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A Portfolio Submitted for the Award of Doctorate in Counselling Psychology (DPsych)

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Supervised by Dr Fran Smith.

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DECLARATION

I, Vicky Ropner, hereby grant powers of discretion to City, University of London to allow this thesis to be copied in whole or in part without further reference to the author. This permission covers only single copies made for study purposes, subject to the normal conditions of acknowledgement.

Preface

Introduction

This Counselling Psychology DPsych portfolio comprises of three parts: A research project, a publishable paper and a clinical case study. Throughout all three parts are threaded the concepts of embodiment and nourishment.

The research project

The research project is an Interpretative Phenomenological study about the experience of reaching goal weight after significant weight loss, specifically women who have lost at least a quarter of bodyweight and reached goal weight within the last six months. Looking at what it is like to experience living in a changing body. It includes a visual element where the participants were asked to bring in either an object or photograph, something that they could talk about which reminded them of their experience of reaching goal weight and what that meant to them. This was done because often the stories around weight loss can become a somewhat rehearsed narrative and it was thought that this could be a way to circumvent that and hopefully access richer data.

The publishable paper

The publishable paper has been written on the first superordinate theme of the research, <u>Do fat lives matter?</u> This decision was made because of the shocking nature of weight bias in the research landscape, and the way in which the participants described their lives when they were fat, as not being equal, and being nothing. I felt a calling to bring attention to this once I had finished the research, because of the prevalence and the severe consequences, research shows that weight bias discrimination is rife in society (Puhl and Brownell, 2001). It also suggests that weight bias is the bias that has the strongest association with early mortality, more so than any other bias (Sutin, Stephan & Terracciano, 2015). This appalled me and made me feel that it was important to write about what I found.

The case study

The case study is a piece of work from my third year of the doctorate. I worked with a client named Parker who had complex and enduring problems and a very noticeable

tremor in his legs. We worked with schema therapy and we noticed that the tremor was linked to the anger that he felt about events in his childhood. These were things that he had not been conscious of when we first started working together, he told me he had a very happy childhood. We found that he had not had his psychological needs by his parents and consequently he began to feel that he was bad, not important or special. His angry child was raging, but his terror at feeling this anger meant that it came out in his body, through psychosomatic symptoms. When he got angry, it became significantly worse.

Embodiment

Phenomenology is particularly interested in embodiment, Merleau-Ponty (1908-1961) saw himself as being his body, there being no separation between embodiment and existence (Moran, 2000). Finlay (2011) described the body as the access point to the world. Meier, Schnall, Schwarz & Bargh (2012) discuss embodiment as being based on the notion that feelings, thoughts, and behaviours are grounded in the relationship between the body and its environment.

In a book about trauma embodiment, Van der Kolk (2015) discusses the bidirectional interaction constantly occurring between the body and mind. Our mental state and purpose are constantly communicated to the outside world through our facial expressions and body language. He argues that whatever happens to someone in their life is recorded in their body, which is a vital part of psychological health.

The research study is centred on embodiment, it examines the women's experience as the body changes from a fat one to a slimmer one. It investigates what the experience is like when the vehicle in which one experiences and accesses the world and relationships, changes significantly. The visual element reinforced the importance of embodiment because the women mostly brought in clothing and described the feeling of wearing them and how others responded to their new bodies.

The publishable paper is also obviously about embodiment, but it looks at the embodied experience when the body is different from the normative body in society, in a way that society deems unacceptable. It investigates what that felt like for the participants and how the internalised discrimination affected the participants' feelings of living and relating in these bodies.

The case study is about the embodied experience of trauma, and particularly the repression of anger. Peter had pushed down his feelings for so long that they became psychosomatic symptoms in his body. When sitting with him it was noticeable that the tremor became significantly more pronounced when he became angry. He could not express that himself, so his body did it for him.

Nourishment

While embodiment is the main theme of this research, the theme of nourishment is also important. In the fourth theme, the participants explore what they need to focus on to help themselves in a different way than they are used to, when they look to the future in a changed body. Psychological nourishment is about meeting psychological and emotional needs which all people have. For example the need to feel safe and secure, the need to feel special and that someone cares, as well as having a sense of autonomy (Young, Klosko & Weishaar, 2003). These needs can be met by the person themselves, through self-care, but it is also important to be able to ask for needs to be met by the people around you.

The publishable paper was written to draw attention to the need for psychological nourishment of fat people. Research suggests that the weight bias that is ever present in society does not help people to lose weight, but does precisely the opposite and if internalised can lower self-esteem (Pearl and Puhl, 2018). The paper hopes to impart this knowledge and desires that it might demonstrate that the current approach to fat people only harms society. Rather than scorn and derision, people need empathy and psychological nourishment. They also need to learn emotional regulation skills with a focus on just helping them to soothe themselves, not to lose weight. Weight loss may be a by-product of the work, but it should not be the focus, instead people need affirming that they are loveable and worthy whatever their size, this cannot be done if we are constantly trying to make them lose weight.

In the case study, Parker had a very strong emotional deprivation schema, and as such needed a lot of psychological nourishment, someone to be his Healthy Adult to look after his Vulnerable Child. Someone to reassure him that he is safe, special and important and to help his Healthy Adult to grow and eventually be able to nourish himself and look after his own Vulnerable Child. He felt angry in this case study, so it was about helping him see that he could express this anger and he and I would be

able to tolerate it and he would not just explode with all the anger he held. He spent a lot of time in detached self-soother mode keeping himself numb by watching television or playing games on his phone. A lot of our work was about helping him to see that he needed to address these emotions and learn to nourish himself physically and emotionally.

References

- Finlay, L., 1957. (2011). *Phenomenology for therapists: Researching the lived world.*Hoboken, N.J: J. Wiley.
- Gross, J. J. (2007). Handbook of emotion regulation. New York: The Guilford Press.
- Meier, B. P., Schnall, S., Schwarz, N., & Bargh, J. A. (2012). Embodiment in social psychology. *Topics in Cognitive Science*, *4*(4), 705-716. doi:10.1111/j.1756-8765.2012.01212.x
- Moran, D. (2000) Introduction to Phenomenology. London: Routledge.
- Pearl, R. L., & Puhl, R. M. (2018). Weight bias internalization and health: A systematic review: Weight bias internalization and health. *Obesity Reviews, 19*(8), 1141-1163. doi:10.1111/obr.12701
- Puhl, R.M., Andreyeva, T. and Brownell, K.D. (2008). Perceptions of weight discrimination: Prevalence and comparison to race and gender discrimination in America. *International Journal of Obesity*, 32(6), 992-1000. doi:10.1038/ijo.2008.22
- Sutin, A. R., Sutin, A. R., Stephan, Y., & Terracciano, A. (2015). Weight discrimination and risk of mortality. *Psychological Science*, *26*(11), 1803-1811.
- Van der Kolk, B. A. (2015). The body keeps the score: Mind, brain and body in the transformation of trauma. UK: Penguin Books.
- Young, J. E., Klosko, J. S., & Weishaar, M. E. (2003). *Schema therapy: A practitioner's guide*. New York: The Guilford Press.

Part One

"Living in a changed body: insights into the experiences of those reaching their weight loss goal'

Supervised by Dr Fran Smith

1.1 Abstract

This study investigates the experience of women who have reached goal weight after significant weight loss. The literature search focused on the experience of a changing body and also highlighted a plethora of research on the psychological correlates of obesity. There were highly disturbing findings on the pervasive nature and severe impact of weight bias and extensive research on weight loss in clinical settings. However, there was a dearth of literature on the experience of reaching goal weight, therefore this study aims to shed light on the subjective lived experience of this phenomenon.

Eight adult women who had lost at least a quarter of their bodyweight in the community through diet and exercise, were recruited within the six months of reaching their goal weight.

The study used semi-structured interviews, which were analysed using Interpretive Phenomenological Analysis. The superordinate themes that emerged were focused on the changing body throughout the weight loss process: 1. Do fat lives matter 2. "People" on the journey 3. Reaching goal weight, 4 The future in a changed body. These themes follow each other chronologically.

Finally, the discussion looked at the study's contribution to the areas of obesity, weight bias, the morality of the fat body, body image, weight loss and improvements to psychological well-being and the experience of reaching goal weight. These were discussed in relation to the current social context, counselling psychology practice and the literature review.

1.2 Terminology

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Term	Definition
Behaviour change	Losing weight by behaviour change is to eat more healthy foods and to add/increase levels of exercise. It could also include changing any behaviour that led to weight gain or being overweight. Behaviour change methods do not have to be conventionally healthy, drinking weight loss milkshakes would still be behaviour change weight loss.
Body Mass Index (BMI)	BMI is a value that is calculated by weight divided by body height squared (multiplied by itself). It is used to help people identify whether their weight is healthy or not.
Body positivity	This is a movement that aims to help people feel positive about their bodies, whatever shape or size. It rejects a thin ideal and desires acceptance for all, big or small.
Binge eating (BED)	Added to the Diagnostic and Statistical manual version 5, in 2013, binge eating is when people regularly eat a lot of food within a short period of time, with no compensatory behaviours to burn calories afterwards
Goal weight	This is a weight that has been chosen at some point in the weight loss journey (or before), that signifies the end of the journey. It is the weight that people have aimed to reach.
Maintenance	This refers to the time after weight loss where people need to maintain the weight that they have lost.
Morbidly Obese	This refers to people whose BMI is over 40.
Healthy weight	This refers to people whose BMI is in the healthy range 18.5-24.9.
Obese	This refers to people whose BMI is over 30.

Overweight	This refers to people whose BMI is over 25.
Weight bias	This is prejudice or stigma that exists against someone because they are larger than the societal norm.
Weight bias internalisation (WBI)	This is when overweight or obese people internalise society's bias against them. They then have a bias against themselves because they are fat and may bully and abuse themselves.
Weight cycling	Losing weight and regaining it repeatedly, this can be in a short or longer period.
Weight loss surgery (WLS)	This includes many different types of operations, but in general it is a surgical procedure to alter the stomach to help people to eat less.

1.3 Introduction

This review investigates what research is available around the experience of the journey of weight loss to its pinnacle, goal weight. It explores what research is available throughout the whole experience and questions whether there is a need for further investigation in this area. I have explored seven areas that I believe may be pertinent to a full picture of the weight loss process, as the body changes from obesity to goal weight. These are:

1.4 Obesity

I believe obesity is relevant as the starting point of weight loss, this review will principally focus on the psychological consequences of obesity.

1.5 Weight bias

This emerged as an important topic throughout the literature search, at all stages of the journey.

1.6 Body positivity

This movement arose because of the weight bias that is rife in society, and so prevalent in the literature. The review particularly focuses on social media where the movement has gained ground in recent years. I think it is important to try to create a balance within the review, people's experience may not be negative.

1.7 Body image

I think that participants' evaluation of their bodies as they go through the stages of weight loss could be crucial to the project.

1.8 Motivation for weight loss

I have examined the research on whether motivations influence the outcome of weight loss. I think what motivates people to lose weight could be important when looking at significant weight loss.

1.9 Weight loss

Research on weight loss, whether by behaviour change (BC) or weight loss surgery (WLS). Examining the research on significant weight loss.

1.10 Reaching goal weight

Investigated as the proposed area of study.

It is noted that the topics of self-perception and the perception of others are critical to this area and interwoven through all the literature examined in this review.

Literature was sourced from APA Psych Info, Medline, and Google Scholar. The search began with the topic of weight loss, which produced seemingly infinite search items, so it was necessary to be more precise, with terms such as 'extreme' and significant'. A search for 'after weight loss' was productive, I used a lots of search terms with this, such as 'life after weight loss', 'body image ' and 'shape', as well as 'body satisfaction' and 'dissatisfaction'. I searched for 'body positivity', 'body acceptance' and 'reaching goal weight'. It was necessary to search for obesity with other descriptors, such as 'body image' or 'weight loss' or the results were

overwhelming. I also restricted the search by date of publication to the year 2000, I only included research before this date if I thought it was hugely significant.

1.4 Obesity

Obesity is the first theme, relevant as the state in which participants began their weight loss journey. The World Health Organisation (WHO) defines a Body Mass Index (BMI) greater than or equal to 30 as obese (WHO, 2020). They note that since 1975 worldwide obesity levels have nearly tripled. Public Health England's 2018 Health survey revealed that 26% of men and 29% of women are obese. Shockingly only 32% of men and 38% of women were in a healthy weight range. (Public Health England, 2019).

Obesity has been frequently classified into three classes in the United States, class one, those at low risk with a BMI between 30 and 34.9. Class two is those at medium risk with a BMI between 35 and 39.9; and class three, those at high risk, with a BMI over 40, (CDC, 2020). In the UK, it has been classified in two categories: Obesity, with a BMI from 30 to 39.9 and Morbid Obesity with a BMI over 40 (NHS, 2020).

The psychological experience of obesity appears to depend on both physical and social factors. For the physical, one's mood can be affected by poor diet and the associated weight gain. For the social, society's messages about fatness are experienced daily in interactions and the media (Schwartz & Brownell, 2004).

Psychological consequences of obesity

Obesity can have consequences other than physical illness, chronic depression is an example of a possible mental health consequence (Van der Merwe, 2007). Research suggests that women are more likely than men to suffer poor mental health while obese (UI-Haq, Mackay, Fenwick, & Pell, 2014). Most obesity research has been performed in a clinical setting (Foster, Wadden, Phelan, Sarwer & Sanderson, 2001) with treatment-seeking participants. Focusing on research predominantly in a medical setting and not investigating how it could be approached in the community, possibly with people who do not have physical comorbidities, could be said to pathologise obesity. Indeed, there is not a lot of research on people who have lost weight on their own, in the community. In fact, early research into obesity treated it as an underlying consequence of psychopathology, thereby presuming that it stemmed from mental

illness. However, there are causal challenges to this, with a multitude of confounding variables (Hruby & Hu, 2015; Tuthill et al., 2006).

Tuthill et al., 2006 examined the prevalence of psychological comorbidities in obese individuals in the UK and proposed high rates of depression and anxiety. The research suggested higher levels of anxiety than depression and that women could have higher anxiety rates than men, but with no gender differences in rates of depression. Most of the participants were White and had been referred for bariatric surgery, so a clinical setting, possibly suggesting higher rates of anxiety and depression than those that might exist in the community. If someone is prepared to undergo surgery to lose weight, it would suggest that they are significantly distressed by their obese experience.

Wadden et al. (2006) in the US, suggested that the higher the weight, the greater the psychological consequences for that person. They compared the status of women with class one and two obesity with those with class three obesity and proposed that those in class three had significantly higher levels of depression and low self-esteem compared to those in class one and two. They also suggested that class three women reported a higher level of past psychiatric complications and/or may have experienced physical and sexual abuse. However, these participants were treatment-seeking individuals and it is not possible to say for sure that the depressive symptoms encountered were as a result of extreme obesity, there may have been any number of biopsychosocial factors that were affecting the participants.

Van der Merwe (2007) highlighted possible risk factors for psychopathology in obese people and identified young, overweight, and obese women as being perhaps at greater risk of developing persistent depressive mood. In a huge study, Heo et al. (2006) examined the effects of sex, age and race as mediators between obesity and depressive mood in US adults. They suggested that young overweight and obese women were significantly more likely to have experienced depressive mood and sustained depressive mood, than their non-overweight counterparts. Interestingly overweight young men had the same results, but not young obese men. The sustained nature of the depressive mood was highlighted as likely associated with obesity status in women, but not in men. However, the relationships in the study were cross-sectional and therefore causal inference cannot be made due to the simultaneous assessment.

It is possible that the obese men who were not experiencing depressive mood may have seen themselves as big and strong, rather than fat. Sadly, there is no female equivalent protective stereotype or cognition. Wardle and Cook (2005) argue that obesity does not necessarily involve psychological problems, although this research concerned children.

The fat identity

Research suggests that the fat identity is not one that people wish to identify with. Dalley and Buunk (2009) conducted research with women in a health club to see whether weight loss in that environment was about chasing the ideal thin body or perhaps fear of taking on the fat identity. They asked participants to look at prototypes and decide how favourably they viewed them and how similar to the prototype they perceived themselves to be. Afterwards they asked the participants to indicate their dieting status. They proposed that identifying with the over fat prototype was the only possible predictor of frequent dieting, the thin prototype did not predict anything. The idea of using protypes in this study was new, so the results should be held lightly, but it does suggest that fear of fat could be a motivator for weight loss behaviours, possibly more so that wanting to achieve the thin ideal.

Research suggests that once taken on, the fat identity is not easy to shift. A piece of discursive research investigated the period after WLS and during weight loss, Young and Burrows (2013) looked at the messy nature of this experience in relation to subjectivity and identity. Health is used as a reason for WLS, but participants indicated that describing themselves or labelling themselves post-surgery is difficult. They explored the idea of fat subjectivity and how its loss can evoke feelings of betrayal of their previous in-group, and identity confusion. However, this research was taken from analysis of YouTube videos and therefore the full context of the participants was not understood and one of the participants stopped posting videos with no explanation.

1.5 Weight bias

Weight bias is likely relevant to this research and those who have lost significant amounts of weight, possibly experiencing this while obese, while losing weight or even at the time of reaching goal weight. Puhl and Brownell (2001) suggest that weight bias is rife against the obese, which is important because it can be harmful to mental health.

Tomiyama et al. (2018) propose that it is weight bias that drives weight gain, poor health and the obesity epidemic, arguing that it is working on the bias that could relieve the problem, rather than focusing purely on the obese.

According to Goffman (1963) stigma happens for three reasons, the two most likely to be applied in weight bias are having a physical abnormality and possessing a character flaw (van Leeuwen et al., 2015). Weight bias can occur at school, work, health care settings and within interpersonal relationships (Puhl & Heuer, 2009).

Perception of others and of self is crucial to bias, which can be perpetuated by society, family, friends or the self (Lillis, Luoma, Levin, & Hayes, 2010). Stigma or bias exists when something has been deemed socially unacceptable, which fat clearly has been within socio-economically wealthy societies (Swami, 2015).

Carr & Friedman's (2005) study suggested that obese people are 8% more likely to face major discrimination than those who are of a healthy weight, 10% more likely to face work-related discrimination, 5% more likely to face health care related discrimination and 12% more likely to face day-to-day discrimination. However, this is perceived discrimination, based on self-reported responses, it could be that those with a highly sensitive temperament perceive bias more easily and in situations where those with less sensitive temperaments would not. It is also suggested that previous experience of bias can make present occurrences of weight bias more potent (Pearl, Dovidio, Puhl, & Brownell, 2015).

Research suggests that weight bias against women is more prolific. Puhl, Andreyeva & Brownell (2008) investigated weight/height discrimination in America (discrimination based on weight to height ratio). Their study proposed that (self-reported) discrimination against women of a BMI between 30-35 was more than three times higher than men in the same BMI bracket. Women reported 20.6% and men 6.1%, this went up to 23.9% for Black women and 12.7% for Black men. They suggested that weight/height discrimination was the third most common type of discrimination against women, after gender and age, even more than race discrimination. They suggested that this discrimination was the fourth most prevalent for men. Younger women were proposed to be at the highest risk for weight/height discrimination. However this self-reported discrimination was again perceived, however it is hard to imagine how else it

could be recorded, criminal reports, or other witness reports would possibly be under representative and it is consistent with other findings about weight bias.

Bergman (2009) a writer who declares themselves to have a transmasculine-butch identity but does not identify as a man. I am therefore choosing to use the pronouns they/them. They discuss the idea that when they are viewed as a woman, they are considered fat. Whereas when they are viewed as a man, they are just a big person, but not overly. Bergman describes their experience of being seen as a man about two thirds of the time but believes that they only receive abuse when perceived as a woman. The abuse they described was such events as men mooing behind them in the street. This possibly serves to highlight the difference in weight bias towards men and women which is supported by the weight bias research (Hebl & Mannix, 2003).

Race and the effect on weight bias is an understudied area within the research landscape. Himmelstein, Puhl & Quinn (2017) investigated the intersection of weight bias, WBI and race, among White, Hispanic, and Black participants. Participants had a mean BMI of 26.7, weight bias did not seem to vary between races, but WBI appeared to be more common in White women and less common in Black women. In the study, disordered eating was defined as using diet pills, restricting, vomiting and weight obsession, Hispanic women were reportedly more likely to engage in this in response to bias than other races. Black women were seemingly the least likely. Black women were suggested to be as likely as White women to cope by eating more. The most common response from Black women was that 'it didn't really bother me' and then 'It made me feel bad about my body'. However, the study did not ask about race or sexual discrimination and their effects, which could be important here.

Sutin, Stephan & Terracciano (2015) investigated the effects of weight bias on the risk of mortality (lower life expectancy) and suggested that weight bias had a generally stronger association with mortality than other biases against people such as race, ancestry, physical disabilities, or sexual orientation.

Swami et al. (2008) suggested that people with a greater BMI were more likely to be called lazy, participants drew potent negative inferences based on appearance. However, faces were obscured, so it was not ecologically valid, just bodies. This research was carried out on undergraduates, so not representative of society and possibly influenced by age and educational factors.

Weight bias in the media

Greenberg et al. (2003) looked at 1018 characters in American television series, from the 6 major television networks, specifically major characters, not bit parts. Male characters were more likely to be overweight than women (24% to 14%). These percentages do not reflect the population of the US, which on its own could indicate a weight bias. Overweight and obese women were much less likely to have romantic partners, to be considered attractive or to display affection than their male equivalents. They were less likely to help with tasks or take the lead, instead they were more likely to be shown eating in their scenes, or to be the object of humour. Positively, larger women and men were more likely to receive respect and thinner men were most likely to be ridiculed. In television larger women appear to be portrayed more negatively than their thinner counter parts, this matters because people take in these stereotypes unconsciously. Harrison (2000) suggested that the more television boys watched, the more likely they were to associate overweight women with negative stereotypes.

