunity to explore how best to support the weight loss process, and for the woman embarking on this journey to explore the type of support and feedback that would be most validating and motivating for her. This could also be explored on an individual level, allowing the woman to consider what type of feedback and commentary would be beneficial, what might be detrimental, and to consider the reasons behind this.
Self-Perception with Changing Body Size

This theme encompasses women's perceptions of themselves and their body, during the process of weight loss. The women spoke of their experiences with recognising their changing body, and their feelings around drawing attention to this by how they dressed as well as the process of shopping for clothing.

Participants in the current study expressed that they had come to appreciate more things about life once they had lost weight. The women noted such changes as having increased energy with their children, being able to exercise, and feeling a sense of self control. These results are somewhat in line with Cash (1994), who noted that, while a negative body image diminishes one's quality of life, individuals who lost weight had better attitudes about their appearance than a control group. Foster et al. (1997) found that patients' weight loss, although often less than desired, had significant positive physical and psychosocial effects whereas Bryan and Tiggemann (2001) found dieting had a positive effect on emotional eating, feelings of depression and dysfunctional attitude, and sense of control over weight and eating behaviour. In terms of counselling, it may be motivating for women going through the weight loss process to be aware of these positive changes as they experience them.

While, the women's feelings about their bodies were, for the most part, positive, the women's self perception of their actual body size appeared problematic. It is unclear whether these women had a realistic perception of how they looked before losing weight. For counsellors, this may indicate a need to "check in" during the weight loss process and assist women in maintaining a realistic view of their body. Maintaining a realistic perception of the body can be important during weight loss, in helping the women to
realistically assess their satisfaction or dissatisfaction with both their changing and current body shape and size. It is also important to realize that, as the car analogy describes in the Introduction, adapting to a changing body can take time and practice.

For women in the process of losing weight, it may be difficult to have an accurate perception of their body shape and size. Counselling may be beneficial in assisting women in gaining an accurate perspective of their changing body size, and determining and readjusting their weight loss goals. Participants also expressed fear about regaining the weight they had lost. Addressing these fears appears to be an important component of counselling and support.

**Struggles with Weight Loss and Disordered Eating**

In this final theme, the disordered eating component, present for some women, was addressed. Here, the women’s emotional stories were also explored. In the current study, some participants women spoke of some type of disordered eating, which would be important to address in counseling. This might well present a real challenge in losing weight, so addressing this would be beneficial both for the women’s emotional state and for the actual weight loss process.

Only two of the participants in the present study spoke of having expectations around weight loss, with these expectations being general and non-specific, rather than concrete. Expectations included anticipation of feeling healthier and happier. As well, as noted by one of the women, she felt that she had underestimated the changes that occurred for her. Only Foster et al. (1997) appear to have conducted research specifically on expectations and their work focused on “reasonable” or “successful” weight loss goals.
The issue of expectations is an important area to address in counselling. It would be beneficial to explore the reasons and motivations around losing weight, and whether expectations are realistic. This might also help women to envision what the future looks like, and might have a motivating impact. Most of the women in the current study embarked on weight loss with no set goal or specific weight loss amount in mind. This lack of a goal might present a challenge for some women, in terms of feeling a sense of accomplishment. This issue of expectations and goal setting related to weight loss also appears to be an area that could be further explored in future research studies.

Strengths of the Study

The current study has several strengths. First, the research investigated an area of research that had not previously been studied. In this way, the study is able to make a new and significant contribution to the existing research literature. As well, the information was gathered by conducting individual in-person interviews rather than using a mailed out survey or questionnaire. This methodology was significant to the current study as this had not been done before in past research and meant that questions were able to be asked, clarified, and discussed in great detail, leading to a rich data set. It is, however, important to note that, in spite of these strengths, the current study was not meant to be representative. That is, the interviews were conducted with a group of women representing a wide range of ages, weight loss, and demographic factors. While the results reflect the experiences of these eight participants, they do not reflect the experiences of women in general.
Limitations of the Study

As with all research, the current study has several limitations. The main limitation is the practical matter of time constraints. The study is retrospective in nature. However, ideally one would have interviewed participants before, during, and after the process of weight loss. Another potential limitation is that eight participants constitute a relatively small sample. A third limitation to the current study concerns the self-selection of participants. All participants volunteered to take part in the study, thereby constituting a group of participants that do not necessarily include all women who have experienced weight loss. It is possible that there were women who met the criteria for the study, but chose not to volunteer. Accordingly, it is impossible to know if there is a systematic difference between the experiences of those women who met the criteria but chose not to participate and the women who volunteered to participate. Another limitation to the current study was that participants were not asked to review the categories and themes that emerged from their narratives in subsequent interviews, as is encouraged in qualitative research (Cutliffe & McKenna, 1999). This would have strengthened the credibility of the current study.

Impact of Researcher

It is important to acknowledge the impact of the researcher in the current study. The researcher impacted both the data collection and the data analysis in the research. As a woman, it is likely that participants were able to relate to the interviewer and to feel comfortable sharing their stories. However, it is not possible to gauge the effect that the physical appearance of the researcher played. The researcher was a thirty two year old female, approximately five feet tall, and of petite stature. The physical appearance of the
The meaning of weight loss for women

interviewer may have impacted the information that participants shared. It is possible that the researcher’s appearance may have resulted in participants sharing information, or not relaying some information. As well, the researcher played an integral role in analysing the interviews and constructing and identifying the themes that emerged. These themes reflect information provided by the participants, but interpreted using the researcher’s lens. They represent an interaction between what the participants said, and the researcher’s interpretation of this.