Weight bias in employment

Fat women appear to suffer weight bias more than fat men in the job market, with initial interviews, promotion prospects and wages all seemingly being affected (Fikkan & Rothblum, 2011). Miller & Lundgren (2010) proposed that women running for political candidacy were viewed more negatively than their male counterparts. However, in this study the participants were psychology and political science undergraduates, the majority White and female. It could be said that people see political candidates in a different light to other jobs, because of the responsibility they would hold. Shockingly, in the same study, obese men were rated more positively than their non obese male counterparts, suggesting that America may favour a larger man in politics.

The research goes further than this, Hebl & Mannix (2003) suggested that male potential employees were stigmatised purely from proximity to an obese woman, whether there was a declared relationship between them, or not. Although in the first experiment participants were recruited from an airline terminal where circumstances may have affected them, such as tiredness, or worry about an upcoming flight, and the second experiment used undergraduates, who are more likely to be young and White. This suggests that weight bias towards women may be pervasive and deeply entrenched in society.

Roehling, Roehling and Odland (2008) examined the stereotypes about obese individuals in the United States, whether they are less likely to be hired than thin people, even with identical qualifications. They conducted the research because of the stereotypes which suggest that fat people are less agreeable, less conscientious and less emotionally stable than people of a healthy weight. Their research did not support the stereotypes.

Weight bias of professionals working in the fields of obesity research and treatment

Tomiyama et al. (2015) tested implicit (unconscious) and explicit weight bias in obesity researchers, at an obesity conference. Implicit bias was measured using games that involved sorting words into categories, and explicit bias by answering questions. This was done in 2001 and 2013, they suggested that levels of implicit weight bias among these professionals had lowered since 2001, but were still significant. Explicit weight bias levels had risen and were also significant. However, the participants in 2013 and 2001 may not have been exactly comparable, even in a similar setting.

Schwartz, Chambliss, Brownell, Blair, & Billington (2003) also examined the levels of implicit and explicit weight bias of professionals in various health professions (or students) working with obesity, attending a conference in Quebec. The explicit bias test proposed a significant anti-fat bias. The implicit bias test suggested pro-thin and anti-fat bias. They asked participants to rate themselves on a general emotional outlook scale and reported that those who were happier were possibly more likely to have lower anti-fat bias. The tests were carried out during the conference when one speaker was leading a session, so participants may have felt obligated to take part and consequently may have had a less then positive attitude when taking the tests.

Attribution theory

Attribution theory appears relevant to weight bias, research suggests that participants seem to believe that people get what they deserve in life (Schwartz & Brownell, 2004). Crandall et al. (2016) laid out an Attribution-Value model of prejudice, where they posited that two factors are most important to look at for levels of prejudice against obesity. These factors are how controllable people believe obesity is and the cultural values around fat in the area being studied. So, if a country believes that obesity is

controllable and that fat is bad, the prejudice would likely be on a wider scale, such as England, as opposed to a country that valued womanly curves, such as Brazil.

Wang et al. (2004) suggested that obese people even stigmatise their own in-group, proposing that this is because overweight people do not see membership as permanent, they can leave by losing weight and internalise this idea (Logel, Stinson, & Brochu, 2015).

Weight Bias after weight loss

Research suggests that even after weight loss, weight bias can be a problem (Tucci, Boyland, Halford, & Harrold, 2013) although again the participants assessing the formerly overweight person were young, common in research in this area, so possibly not reflecting wider society.

Latner et al. (2012) posited the existence of weight bias towards those at the end of the weight-loss journey, regardless of method, whether by behaviour change or WLS. Whereas, Stambush et al. (2016) suggested that levels of bias were dependent on the perceived effort expended to lose the weight, increased effort meant decreased residual stigma. However, again participants were college students, ninety percent of whom were White, so the study lacked diversity.

Research suggests that even overweight people who have not experienced weight bias can possibly start to feel it when they begin to lose weight (Granberg, 2011), thus making it very relevant to this project. Those who categorised themselves as late identifiers of bias stated that this was because of the attitude of those closest to them, which affected their own perception, they had not perceived themselves as fat. This suggests that those around a fat person could potentially act as buffers to weight bias.

Could weight bias be positive?

Questions arise as to whether weight bias provides people with motivation for healthier behaviours, perhaps only in the short term, long-term effects may be more negative. Annis, Cash and Hrabosky (2004) advocated that both those who were formerly overweight and those who were currently overweight experienced the same experience of bias when overweight. Suggesting that this is not something easily forgotten once the weight is lost and that weight bias does not necessarily lead to weight loss.

In adolescent girls, incidents of weight bias were proposed to increase unhealthy weight control behaviours, such as diet pills and skipping meals (Hunger & Tomiyama, 2018). Research suggests that when weight bias leads to weight loss behaviours, it generally leads to unhealthy ones and then subsequently to weight gain (Mann, Tomiyama, Westling, Samuels and Chatman, 2007)

However, emancipation from a stigmatised identity is complex, weight bias can only disappear when it declines in significance for the self. Research suggests this can take many years and is not guaranteed (Granberg, 2011).

Weight bias internalisation

Pearl and Puhl, (2018) reviewed literature looking at psychological correlates of WBI. In the 11 studies that examined anxiety symptoms, WBI was significantly and positively correlated in 10 studies. The 11 studies examining self-esteem suggested that WBI was a significant predictor of low esteem (more so than BMI). There were 27 studies into body image and WBI, which proposed positive correlations between WBI and body dissatisfaction. Therefore, these studies suggest connections between WBI and low self-esteem, anxiety and body dissatisfaction. However, these studies were all self-report, mostly with White women, therefore it could be difficult to generalise to more diverse populations.

Schvey et al (2016) carried out research on weight bias towards overweight and obese adults, in a community setting, they looked at gyms across America. They proposed that weight bias at the gym was significantly associated with unhealthy weight loss behaviours, such as purging and diet pills, WBI and wearing larger, baggier clothing in which to exercise, as well as a poorer mental state. However, it is important to note that there was no control group here.

Depression has also been researched as a possible correlate of WBI, findings suggested there was there was a significant positive association between WBI and depressive symptoms (Pearl & Puhl, 2013). Lent et al. (2014) suggested that WBI had a significant effect on participants, both on their depressive symptoms and weight loss. They studied participants when pre and post WLS, and proposed that the greater the WBI, the more depressive symptoms that participants had before WLS and the less weight they then lost in the first-year post surgery. However, this research was

obviously carried out in a surgical setting and with participants with a mean BMI of 47.8, which is very high.

The morality of fat women

The weight bias idea might suggest an almost moral indignation against fat people. Murray (2010) describes herself as a fat academic who explores her identity and how it elicits varied responses from others. She talks about how the thin ideal can make everyone conflicted about their body, however feminist and devoted to fat acceptance. She explores the moral judgement around a fat woman's body, how fat women may be viewed as unfeminine, out-of-control, lazy, irresponsible and moral failures, because the thin body is seen as correct and ideal. She comments that such discrimination is still acceptable in society, when other discrimination is not. She talks about a fat woman's eating habits being constantly policed by those around her when in public.

1.6 Body positivity

The press, film and television industries have always held narrow definitions of beauty which seemingly have contributed to body dissatisfaction in those that attend to them (Grabe, Ward, & Hyde, 2008). Body positivity and acceptance has been gaining ground in the last 5 years in response to the thin ideal, weight bias and the psychological consequences of obesity. It aims to challenge the narrow beauty norms and promote acceptance of all bodies (Lazuka, Wick, Keel and Harriger, 2019). It has become particularly popular on Instagram, a social media platform. Cohen, Fardouly, Newton-John and Slater (2019) examined the effects on the mood and body image of young women, when viewing body positive images as well as the thin-ideal and neutral content. They proposed that those who looked at body positive accounts started to have more positive attitudes towards the people they were viewing. They suggested that looking at body positive images was associated with increased positive mood, body satisfaction and body appreciation. They reported that looking at thin bodies was associated with increased negative mood and body dissatisfaction. Over half of participants reported they would follow body positive accounts in the future. However, this took place in a lab setting, meaning there are problems with ecological validity, and base measures of body appreciation were not taken. This study may also have issues with demand characteristics because of the areas it was examining.

1.7 Body Image

I think body image is important in any investigation of weight loss, participants' bodies evolve and change drastically as they go through the process.

Research proposes that in body image, perception is important, depressive symptoms may be more likely among participants who perceive themselves as overweight (Atlantis & Ball, 2008). Indeed, Friedman, Reichmann, Costanzo and Musante (2002) propose that perception of one's own body can be a mediator between obesity and psychological distress.

Body image appears to differ in men and women, research suggests that women are more likely to overestimate their body mass, than men. In a normal BMI group, it was suggested that men were more likely to consider themselves under weight, whereas women were more likely to perceive themselves as overweight. (Lemon et al., 2008)

Annesi (2006) looked at women who were losing weight with trainers and dieticians. After 24 weeks, he noted that perceived changes in the body appeared to be a stronger predictor of fatigue and vigour levels, than actual weight lost. However, this was a small sample of women who self-selected with their willingness and motivation to lose weight.

Wharton, Adam & Hampl (2008) looked at self-perception of body weight in college students, in the study 2% of women were overweight or obese compared to 39% of men, but the women were more likely to be trying to lose weight. They suggested that dieting frequency was related to body dissatisfaction and body size perception. The research participants were college students, therefore very young and mostly White and female.

BED and body image

Those with BED struggle with body image whatever their weight (Schwartz & Brownell, 2004). When constructing the diagnosis for the Diagnostic and Statistical Manual version 5 (2013) there was discussion about whether overvaluation of shape and weight should be part of the diagnosis criteria, as it is for Bulimia and Anorexia (Grilo et al, 2008), in the end it was decided not to include it, but the discussion alone suggests that is an issue for those with BED.

Taking the focus off weight loss to increase healthy behaviours

Weight loss is difficult to sustain, therefore some research has suggested it should not be the focus, instead promoting healthy behaviours, indeed any change should be encouraged (Logel et al., 2015). Taking the focus off weight loss and an ideal bodyweight is part of the Health At Every Size movement (Burgard, 2009), which aims to improve wellbeing in all, focusing on the emotional, physical and spiritual aspects. It focuses on acceptance of self, enjoyment of eating well, enjoying movement and the end to weight bias. They aim to help people be as healthy as possible, but in all areas, not just the physical.

Body image after weight loss, problems with phantom fat

People who have lost weight appear to continue to maintain inferior body image than those who have never been overweight or obese (Werlinger, King, Clark, Pera, & Wincze, 1997). Annis, Cash and Hrabosky (2004) studied the body image of women who had never been overweight (SAW); those who were formerly overweight (FOW); and those who were currently overweight (NOW). They posited that the NOW group had significantly greater dissatisfaction and distress about their bodies than the SAW and FOW groups, but the FOW had marginally worse body image than the SAW group. They also proposed that the NOW and the FOW group were both experiencing more overweight preoccupation than the SAW group. Suggesting that body image may improve with weight loss, but the preoccupation with weight possibly continues. However, this study was cross sectional, so causation cannot be established, and researchers defined overweight as just 10 pounds and required this for only for short periods of time. Some of these women had only been overweight in childhood and never experienced these issues as adults. Possibly people who have lost a greater amount of weight could have more body image issues and greater body preoccupation.

They also suggested that the greatest difference between SAW, FOW and NOW was that the NOW category reported having a poorer quality of life, suggesting that even if preoccupation remains after weight loss, quality of life improves. However, the NOW were noted to be significantly older than the other two groups which could also possibly account for the poorer quality of life.

Research posits that improvements in body satisfaction over six months were possibly better predicted by increased health behaviours and better mood than by physical results (Annesi, Tennant, & Mareno, 2014). The authors suggested that this may be a sense of entitlement to a better body after working for it, which again seems to highlight the importance of perception in this area.

Ginis, McEwan, Josse & Phillips, (2012) conducted research on body image focusing on perceived changes versus actual change (as well as confidence in ability to perform certain fitness activities) that occur during weight loss through diet and exercise. They suggested that perceived change was what was important to body image, possibly suggesting that maximising perceived changes could be useful for those losing weight. A limitation of this is that it was impossible to separate the effects of exercise or diet for this study to understand whether one was more impactful than the other.

Research involving morbidly obese participants (Annesi & Porter, 2015) suggests that weight loss could also lead to improvements in body satisfaction. However, the study was carried out on obese participants who had lost a modest amount of weight over six months, a short period. It would be interesting to see whether these effects were amplified with more weight loss over a longer time.

A meta-analysis on the effect of weight loss interventions on body image showed mixed results; three studies showed no significant difference and four noticed improvement, not overwhelmingly supportive of the interventions to improve body image (Hai-Lun Chao, 2015). There was such a large variability between the studies for example the type of intervention, length of follow-up, as well as the elements of body image assessed. The type of intervention is critical in understanding how it could help, yet no two studies used the same style and only one had a control group.

After losing weight some people describe residual body image problems, feeling that they are gaining weight when they are not, or looking in the mirror and thinking that they look bigger than they are. Cash, Counts and Huffine (1990) describe this as "phantom fat" phenomenon. They examined female participants and divided them into groups of healthy weight (NW), the formerly overweight but currently healthy weight (FOW) and the currently overweight (OW). The participants were weighed and measured, an observer noted the time it took for them to get on the scale after the instruction, this was called the latency. The feelings about being weighed were

measured after the experience, from comfortable to very uncomfortable and then they completed questionnaires about their body image. The NW differed from the OW group, but they proposed that the FOW had not lost the adverse body experience through weight loss, they have similar body image concerns as the OW group They expressed being uncomfortable while being weighed, body dissatisfaction, a large fatness self-concept and a fear of fat. They were further away from their ideal weight. This suggests that losing the weight does not solve the body image issues on its own and the insecurities may stay around, particularly when attention is drawn to subjects to do with weight. This is an old study, but still seemed very relevant to the subject and Professor Cash sent it to me himself. The participants were all university students who took part in exchange for university credit, although their ages were more varied than normal university groups (the eldest was 53 years), it was a relatively small study of only 64 women, 84% of them were White.

Research suggests that after extreme weight loss, people may find it hard to perceive their size accurately, often over estimating (Guardia et al., 2013). This may relate to residual weight bias, but it must be noted that this was a single-case study. Research exploring negative self-evaluation following WLS (Alegría & Larsen, 2015) suggested that some participants retained an image of themselves as large, even obese, and still felt the stigmatising effects of obesity. It is important to note that these participants were married, White and wealthy enough to afford health insurance in America. Some were only three months after WLS, and the mean BMI level was still obese. However, still useful to highlight issues that might arise after weight loss.

A lot of the research into body image is about body image after WLS, but also after body contouring (Song et al, 2012).

Benefits of poor body image?

Poor body image is linked to psychological issues (Friedman et al., 2002), however Heinberg, Thompson and Matzon (2001) suggest some level of body dissatisfaction can be beneficial to motivate healthier behaviours, although this is not a simple relationship. Their meta-analysis is still quite speculative because not enough research has been done, useful because it provides a fuller picture that poor body image is not necessarily only negative. A lot of body-image research is retrospective self-reporting so may be biased by current feelings.

The importance of appearance

The importance of appearance in Dixon, Dixon, & O'Brien (2002) depended on BMI, with the super obese placing less importance on it, until it returned to normal levels when they lost weight. Possibly due to dissatisfaction with their own appearance, dealt with by downplaying its importance. Body image evaluation changed with weight loss, however it did not appear to reach the level of community norms, although this study did not have a real control group, so it is not clear where these 'norms' came from.

Race and Body Image

Race is an interesting factor in body image and weight loss research, suggesting that some body image issues vary depending on race with Black participants having higher body satisfaction at baseline than White (Annesi et al.,2014). They suggest that there is less internalisation of a thin ideal in the Black culture and a wider definition of beauty. This research failed to consider socio-economic factors which would have been interesting as they have previously been indicators of less thin ideals.

Body ideals in differing populations

However, whether obesity and weight issues cause dissatisfaction is also dependent on the community in which the people live, Swami (2015) talks of ideal body types in differing populations. Previously body ideals seemed more dependent on location in the world, with the west valuing leanness, now it appears to be more about socioeconomic factors. The thin ideal is primarily in developed areas, the mass media dominant in these cultures have played a significant role in this (McCabe & Ricciardelli, 2009). While living in Kenya, in 1998, I observed that in a socio-economically deprived nation, fat can be a desired sign of affluence.

In a study involving imagined weight gain and loss, body ideals in different cultural communities were tested. Dutch women showed lower self-esteem in response to gain than Curaçaoan women (Dijkstra, Barelds, & van Brummen-Girigori, 2015). Curaçaoan women showed higher body satisfaction even though they were bigger. This study is about imagined weight loss so may not reflect reality, participants were undergraduates and the imagined weight gain and loss was only five pounds, not even a dress size. However, this study suggests that women's cultural differences affect their body image. It is interesting to note that the Curaçaoan women involved in the

study came from the Dutch-founded area of Curação. Understanding differing cultural backgrounds may well be important to research projects in London, because it has such a diverse population.

1.8 Motivation for weight loss

Reasons that participants want to lose weight include the pursuit of better health, appearance, and improved mood (O'Brien et al., 2007), as well as the removal of weight bias (Romo, 2017). Lanoye, Grenga, Leahey and LaRose (2019) looked at the motivation for weight loss in emerging adults (EA,18-25) and middle-aged adults (MA,40-60) involved in weight loss treatment, both in person and online. They proposed significant difference in impetuses for weight loss, EA were more likely to want to enhance their appearance and the MA were more driven by health. The MA individuals who wanted to improve their energy levels were more likely to reach the end of the health intervention. Social pressure as a motivation for EAs meant they were significantly less likely to finish, suggesting that the reason must be more meaningful and personal if they wanted to succeed. Wanting to improve appearance was the only motivation that was associated with the outcomes, however not for improved weight loss. For EAs it meant less weight loss and for MAs it predicted better session attendance and being more likely to finish. However the weight loss treatment only went on for three months, there were a few more men in the MA group, making it harder to compare the two main groups, and 71% of the middle aged group were married, compared to 23% in the emerging adult groups, so there were very different lifestyles.

Clarke (2002) examined older women's (61-92) motivations for weight loss, from semistructured interviews, some of participants commented that while they may state health as their reason for wanting to lose weight, actually it was about appearance which was described as a form of social currency. This was a small-scale study of only 22 women yet highlights the effect of societal pressure on older women.

Meyer, Weissen-Schelling, Munsch and Margraf (2010) worked on a scale for motivation for weight loss, they examined past research and identified the main motivations. The reasons were put into three main groups, the health grouping being the most common motivation. Appearance in relations to others was about things that impacted quality of life, such as job success, societal acceptance, the desire to be

liked, problems in social relationships. Appearance in relation to oneself, was about wanting to be more attractive and to fit into clothes again.

Dixon et al (2009) suggested that in WLS surgery, young women who wanted to improve their appearance were more likely to have lost more weight two years after WLS.

1.9 Weight Loss

Weight loss is the final theme, because it is the focus of the research, again perception of self and others is crucial here. WLS is a common tool in fighting obesity, a considerable amount of research is concerned with it (Sogg & Gorman, 2008; Young & Burrows, 2013).

Weight loss improving psychological issues

Weight loss is associated with many improvements in psychological issues. Jensen et al. (2013) looked at young women's experiences after WLS in a descriptive phenomenological study. The themes were organised in terms of past, present and future. In the past they identified their weight as an unbearable problem, causing both psychological and physical problems, they saw WLS as the solution. In the present, WLS forced boundaries to be placed around their food otherwise they would experience physical discomfort, so eating could no longer anaesthetise. In the future the theme was hopes of normalisation, wanting to have equal worth and a normal life. This study is qualitative and as such is about subjective lived experience. However, diet and exercise would not produce the same necessary boundaries around food. The participants were all interviewed within a year after the WLS, meaning they might still be in the honeymoon phase.

Annesi & Porter (2015) examined the effects of losing weight through diet and exercise. Participants were morbidly obese women. They suggested that the perceptions about their physical self-concept and their body satisfaction improved as they lost weight. However, the weight lost over 6 months was only about 4kg.

Weight loss has also been shown to improve psychometric testing scores (Dalle Grave, Calugi, Petroni, Di Domizio, & Marchesini, 2010). However, like obesity, it appears that most weight loss research has taken place in clinical settings (Dalle Grave, 2009; Friedman et al, 2002). Caucasian participants dominate the research,

with lesser numbers of Black participants seeking treatment for their diet (Marquez & Murillo, 2017). Attrition is also a big issue in weight loss studies (Dalle Grave et al, 2010).

Weight loss bringing about psychological challenges such as a new identity.

It is important to also consider time after weight loss, the story does not just stop, there is a life that needs living afterwards. There is a lot of literature on the positive changes that happen after WLS weight loss (Herpertz et al, 2003). However, research also suggests that weight loss brings about psychosocial challenges. Sogg & Gorman, (2008) looked at participants who lost weight with WLS, particularly in negotiating relationships, being treated differently in society and the (possibly undesired) attention drawn to a new physical appearance. They discuss the thoughts of participants in receipt of compliments on their new appearance, thinking they must play them down because they do not want to appear conceited. Some resented being treated better just because they lost weight. There was also talk of a move from invisibility to visibility in society, this can bring past sexual abuse issues to the forefront that were buried beneath the weight before. It suggests that support is necessary to help people through negotiating their new identity in a new body. It is a clinical sample with WLS, but this could have relevance to a behavioural change study in the community, particularly in significant weight loss.

Magdaleno Jr, Chaim, Pareja and Turato (2011) suggest that obesity served a defensive function and the emergence of a more feminine body can be frightening and lead to feelings of defencelessness and increased conspicuousness. Obesity justified some negative emotions, such as feelings of rejection and isolation from others, significant weight loss necessitates a new form for these feelings. Friends can become envious or competitive, changing the dynamic of the friendship group. Family dynamics change and issues such as jealousy and shame can arise within intimate relationships. This literature leads me to believe that further research is important to understand more about trials after weight loss. These challenges were identified at differing periods, some months after weight loss, they may or may not be relevant to the time of reaching goal weight. This was clinical study after WLS, it would be interesting to see of the same issues arise in weight loss though behaviour change.

Ogden and Hills (2008) looked at longer term behaviour change in smoking and weight loss using thematic analysis. The weight loss participants had lost at least 2 stone through behaviour change, or medication and surgery. The study proposed two main themes, firstly life crises; that a crisis such as a health or relationship issue could play a part in inducing change. Secondly sustaining conditions were needed to convert the initial change to longer term change. This could be living a better lifestyle that included exercise and social interactions, where they were more settled and happier and no longer needed food as regulation or comfort. There was a belief that behaviour had caused the old lifestyle and therefore that behaviour needed to change. However, this was a heterogenous group of people, it would be interesting to see what occurred in a more homogeneous group.

Epiphaniou and Ogden (2010) examined the shift in identity after women lose weight, in a qualitative study. The women had lost weight through diet and exercise in a slimming club. Before weight loss many parts of themselves were restricted, clothing due to body shape, the social, diet, this was mainly due to weight bias and WBI. Apart from the use of food for emotional regulation. This behaviour led to their identity being consumed with their weight. Following weight loss, the participants felt less restrained, had more of a social life, more varied food and reduced social anxiety. They described having a broader identity after weight loss. Some of this included maintenance, such as weighing regularly in the slimming club, but also including taking up new activities and opportunities. The theme of new identity was called the liberated self, which was helping in the maintenance process. These participants had lost at least a tenth of their body weight, which is a relatively small amount, it would be interesting to see if these themes were more prevalent in a much higher percentage of weight loss. It is interesting to note that 10% is the highest percentage of weight loss as a minimum criterion for a behaviour change study that I have found in the literature search.

Weight loss as control

Research suggests WLS is a paradox of control, for people out of control with their weight. They give away control of food and body when they undergo WLS, thereby losing the ability to be out of control, eating whatever they like. WLS then helps them gain back control (Ogden, Clementi, & Aylwin, 2006). This was a qualitative study involving fifteen men and women who had had surgery in the last four years, positive

because it took place over quite a long period of time, however the numbers are small. Jensen et al. (2014) posited that control may be essential to body image and key to understanding feelings of empowerment and quality of life after WLS. Participants talked about being on the edge of control, WLS was viewed as an opportunity to gain this control as they felt able to interact socially on an equal level whereas before their body image restricted this. This study involved very young women who were only recently given gastric bands, the mean being five months since surgery, thus this could be the result of a honeymoon effect. WLS can result in very rapid and considerable weight loss, although not all who have surgery manage to maintain this (Magdaleno Jr, 2012).

Partner support for weight loss

There does not appear to be much evidence on the opposite of weight bias, the idea of praise and affirmation during the weight loss journey, I could only find research from the 1970s (Foxx, 1972). However, there is research on partner support, this could be important to significant weight loss if the women have partners. Gettens et al (2018) conducted two diet and exercise studies on women receiving emotional support from their partners during weight loss. This help included acknowledging feelings, refraining from pressure and criticism. They suggested that a woman's BMI moderated their response to the support they received, and that greater benefit was noted in women with a higher BMI than with a lower BMI. Women were asked how they viewed the support and men about their perception of their support. They suggested that the most helpful support to women with a higher BMI was asking about what would help, listening and avoiding criticism. The women in this study were mostly White, middle aged and well-educated meaning it would be difficult to generalise to a more diverse population, although the research was carried out in two countries.

Physical side effects of significant weight loss

Other side effects from weight loss, such as loose skin, can lead to a desire for more surgery. Smith and Farrants (2012) suggest a wish for increasing amounts of plastic surgery after WLS and the subsequent abdominoplasty, due to shame about the body post weight loss and an inability to be satisfied with the present body, possibly the new form of dealing with feelings previously focused on obesity. These papers, although small studies, suggest huge challenges faced by people who have lost weight. Shame

previously associated with obesity can become focused on loose skin and plastic surgery can take the place of bariatric surgery as a perceived solution to all problems (Magdaleno Jr, 2012).

Self-weighing

VanWormer et al (2009) investigated the benefits of regular self-weighing of obese participants in a weight loss programme (via diet and exercise). They advocated that self-weighing was a significant predictor of weight loss, the proportion of participants who lost at least 5% of their body weight was higher when self-weighing at least weekly, compared to those who weighed less often. However, in a study such as this, it is hard to account for all confounding variables.

Steinberg, Bennett, Askew and Tate (2015) investigated the results of daily weighing against weighing every 6 or 5 days, they suggested that weighing daily was associated with losing more weight. However daily weighing does not always lead to healthy outcomes, Quick et al (2012) suggested that although there were some positive results, it can also lead to psychological ill health. In young women more frequent weighing was also associated with unhealthy weight control behaviours, lower self-esteem and increased depressive symptoms. Being cross-sectional, it was not possible to claim causation.

1.10 Reaching goal weight

Searching for research specifically on reaching goal weight, provides very little. There is one poster abstract focused on maintenance after goal weight (Meendering et al.,2016). O'Neil, Smith, Foster and Anderson (2000) conducted a study a study on the perceived worth of reaching and maintaining goal weight, with both obese and non-obese participants. However, the research was hypothetical, it questioned what people thought they would give up in order to reach goal weight. It showed that obese participants would be willing to give up more than non-obese people, however this is all in the imagination, not actual goal weight research.

I found nothing that focuses specifically on this experience, leaving it as a very desirable area on which to focus this research. There is also a need for more research on weight loss set in the community with behaviour change rather than surgical methods.

1.11 Critique of the literature review

The problem with a lot of the studies I reviewed is the lack of diversity in much of psychological research. We have moved on from the days where all research was performed on Californian, White, male university students in the 1960s, there are many more studies on women now, but still the research landscape is very White. Looking at body image, there is some research (Annesi et al.,2014) on the effect of race on body image, and it's important research because it shows less of a thin ideal in the Black culture than the White. With the prevalence of weight bias in the literature, it felt important to me to try and find research that looked at weight bias and race, this was a much harder task. I read Himmelstein, Puhl and Quinn (2017), which investigates the effect of weight bias on White, Hispanic and Black participants, the researchers comment on this area being understudied. It is particularly important to study more cultures when it comes to both weight bias because attribution theory specifically lists cultural values as one of the factors that determines levels of stigma (Crandall et al., 2016).

Much of the research on experiences of weight bias used data that was self-reported by participants, therefore it is a subjective experience being used in a quantitative study (Puhl, Andreyeva & Brownell, 2008). However, it is hard to imagine how else researchers could get access to information about discrimination and bias without using self-report measures. Observation would require long waiting times, without the guarantee of seeing anything. The setting up of fake scenarios would have huge ethical issues, because discrimination is a very unpleasant experience. It would also take a lot longer than self-report measures therefore the number of participants would have two be significantly reduced.

Some of the research was carried out in laboratories. Cohen, Fardouly, Newton-John & Slater (2019) looked at body positivity within a lab setting which means that there are problems with ecological validity, different results may have been found in a more natural setting. In research like this, where someone is being asked about larger bodies and ascetics, it is also possible that there may be some measure of demand characteristics.

There is a lot of very good qualitative research on weight loss, which I examined as I got closer to the area I wanted to focus on. It is incredibly useful to learn about the individual, but obviously it cannot be generalised to the wider population.

1.12 Rationale for the study as a Counselling Psychologist

Kasket and Gil-Rodriguez (2011) highlight the importance of research being relevant to the field of counselling psychology itself, as well as the wider applied field. The phenomenological nature of this research fits with the Professional Practice Guidelines on research (Division of Counselling Psychology, 2005). It is consistent with the values of counselling psychology, engaging with subjective experience and respecting first-person accounts, not seeking to find treatment for the experience (Rafalin, 2010).

The sheer prevalence of weight bias in the literature and the suggestion of possible decreased body confidence after weight loss makes it important to investigate. The literature around weight loss identifies possible struggles in the family dynamic and difficulties in friend and partner relationships, there is therefore a need for a focus on the empowerment of this group of women and to draw attention to their subjective experience, to better understand their process. Weight bias is so widespread that there is a problem with obese people internalising these messages and stigmatising and traumatising themselves, WBI. Counselling psychology has a focus on social justice, ensuring a fairer society (Toporek, 2006) this should be applied to the obese, to those losing and those negotiating a new identity after the weight loss. So much of the literature comments on obesity and fat as the last state that it is still acceptable to make the object of fun.

This weight bias, the difficulty of separating from it and the effects that it has even after weight loss need to be further understood to help work against it. The literature suggests that the consequences of this bias can be so severe that attention must be brought to it. It needs to be fully understood, so that work can be done to rid society of it. Particularly given the research that suggests those who work with the obese themselves, also have strong biases (Schwartz et al.,2003). Counselling psychologists are health professionals and therefore potentially have the same biases as other health professionals in this field.

The proposed participants are voices which have not been heard sufficiently in research up to this point, the dominant voice is the clinical population and those that

have undergone WLS. The lack of research about significant weight loss through diet and exercise and about reaching goal weight, makes it important to explore these issues. There needs to be a greater understanding of the challenges involved in starting to create a new life and a new identity with a transformed body and the nature of weight loss by behaviour change in the community. It will also be useful to explore what other issues emerge upon reaching goal weight to help counselling psychologists support clients who have lost weight, as well as those already in the process.

Methodology chapter

2.1 Introduction

This chapter continues the study from the literature research. No literature about reaching goal weight after significant weight loss was found, making it an ideal area on which to focus this study. There was also a dearth of research examining significant weight loss via BC rather than WLS. The most I found was a minimum criterion of ten percent (Epiphaniou & Ogden, 2010). Therefore, I want my research to be focused on these areas and conducted in the community, because most of the research took place in a clinical setting. The research found in the literature review, in the previous chapter on weight bias was horrifying, clearly there needs to be more research in this area to learn more about it.

Reaching goal weight has been identified as the focus because it is a complicated time with many different possible psychological mechanisms occurring simultaneously. It marks the end of the weight loss journey, but also the start of the endeavour to learn to maintain this changed body. The literature review suggested that there are numerous courses that may need to be explored; the continuation of life in a different body; the need to negotiate a new identity; changes in interactions with family and friends and the wider society Reaching goal weight might well be a time for reflection on the experience, but also starting to create this new lifestyle, so psychologically it is potentially fascinating. This research aims to particularly focus on the experience of living with changed body.

Specifically, the research question will be:

How do women experience reaching goal weight after significant weight loss?

This chapter will begin by addressing my epistemological and ontological stances, followed by consideration of the various methodologies that might have been appropriate. Then it will explore the method used in this study, the data analysis and information about the participants.

2.2 Ontology and epistemology

Ontology is about what is out there to investigate, what is reality? The epistemological position is what it is possible to know, what can one actually find out? My philosophical alliance lies with that of critical realism, my ontological position is therefore one of a realist, that there is an objective world that exists independently from what we perceive (Fletcher, 2017). We can't know everything about the nature of this objective reality, it is real to us, but can only be known partially and subjectively, no one can know an absolute objective truth, as critical realist researchers we can only access someone's experience of reality, which is negotiated through social-cultural influences (Clarke, Braun & Hayfield, 2015). There are multiple subjective interpretations of this world which affect how people perceive and experience life. So not more than one type of world, instead a myriad of perceptions and interpretations (O'Mahoney & Vincent, 2014). These multiple experiences can lead to many theories of how the world works. That I hold the view that my ontological position is not dependent on my epistemology, referred to as the 'epistemic fallacy' so any statements made about existence in my research do not have to be reduced to my thoughts about knowledge (Archer et al, 2013; Bhaskar, 1998).

An element that draws me to critical realism is the acknowledgement that there are deeper levels waiting to be explored (O'Mahoney & Vincent, 2014). Reality is construed as possessing three levels, firstly, the empirical, as experienced and filtered by participants, and mediated through interpretation (Fletcher, 2017). Then there is the unfiltered, actual level, events occurring in objective reality, whether experienced or not. These events may occur differently from how they are experienced in the empirical level because of how they are interpreted (Danermark, Ekstrom, & Jakobsen, 2001). Then there is the real level where causality exists, mechanisms which generate events in the actual level. This real level cannot be observed, it can be understood only through what is observable, through events that occur in either the actual or the empirical level. Something occurs in the actual world, investigation can occur empirically of a mechanism in the real world, for example if an apple falls we can empirically witness it and understand that objects do actually fall, the explanation would be found in the real mechanism of gravity (O'Mahoney & Vincent, 2014).

My epistemological position is that of a relativist, because the participants have constructed meaning out of the experience that they have gone through and this research is about my understanding and interpretation of the data, (Willig, 2012). Therefore, I think it is important to offer well thought out reflexivity to the reader, to understand the lens through which I interpret my participants experience. This relativist approach is not that of an extreme position, the social constructionist position is rejected because I believe that there are experiences that we can investigate and examine that occur outside of language. This research is all about embodied experience and how meaning is found from the experience of the body getting smaller. This research uses pictures and objects as well as language, to find out about the subjective experience as fully as possible.

From a critical realist epistemology, I believe that we can find out something about what happens in the world, but this cannot be done through the account alone. Instead it must be interpreted first, we cannot objectively know the world, we can only use our rationality to judge hypotheses (Willig, 2012). Knowledge can be gained through theories, and it is through theories that we can get closer to the truth of something. (Fletcher, 2017). However critical realism holds that theories can get as close as possible towards the truth, but it will never be perfect. One can only advocate for their theory by disproving another, not by holding it out and proving it to be true (Killam, 2013). Thus, this research stands as my theory about the experience of reaching goal weight. It is not necessarily the exhaustive conclusion, more can always be discovered which can be used to improve the life of women who go through this journey (O'Mahoney & Vincent, 2014). I think a critical realist position is a valuable place to start when there is not much research available.

2.3 Qualitative research

The lack of existing research leads me to believe that it is desirable to use a qualitative approach to begin the research process. I am aware of my own experience of reaching goal weight, but I cannot assume that this is the same as other people's experience. Therefore, I believe it is important to explore more about the subject matter before trying to work objectively with hypotheses. We can gain rich and complex data through the qualitative process, so I wish to focus on the subjective experience of the participants as a starting point from which to gain knowledge (Yin, 2016). In

accordance with this, the approach chosen is Interpretive Phenomenological Analysis (IPA). This piece of research follows the inductive form of gaining knowledge, letting the experiences of my participants provide the data to answer the research question (Willig, 2012)

2.4 Phenomenology

Just under a century and a half ago, Phenomenology was conceived by Edmund Husserl (1859-1938), in Logische Untersuchungen, which translates as Logical Investigations (Moran, 2000). The focus in phenomenology is the study of the subjective human experience. Phenomenologists are concerned with how consciousness relates to the outside world and makes sense of it. Husserl's interest was in a 'return to the things themselves' which is about looking at what people's experiences are and their meaning (Langridge, 2007). At the beginning of phenomenology, it saw itself as a radical, non-traditional way of doing philosophy, it was focused on getting to the truth of the human experience. (Moran, 2000). Husserl was dedicated to the descriptive phenomenological method, without any interpretation, believing that is was possible to bracket off one's own experience and thus hold a more neutral, non-judgemental stance.

Martin Heidegger (1889 – 1976) was at first a follower of Husserl, but then took phenomenology in a different direction. As such phenomenology is a range of methods that all have subjective experience at their heart (Moran, 2000). Heidegger is important to IPA because he started the hermeneutic turn, a move away from the descriptive style of Husserl. He argued that the bracketing process was impossible because researchers are inextricable from the world that they explore and therefore their position needs to be stated to be understood (Langdridge, 2007). My position as a researcher in IPA is considered important in so far as my experience will come into the interpretation through all the choices that I make during the analysis.

Merleau-Ponty (1908-1961) was an important figure in phenomenology, particularly focused on embodiment. He believed that the body was important to phenomenology and should not be ignored, because we speak and think and experience through it. The body takes up our space in the world and therefore the two are essentially connected (Langridge, 2007). He saw himself as being his body, rather than possessing a body, seeing no separation between embodiment and existence (Moran,

2000). This recognition of the importance of embodiment is relevant to this research study, where the weight of the body cannot be disconnected from the experience. Finlay (2011) describes the body as the access point to the world.

2.5 Interpretative Phenomenological Analysis

IPA was developed by Johnathan Smith in 1996, with a focus on personal meanings and making sense of participants' thoughts on a phenomenon. IPA is well suited to this research, it is idiographic and therefore focused on individual subjective experience, one can find knowledge through a collection of first-person naturalistic accounts. (Langdridge, 2007). This subjective experience is a good place to begin to understand what is involved in the experience of reaching goal weight. To create knowledge the researcher gets as close as possible to the lived experience, to appreciate an event at a certain time, how it is personally perceived and experienced and what makes it different from other experiences. (Smith, Flowers & Larkin, 2009). IPA does not believe that one can get direct access to the participant's experience, but can start to explore things from their perspective and posits that the data can tell us something about people's connection to and positioning in respect to the world, as well as what they choose to discuss in the interview and how they make sense of it (Willig, 2012). All analysis of the data is seen as an interpretation of the experience by the researcher (Willig, 2013) IPA assumes that the data can tell us something about people's connection to and positioning in respect to the world, as well as what they choose to discuss in the interview and how they make sense of it. (Willig, 2012).

IPA systematically focuses on making sense of the participant's own personal sense making, particularly looking at how the participant makes sense of their world (Smith, Flowers & Larkin, 2009), thus fitting well with Critical Realism. It does not seek an objective reality or truth (Wood, Giles & Percy 2012). Hermeneutics, crucial to the process of IPA is a method of translating the data to make the meaning more comprehensible for the reader, the critical approach is necessary to locate the significance of the experience (Pietkiewic & Smith, 2014). A double hermeneutic approach will be taken to interpret the data because IPA is about researchers' systematic attempts to make sense of the participant's own personal sense making (Smith, Flowers & Larkin, 2009). The result is what the researcher thinks the participant is thinking, so claims are tentative (Smith, Flowers and Larkin, 2009,) but

the final write up is my opportunity to present a persuasive, transparent account of how and why I reached my conclusion with the data available.

This project is so experiential in and of itself that I think it is perfectly suited to IPA, particularly as a trainee counselling psychologist, where my training has taught me to focus on the experience and meaning making of my clients.

2.6 Alternative methodologies

I considered discursive analysis as put forward by Edwards and Potter (1992, as cited in Willig, 2013) for this study because it concerns how people construct meaning between them and it could have been used as a first step into exploring reaching goal weight. However, the approach focuses too narrowly on the discourse created between people (Hollway, 2012). I am interested in the whole subjective experience of individual participants, with the full range of rich data that involves. I do not wish to limit anything that could come out of the interview. Body language can be interesting to note when interviewing someone, particularly when participants are talking about an experience involving their body. They will be talking about their experience in the world with their body getting smaller and the interactions with people and objects that that involved, body language could be really telling in such an experience. Working with clients over Zoom during the lockdown period has shown me how much we rely on body language and facial expressions to make an impression and convey meaning. We make assumptions about people before they speak, and all this can be used in phenomenology to enhance the analysis. It helped to convince me that there are other elements that are just as important as what people say. I think experiences can happen to people and between people without language, for example two nervous people waiting outside an interview room where they cannot speak but can share their nerves and fear with facial expressions, they have an experience without ever speaking. They can talk about it through language afterwards, but if they do not, it is still an experience that occurred, experiences are not just brought into being with language.

Discourse analysis focuses on the socio-historical conditions that govern or limit the text or conversation that is being analysed. Phenomenology looks at context, but it is led by the participant as to what is important to focus on, if context is particularly

important to the participant, then it will play a greater role. I wish to focus my analysis purely on what the participant wishes to concentrate on in the interview. (Janks, 2006).

Using discursive psychology can be about how participants use their discursive resources and what effect that has (Willig, 2013). It could be argued that IPA takes account of how language is used, looking at linguistic features, such as metaphors, repetition, and tone to interpret the transcript (Smith, Flowers and Larkin, 2009). Discourse analysis goes further than this, looking at the action orientation of language and how people use it, either disclaiming positions or claiming them (Willig, 2015). The discursive researcher is more interested in what the participant is doing with the language, assessing the performative social function of language through every choice of word (Lester, Wong, O'Reilly & Kiyimba, 2018). I am interested in language only so far as it highlights experience.

I considered narrative analysis as an approach because it is also concerned with subjective experiences and sees narratives as a way of creating meaning (Willig, 2013). Some of the same philosophers were involved in the introduction of narrative psychology and IPA, such as Ricoeur, who worked with hermeneutics in phenomenology. He addressed the need for suspicion as well as empathy, later in life he was an important figure in narrative analysis incorporating phenomenology into interpreting text (Langdridge, 2007). Narrative analysis believes that stories are constructed to make sense of experience, they can bring order to the disorder of life (Murray, 2015). It is also idiographic and considers the reflexivity of the researcher to be important, therefore I considered using it for my study. I thought examining experiences of goal weight and how they are organised into stories in a slightly different way could be an interesting way to gain knowledge about reaching goal weight. Narrative therapeutic methods are often used to work with people with PTSD which is I where I have placed my clinical work, so a narrative approach was considered seriously even though discursive approaches were rejected.

However narrative analysis looks at how people construct their stories and produces social constructionist knowledge, which is why I decided this approach was not suitable for the study. I do not wish to ally myself with the far side of relativism, but instead sit somewhere in the centre of the continuum recognising experience as a

worthy type of knowledge. Therefore, my epistemological views were what ultimately caused me to decide against narrative analysis.

2.7 Ethics

The ethical principles followed by this study must adhere to the four principles laid out in the British Psychological Society (BPS) Code of Human Research Ethics (2014), the ethics form appears at appendix 1. These principles are: respect for individuals, scientific integrity, social responsibility, maximising benefits, and minimising harm.