Ethical Considerations

An ethical consideration in designing the research study involved defining the amount of weight loss necessary for participation in the study. It was important not to harm potential participants by excluding them from the study if they had not lost “enough weight”. This could have made potential participants feel dissatisfied with their weight loss, or encouraged them to lose more weight to be eligible to participate. Above all else, it was important to “do no harm”. To address this, the definition of “significant” weight loss was left to the determination of potential participants. No weight loss range was specified in the recruitment advertisement, leaving it open to participants to determine what “significant” weight loss meant to them.

It was also important to be aware that some of the content of the interview may raise emotions for participants, and may be disturbing to them. To address this possibility, participants were provided with resources and referrals, if they needed support after the interview has ended. A list of appropriate counselling and support services was available to all participants.
The results of the current study indicate that further research in this area would be beneficial. Based on the current findings, further exploration in several areas would further add to the existing research literature. First, with respect to the focus of the present study, another study on the same topic with a larger sample would likely offer more opportunities for deeper exploration in this area. While participants for this study represented a range of ages, a larger study might offer more meaningful conclusions about differences between various age groups. At this time, it is not possible to draw conclusions about the weight loss experience based on age.

A follow up study using male participants would likely highlight some of the differences between men and women. This is an area that has not been examined in great detail, yet it is likely that there are meaningful differences in the weight loss experience for men and women.

Interviewing women (and men) from different cultures might highlight some possible cultural differences in weight and body image. The current study used participants from North America, based on the belief that North American culture has a particular influence on ideals about beauty and thinness. It is likely that these ideals are culture specific, and further research would highlight the similarities and differences in various cultures.
References


Appendix A

The Meaning of Weight Loss for Women: Participant Information Sheet

The following demographic information is being asked so we may accurately describe the sample of participants in our study.

1. Age: ______   2. Current Occupation: ______________________

3. In terms of paid employment, do you work: □ Full-time
□ Regular Part-time
□ Irregular or Casual Part-time
□ Not Applicable

4. Please describe your educational background, including your highest level of education.

____________________________________________________________________________________

5. How would you rate your health? (please circle your response)


6. Do you have children? □ yes □ no

   If yes,
   a) How many children do you have? ______

7. What is your present marital status? (please circle all that apply; if more than one, also underline the one response that you feel best describes your current status)

   1. Married/Live-in partner or common-law partner
   2. Widowed
   3. Divorced
   4. Separated
   5. Never married

8. What is the total income of all the members of your household for the past year before taxes and deductions? (please circle your response)

1. 0 - $15,999  3. 30,000-59,999  5. 100,000 or more
2. 16,000-29,999  4. 60,000-99,999  6. Do not know/want to say

9. How many people are in your household? ______
Appendix C

Informed Consent Sheet

This informed consent is required to ensure that you understand the purpose of this study, what you are being asked to do, and your rights as a participant. If you have any questions about the research or the tasks that are requested of you, please ask.

The Meaning of Weight Loss for Women

Principal Investigator. Dr. Anita Hubley, Dept. of Educational and Counselling Psychology, and Special Education at The University of British Columbia, is the principal researcher.

Research Assistants. Danielle Conrad will be conducting research interviews.

Purpose. This study is being conducted to help us learn more about the meaning of weight loss for women between the ages of 20 and 50.

What is Required? You are being asked to take part in 1 interview.

For How Long? The interview will take between 1 and 2 hours.

Monetary Compensation. Participants in this study will not receive monetary compensation for their time. However, bus fare or parking costs will be reimbursed if receipts are provided.

Feedback. A summary of the study results will be sent to you when the research is completed if you are interested.

Anonymity/Confidentiality. Any information collected during these sessions will be kept confidential. After the study is completed, all names used in the transcripts will be changed to numbers or pseudonyms and all tapes and transcripts will be kept in a locked cabinet. In addition, this informed consent form will be kept in a separate location.

Audiotaping. Each of the sessions will be audio-taped. This is done so that we can make an accurate written record of the interview. By signing your consent below to take part in the study, you are also acknowledging that you know that audio-taping will be taking place. These audio-tapes will not be made available to anyone other than the research personnel. For confidentiality purposes, participants will not be permitted to obtain or keep copies of any tapes or transcripts.

Right to Withdraw. You have the right to refuse to answer any specific question. You also have the right to withdraw your consent and terminate your participation at any time, without penalty.
Appendix D

Suggested questions in the interview may include:

- What prompted you to lose weight?
- Did you have expectations about what your life and your experiences would be like after losing weight? If yes, what were they?
- Has the weight loss impacted relationships you have with others, and if so, how?
- Do people treat you differently now that you have lost the weight? If yes, tell me about this. (People of interest include a spouse or partner, family members, and friends).
- Has your concept of self and body image altered due to the weight loss? Explain.
- Do you view the loss of the weight as a “loss”? If so, tell me about this. For example, were there reasons that you maintained the weight? If no, explain.
- Was there anything that would have made the weight loss process easier, or what would have helped you through this process?
- What contributed to your success?
- Have any new issues or problems arisen because of the weight loss?