Respect for individuals

All participant's privacy has been ensured as much as is practicable by using a pseudonym once the data was transcribed, so they will be anonymised. All names of other people, places and in some cases professions and sporting pursuits were changed in this pursuit. I ensured that I followed all aspects of my ethics form when organising and conducting the interview so that my participants were treated ethically

To ensure respect for the autonomy and dignity of people, the nature of the research was explained fully. This was done by explaining briefly on the recruitment poster (see appendix 5), providing more information on the information sheet (see appendix 6), answering questions in the screening phone call and before the interview. This ensured that by the time the interview happened the participants were as fully briefed as possible. Respect for the participant means they must be treated ethically and respectfully, never viewed as a means of fulfilling research requirements. I would like participants to feel that they have been part of something that adds to psychological knowledge and respects their experience.

The qualitative nature of this research means that the wellbeing of participants must be taken particularly seriously due to the data collection likely being a more emotive and intense process (Haverkamp, 2005). This was highlighted by asking for feedback on the pilot study, in the counselling psychology bubble it can be easy to forget that not everyone spends a lot of time contemplating or expressing feelings. Participants must be aware they can choose not to take part or leave the research and request their data be destroyed, up to the point that the analysis begins. Fully debriefing the participants is also fundamental to this principle (appendix 10). I made sure that all participants were feeling settled once the interview was over and stressed the

organisations mentioned in the debrief sheet if they were to be upset at any point afterwards. It is also essential for the researcher to avoid any unfair or discriminatory practice (BPS, 2014). The reflexive journal was a useful place to consider this, as well as supervision meetings, I did not feel as if any issues were raised. I offered my participants the opportunity to read my research when it is finished if they requested, so that must be in my mind when I analyse the data, it is important to me that they feel heard and respectfully represented. The audio recording has been kept and is protected by a password. The consent form that was signed (appendix 7) has been locked away in my filing cabinet.

Scientific integrity

This research must adhere to ethical principles by being designed, reviewed, and managed so as to safeguard the scientific integrity and the advancement of knowledge in counselling psychology. The aims of the research must be transparent all times, that is to understand the lived experience of women who have reached goal weight after significant weight loss (BPS, 2014). The rigour involved in the process has included regular supervision, and the literature review, methodology and analysis chapters being set as assignments by the university (with a reduced word count) and being marked and then read again by a supervisor. I presented a poster of my progress at the end of the second year and a PowerPoint presentation at the end of the third year, both events allowed input from other students and faculty members.

Social responsibility

I considered the welfare of human beings and endeavoured to be respectful of the communities in which they live (BPS, 2014). This project has a special focus on social responsibility and justice because of the potential stigma faced by the participants, highlighted by the research, this requires sensitivity always. When I met the participants, I ensured it was somewhere where they can talk without being overheard and feel comfortable and respected to be able to share their experience. Minimising the power dynamics also plays a part in this.

Minimising harm

I must act to avoid potential risk to the health and well-being of the participants, thereby minimising harm, maintaining dignity and maximising the value of the work throughout. No issues of concern were raised during the interview process.

The subject matter is potentially sensitive due to the stigma that exists in society towards fat women. However, it was not necessary to stop the interviews at any point, there were no outward signs of upset, in fact quite the opposite, these were women who were proud of what they had achieved. The debrief form (appendix 10) was written to highlight potential sources of support for the participants if they felt distressed.

2.8 Validity

I believe it is important to consider the issue of validity and reliability, because I want to create a meaningful piece of research that does justice to the participants who gave me their experience and time. Yardley (2015) offers perspective on validity criteria for qualitative research, for example when analysing the interviews and finding themes it was important to discuss their origin in the data with my supervisor. Yardley (2000) also highlights important points related to validity.

Sensitivity to context

I have considered and reviewed research that came before and found a gap in our understanding. My study must also be ethically sensitive to dynamics such as power relations, I hope that asking the participants to choose the location and time of the interview helped with this. I also made every effort to explain what I was doing with informed consent because I believe that information empowers, and I hope that this may have reduced the power imbalance to some degree, although I recognise that it will always be there. I talked them through the microphone and recording device as I set it up, because technical equipment can be a bit daunting. I also considered the suitability of the questions to ensure the participants could talk at length about the phenomena.

Commitment and rigour

I have spent time learning about the development of phenomenology and the analytic procedure to be familiar with my methodology. I thoroughly engaged with previous

research and the methodology and have been transparent in my reflexivity and interpretation of the data, as well as taking sufficient time to carefully complete the analytic process, which is carefully detailed in this methodology. I took time to recruit an adequate number of women, I have chosen to interview 8 women and ensured a homogenous sample.

Coherence and transparency

IPA is an appropriate methodology through which to investigate the experience of reaching goal weight after significant weight loss, it lends itself to IPA in a very natural way. I am keeping a reflexive journal to ensure that my reflexive decisions are noted and talking regularly to my therapist about my approach to the study. I hope that I have presented my study so that the reader can understand decisions made and conclusions reached, with all methods and data presentation appropriate to IPA.

Impact and importance

I hope that this study will highlight the experience of women who lose weight through BC and help health professionals including psychologists, to understand more about the experience of reaching goal weight. There has not been much research about significant weight loss in the community and nothing on reaching goal weight. I believe that the psychological issues involved are complex, starting from a stigmatised position, trying to navigate a new identity as the body has changed drastically, coping with new family dynamics and possible new (perhaps unwelcome) attention. I hope that the study could be helpful in training health professionals working in the community.

Method

2.9 The criteria for the research

The research concerns women who have lost weight through BC, such as diet and exercise. This is because much of the existing literature (Ogden, Clementi, & Aylwin, 2006) concerns weight loss surgery (WLS). The dominant voice in weight loss research currently belongs to the medical model, so I wish to highlight and explore the processes involved in reaching goal weight through BC and give a voice to those who experienced this journey in the community, so obviously those who have undergone

WLS were excluded. The amount of weight loss must be sufficient so that it would be life changing for the participant and their families, therefore the selection criteria asked for participants who had lost at least a quarter of their body weight. Originally when I began the research, this was set at a third of body weight, but I found recruitment difficult and decided that a quarter would make recruitment easier and not take anything away from the project (appendix 3). I considered 20% but decided that was too low a percentage. Losing a quarter of someone's body weight would change the way people reacted to you, it could possibly mean that some did not recognise you and involve negotiating many challenges within the immediate environment. I am not sure that a fifth of body weight would be quite as life changing and I did not want to get too far away from my starting point. I believe that significant weight loss is an important focus because much of the literature focuses on lesser amounts of weight loss, such 10 pounds (Annis, Cash, & Hrabosky, 2004) or between 3% and 10% of their body weight (Annesi & Porter, 2015). I am interested in studying an amount that would represent a significant difference to many parts of a participant's life.

Obviously the participants must be adults, so only those over 18 years old were recruited. Participants were required to have reached goal weight within the last six months so that their memory of this phenomenon would be recent. Up to a year was considered but I felt that to get a clear picture of goal weight it would be necessary to get as close to the phenomenon as possible, while still being realistic about recruitment, therefore six months was deemed to be appropriate.

Men were excluded from the research because they appear to have different experiences with the weight loss journey. Women appear to have a more complicated relationship with body image, research suggests their body dissatisfaction does not respond so readily to interventions (Kilpela et al., 2016). Women appear to suffer much greater weight stigma than men, with overweight men seemingly suffering more than obese men (Miller & Lundren, 2010). Interestingly, women are more likely to suffer poor mental health while obese (UI-Haq, Mackay, Fenwick, & Pell, 2014).

Those who have been formally diagnosed with an eating disorder will be excluded from the research. This is deemed necessary because during the literature review it was noted that those with BED had somewhat confused the research landscape with increased risk of psychopathology and poorer body image whatever their weight

(Schwartz & Brownell, 2004). I therefore decided to exclude all those with a formal diagnosis of an eating disorder, no matter when this diagnosis was made. I feel that an eating disorder and treatment affects the nature of your experience with food profoundly. I am doing the research in the community because so much research is clinical, it is a purposeful move away from the more medicalised model advanced in previous weight loss research (Dalle Grave et al, 2010), so it feels prudent to exclude those with eating disorders. Also, to create a more homogenous sample (Bright & Harrison, 2013).

2.10 Recruitment

I was given ethical approval for the research to go ahead (see appendix 2). I found recruiting an individual for the pilot study to be a simple process, a friend had recently lost a lot of weight and was prepared to be interviewed, however it would not have been appropriate to use her data because of our friendship. Therefore, recruitment began outside my social world through Slimming World and Weight Watchers. I began by trying to gain access to the company to talk to the research departments, both by phone and email. However, calls were not returned, or I was transferred to inappropriate departments and emails did not get a response. I therefore approached individual Slimming World and Weight Watchers representatives to ask for permission to attend their meetings, I was told that they did not have people who fitted my criteria or that I should contact head office first.

I then advertised the research through online social media platforms, such as Twitter, Instagram and Facebook, as well as posters in doctors' and vets' surgeries. I had no luck with Twitter, even though I promoted my tweet using £50, there was no response. I found two participants through Instagram, two through a doctor's surgery and one through a vet's surgery. The rest were found through people handing the poster to people they knew who had lost weight. Participants were given my university email address and my work mobile phone number to be able to contact me. I recruited eight participants to ensure that I had sufficient data to be able to answer the research question.

After the first contact, I sent out the information sheet for participants (appendix 6) by email, allowing them sufficient time, at least 24 hours, to process it. Then I held a screening phone call to ensure the participants had lost sufficient weight and reached

goal weight in the last 6 months and understood the aim of the project before I met them, so I did not waste their time. The screening phone call was where I asked them whether they have ever been formally diagnosed with an eating disorder, this exclusion was only be made by the participants themselves, there was no screening, as it was felt that this would not be ethical. The organisational aspects of the research, such as a place to meet were also arranged during this phone call. I thought it was important that the recruitment poster should only include inclusive research criteria, it did not feel like it was the right vehicle for the exclusion circumstances. The information sheet had all the information about inclusion and exclusion criteria.

2.11 Interviews

A pilot study was carried out using a semi-structured interview schedule, the questions were found to be effective and produced rich data, however it was noted that there is an element of a rehearsed narrative that exists for women who have lost weight, due to them being asked repeatedly about methods and strategies in their endeavour. Therefore, after the pilot I took time to consider whether there was a better way of getting to the heart of the phenomenon and transcending this narrative, I decided that adding a visual element would help to do this, there is more detailed provided below.

The interview schedule (appendix 8) was memorised prior to the interview, but I took a copy with me because I didn't want to be thinking what question was next when I could have been paying better attention to their experience. I thought about leaving it to remove any barrier between me and the participant, but I decided full attention was more important. I did not use any prompt questions because I wanted to let the participants have as much free rein as possible to talk about their experience. The questions ensured the research question was addressed, I wanted to focus on what my participants believe is important and follow their narrative, that felt crucial to IPA.

I met four of the participants at their homes, and one at their place of work, a risk assessment was conducted and appears in the ethics form (appendix 1). Three participants were interviewed using FaceTime, these participants were at their homes when we spoke with the camera far enough away so that I could see their facial expressions and body language, at least for the top half of their body. I made sure that they were in a private setting. The interviews were audio recorded.

At the beginning of the interview I took the participants through the purpose of the study and gain informed consent, both orally and in writing. For the interviews via FaceTime I asked the participants to email me the consent form, I then took them through it at the beginning of our conversation. I ensured that they were aware of their right to withdraw their data before the analysis process. After the interview participants were fully debriefed, I handed the debrief form to people I met in person and emailed it to those I spoke to via FaceTime.

2.12 Visual methods

After considerable thought about a better way of getting to the heart of the phenomenon and transcending this narrative, the pilot study led to the inclusion of visual methods (appendix 4). In the information sheet and the screening phone call, participants were asked to bring along either pictures of objects that reminded them of reaching goal weight or the actual object itself. To help with this and to avoid anxiety, I suggested items if the participant needed some assistance, such as scales, a weight loss diary, clothing that was worn around that time, anything that helped them to delve into their experience in a slightly different way.

I analysed the data produced by visual methods with the rest of the interview. I considered analysing it separately, to see the different data that emerged, but decided it was better to analyse it altogether, because it was all describing the same experience. The visual methods were added to try and enrich the data, not to create a separate category. Quite often we sat with the visual item in front of us during the interview, or a photo that the participant could look at. I think it was effective in helping them to think about what their experience meant and what the time around reaching goal weight was like. Visual methods can help with different parts of the narrative. They provoke additional dimensions of experience, information, affect and reflection (Reavy, 2016) The visual question was asked in the middle of the interview, when participants hopefully felt more comfortable (see Appendix 9). I asked "You've brought in an object (or photos of something) that reminds you about that day, can you tell me about them?"

I decided not to ask participants to bring pictures of themselves, none of the examples given were of that nature. This was because I did not wish to draw the focus to appearance. The literature review highlighted that body image was a major theme in

weight loss (Martin Ginis, McEwan, Josse & Phillips, 2012), however I wanted to allow the focus to be on whatever was most important to the participant. I believe that a phenomenological approach requires an open field from which to draw, and to not be limited in anyway.

Ethical issues particularly concerning anonymity are of concern in visual methods, they are also governed by the BPS Code of Human Research Ethics (2014). I asked individuals for consent to take a picture of their object, or to use their photograph in my research. All participants were asked to talk about the object or picture as part of the process, one photo of a participant was provided, and I was careful to maintain anonymity by obscuring the faces and removing all identifying parts.

2.13 Data Analysis

The actual process of analysing began in the second term of the third year, for an analysis assignment. At this stage, I agreed with my supervisor that I would analyse one whole interview and write it up. I began with Lavinia's transcript because I remembered it being an interesting and thoughtful interview. Back then, during my third year of training, I was in quite a different place with my feelings about weight loss and fat and very resistant to any positivity towards the fat acceptance movement. Therefore, when I started to analyse the other transcripts, I realised that it was important I started again, because my feelings had moved on. I felt as if it was almost as if a different researcher had analysed that interview. I also used a slightly different way of analysing, for the analysis assignment I analysed with highlighters and a pencil, then wrote my quotes into a word table. When I came to do the analysis for the research itself, I used a piece of software called MAXQDA. This software allowed me to upload my transcripts and and write comments or name themes, it meant that I could search for words in the transcript or play around with theme names and move them around. It provided a sense of freedom that I did not get from pen and paper. It was also better for me because the comments were down the side and the transcript itself remained clean. I enjoy working with technology and therefore it suited me perfectly, for an example of working this way (see appendix 11).

The interviews were transcribed by a transcription company, which was detailed on the ethics form. I reviewed each transcript and listened to the interviews a few times to make sure that they were accurate, and to begin the analytic process, allowing familiarity with the material (Willig, 2013). Then it was read with a more critical lens, trying to explore the material with an open mind, focusing on the two principles fundamental at the heart of IPA, phenomenology and hermeneutics, the interpretation of the subjective experience (Willig, 2013). The analytic process used in this assignment was based on the IPA method set out in Smith, Flowers & Larkin (2009). I took some time to take a few notes to be aware of my own thoughts during this process. I think awareness of my own processes are crucial to the work because I interpreted this interview, it was my choices that dictated the development and direction of the project. It is important that the reader is aware of these processes to be able to judge the quality of my work. All interviews were analysed individually first to preserve the idiographic nature of IPA (Willig, 2013).

The areas that I noted were the descriptive, linguistic, and conceptual, (Smith, Flowers and Larkin, 2009), which begin the interpretive element. I did the analysis in three parts, going through the transcript separately for each type of analysis:

- Descriptive refers to words that describe what appears in content of the text.
- Linguistic, looks at the way that the experiences are being told, to get behind the metaphors, or way of speaking that is used.
- Conceptual, involves some level of abstraction going behind what is being said and towards the meaning or essence behind it, what are they feeling and being?

For me the steps were all very different and needed my undivided attention, or I would likely have produced a piece of descriptive phenomenology because I have done this before and working in this way is easier for me than the latter two stages, which needed more thought. I started analysing the transcript line by line, making notes in the margin of thoughts that arose or questions. I began summarising and paraphrasing, remaining close to the explicit meaning and paying attention to what their experience was, and what they had to say about it (Smith, Flowers and Larkin, 2009). I found it easier to keep thinking phenomenologically by using verbs in my comments or summaries so that the notes arising felt experiential, this always helped to keep my focus on the experiences. Descriptive comments were made down the left-hand side in a multitude of colours (see appendix 11 for an example of the interface).

I moved on to analyse the text on a linguistic level, looking at the way that the experience was expressed, the words chosen, and the metaphors used. I also looked

at fluency, pauses and repetition, to see if these gave any further indication about experience (Smith, Flowers and Larkin, 2009). I noticed that, I was often struck by the function of laughter. At times like these I would listen to the tape at the same time as noting to be sure that it felt that it was honouring the way that the participant chose to speak. It was important to consider the whole account because in that hour and a half or so, my participants chose to detail their experience in that way. I tried to focus my mind on how the language was used to detail the experience.

Lastly, I examined the text looking at the conceptual level, examining what was going on behind the words, what they were doing with her account, the real essence behind it. (Smith, Flowers & Larkin, 2009). I also considered what might be happening on a more psychological level in the conceptual stage, as well as thinking about time frames and questioning the processes of the participant. Linguistic and conceptual comments were made down the right-hand side of the programme.

When the three types of analysis were finished, I began to cluster the notes in the margin in terms of a statement or thought expressing what linked these items together. Or if there was an experience described multiple times, I thought of a description, statement, or question for it. These terms, statements or thoughts became emergent themes, thus, coming to represent both the participants words and my interpretation (Smith, Flowers & Larkin, 2009).

At this point emergent themes were listed on the left side of the programme and it was possible to group them together, either under a new heading which became a superordinate theme, or sometimes an emergent theme seemed to express the sentiment of a cluster of themes in which case they were clustered underneath. I put the themes into chronological order in the theme column and found that some would fit again into others. At this point because of the way I was working with MAXQDA, I had a huge number of themes for each participant. So, I discussed it with my supervisor and decided to take forward what I felt were the main themes that would explain the phenomenon for each participant.

Gathering the final themes which would stand as the experience of each participant felt like a huge responsibility. I felt myself feeling somewhat irritated that I had to leave so much of their story behind. To make my decision I recalled my experience of the interview and the analysis process and thought carefully about which parts of their

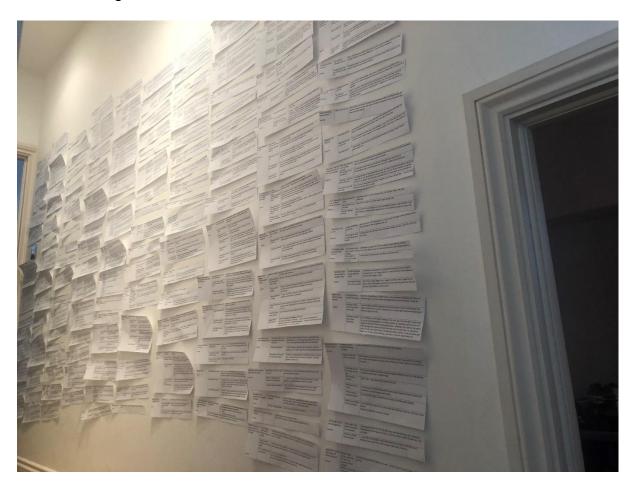
story had particularly struck me. I also identified patterns between themes to see if they could fit better together to answer the question. I wanted to try and think of what seemed most important to them in telling the story. There were also some themes that appeared to be repetitious which were put together. Obviously, it was important to include their stories about reaching goal weight and the visual object they bought to provide a richer account of their experience, but there was a lot of clustering at this stage, following the processes mentioned in Smith, Flowers and Larkin (2009), to be sure it was systematic. I found this the most difficult part of the process, perhaps I am somewhat a hoarder of themes.

By the end of this process I had around twenty superordinate themes for each participant, and I had listed subordinate themes with one quote each, to illustrate them. IPA recognises that my experience will come into it and believes humans are sensemaking creatures, so accounts reflect my attempts to make sense (Willig, 2013). I also noted the way the themes fell easily into timeframes. So, I noted these in a separate column for future reference in case there was a way I could capture this as well. It was removed before printing the data because it made things too complicated. After the viva, when amendments were made to make the project simpler and a decision was taken to have less themes, the timeframes were no longer useful, so were removed.

It is not possible to totally transparent about every decision made in this analysis process, there were too many to list in full, however I hope that my reflexivity will be sufficient and provide enough information to help with this. To further aid transparency I have provided information about each of the participants in a table at 2.16.

The reader will note that the table does not contain any information about weight loss figures, this was a deliberate decision. Anyone with experience of significant weight loss will know that talking weight loss numbers can be done at considerable length, therefore I only mentioned them at the screening phone call. Other than that, I did not mention any numbers or ask about anything concerning them because I did not want to influence what was told to me about reaching goal weight. Numbers were only mentioned if they felt important to the participant, everyone lost at least a quarter of their body weight, as per the criteria.

The next stage was to look at the themes for all the participants and I printed out all the information for every participant and cut them up into different superordinate themes. I then stuck them all onto the wall of my hall to begin the process of putting the themes together.



I then played around with the different ways in which they could fit together, leaving them like that for a day and then moving them around until I began to find ways that made sense to me. It was good to have them in the hall because I could sit and work on them or look at a few as I passed through. I saw myself somewhat as Sherlock Holmes solving a case.



When I was satisfied with the results, I removed the individual superordinate themes that had been there before, put them into a new table and came up a new superordinate theme that made sense to interpret all the experience. Again, I found it difficult to remove the superordinate themes that represented the participants individual themes, there was something for me about removing it to fit into the whole.

At first, after clustering on the wall, I had 15 superordinate themes, but these seemed to be too many for the research, so I began the process of further clustering, by the end I had 8 superordinate themes. At this point I had a multitude of subordinate themes and they felt too many to deal with in any meaningful way in the analysis chapter. Smith, Flowers & Larkin (2009) detail their way of carrying out the process but urge the researcher to be creative and try new steps or change things if it feels appropriate. Therefore I decided to create an extra step which was to further cluster all the subordinate themes into categories within the superordinate theme, to see what they were doing and try to interpret a stage further to really focus on how they were answering the question. These categories highlighted the different parts of the experience in that theme and then became the new subordinate themes. This made

sense to me because of just how much data I had, and I really wanted to do the participants' experience justice. It felt an appropriate way to set out the data rather than just detailing a few subordinate themes and sending the reader to the appendices. I left the former names of the subordinate themes in the table because it seemed like extra analysis that might be helpful in writing the analysis chapter. It was work that had already been done, so it made no sense to delete it. All the time my focus was on the experience told to me, but also remembering not to attempt to analyse the complex characteristics of my participants after meeting them once.

The use of supervision was important in the analysis phase to test the coherence and plausibility of the themes and analysis (Smith, Flowers & Larkin, 2009) and to help find ways of writing the analysis chapter.

During the viva, it was agreed that a simpler approach could make the research easier to process. Three main themes were identified which focused on the weight loss process and the changing body in greater detail, to make the research simpler. Original themes were either related to food or the body and the decision was made to just stay with themes about the body. I kept in a fourth theme about relationships during weight loss because connections during the process seemed to be so important to the participants.

2.14 Introducing the participants

The participants' pseudonyms were chosen by them if they desired and by me if they had no preference.

I interviewed Imelda first and then Lavinia and Fifi before taking a break to finish my third year. The first three participants were interviewed using interview schedule one (see appendix 8). After the three interviews I decided to add a few more questions about the actual day of reaching goal weight because I felt that I was getting a certain picture and I wanted to be sure of that by focusing carefully on the day (see appendix 9). Then interviewed Jet, Phoenix, Tiffany, Perdita and Jemima.

I met Imelda, Lavinia, Phoenix and Fifi in their houses, Jet in her workplace and Tiffany, Perdita and Jemima on Facetime.

The objects that they brought to the meeting are listed in the table below, then pictures can be seen below the table.

Jet

Jet's experience was slightly different to the rest of my participants, she had lost a lot of weight in what she recalled as a rather unhealthy way, by not eating very much. She reached a weight that worried her friends and family. She then started weight lifting and for her, goal weight had been about putting weight on with muscle to reach a more healthy size. I therefore analysed the parts of the interview that were about goal weight because I felt it was important to include her after she gave me her time so generously. Jet told me that the interview felt important to her, because she had reached a point in her journey where she was not ashamed anymore and she wanted to tell people not to lose weight in the way that she had and to let people know how mentally tough losing weight is for women. Her contribution was sincerely appreciated.

2.15 Participant information table

Name	Age	Occupation	Marital	Ethnicity	Weight history	Reason for weight loss	Visual object
			status				
Fifi	70	Retired	Married with two adult children	White, British.	Struggled with food and weight throughout her life. Has lost significant amounts of weight before.	 Health Activity Wanting to be able to express herself through fashion 	Handmade book with notes about weight loss
Imelda	35	Nurse	Married	White, British.	Was very slim until her thirties, then went through a difficult break up. Her mother was losing weight which inspired her to join in.	HealthWanting to be active	Dress
Jemima	51	Mime artist	Divorced, with one child.	White, British.	Felt larger as a child, even when she was not. Gained weight at university, has dieted several times before.	HealthAppearanceWanting to be able to play with son	Luggage
Jet	35	Health consultant	Single	White, British.	Lost a huge amount of weight in her and then began to weight lift and gain muscle	 Wanting to be strong and perform feats of strength. 	Kettlebell

Lavinia	71	Retired	Married with two adult children	White, British.	Gained weight after getting married and adopting. This was her first significant weight loss.	 Wanting to look good for daughter's wedding. Health Wanting to be able to shop in normal size shop and wear nice clothes. 	Seasalt Trousers
Perdita	43	Lecturer	Married with one child.	Asian, Indian	Lost weight after university and lived healthily. Met her husband and had a baby and put on quite a lot of weight. Lost it and reached goal weight as her son turned three.	HealthAppearance	Jeans
Phoenix	42	Student	Married with one child.	White, British	Has lost weight quite a few times for different reasons. Gained weight to do IVF and did not lose it until now.	Wanting to look great in a dress for a wedding.	Dress
Tiffany	23	Data officer	Living with partner	White, British	This was her first significant weight loss. Gained weight after fibromyalgia diagnosis.	 Needing to have a better quality of life and be healthier. 	Picture of herself and a friend at a ball.

2.16 Objects and pictures brought by participants





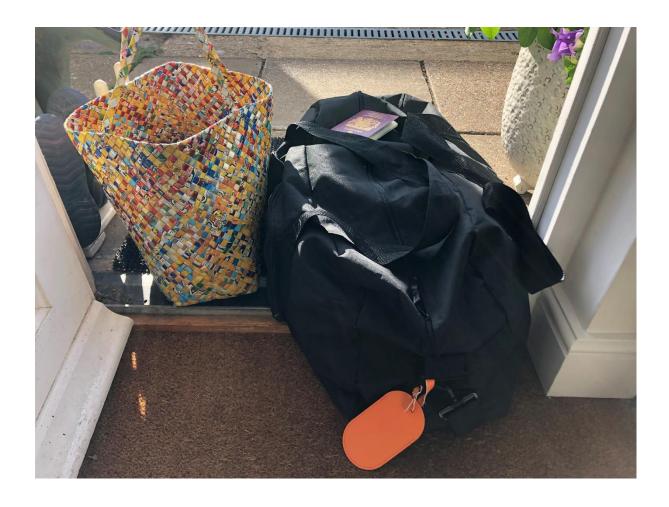
Fifi



Imelda



Jet



Jemima



Lavinia



Perdita



Phoenix



Tiffany

The Analysis chapter

3.1 Reflexivity

I have divided the reflexivity section into four parts because there are four areas of me that are relevant to this thesis. The first is reflexivity as a person, as a researcher, an activist and finally a counselling psychologist.

Reflexivity as a person

I think it is important to introduce my own history at the beginning of this portfolio, I would define myself as an insider researcher, up to a point, in relation to this study. I have lost a significant amount of weight and reached goal weight twice in my life. I say up to a point because I would not qualify for this research study, because I have a history of binge eating and then adult-onset bulimia, after becoming so frustrated with my own weight cycling and attempts at maintenance. However, enough time has gone by since my last significant diet, for me to be able to be properly invested in what this experience is like for other people. I have also had a significant amount of therapy to be able to look more objectively at the subject matter.

For a long period, I had lost a small amount of weight repeatedly. Then I reached morbid obesity and there was a need to lose more. At that time, I truly believed that my problems were all because of my weight. I believed that if I lost it, I would be able to take on the world, I could date, I could do better at my work, I could do anything I put my mind to, as long as I was not fat. Because of that there was no point in starting anything until I reached goal weight and put the fat behind me, because absolutely nothing would work until that point. Then when I reached that point, everything would magically resolve itself. It feels ridiculous to write this now, but that was genuinely my thinking.

From an early age I felt strongly that fat was bad, unlovable, everything that was wrong with me was in the fat, therefore I believed that if I was able to get rid of it, life would be great. I have had a problem with my weight since the age of six, I never learned to regulate my emotions, so whenever I was upset, or bored, I would eat. I would take food from the cupboard and sneak upstairs. When I started getting pocket money, it went on food, more precisely on sweets. When my parents went out for the evening, I would take my bike to the nearest shop and feast all evening, food was the answer to

everything, and it was always there for me. However as this literature review has shown, there is a problem with using food in this way, I gained weight and began to diet and weight cycle until I reached 33.

I lost my beloved dad when I was 26, he was such an important figure in my life that I really struggled to cope in a world without him. I coped using food, which meant that my weight really got out of control. I lost about 6.5 stone after my little niece commented on my weight. I did not want her to grow up with me unable to chase her and with my weight as an issue. It could be assumed that reaching goal weight is a point of celebration, possibly marking the beginning of a new identity and a new way of being in the world, however for me it was never like that. When I reached goal weight, inevitably I found out that I was still the same person without the fat, my problems were still the same, I was just thinner, nothing else had changed. I had no new emotional regulation skills or any insight into what was happening, so I put the weight straight back on, in a period of four months I gained 4.5 stone.

I began again when I realised that I could not walk for long without taking a break and that I had reached a size 26 and 18 stone. I became obsessed with a programme called The Biggest Loser and exercised manically and ate with great restraint until I reached my goal weight. Again, I was still me when I reached goal, I was just also an incredibly fit person who could run a half marathon! However, again nothing had changed, inside I was still me, but more visible and more acceptable, which was upsetting. The point of realisation that what you weigh defines your value and how you are seen in society feels devastating. So, it was negative again and I began weight cycling and took up bulimia in an effort to stop me regaining, again. I would have done anything at that time not to put it straight back on, but I could not stop eating. I worked so hard for such a long time to appear well but maintaining/ weight cycling became hell. I joined Overeaters Anonymous (OA) which helped to stabilise my eating and I stayed there for about five years. At this point my weight was stable, I had also been in therapy. I left OA in the first year of the doctorate because the two things did not interact very well with each other, also I had fallen out of love with OA, which I sometimes compare to Scientology. I did a research piece on OA and recovery from an eating disorder in my undergraduate psychology studies at the Open University. However this time, with this opportunity to do a thesis, I wanted to look at participants who were not troubled by eating disorders, but had been obese, had weight cycled,

had eaten their emotions, had the experience of being judged, of feeling invisible in society. But I wanted to know what their experience of reaching goal weight was like, would it also be very negative, or would there be any positive experiences?

When I started the research, I found it a real challenge, I hid from research for a long time and I began to put weight on again, I really struggled. Although I gave up weighing myself in 2013, so I had no idea how much weight I had gained. But I also worked so hard in my attitude to myself, both at a larger and smaller size and my attitude towards fat people, fat and weight loss as a whole. It is ongoing work, but what I have done so far has meant that I have been able to approach this research from a point of compassion for all, rather than a fear and bias towards anything to do with fat.

Where I stand with weight now is entirely different than any place I have been before, I'm trying to eat to nourish, to be healthy and to enjoy. I want to see food as pleasurable. So although I hope to lose some weight once more, I will not do it on a diet and I will not do it striving to be good, or loveable.

Reflexivity as a researcher

As a researcher in the field of counselling psychology it is crucial to declare my stance towards the research directly and clearly (Kasket & Gil-Rodriguez, 2011) because I have personal experience of the research topic

It was not enough to merely state my reflexive position, I also put in place methods to ensure that this did not bias the research (Kasket, 2012). This personal experience had the potential to affect my research interviews, to avoid this, I kept a very rigorous reflexive journal. I also asked a colleague to interview me first using the interview schedule so that I was fully aware of my own position from the start, this was a very useful process. It meant I had increased awareness of own position from the start, I also used my therapy sessions to ensure that I talked about my attitude to the research through the different parts, as well as the journal. I also joined a study group of fellow researchers who had all chosen to conduct IPA, which helped me to understand my own processes in relation to the data that I was finding.

The literature review was a difficult process, looking up the psychological consequences of obesity, when you are fat yourself, is not an easy task. Looking at the weight bias in society is devastating and reading peer reviewed journals about it

can feel very painful. I recognised that much of it was an attitude that I had had about myself and others, with no sympathy and so much judgement. The way society looks at the obese is horrific, penalising someone because they sat next to a fat woman is unspeakable. After finishing my first literature review for an assignment in 2017, my research supervisor suggested that I investigate the fat acceptance movement, because it was becoming prevalent and was appropriate for my research, possibly to add some balance. At the time I could feel myself physically flinch, I did not want to have anything to do with accepting fat, I particularly did not want to research it and put it in a piece that was all about weight loss and reaching goal. Through the work I have done myself in therapy and through exposure to the body positivity movement on Instagram, I have come to a different position on the subject. Indeed, when I came to finish this review, I was excited to look at the body positivity research, it had started to feel important to the project.

Rigorous reflexivity is crucial to IPA research, to be aware of my own biases and ensure I can bracket my own experiences effectively for the interviews (Pietkiewic & Smith, 2014). Before meeting the participants, I spent some time thinking about acceptance of self and trying to be compassionate to where I was in my journey, so that I would be able to readily take in their experience and to hear it with an open mind. This was not always an easy process, at times I found myself feeling jealous of all these size 12 and below bodies. When that happened, I mindfully noted it and took my mind back to what the participant was saying. I then wrote at length after all the interviews, knowing that I would be doing this made it much easier to stay present in the interviews.

There was a different process for the data analysis, I found that I had to spend some time settling myself and practicing some radical acceptance to be able to sit with the data and analyse it properly.

When I added the visual methods, I spent time considering what pictures I would have introduced, to further reflect. For me it would have been the medal I received for completing the Great South Run a couple of months after reaching goal weight. When I was 18 stone, I could barely walk without sitting down, so being fit and energetic was what I would have liked to remember it. I noted myself being very positive about the time and trying to bring something meaningful and upbeat when the experience was

pretty negative. I tried to remember this when I was analysing, being aware of my filter sometimes towards the negative and perhaps also trying to see more positivity than was there. I mindfully tried to be aware of both filters and purposefully looked for both positive, neutral and negative material in their experiences.

I analysed Lavinia's transcript for an assignment in the third year, but I was aware that my thinking was very different even from a year ago. I therefore decided to reanalyse it and start again, so that the analysis would reflect the same process that I used for the others. I was surprised by the anger I felt at some of Lavinia's quotes about feeling like nothing, it did not really register last time.

I have worked very hard in therapy to not connect that with the ideas in this theme. I have also used Instagram to challenge myself daily about the meaning of fat and what it is not, it is not unlovable, or unworthy. I have constantly been challenging my own biases and making sure that I look past filters that I have, by being aware of them and making sure I search past them. Therefore, I have been able to write this in a very different way than I would have last year, and I am grateful for that.

Hearing about the people on the journey, including partners, friends and family was mostly heart-warming. Although it seems that with both weight and pregnancy, people cannot help but give advice, whether asked for or not. Parts of this theme caused me great amusement, particularly when hearing about the unhelpful people. I experienced people like this on my journey, particularly men in the gym who needed to show you how to use some equipment and often injured themselves in the process of showing you 'the right form.'

My own two experiences of reaching goal after losing significant amounts of weight were both quite negative, more like Fifi. You might have lost it but are still the same person with the same issues, just a slimmer version. Sometimes there is psychological work that needs to be done before things can improve. I wanted very much to stay away from the idea that fat is bad and slim is good, but it is hard in research such as this, when people are so close to the end of their weight loss journey.

I realised quickly that a healthier lifestyle was needed to help this thesis along (with some help from my therapist!) It is not easy to be triggered by your research, it makes it quite an exhausting process, but on the other hand it highlights areas that need attention, and that is no bad thing. It also means that the result feels hugely meaningful and personal.

Reflexivity as an activist

The literature search and the analysis of the group of "before" theme has been a sad reawakening for me of just how negative weight bias can be. I feel that writing this thesis has made me become something of a fat activist, I certainly did not feel this before I started. Whatever happens with my weight in future, as hard as I work on being happy with myself, I will never again stand for people expressing weight bias in front of me and I will work extremely hard on my own biases. The consequences of this are too serious to let stand, and I think my own WBI has caused me enough pain for one lifetime. Learning about this made me feel I cannot recover fully from my own eating issues until I stop stigmatising myself, no matter my weight, as well as educating others about the danger of weight bias.

I feel a huge pull to fight to take the morality out of fat. There are so many reasons why a person may gain weight and none of them have anything to do with strength of character or morality. People deserve to be loved and treated well no matter their weight and this is what I wish to fight for after finishing this thesis. There is no doubt it is a fight because the research shows such prevalence of the bias.

I hope very much to be able to move forward with plans to write a book about the weight bias I have discovered through this thesis, I see this as a possible way of trying to drive the issue forward. It appears now that the debate is raging on social media, particularly Instagram, but a lot of society do not take part in these types of platforms.

Reflexivity as a counselling psychologist

I have done quite a lot of my placements in trauma and I hope to continue down that career path. Weight and being healthy is an issue in both PTSD and CPTSD because food can help as a coping mechanism and the body getting bigger can increase the distress and, in some cases, also further the message of defectiveness. Therefore, I think this thesis has been a good experience to help future work.

There are parts of this work that I think could help better my practise, working with the morality of fat and the messages that people give themselves by constantly using

moral and judgemental language around food. Learning boundaries and how to enforce them so that people do not find it so easy to give unwanted advice. Working with WBI and helping women particularly to see that they are worth so much more than their weight.

3.2 Organisation of themes

The themes discovered in the analysis of the transcripts describe the process of the journey from a fat body to a thin body and examine what this experience was like for the participants. There is the refection of the time in a fat body and how society's reaction shaped that experience, right up until the end of the weight loss journey and learning to live in a smaller body, with all the changes that brings to the experience. Almost as soon as the life-style change begins, there seems to be a move away from the fat identity almost immediately. The weight loss experience, particularly when someone loses a significant amount of weight, appears to be so transformative that these identities become fragmented. The overweight identity is not one that is viewed positively in society and it seems that when telling their stories, it is common for the participants to wish to identify more with the slimmer identity and to distance themselves from what they once were.

The themes I have identified are as follows:

- 1. Do fat lives matter?
- 2. "People" on the journey
- 3. Reaching goal weight
- 4. The future in a changed body

The themes relate to each other chronologically. <u>Do fat lives matter?</u> is concerned with life in a fat body, as well as looking at the motivation to lose weight and the consideration of what that goal weight should be. "<u>People" on the journey</u> concerns the role of people during the weight loss journey and their affect, helpful or otherwise, on the progression towards a new body. <u>Reaching goal weight</u> is the moment when the weight loss journey ends and the goal is attained. <u>The future in a changed body</u> explores life after goal weight and the experience of life in the new changed body, exploring how this affects relationships both with the self and others.

All the sub themes can be found in appendices 13 - 16.

3.3 Do fat lives matter?

All the sub themes can be found listed at Appendix 13. This superordinate theme is framed as a question because from the interviews, it became obvious that these participants experienced not feeling that they mattered in society, feeling like second class citizens. This theme looks at what it was like to live in a fat body, how it felt to do that, whether this limited opportunities and how they saw themselves and felt seen by others. It is also concerned with how they were treated when they were fat, questioning whether one can be fat and truly happy? This theme began when I thought about this quote, which I feel sums it up:

You know – that that would be the first thing they'd see. They wouldn't necessarily see me, as a person; they'd just see a fat person, therefore no self-control, no confidence, no nothing. (Lavinia, Pos. 184)

Fat people being "nothing" feels painful to me, Lavinia's account of her story paints a distressing picture of the fat identity. The idea that it could be categorised as nothing made me question, do fat lives matter?

The theme also considers the way that questions of morality can further be thrust on the fat body through the way that fatty food are referenced in society. Lastly it looks at motivations for beginning the process of transformation and how the goal should be decided upon.

A sub theme: <u>A fat life, unlimited?</u> looks at how fat has affected opportunities that the participants experienced; Lavinia led a life that was deeply affected by her weight:

I didn't go back to teaching because [pause] I didn't think they'd employ me because
I was really overweight then. (Lavinia, Pos. 505)

She worked hard for her career, putting in years of training and then felt she had to give it up once her children were grown and instead turn to office work because of her weight. No one told her she could not return to the profession, but she believed she would have no chance of being employed.

Jemima had a different experience, as a mime artist on the stage, her size did not affect her employment:

yeah, so I became quite big, erm, and then I got an, an agent and I was getting really nice roles being fat... (Jemima, Pos. 67-68)

The stage seems to be somewhere where fat is acceptable. Fat people can get good roles, but then it is often in comedy, or as the friend, or sidekick. Jemima talked about how the fat identity was not upsetting to her, but also spoke about suffering in childhood because of her weight, showing that it is a complex subject.

The sub theme: <u>Living in a fat body</u>, is about what it was like for the participants to live in a fat body. Imelda comments:

Like, really, I was just disgusted with myself. This... that I'd let myself get this big.

(Imelda, Pos. 84)

She seemed devastated at the situation, having gained weight. Disgust is a very emotive word, she is offended by her own body. Jemima is the only one not to be upset by having a fat body:

but I was quite fit, so, you know, I was a sort of big fit girl. Erm, I remember, I-I, you know, if I was walking with friends I wouldn't be out of breath (Jemima, Pos. 160-162)

The sub theme: What do you feel in a fat body? is about the emotions connected to being fat. Tiffany talks about feeling happy after reaching goal weight in comparison to what it was like when she was fat:

Like, it wasn't 'fat-girl' happy; it was 'happy' happy. And just... yeah, you know, I was out with my best friend, having fun, and if we went back two years, I wouldn't have been able to do that. (Tiffany, Pos. 504)

The idea of "fat-girl happy" was placed in contrast to actually being happy, when she celebrated. This idea of "fat-girl happy" reminds me of the smiling face, everything in place to look happy, but the eyes are sad and lifeless, pretending to be happy.

There's also Lavinia's idea of fat being similar to depression:

And it won't again, ever, [pause] because I won't... I won't let it now come back. It's like a... it's like a great big dog that's gone [laughter]... gone away – a black dog [laughter]. (Lavinia, Pos. 517)

The black dog is often used as a metaphor for depression, so the fat around her could be seen like sadness that overwhelmed her, and now in the aftermath, she feels unburdened. There seems to be this simplistic idea running through that fat was bad or sad and thin is good or happy, the reality is far more nuanced.

The sub theme: Experiences of themselves and how they felt seen by others, is about how they perceived themselves and felt perceived by others when they were fat. Perdita talks about how she felt perceived by people:

I don't know. I just felt that you... you weren't successful. You weren't good. You weren't the right person to be. (Perdita, Pos. 8)

Not being "good" because of your weight? Not being "the right person to be", it is all judgemental and moralistic, how can fat make someone wrong? It is interesting that she says "you weren't successful", not "I wasn't successful". Almost as if she is trying to distance herself even further from the fat identity. I wonder whether she thought that about herself, or whether she perceived others thinking that? I suspect that viewing fat as this appalling identity might feel safer after goal weight, to try to keep from regaining weight. The way that the participants speak about fat made me feel that 'Do fat lives matter? was an appropriately titled theme, because in the experiences, they clearly did not believe they mattered, and, even worse felt seen as wrong, bad and less than.

Lavinia talks about being fat, and therefore not equal before:

I... I don't think I ever felt equal. I always felt 'the fattest one' of the group. (Lavinia, Pos. 499)

Does she believe that being the fattest person made her second class? She suggested that the other people were superior because they weighed less, this angered me, it made me really feel for her former self.

The sub theme: <u>Fat as different</u>, is about people being treated and viewed differently because of their weight. Jemima talks about her mother's treatment of her and her siblings, particularly how she was singled out because of her weight:

I knew why my mum, you know, whatever raised me as she did, and, and put this sort of quite heavy footprint in my head [laughs] about weight and, erm (Jemima, Pos. 903-904)

I found this idea of a footprint on the head about weight quite alarming, rather than just being marked as different. For me, it brings up the idea of being stamped on, from on high and feels abusive. It was said in a very cheery way, almost as if Jemima was not really in touch with the words as she said them. Being marked out as different only because of weight seems as though it must have had an effect on her experience of childhood

The sub theme: <u>The mothers who made weight an issue</u>, is about exactly that. Jemima and Phoenix's mothers both seem to have made food an issue and subsequently weight as well. Phoenix explained that she would often go hungry:

Because, as I say, there is no man in the house – so if there is no man, there is nobody... she's not cooking an evening meal. (Phoenix, Pos. 248)

Phoenix and her brother were not fed at night-time, just given fruit. It sounds as if she did not feel she was considered worthy to be cooked for. Their needs in terms of eating were not met by their mother, this may have influenced her relationship with food. Jemima speaks about her mother fearing her becoming fat:

my, my mum, it came from a, from a place of love, I know now, 'cause I've had enough therapy, but, erm [laughs], she was so terrified that I would be fat...

(Jemima, Pos. 42-44)

Jemima experienced her mother's communication as a young child, that fat was bad and something to be feared. She uses the word terrified, not just worried or scared, but the message came through that the fat body, or even just the idea of it happening to her daughter, could install terror in a grown woman.

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The sub theme: <u>Food having a moralistic flavour</u>, is about the language that the participants used to talk about food. All the foods that were considered bad in this theme are foods that are fatty, or unhealthy, thus re-empathising the bad, naughty or just downright disgusting nature of a fat body. Fifi used words like naughty and bad five times in two sentences:

And [pause] [inhales] there was a delicious plate of naughty things. We always have a coffee and something naughty, so I had about two or three naughty things because I felt, "Well, I've had such a bad day today... I've eaten so badly today, I'll have another one of those." (Fifi, Pos. 577)

Almost every participant spoke about "bad" or "naughty" food when interviewed. This idea goes against balanced eating. To a dietician, 'a little of what you fancy does you good' is a concept to ensure that people do not feel deprived and get enjoyment from food. The participants seeing food as bad seems to support fat being bad. They felt like they were second, if not third class when they spoke about being fat. It may be because I interviewed people that had only just reached their goal weight, fat was still a threatening concept and they had perhaps not had the time to explore the nuance within fat being bad and slim being good; it would be interesting to go back and see if their ideas have changed at all since the interview.

The sub theme is: <u>Wanting to be healthy</u>; all motivations within it are related to health or treatment. Tiffany talked about her experience of chronic fatigue syndrome, while morbidly obese:

I have a condition called CFS/ME......My body is quite poorly, so that, um... a lot of people with the condition, they can end up, like, bed-bound or wheelchair-bound or something. And I ended up practically bed-bound. So, I'd be stuck in bed maybe, like, 22 hours a day. (Tiffany, Pos. 13-15)

She was left completely helpless, with no quality of life, she uses the word "stuck" to describe her situation, meaning she was trapped, in what seemed like a hopeless situation.

Lavinia described having been diagnosed as prediabetic, other members of her family had the disease, so she understood the horror of it:

It's a really horrible disease. And I just didn't want to have to face that. (Lavinia, Pos. 49)

Possibly, having this understanding provided a sense of the need to do something about it herself:

I want... I want to be as well as I can be for as long as I can be. (Lavinia, Pos. 51)

Imelda had hip problems for a number of years, even when she was slim, but when she sought help:

they basically told me that, because I was overweight, that if I lost weight, that that would be the key to stopping it from hurting. (Imelda, Pos. 168)

The weight seemed to be a filter that the doctors could not see past and it seemed that they had decided that it was the cause of her pain. Therefore, she may not have been able to elicit care while she was still fat, she possibly felt that she was just discounted.

The sub theme: <u>Looking better and getting smaller</u>, is about participants wanting to improve their image and lose weight, Fifi wanted to change her appearance to improve her self-image:

I hated the way I looked. I was fed up with myself (Fifi, Pos. 8)

She was fed up and had had enough of the way she looked, using the word hate about herself in the same sentence really emphasises this to me. The word "hate" is a strong one, it leaves me with a sense of something needing to change immediately.

Jemima felt humiliation at her size when she got on a plane and realised that she needed a seatbelt extension:

You've actually got to, you've actually got to ring your bell...... [laughs] above you and say, erm, you know, please can you, I can't fit in this (Jemima, Pos. 237-240)

Having to alert the stewardess does sound difficult, having to ring the bell, and possibly have bored neighbours alerted, and watching the air hostess come over and lean down to talk. Jemima talked of wanting to travel more with her son, without having to suffer this humiliation when she does so.

Tiffany describes the absolute hatred that she had for herself and her body:

Um, I really did hate my body and myself for having that body. (Tiffany, Pos. 576)

It is a good example of the "before" organisation of the themes; it is as if she can recall no nice feelings for herself whatsoever, now that she has lost the weight. I can imagine that it must have been very hard to be in such a situation.

The sub theme: <u>That thing</u>, is about those who wanted to lose weight because they wanted the chance to have something they really wanted. This was true for Jemima who had experienced her marriage breakdown:

Er, and wanting somebody else, I just thought, I mean, also it was kind of, gosh will anybody want to hug me again at this weight [laughs], you know, or sleep with me... (Jemima, Pos. 299-301)

She described wanting someone to desire her, questioning whether anyone will even want to hug her again. Her words show how her self-confidence was affected by the breakup of her relationship, particularly because she spoke out about not finding the fat identity upsetting 'before'. She had talked about how the fat identity was not upsetting to her and spoke quite nonchalantly about being treated differently because of her weight. The other participants all spoke about the difficulties of being fat in relation to their past lives, whilst Jemima seemed intent on letting me know that it was not that bad. I was interested to note that it was only when she spoke in relation to motivation for weight loss that she was able to talk about any problems she had experienced. It may be that she felt it was easier to discuss in relation to positive change, she felt able to open up about why things needed to change.

Jemima also talked at about wanting to lose weight to help her son and live an active life with him. She spoke about her son worrying about her weight:

... he was so worried and I thought this is too much on his shoulders with everything else and, erm, so I, I really had to address it.

(Jemima, Pos. 243-244)

The way she expressed herself is interesting, the meaning comes through on different levels. She spoke about his worry as "the weight on his shoulders", but she also seems to describe herself as being that weight. Her size being too much on his shoulders and having wanted to lose weight for him. She almost describes 'meta worry', she worried about how much he was worrying.

Tiffany spoke about being at the point where she wanted to kill herself, she spoke of the hopelessness that her situation had brought:

I'd just got to the point where I was like, "I really do want to kill myself (Tiffany, Pos. 19)

It felt like something had to change for her, she clearly needed hope and change and expressed having reached her own rock-bottom. Perhaps there was something liberating about this point for her? I imagine it would been very painful, but possibly things were so bad that she could have felt she had to try something else? She addressed her weight:

Um, so [pause], like, the moment when you are like, "Actually, I need to do something about my weight," (Tiffany, Pos. 9)

Her rock-bottom was her reason for losing weight, it is a very powerful one, her motivation seemed to be having a life worth living.

For Phoenix that thing was empowerment, she talked about using weight to help her feel better:

So when... whenever I had a breakup or I was feeling, uh, sort of, un-empowered, I guess, I would turn to weight to change things over. (Phoenix, Pos. 35)

So the weight loss would give her confidence and the feeling of power. It seems that the fat identity is automatically seen in society is disempowering., the quotes in earlier subthemes would certainly suggest this.

Perdita on the other hand spoke about doing it for herself:

It's about personal choice, isn't it? You've got to do it for yourself. (Perdita, Pos. 185)

Her idea of personal choice is very powerful, it is such a lot of weight to lose that the motivation coming from you feels important to me. I think sometimes deciding to do something for someone else can be problematic because when the going gets hard, that motivation still must remain.

The sub theme: <u>A special occasion</u>, is about participants who were motivated by an event that they wanted to attend, for Lavinia this was her daughter's wedding:

So there was the total panic of, "Oh, my goodness, what am I going to find to wear?

What am I going to do? (Lavinia, Pos. 8)

She knew that the mother of the bride has a big role in a wedding, and she would need to find an outfit that would reflect this. Everyone looks to see what the mother of the bride is wearing at a wedding. She described her panic about how to find something to wear, knowing that she will be on display. It sounds like such a bittersweet moment, being so happy for her daughter, but so terrified about what she will do about her outfit.

The sub theme: Which goal to shoot for? concerns the way that the participants chose their goal weight, how they kept going in the journey of their changing body. Imelda chose her goal within the healthy range to ensure care, rather than blame:

I thought, "If I get down to what they say is a healthy weight range, then the next time I go in with [laughter] it hurting, they can't say, 'You're just fat." (Imelda, Pos. 174)

She felt that the doctor would not take her seriously until she lost the weight, as she says until then they will not look further than "just fat". Being within the healthy range gives her power within that relationship. Perdita also picked her goal weight as the middle of a healthy range:

I think I'm a bit of a per... perfectionist. And there's another really sad things – I used to look at the BMI tracker. And I'm, like, dead on the middle. (Perdita, Pos. 348)

For her it was about losing weight perfectly. She is a bit mean to herself as she says this, describing it as: "sad". For Jemima, it was about being happy:

I was happiest when my son was about four years old and I was, erm, working at the National Mime Theatre and I fun-, I sent my mother a text that said I am, I am so happy (Jemima, Pos. 454-457)

She chose to return to that weight, rather than something lower, because for her the motivation was happiness.

It is interesting that many of the participants had more than one motivation, but possibly this was important because it was a lot of weight to lose.

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3.4 "People" on the journey

All the sub themes can be found listed at Appendix 14. This theme is about the people who journeyed with the participants in their experience of weight loss and how they influenced them either positively or negatively. It exists in the in-between where the participants have started to identify less with the fat body but have not reached their goal weight body. From the start and throughout the journey, people played their part in shaping the experience, after all it is the social construction of fat that makes it so difficult to live in a fat body.

The sub theme: <u>Cheerleaders</u>, is about having someone there during the weight loss journey, someone to be in their corner and cheer them on.

Jemima talked about having found support to help keep her accountable through the internet:

... I found myself doing online groups, I found a friend online, you know, who I'd never met but he and I just really helped each other... (Jemima, Pos. 985-986)

Being supported by someone you have never met, through the internet, is a relatively new idea, but I think it is wonderful that two people who never met could positively affect each other's lives. Despite never meeting, Jemima refers to him "as a friend".

Jemima being a single mother spoke also about needing another person to celebrate the wins with:

my friend that, erm, that I did a lot of the weighing in with, you know, we would weigh in together, er, over the phone and that really helped. I think, erm, the friends that don't judge and don't offer opinions... (Jemima, Pos. 989-992)

She describes wanting someone to just listen and not try to fix or offer advice, which is possibly quite a rare thing for someone to be able to do for their friend.

Imelda describes how her partner was supportive when she was losing weight:

No, he was... he is really good. He does the food with me, so that helps. And, yeah, he is very supportive of, uh... if I needed time to [laughter] do things, he never complained (Imelda, Pos. 596)

Imelda described getting quite caught up in the plan and giving it a lot of her time, her partner supported her through that.

The sub theme: <u>Keeping out of it</u>, is about partners who separated themselves from the weight loss experience. In Tiffany's case, she did not want her partner involved in her weight loss. They had known a couple who split after the woman lost weight, which influenced their behaviour:

So, we sort of had that agreement that [pause], "Tiffany's weight loss is Tiffany's, our relationship is ours, and then we'll get through it, and that's how we want it to stay

(Tiffany, Pos. 740

This seems like quite a novel way to approach weight loss in a relationship but they seem to have put a lot of thought into what would be the best thing for their particular relationship. She stressed that they focused on other things instead:

But he'll, like, do something else, or it's, like, he won't praise me or not praise me on my weight loss. But then he will do other things that are, like, really nice. (Tiffany, Pos. 718)

I very much like the way she expresses it, he will not react to the weight loss, but he will do something nice for her in an unrelated way. So they keep the support and romance, but it is not dependent on her weight. She says:

Because then it is like, "Well, I've got that one thing that isn't weight-loss-focused."

(Tiffany, Pos. 714)

This makes sense to me, if she felt that everything was consumed by this big change in her life.

The sub theme: <u>Slimming Clubs</u>, is about the experience of people at the slimming club. Lavinia describes meeting her later self at her first meeting:

And one of the great inspirations of my first meeting was that there was a lady there who was, like I am now, a target member. (Lavinia, Pos. 138)

It sounds like she is almost describing herself as inspirational when she says that, which would be true, it could be called an inspirational circle of successful weight loss; she was inspired, then people were inspired by her and those people may go

on to inspire others. The slimming clubs are there to celebrate and support those going through their bodies changing.

Tiffany entered a competition at her slimming club and described falling out of love with it. She described her consultant and the team wanting her to win because they would receive benefits too, which added extra pressure:

But... so, then, because I was like, "Right, well, if I hit that number," you know...
"Well, if I don't hit that number, I'm letting everyone else down, and it changed my
feeling about it – (Tiffany, Pos. 210)

Hitting that number sounds rather violent too, not she had to meet a target, but she had to "hit" it. It sounds like she put herself under tremendous pressure to do well, possibly feeling the burden of responsibility, not just from herself, which is not helpful for weight loss.

The sub theme: <u>Unhelpful people</u>, is about those who gave unsolicited advice or opinion, Imelda commented:

Yeah, or they are the type of people that already do lots of diet fitness, and they think that their way is best. (Imelda, Pos. 586)

Dieting and weight loss seem to be an area (like pregnancy) that encourages people to feel that everyone wants to hear their advice. This is strange because it is a very individual process.

The sub themes: <u>Scales</u>, the dispassionate enemy, and <u>Weight</u>, the anthropomorphic <u>creeper</u>, have also been included under this theme, because of the anthropomorphic way that the participants spoke about them. Both sub themes are about the relationship of the participants to the "People" (or object). Imelda speaks about her relationship to the scales:

Because, yeah, I definitely... the scales were not my friend (Imelda, Pos. 520)

This idea of having an enemy living in your bathroom, that you must step on every week, to measure progress and it might upset you when you do is a powerful image. Tiffany speaks about this:

And it's, like... I'm really anti it now, but it was, like, you know... that's... the scale would dictate my emotions for the week. (Tiffany, Pos. 704)

Her use of the word dictate is significant, she felt that it was telling her how to feel. It had the power to make her sad, or happy. It sounds like a forceful being, but as she said, she turned against that and she removed that force by not weighing herself.

Weight was also anthropomorphised, as Fifi says:

Um, then, of course, the weight gradually creeps up. And then, as it creeps up, you look at yourself and you think, "Oh, God, I hate it," (Fifi, Pos. 87)

It sounds menacing, as if Weight is this creeper in a horror film, a baddie that creeps up on people when they are not paying attention. Imelda speaks the same way:

it would all creep back on again (Imelda, Pos. 88)

The way they describe it is as if they are passive individuals and the weight is the active assailant. It does makes sense though, because if someone is eating to avoid emotions or problems, it follows that they might not notice the weight going on, because they were not in touch with themselves.

3.5 Reaching goal weight

All the sub themes can be found listed at Appendix 15. This theme is about participants' actual experience of reaching goal weight, whether in a slimming club or acting independently. This is the moment when their bodies reached the desired state. It also looks at how important the specifics of goal weight are and the outfits that they wore to celebrate it.

The sub theme: <u>Is there a wrong day to weigh?</u> is about how many of the participants started their tale of goal weight day by describing weighing themselves before the official day, as Jemima says:

I got on the scales the day before a Thursday, very naughty (Jemima, Pos. 610-612)

They all commented on this being naughty, as if weighing on the right day was part of an honour system. Lavinia spoke in a similar way:

Well, I'd... I'd sneakily got on the scales in the morning, which you are not meant to do. (Lavinia, Pos. 242)

She was only supposed to weigh in at a meeting; it is interesting how there is a certain routine that they must follow. "Sneakily" is a strange word to use, as if she was doing something wrong. It could be said that the process sounds a bit infantilising, but then some participants spoke about getting into difficult patterns and having problems with scales.

The sub theme: <u>Slimming club experiences</u>, concerns reaching goal weight at a slimming club meeting, which is relevant to the experience of Tiffany and Lavinia. Tiffany describes waiting to go to the meeting:

So, I just spent the day doing that – waiting for four o' clock to come so I could [laughs] go to group. (Tiffany, Pos. 344)

The way she talks makes it sounds like a child waiting for Christmas morning, with the excitement building. She is clearly excited to have her goal weight experience. Lavinia spoke about it not being official unless you go to a meeting:

That was a Monday, and it was... because you have to reach goal weight at Slimming World, so, uh, Monday evening at 5:30. (Lavinia, Pos. 240)

It left me wondering if the weigh in must have an audience for it to count, and if you never attend another meeting, does that mean you did not reach goal weight? Yet it also sounds enjoyable to celebrate with people with whom you experienced the journey.

Tiffany talks about the moment that she reached goal weight:

And then, like, it flashed up on the screen that 'You have hit your target', and it was amazing. I was so happy [laughs]. (Tiffany, Pos. 310)

When I heard these words, I imagined someone winning the X Factor or something with similar fanfare, it must have been an exciting experience after working so hard. Tiffany explains that:

Um, so I was really happy. I got my, um... you get a certificate, a badge, that says, like, 'target member' (Tiffany, Pos. 312)

To me, this feels like the ultimate status symbol that you can receive from your slimming club, everyone is there to reach a target and people want to succeed like you. Lavinia described her celebration:

Yeah, hands in the air and dancing around. And... and everybody... Barbara gave me a hug, and Lisa gave me a hug, and lots of people came and gave me a, sort of, hug around the shoulders and a kiss and things. (Lavinia, Pos. 290)

It sounds like having a family around you, everyone celebrating this goal, in it together. Reaching goal weight seems to be a much bigger and grander experience if you do it in a slimming club, but this makes sense if that is the aim of their membership.

This sub theme: <u>The Hallelujah moment!</u> concerns the emotions that the participants were feeling, when they reached goal weight, Perdita described feeling proud:

I was proud of myself. (Perdita, Pos. 354)

Jemima described feeling thrilled, almost as if she cannot believe it:

yeah, I was, I was unbelievably thrilled that day. (Jemima, Pos. 643)

The sub theme: <u>The meaning</u>, is about what goal weight meant to the participants, for Perdita:

I felt stronger. I felt positive. And I felt like as if, "I am in control of this." (Perdita, Pos. 358)

Dieting and food behaviours can sometimes be about feeling in control of life, this sounds like the case for Perdita. Goal weight was also about her body, in response to the question, "So how do you feel about your body and how it has changed?" She responded:

I am extremely happy. I'm not going to lie. I'm very, very happy with the fact that I've reached eight and a half stone. I'm not going to lie.

For her thinking about her body was intrinsically linked to goal weight. For Lavinia it was a feeling of great achievement that had not come easily:

Wonderful, absolutely wonderful. I really felt a sense of achievement. [Pause] better than my degree, I think [laughter]. (Lavinia, Pos. 296)

Studying for three years for her profession felt less of an achievement than losing the weight, I feel that it shows how difficult it was and how much it meant to her.

The subtheme: Other people is about those around the participants who were significant in reaching goal weight. After Jemima spoke about her mother being terrified of her being fat, she noticed that she wanted her mother to notice her now:

I was so, so happy, so proud of myself, sent pictures to all the family which is interesting I suppose because I guess still interested in mother's approval [laughs]... (Jemima, Pos. 626-628)

Perdita spoke about how she loved feeling the family pride after reaching goal weight:

No, they're all... they're very proud of me, yeah. Absolutely, yeah. My uncles and stuff and... and... and they... you can see it – that they are... (Perdita, Pos. 540)

She also spoke about getting flirtatious compliments from her partner, which she told me about with a little giggle:

Yeah, he's very, very good. He... he loves... yeah, he says some things, which were very compliment, which I won't repeat [laughter] (Perdita, Pos. 562)

Phoenix's partner was also happy about her weight loss, but he focused on the improvement that it brought to her mood:

I mean, uh [sighs], it's so hard to know what he really thinks, because he doesn't, I don't think, care what I weigh. But he knows that it's... he says it to me. He's like, you know, "It makes a difference. If you are overweight, or what you think is overweight, you are unhappy." (Phoenix, Pos. 282)

Fifi spoke about feeling that her partner did not really notice her weight loss, but explained that her daughters were incredibly supportive:

Barb and Becky noticed. Um [pause], so they are always being really nice and just going, "Oh, my God," you know, "that's [pause] so good. It's nice to see you looking like this again." (Fifi, Pos. 301)

All of the participants spoke about how others responded to them reaching goal weight, their supporters were clearly a big part of the whole experience.

The sub theme: <u>Goal weight isn't everything</u>, is about those who realise there may be other things in life that have more significance, or that goal weight has less meaning. For Fifi, reaching goal weight was different than for the others because she had lost significant amounts of weight before, previous experiences having dampened her response:

I'm sure if it was my first ever weight loss, I would have been, you know, euphoric, but, you know. (Fifi, Pos. 907)

Her experience has meant that she knows that maintaining the goal weight cannot be taken for granted:

I just... I suppose I just know myself too well. I know... I allow [inhales] [pause]... I allow that door to open. (Fifi, Pos. 561)

She is aware that her life continues after she has reached goal weight, it is not just an ending. She sounds tired, as if she has been battling for a long time. Fifi illustrated this with the object that she brought in to show me which was a beautiful log book that she had made herself of all her weight loss experiences, she realised that she had not got to the end of her book and said:

I've got more... more bloody pages to go. I can add more pages if I need to. (Fifi, Pos. 458)

She summed this up beautifully with a grammatical metaphor:

It's a... no, it's a semi... it's a colon. (Fifi, Pos. 305)

It seems for her goal weight is a pause and then life continues.

The sub theme: <u>The significant occasion</u>, is about other events that seemed more important than goal weight. For Phoenix, attending the wedding seemed more

important than the goal weight experience. She could not properly celebrate goal weight because the wedding had not taken place:

Uh, but yes [sighs], um, I think... what did I do? I did, I went out to celebrate it with, um, [laughs] a lemon juice.

She described enjoying wanting to be able to show herself off. She had decided to wear a certain dress, without having a backup:

I was determined that I was going to wear this dress – like, to the point where I always have to have... to have a new dress for a big, kind of, society wedding (Phoenix, Pos. 123)

This dress left no room for not reaching her goal weight, it would show all, with no filter:

There's no bones in there, but it just... it accentuates, if you have a tiny waist, that you have a tiny waist. (Phoenix, Pos. 119)

The sub theme: What were those important details? is about the concept that the specifics of goal weight are not that important, as Imelda says:

So, I got... yeah, I got down to 70, um... In stone, I think that's about 11 stone...It is 11 point something, I think (Imelda, Pos. 238-242)

She changed to weighing herself in kilos so that she did not obsess over the weight but does not appear to be sure of what her actual goal weight was in stones. This could indicate that the actual goal weight was not so important.

For Jemima, when she talks about her weight loss, the numbers are out of her mind, do they matter?

I addressed my weight and I, for the last eighteen months have lost, erm, God, I don't know what I've lost. Oh, I do know what I've lost, I can't remember what it is. (Jemima, Pos. 276-278).

The sub theme: <u>Give me a twirl</u>, is about the participants, who enjoyed showing themselves off in an outfit they wore at the time of goal weight. For some it seemed more significant than reaching goal weight. Perdita wore her jeans and talked about carrying them off well:

I just felt more fashionable. I felt as if I looked nicer, because they... they weren't like my old straggly ones. I just felt prettier. I felt... I felt like I carried them off well. And, um... and it was nice. (Perdita, Pos. 399)

From this quote, it appears she felt amazing, she used multiple positive adjectives to describe herself wearing them. But then she moved on:

I'd fit into, like, small clothes, and it just feels really good. And, like, especially my jeans. It's good. But I want to be fitter as well. I don't want to just get small. I want to be stronger. So that's my goal, yeah, next... next time (Perdita, Pos. 380)

Imelda chose a dress to represent reaching goal weight:

I've worn it as much as possible since [laughter]... ever since then. Um... uh... yeah,
I wore it to another wedding. I wore it to a dinner. Um, so I've been wearing it quite a
lot [laughter]. (Imelda, Pos. 482)

It seems she wore it to prolong the joy that she felt, it seems to have lasted longer than the high she experienced at goal weight:

And... but, yeah, I... I'd kind of then lost the high quite quickly (Imelda, Pos. 416)
As she says:

So, that... I guess that represents more the getting to goal than actually getting to goal did. (Imelda, Pos. 498)

So, for Lavinia and Tiffany, who lost weight in the slimming club, goal weight seemed to have been an important landmark, but for Phoenix she was more interested in the wedding. Perdita was proud, but excited about getting on to her next challenge. For Imelda the dress was most significant, for Fifi it was a dampened experience. It appears that it is a moment through which one must pass, but with differing degrees of importance, then life moves on.

3.6 The future in a changed body

All the sub themes can be found listed at Appendix 16. This theme is about beginning life in a new body; starting to see oneself as a valuable human, recognising success and growth, independently from weight. Taking the path towards internal validation, and appreciating one's own unique qualities, whilst learning to meet emotional and physical needs as they arise, feeling worthy to ask others to do so too. It also concerns the participants explaining how after reaching goal weight, they felt they were able to focus on living a rewarding life: feeling emotions, being present in relationships, respecting the body and shopping for clothes, possibly because they felt worthier having lost the weight, or maybe because it is easier to take part in society when you are slimmer, but body fluctuations experienced can cause worry about regaining weight.

The sub theme: What is weight hiding? is incredibly interesting psychologically, it is about the realisation that focusing on weight and fitness can become a distraction from the real issues: Phoenix talked about what the real worries might be:

But really, the thing that is making you need to be that thin, that's something else. And so, even though you've tackled one part of that – i.e. the weight bit – there's all the, kind of, friendships that upset you, and the competitiveness, and the meanness, and the bitching, and the lack of trust, and all of those things. . (Phoenix, Pos. 320)

It seems that the more dramatic the weight change, the more distracting it might be, a quarter of body weight certainly seems a distracting amount to lose.

She has an awareness that possibly weight loss on its own does not equal happiness:

Although, you do feel... you know, I felt great, and... and I love being thinner, but it's not really... it... that happiness doesn't last. That happiness is quite... because it's not about the weight. (Phoenix, Pos. 316)

She acknowledges the positive emotions around goal weight but explains her feeling that if weight was not the actual problem, then it cannot be solved by reaching goal weight. So according to this theory, any happiness could only ever only be fleeting until what was hiding underneath the weight can be located, brought out into the open

and finally be looked at and resolved. Until that time weight is only going to be a temporary fix.

Interestingly Phoenix also spoke about using weight loss to change how one feels about the self:

But for people like me, who lose weight in that kind of time frame, and lose enormous amounts, it [stutters]... it's not about weight loss. It's about some deficiency in you, in your self-concept, or in your sense of who you are. (Phoenix, Pos. 177)

Again, suggesting that this change in the self-concept could only be fleeting because it is about much more than weight. This huge amount of self-knowledge is profound, but it may not be the complete answer to end weight cycling.

To Imelda, her worth as a person felt like it was about whether she stuck to the plan:

Oh, yeah, well, this is fine, I'm being really good. And, look, I've got back down to this." And then I'd be bad... like, I'd tell myself off. Yeah. (Imelda, Pos. 324)

The sub theme: Opening the issue box, is about some of the participant's stories of opening up Pandora's box and working on the issues they saw inside. Tiffany spoke about this being important:

whereas, like, now, I'm like, "No, you know what?" Like, I have worked really hard to deal with my issues that I've got, so I'm not going to just, like, leave them in a box.

(Tiffany, Pos. 805)

The sub theme: <u>Changing the interactions</u>, is about starting to change the way that one interacts with others, Tiffany in particular seems to feel as if after this weight loss process, she is possibly more prepared to be her authentic self:

Uh... what else has changed? I think everything has changed. Like [pause], I'm prepared not to put up with people's bullshit as much. (Tiffany, Pos. 774)

She was somebody who described being grateful to her friends, just for being her friends, even if she was not treated very well. However, she described feeling differently now and if something upsets her, she is more likely to do something about it:

Whereas, like, now [pause]... I don't, like, block people – I just mute them. But I'm like, "You know what? You're really a shitty person and I don't have to put up with that anymore," and, like...(Tiffany, Pos. 788)

It felt like reaching goal weight, or just losing the weight was perhaps what she needed to feel worthy and ask to be treated well by people:

She spoke to her mother about how her treatment as a child had impacted her life:

And [laughs], like, for me and Wendy, it massively helped when I was, like, "This is how you made me feel. This is what I didn't like." (Tiffany, Pos. 807)

To me, it feels like a reawakening for Tiffany to have lost this weight at the same time as finishing her degree and entering the world. After spending hours in bed every day, she was able to get up, get out and start to demand proper treatment from people, I think it sounds like such an exciting time for her.

The sub theme: <u>Learning to get one's needs met</u>, is about learning to get their needs met themselves or learning to ask someone else to meet them. These are huge psychological strides, it seems like this weight loss may have been a catalyst for some, or at least a springboard to begin this process. Perdita talked about how she was beginning to learn to balance her needs with the needs of the family and take time for herself:

And have a 'mummy day' with my other friends. So, I want to have a girl time, a work time, and a family time. (Perdita, Pos. 452)

She explained to me that she was divorced from a marriage where she didn't speak up for herself, she therefore learnt the importance of this and wanted to try to learn to put it into practice. She explained that the interview had helped in this area:

I think you coming along has been quite good, because it's made me think about a few things as well, like the gym and stuff. (Perdita, Pos. 615)

The sub theme: <u>Acceptance</u>, focuses on being more accepting of self and others, when Jemima was asked how she felt about her body and how it had changed:

Mm, I think I feel very accepting about it (Jemima, Pos. 449)

It occurred to me that accepting her body may have been about accepting herself. She did not aim for a low goal weight, instead picking one from a time when she was happy, and she wanted to be healthy again. It strikes me that beginning to accept yourself is one of the biggest gifts a person could ever have.

When asked about how she felt about her body after reaching goal weight, Lavinia immediately started to talk about shopping:

Very, very good, because now I can go into any shop –and there are things in my size (Lavinia, Pos. 213-216)

<u>All the clothes</u> is a sub theme about being able to go shopping again and wear anything they choose. Lavinia had told me that shops were not the place for her before, unless she wanted accessories, she had felt judged. However, now a whole new world of self-expression and beautiful material was opened, she spoke about feeling reinvented:

And... and buy all new bras and all new underwear. So, everything is new, so I kind of feel reinvented. (Lavinia, Pos. 230)

When I asked Lavinia her thoughts on her changing body, her response was about shopping:

Very, very good, because now I can go into any shop—
-and there are things in my size

This helps me to understand just how important shopping and buying clothes was to Lavinia, being excluded from being fully a part of that activity seems to have been a very significant loss to her.

Imelda talked about being able to buy decent clothes now, while she dieted, she only bought inexpensive items when needed:

Um, and, because I'd got to goal now, I was allowed to go and buy clothes [laughter].

(Imelda, Pos. 446)

When she said allowed, she seemed to mean because before she was moving through sizes too quickly, but I wonder if there is also something about being worthy of more expensive clothes now she is slim?

Fifi talked about how she felt being able to fit into some of her old clothes:

So that's quite funny. It's like visiting old friends. "Hello. I've still got you [laughter]" (Fifi, Pos. 367)

It is easy for me to imagine her opening the cupboard and finding clothes that she wore before, remembering fondly things that she did and places where she went when she last wore them. I like the idea of them being old friends and reawakening old memories.

Fifi also spoke about being able to wear and enjoy her clothes with greater confidence after reaching goal weight:

But I just can't believe it. I'm really... I mean... so, I get excited. I enjoy... I enjoy wearing clothes. I enjoy looking as I'd like to look. I'm somebody who... I'm not very good at... at, um [pause], just throwing stuff on and, "Okay, my body is covered, that will do." So I like to think I'm looking okay. (Fifi, Pos. 144)

I think this is such a lovely quote, she clearly enjoys expressing herself through fashion and this experience seems to have enhanced this for her. I imagine that to have enjoyed fashion, but at the same time having felt very bad about your appearance must have been very sad.

Tiffany talked of always being worried they would not have her size:

I don't know. Like, you always, like... a shopping trip, in my head, was always, like, a skinny person activity. Because if you are a bigger person, you've always got that anxiety of, "They won't stock my size." (Tiffany, Pos. 520)

This idea of a skinny person activity, and having felt excluded from the high street, not feeling confident that her size would be there feels sad to me. This is another example of the before and after thread that runs through the research, it seemed that fat people cannot enjoy shopping on the high street, whereas the skinny can.

Jemima brought me a picture of baggage that she had taken away on her holiday to Spain after reaching goal weight, for her it signified freedom and had all her new clothes in:

Yeah, yeah, all of those things, comfortable, free, got lovely pretty clothes in that are, erm, worth of my worthwhile self, [laughs] you know that sort of thing. (Jemima, Pos. 892-894)

This idea that it contains pretty clothes that are worthy of her, not having to buy just clothes that fit anymore, but things which she enjoyed wearing, is lovely to me.

Jemima also spoke about consistency with clothes:

it does matter to me that I can wear nice clothes and it matters to me that I am excited that I might even be in these same clothes next year... (Jemima, Pos. 531-533)

She seems excited by the prospect of being able to continue to wear the same clothes year on year, which she obviously has not been able to do before.

The sub theme: <u>Having a celebration of me!</u> concerns the move away from weight, to celebrate oneself as a whole person, all of life, not just weight loss:

Whereas now, I am trying to move away from, like, how much I weigh...or, like, what I look like, and actually celebrate other stuff that I do or have done or anything (Tiffany, Pos. 598-600)

Tiffany had been on a weight loss journey, but it seems like at this point her journey took a more holistic turn. She wanted to feel better about herself and her achievements, rather than just the weight loss.

Imelda talked about being at the point where she was not concerning herself with other's opinions, just her own happiness:

But at a point where I am just generally happy with how I look and not too concerned about what others are thinking about it. (Imelda, Pos. 530)

For Jemima this was about a future with her son:

I've bought time with my child. I've bought, erm, and I've bought his respect as well with this effort, you know. . (Jemima, Pos. 784-786)

Celebrating the future that she is more likely to be able to spend with her son after losing lots of weight, this is clearly a bit thing for Jemima. Particularly as she was so worried about his worry about her weight. Feeling like she has also earned his respect I imagine would also feel wonderful. She has taken the weight off herself and also off his shoulders.

The sub theme: All of life, is about being able to make the most of what life has to offer, Tiffany talks about this, after goal weight, she got her degree, a house, a job and a newfound confidence, she really seemed to be pushing herself to get everything out of life:

You know what? I've got this. I was like, you know, a peacock with my feathers.

(Tiffany, Pos. 855)

Tiffany also spoke about beginning to enjoy her changing body, adding spice to her life:

I'm doing, um, a boudoir photo-shoot next week [laughs]. (Tiffany, Pos. 833)

I think this is a huge achievement after losing so much weight, particularly after having been bed bound. It sounds as if she is starting to see her body in new ways.

Jet spoke about how she wanted to do this interview now that the shame felt more manageable, she took the opportunity to use her voice:

Before, I was so embarrassed. I had to keep it completely shtum. But now I'm out the other end, I can tell people about what I've been through to try and help them not do what I've done. (Jet, Pos. 137-139)

Jemima talks about the suitcases that she brought in anthropomorphic terms:

but the suitcases are happy [laughs] and I'm happy. (Jemima, Pos. 852)

I like the idea that everything was happy, beating heart or not. She used reaching goal weight as an opportunity to go on holiday and have a wonderful time with her son.

The <u>Enjoying health</u> sub theme was about how they enjoyed the better health that they had earned. Perdita talked about having had blood tests to see how her overall health was:

And, uh, my results were really good. (Perdita, Pos. 366)

She was feeling confident and happy because of confirmation that she was healthy.

Jemima spoke about her health being better and everything about her life being easier:

Everything is easier, breathing is easier, er, moving around is easier.

I can bend over and put the laundry on. I can put my socks on again. . (Jemima, Pos. 1045-1046)

She had told me about struggling with her socks and shoes before weight loss, something that needed to be done daily and caused a lot of problems, was now simple. It sounded like it had totally transformed her life. Easier to breathe, possibly felt life changing, something that is so vital to one's existence.

Imelda spoke about focusing on health going forward rather than an exact number on a scale:

I think I can be fit and healthy without necessarily being exactly 70 kilos; like, I don't have to fixate on that. Um, and that feeling good is probably more important. (Imelda, Pos. 534)

She had described fretting about small fluctuations in weight, so this felt to me like a much more relaxed way of seeing things after her weight loss.

Imelda also commented that she found activity to be increasingly motivating:

And I think the more things that I did, the more active things I did, the more I wanted to do. (Imelda, Pos. 80)

I think this really shows an enjoyment of health, of being able to join in and move her body in a way that she was not capable before.

In the sub theme: <u>Showing off her strength</u>, Jet brought a kettlebell to signify reaching goal weight, she explained that she enjoyed doing feats of strength that others could not:

this is what I love and this is what makes me feel proud now is when I get that reaction from people, when they see my videos on Instagram they're like, "Hang on, that's, that's a 24kg you're doing that, all of that with," or, "That's a 160 squat you've done," and that makes me very, "Yeah, I'm proud. You couldn't do that. I've built this up myself." (Jet, Pos. 397-401)

The strength that she has achieved meant that this goal weight for her was very different than when she reached her goal weight after losing a lot of weight very quickly. She told me about posting a lot of videos:

But yeah, that you continually will be getting those positive comments and feedback so... (Jet, Pos. 565-566)

This seems to help because she gets positive feedback which possibly helps her feel good about herself. She explained that it was about affirmation and respect, which are important to her:

Yeah. And I'm getting respect from this. When I was skinny and losing the weight, I wasn't getting the respect and the, the reaction I wanted. (Jet, Pos. 406-407)

People also comment about weight loss and give respect for such an achievement, but possibly this is more temporary, life moves on.

The sub theme: <u>Brain out of sync and causing problems</u>, is about the brain's response seemingly taking a while to catch up after losing weight. For Fifi, her brain's interpretation of her figure in the mirror told a different story than the scales:

other times you look in the mirror you think, "I'm fatter." And, in fact, the scales say different. (Fifi, Pos. 271)

The brain seems to not have quite caught up, the scales (again anthropomorphised) did not agree, but her mind felt something was wrong. It is interesting that it saw that she is fatter, not thinner. The brain does not seem to make any of the participants feel better about themselves.

Lavinia told of going shopping and picking out clothes that she thought would fit, but her brain being wrong about her size:

"Because you are much smaller than you think you are." And that was just tremendous. (Lavinia, Pos. 427)

The criteria that I set, that they had to have reached goal weight in the last six months is possibly why this stood out. Maybe if I had spoken to them after a year or two, that it may not have been this struggle anymore, (but then many other things might be different too).

Tiffany noticed that her brain was not in touch with her body: then letting my brain catch up with my body on that I have lost all of this weight and this is what she looks like now. [Pause] yeah (Tiffany, Pos. 440)

It seems that the brain does not just instantly follow the body, it needs time to adjust.

The sub theme: <u>Small fluctuations causing problems</u>, is about the difficulties that arise after finishing dieting, small fluctuations in weight caused upset for the participants. It is normal for weight to fluctuate, but for people who have not been registering this previously, it might feel scary. Imelda talks about noticing these fluctuations:

But the little difference between my most slender and if I'd put on a little bit, even if I was just a little bit bloated, I could really see the difference, but I might not have noticed as much when I was a bit bigger. I don't know if that's just an effect of being smaller, that you notice it [[laughter] a lot more... (Imelda, Pos. 264)

Perhaps it is easier when not using food for comfort to be more present. She talks about putting on weight:

And when I was at this point, I didn't want to go up again. I think the first time I put on a kilo, I was really annoyed [laughter]. (Imelda, Pos. 322)

Imelda described being quite strict with herself when she had put on a little weight after reaching goal weight, she expressed that it was a difficult time, having to get used to this experience.

The sub theme: Obsessing about the fat body is acceptable, but not vanity! is concerned with weight obsession being acceptable when overweight, but not when thinner and participants being worried about being perceived as vain. Phoenix was fine with obsessing about weight but did not want to be considered vain.

I am... it doesn't... this, uh, sort of, ob... obsession about weight, it would... it [stutters]... it does not come from vanity so much, because... (Phoenix, Pos. 49)

Fifi questions her focus on her appearance, now that she has lost weight:

So, that's... it makes me... and, do you realise, I'm incredibly vain. I must be. I don't see myself as vain, by the way [laughter]. (Fifi, Pos. 168)

So, it seems that it is acceptable to put yourself down and obsessively focus about your weight, but possibly not to feel too much pride in a body that looks good after weight loss. Perdita also worries about being seen as vain:

No, I worry, I worry, yeah. I worry that I'm a vain person, honestly. (Perdita, Pos. 424)

However, she then has an insight into how this might not be such a problem:

I'm... I'm... I'm really bad, because I think to myself, " like, you know, like, people are vain, and show off, just like if they've got abs, or they can do this or... it's not... it's not vain. It's just confidence, isn't? That's what it is. (Perdita, Pos. 428)

The Discussion chapter

4.1 Introduction

This chapter will discuss the four themes that emerged from the analysis of the data, looking at how the participants experienced their changing bodies. in terms of the psychological theories and areas of study most relevant to those themes. It will consider these concepts in relation to the analysis findings, the literature review and the implications for modern society. Ideas for future research and counselling psychology practice will also be considered. It will go on to look at the strengths and limitations of this research and the next steps that I hope to take in disseminating my work.

4.2 Do fat lives matter

The psychological theories and areas of study that are relevant to this theme are:

- The psychological consequences of obesity
- Weight bias
- Weight bias internalisation (WBI)
- The fat identity and morality

The psychological consequences of obesity

The research on obesity focuses on its psychological consequences (Van der Merwe, 2007), the findings of this study also suggest that obesity is not an easy state in which to live. In the subtheme What do you feel in a fat body? Tiffany talked of fat-girl happiness, as if it was not possible to be happy when fat. She spoke about having been practically bedbound from fibromyalgia before she lost weight and described it as a rock bottom and having thought about suicide. This experience sounds so painful and fits with the literature, Heo et al. (2006) suggested that young obese women were more likely to experience sustained depressive mood.

In the same subtheme, Lavinia talks about fat as the black dog, which could be seen to be the same dog that people talk about in depression, you can also argue that she experienced anxiety and fear (Tuthill et al., 2006). When she was fat, the anxiety of returning to teaching at that weight was too much for her, so she worked in an office

instead, it is not a far stretch to imagine psychological consequences of that decision, which came about because she felt too fat to apply. If you have worked hard for a particular career and then felt unable to re-join it because of weight, I can imagine someone feeling very bad about themselves. This is consistent with the literature review, Fikkan and Rothblum (2011) suggested that fat women experience significant weight bias in the job market, even mentioning bias at initial interviews as a problem.

The participants' comments in the subtheme <u>Living in a fat body</u> of being disgusted by their bodies, of not feeling comfortable with lumps and bumps. The research on body image suggests that how one perceives their own body can act as a buffer to psychological distress (Friedman, et al., 2002). These quotes about feeling disgusting could further indicate that they felt quite low when obese.

In the subtheme What is weight hiding? Phoenix talks about how people alter their self-concept by dieting, rather than doing psychological work on themselves. It can also be that weight is a defense or distraction from what is really going on, because talking about food and weight can prevent other conversations This is a difficult subtheme to go into because the IPA approach is not about bringing new things into the interview that the participants have not introduced themselves.. Losing that weight can then remove the defense, leaving people more vulnerable. Some research (Magdaleno Jr, Chaim, Pareja and Turato, 2011) suggests some women use weight to hide behind, an example would be women who have been sexually assaulted, but this study makes no claim in this area.

Jemima was the only one who did not seem so upset by her experience of the fat body. However, when it came to talking about motivation in the subtheme <u>Wanting to be healthy</u>, she explained the difficulties of life in a fat body. Perhaps it was easier for her to discuss these difficulties in a more positively focused discussion. She wanted to move better (she was very immobile), live longer for her son and be loved again after a difficult relationship break up, but it is interesting that when talking about the experience of being fat in her journey, it was all positively framed.

Implications for society

The research supports the literature review that there are often psychological consequences of obesity. Holding this information with Public Health England's 2018

Health survey results, which revealed that 26% of men and 29% of women are obese (Public Health England, 2019) is quite shocking. The research shows that the country is getting progressively larger and this could quite possibly have serious implications for the mental health of society.

Suggestions for future practice

When GPs realise that their patients are obese it could be useful to provide access to group psychological therapy to try to help them with the psychological consequences of obesity. Psychoeducation about anxiety and depression could be very useful to people in that situation.

Weight bias

Weight bias emerged so powerfully from a review of the literature (Puhl, Andreyeva & Brownell, 2008) and from the quotes of the participants. There is arguably a strong weight bias in society (Carr & Friedman, 2005) which the study suggests impacted the lives of the participants.

In the subtheme Experiences of themselves and how they felt seen by others, Lavinia talked about feeling like nothing, and fat people having no value, and Perdita explained that fat meant you were not successful, or good, or the right person to be because of weight. In the subtheme: What do you feel in a fat body? Tiffany compared a real sense of happiness with fat-girl happy, seemingly implying that fat-girl happiness is not real, possibly suggesting that they did not feel they mattered, had value or could be happy when there were fat. This supports the findings of the literature review, in Hebl & Mannix (2003) men were stigmatised just for sitting next to a fat woman.

Lavinia's life was heavily affected by her weight, she did not continue with her career as a teacher because she thought she was too fat. The research suggests there is a lot of weight bias in employment (Fikkan & Rothblum, 2011). It also suggests that this bias is worse for obese women than it is for any other group; obese men do not seem to suffer weight bias in the same way as women (Miller & Lundren, 2010). Therefore, it does not seem so strange that Lavinia decided to work a less-skilled job in an office rather than try to return to teaching. This experience that she told me in our discussion suggested that her life had been limited by her weight, possibly because of the weight bias that exists towards obese women in the workforce.

Whereas Jemima, with a career on the stage, felt that she was still given good roles despite her weight, so she was much more positive about the fat identity. Greenberg et al., (2003) is relevant, although it is about television, suggesting that there were far less obese women in main roles than are present within the population, they had less positive everyday storylines than the thin actors. However, there were some roles available, and for Jemima to keep working was very important.

Jemima's comment in the subtheme <u>Fat as different</u>, about having a heavy footprint on her head because she was bigger than she should be, makes me think this could have been a mother who was terrified of her daughter being treated badly by society because of weight bias. This also appears in the subtheme <u>Mothers who made weight an issue</u>. However, the literature suggests that dieting may end in weight gain, not loss (Pietiläinen, Saarni, Kaprio, & Rissanen, 2012).

Weight bias within the fashion industry could be said to be one reason why high street shops do not all stock clothes in larger sizes. Lavinia, in the theme <u>Do fat lives matter?</u> and the subtheme <u>Living in a fat body</u> talked of struggling with going into shops because she thought that the assistants were thinking that there was nothing to fit her, the high street was mostly off-limits. For Lavinia this appears to unlock what the experience of her new body was about for her. It represents equality and being able to access the shops to buy clothes that make her feel great and help her to express herself.

Part of Imelda's motivation for weight loss in the subtheme <u>Wanting to be healthy</u> was about being taken more seriously by her doctors. She described not being treated well because her condition was blamed on her weight; this finding is congruent with the literature which suggests weight bias amongst medical professionals (Tomiyama et al., 2015).

The concept of fat having a moral tone in food and in people also seems to be a form of weight bias. In the subtheme <u>food having a moralistic flavour</u> the morality of food is discussed by Imelda, Fifi and Perdita, this idea of calling delicious things 'naughty' and eating the 'wrong' types of food, as well eating 'incorrectly' is often used in society, and it is not a far leap to see how it could be connected to fat bodies being seen as wrong as well. Since analysing the transcripts I have heard it in many different places.

This is consistent with the literature review, particularly Murray (2010) and her investigation into the perceived morality of fat women.

Psychological theories of weight bias

In the subtheme Experiences of themselves and how they felt seen by others. Lavinia's quote about being seen as "nothing" is shocking. The idea of fat being perceived as nothing made me think of attribution theory (Schwartz & Brownell, 2004) and the idea that people might believe that others get what they deserve in life, therefore believing it is alright to be prejudiced against fat people. Crandall et al. (2016) suggests that the prejudice is based on how controllable fat is, to those who saw Lavinia, they may have felt that she could do something about weight, but Lavinia did not feel that. She did not feel it was controllable, she was overweight for about 40 years. However, attribution is whether those around you feel that your weight is controllable; it does not allow for psychological issues, hormonal problems and many other factors that make weight such a complex area. The cultural values around fat are also important to attribution, and in the west, these are appalling, magazines, advertising and television all promote the thin ideal (Grabe, Ward, & Hyde, 2008).

Bias is a social construction in which those who are different from the societal norm are devalued (Major, Dovidio, & Link, 2018). Goffman (1963) highlighted the causes of stigma, which in terms of in weight bias are having a physical abnormality and possessing a character flaw (van Leeuwen et al., 2015). These character flaws have almost become moralistic stereotypes Roehling, Roehling and Odland (2008) conducted research and found they were not supported, this is likely because they came about due to bias, not fact. There will be thin irresponsible people and fat irresponsible people, it is about responsibility, not weight.

Tomiyama (2014) constructed the COBWEBS (Cycle of obesity/ weight-based stigma) model. The experience of weight bias is a negative emotional experience, a stressor, which leads to weight gain in two ways, either slowly the release of the stress hormone cortisol (which promote fat storage in the body) or in an alternative and arguably faster way by people overeating to cope with the stress. Research does indeed suggest that incidents of weight stigma can indeed lead to overeating (Major, Hunger, Bunyan, and Miller (2014).

The participants spoke about feeling very negative about themselves in this theme Not one of them told me that the bias that they encountered led them to lose weight. Instead the weight bias and WBI seem to have led to very negative thinking about themselves and possibly experiencing the psychological consequences of obesity.

Implications of weight bias findings on modern society

The quotes of the participants about not being good or the right person to be if fat made me think about this issue in today's world. I think that the idea of someone being good or bad because of their weight is ridiculous. Would Mother Theresa have been a bad person if she had been fat, is Oprah a bad person? Do those who weight cycle also cycle between good and bad? It is interesting to think about which point on the scale that people would consider to be that switch between good and bad and whether somebody who carries weight better might then be good for longer? Bias is not as specific as this, and my argument is a little farcical, but then morality being used in this way also feels ridiculous to me (Murray, 2010).

The idea of good and bad (because of fat) being used about food is, I believe, a form of bias. The research suggests that people have stereotypical views of fat people as lazy, unfeminine, irresponsible, moral failures (Murray, 2010), so to keep using this language about unhealthy foods could reinforce these ideas, it certainly would not help a fat person to feel good about their body. This might be because the thin ideal is seen as the moral, correct ideal, I feel this is misogyny in action, as research suggests that obese men are not discriminated against in the same manner (Bergman, 2009).

It seems that some feel that stigmatising or shaming fat people might help them to notice that they have been judged to be fat and need to do something about it, and that it might help them to begin to do something about their weight (Callahan, 2013). The difficulty here and why this is likely not the answer, is that research suggests that weight bias could drive or be a predictor of weight gain (Tomiyama et al., 2018). Therefore, weight bias in this country needs to be considered carefully by the people who oversee health policy. Some research suggests that losing weight campaigns can be experienced as weight bias, or can increase both implicit and explicit bias in society (Rudolph & Hilbert, 2017) and therefore probably would not be helpful in weight loss,

these campaigns need to be considered carefully as to whether they will be useful or will do more harm.

Jemima's heavy footprint on her head with her mother trying to not let her become fat is difficult because this relates to a period of mothering, from the 80s and 90s when perhaps it was not known that this behaviour could harm a child. Even Sarah Ferguson was in the newspaper in the 90s putting her daughter, Princess Beatrice, then 8, on a diet. These mothers loved their daughters and wanted the best for them, but perhaps knew that weight bias was present in society and did not want their children to have to face that. Sadly, they did not appreciate that in fact they may have been making things worse and creating a home environment of weight bias, where the daughters should have been able to feel safe, as well as strengthening the WBI for their daughters. Granberg (2011), suggests that these daughters could have been protected from these experiences by the attitudes and behaviours of those closest to them, they could have acted as buffers for the weight bias. What is important now however, is that as adults, these women can validate themselves, are able to know inside that they are worthy of love, no matter their size.

This study suggested that clothing was a problem for the participants when they were fat. They could not shop with friends and spoke about feeling left out. The high street is in financial trouble at the moment with the Covid 19 situation and it is interesting to think about this in relation to the research which suggests that just over a third of women are of a healthy weight (Public Health England, 2019). In my opinion this means that the high street needs to begin providing for everyone. The participants spoke of feeling ashamed to go into shops, therefore it may be wise to train shop assistants to provide a more healthy, welcoming experience for all, to help with preventing experiences of weight bias. If they are struggling for business, why would a shop only cater for a third of all women? This is particularly the high fashion shops, but that are still on the high street. They aim to be exclusive, so their sizing is very small, this type of business is a form of weight bias, in my opinion, making women feel that they are not good enough because they do not meet certain physical standards. It may be that they must rethink their model if they want to stay in business.

One could argue that shaming people leads to further overeating (Duarte et al., 2017), and women still must buy clothes, so other brands then benefit, which may not have

as creative and exciting clothes. The weight bias research suggests that we need to move away from this shame to work competently on the obesity crisis (Tomiyama et al, 2018). You could argue that these fashion businesses who do not stock larger sizes, are adding to weight bias, and at the same time making their brand model relevant to fewer people. Lavinia and Fifi particularly love exploring fashion and expressing themselves, and it is appalling that this was not possible in the same way when they were fat. If fat women could truly express themselves through fashion, it might help some of the psychological consequences of obesity, such as anxiety and depression (Tuthill et al., 2006). Things are improving, but Lavinia talked of feeing forced to wear a tent to completely cover her body, some fat women might choose to dress this way, but the participants suggest that more choice is important to them. This study has suggested that being involved in fashion and choosing the way to express themselves is very important to these women. If all fashion designers started to design for all sizes, there would be all sorts of choice on the high street, for everyone.

Dixon, Dixon, & O'Brien's (2002) study suggested that appearance is considered less important the fatter that someone is. It is possible that if a wider variety of clothes were available for all sizes, this may not be the case, or appearance value may not be as linked to weight.

While contemplating this issue, I looked at websites about close sizing and found a quote on Time.com from the actress Melissa McCarthy, whose weight varies, but generally is known for being a larger lady, it states:

If I have a friend who is a size 6, we can't go shopping together. They literally segregate us.

The word segregate makes me think of weight bias in comparison to racism, as Carr & Friedman's (2005) study did. I feel that it is important to be careful and respectful here, but there appears to be a comparison, they both are huge social justice issues.

Weight Bias Internalisation

Weight bias is communicated every day, through television, through social media, newspapers, everywhere you look the thin ideal is thrown in your face, therefore it is not surprising that this bias can be internalised (Lent et al., 2014). WBI is something that was seen in the participant interviews, in the subtheme fat is different, Jemima

spoke about her mother treating her differently because of her weight. When gestures such as buying chocolate for everyone but one, to whom you give socks, the message presumably cannot fail to hit home. At such a young age, the parent sees to convey a strong message, "the way that you are is not alright to me". Jemima explains in the subtheme Mothers who made weight an issue, that her mother was terrified that she would become fat. It may be that in showing weight bias, to try to prevent weight bias, that actually the message was internalised and, in this way, made stronger to Jemima.

In the subtheme <u>Living in a fat body</u> Imelda spoke about feeling disgusted with her body, in the same theme and the subtheme <u>Experiences of themselves and how they felt seen by others</u>, Fifi referred to herself as stupid for gaining the weight again. Perdita felt that she was unlikeable when fat, Lavinia felt not equal to people around her. This finding seems to support the literature, which suggests that WBI was positively correlated with low self-esteem, anxiety, and body dissatisfaction (Pearl and Puhl, 2018). It seems that weight bias is a big part of the experience of losing weight and reaching goal weight, it was experienced when they were obese and I would suggest that after losing the weight, they seem to hold bias against their former bodies, laughing at the size of old clothes and calling themselves stupid for being that size.

Suggestions for further research

I think it is important to understand more about WBI and weight bias, particularly looking into early relationships, to try and find buffers to protect them from weight bias. If we could understand more about how weight bias works with young girls, we might be better able to protect them. Mothers who were fiercely trying to protect their daughters from weight bias, with the best of intentions, could be helped to be more effective, rather than harmful in their actions.

I think a mixed methods study into the moralistic language that is used around food and fat people, could be very beneficial. It would be interesting to see the scale of the issue through quantitative methods and to see what sort of themes arise through a qualitative method, such as thematic analysis.

The fat identity and morality

In the subtheme, food having a moral flavour the participants often described the food that was fatty, or not particularly healthy as bad, incorrect and naughty. It is not a huge leap to think of society viewing the fat identity in the same way. The research findings also showed participants describing themselves as unequal and nothing, it could be that this has an element of morality to it. The research on the stigma was applied to fat individuals for two reasons; physical abnormality and possessing a character flaw (van Leeuwen et al., 2015), thus suggesting that characters were flawed simply because they were larger. Much of the weight bias literature sees fat bodies as immoral (Murray, 2010), but some research has been done to suggest that the moral stereotypes about fat people are not accurate (Roehling, Roehling & Odland, 2008)

Suggestions for future practice

The language used by participants around themselves and their food could be usefully challenged in therapy. This language has become somewhat normalised and it could be helpful to think with the client about what it actually means, what they are saying about themselves and what that does to self-esteem when used so frequently. Some may have a core belief of being bad and looking at this language could be one way of accessing that, it would not be too surprising with the moral ideas about fat in society.

4.3 "People" on the journey

This theme is about the actual weight loss process and the interaction with people on the way, as their bodies are changing, the important psychological theory and area of study is therefore relationships.

Relationships

The analysis findings

The relationship to Weight was important in this study, so I included her as a subtheme Weight, the anthropomorphic creeper because as people spoke about her, it was as if they were anthropomorphising her. She could be any gender, but as this is a study about women, I have decided to make her female. She was described as this enemy, that would creep up without notice, almost to be feared.

The relationship with the Scales, was also included, not neutrally, but as an enemy in <u>Scales</u>, the <u>dispassionate enemy</u>. They are referred to often as a pair, which makes me think of them as evil twins. Imelda describes the scales as not being her friend, Tiffany speaks of them as being able to affect her emotionally for the whole week. This is somewhat associated with the literature, which suggests that scales and their use can lead to unhealthy behaviours (Quick et all, 2012).

Relationships with partners and friends in this research appear to have been very supportive which is consistent with the literature (Gettens et al, 2018) Tiffany and her partner made the interesting decision to keep weight loss out of their relationship. In the subtheme Keeping out of it, she told me how they had known people who had broken up after significant weight loss and therefore decided that her weight loss would be just for her, he would praise her on something other than her weight and be the one thing that was not weight focused, I thought that was clever. There wasn't much research on relationships when I did the review, so this is not a decision that I had considered before.

Implications for society

This idea of weight as something that comes in the night without notice, and to be feared does not sound peaceful, and does not feel that it would be conducive to living a full life. This appears to be a side effect of the weight bias problems that exist in society. This supports the need for education and attitude change. At the moment it feels as if losing weight could almost be seen as a form of social mobility, which also could explain the fear of gaining weight, although as stated the bias can remain after weight loss (Tucci, Boyland, Halford, & Harrold, 2013).

Suggestions for future research

Future IPA or narrative research could explore the partner's experience of reaching goal weight as well, there is some research about offering support, but alternative strategies such as staying out of the weight loss process could be fascinating to learn more about.

Suggestions for future practice

Therapy could be a good place to work on the relationship with weight, the scales and the fear of weight creeping, after weight loss. Looking at what all these relationships mean to the client and what they tell them about themselves. These messages can then be addressed explicitly, rather than existing implicitly and doing harm.

4.4 Reaching goal weight

Current research did not provide any information on reaching goal weight; therefore, I will discuss all the subthemes this study encountered in hopes of adding to the research landscape. Weight bias is relevant in this theme, because of the fear of gaining the weight once more.

Is there a wrong day to weigh?

This research suggested that participants losing this amount of weight weighed themselves about once a week, or at a slimming club meeting, otherwise as Lavinia says, the behaviour is sneaking or naughty. This is somewhat contrary to what research suggests, which is that weighing yourself more than once a week can be helpful for weight loss (VanWormer et al, 2009). I am aware that much of this language, such as sneaky, bad, naughty may have been in jest, but there is so much of this use of language in weight loss that I cannot see how it does not seep into the psyche.. Tiffany and Jemima also commented on weighing on the "wrong" day. The research suggests that some of the participants reached goal weight on a day that was not their traditional weigh day.

Thoughts on the analysis

I believe that we urgently need to find a more positive, affirming language to describe weight loss processes, one that does not constantly divide things into moral binaries, but helps women to view themselves more positively. If this was the only example of good and bad in weight loss, I would be joining in with the joke, but I feel that this is far more serious for women's self-concept, the language needs to change and for that to happen, we need to learn more about language used around all weight loss.

At a slimming club

Tiffany and Lavinia both weighed themselves in the morning and then spent the day waiting to go to their slimming clubs, it sounded almost like waiting for Christmas morning. Those who lost weight at a slimming club seem to have a very different experience of goal weight than other participants. Tiffany and Lavinia spoke of an almost X Factor finale style experience, when they described it, I could almost imagine the glitter cannons going off and everybody standing up and screaming, while they sang their winning single. I exaggerate, obviously, but there does appear to be a lot of fanfare around this moment in slimming clubs, because this is ultimately their purpose. 'Target member' flashed up on a screen, and they were given a certificate, in a slimming club this is the ultimate status symbol. Everybody celebrated with them and hugged them, the experience sounds almost like being a slimming club celebrity. I assume that this is what keeps slimming clubs going, if people reach their goal weight and become target members, this inspires others to come back and keep paying for membership. Somewhat cynical perhaps, but goal weight in slimming clubs appears more memorable and fun than someone standing in the bathroom on their own.

The Hallelujah moment!

The Hallelujah moment suggests that on the day of reaching goal weight, when participants stood on the scale, they felt amazing. Allowing themselves to feel proud, to cherish the moment and thrilled with themselves for finishing their weight loss journey and reaching goal weight. Jemima, Perdita, Lavinia, Phoenix, and Imelda all describe their intense joy at the situation. However, Fifi has experienced this moment before and describes herself feeling relieved rather than euphoric, because she knows that she may not be able to keep the weight off and feels a sense of worry that it may happen again. It appears that experiencing this moment a second time takes some of the joy away from it, this seems to be because of fear or anxiety that the weight may be regained. I would posit that there is shame linked to this feeling because of the weight bias in society.

There is no research to which I can compare this moment, but I feel Imelda summed it up by saying that it was a bit of a high, but that that high was fleeting. It seems that this was a good, proud moment, but then life moved on. When thinking about this

moment, from the perspective of the participants, it feels comparable to my feeling at finishing the third year of the counselling psychology doctorate. I was so relieved and happy to have been signed off, but in the back of my mind I knew I had a sixty-thousand-word portfolio to finish before the experience was over. It is almost a breath, a moment to put your head above the water, before keeping on swimming. Those who experienced it for the first time were able to feel the ephemeral joy.

The meaning

As to the meaning of goal weight, for Perdita it was about success and being in control. When asked about how she felt about her body and how it had changed, for her this was a question about reaching her goal weight and being happy about it. Jemima described reaching goal weight as thrilling. For Lavinia, it was a real sense of achievement, more important to her than even her degree. I can understand this because Lavinia experienced weight bias and WBI in her life, she felt that she was less than other people because of her weight, and did not return to the career for which she had trained for years. It seems she was always aware of society's view of her as a fat woman. Therefore, succeeding in losing this weight at 70 meant everything to her. I think it is wonderful she lost this weight, but society needs to change to help women, this should not be the story, and this bias affects women so much more than men (Hebl & Mannix, 2003).

Other people

This study suggests that when reaching goal weight, the participants shared the news with their loved ones. Perdita and Phoenix described telling the partners, Imelda talked about telling her mother and partner. Jemima spoke of telling her and being aware of wanting her approval, wanting her to notice that she had lost the weight. After the "footprint" on her head as a child, it appears that Jemima wanted her mother to know that she was not fat anymore. I think psychologically it would be helpful to work with Jemima in validating herself for her weight loss and trying to separate the topic from their relationship, otherwise it might continue to affect her more negatively if she gains weight.

Future research on the relationship between mothers, daughters, and the daughter's weight in a CAMHS setting could be very beneficial to establishing what this relationship is like in the dynamic and how it might be able to help the daughters.

Goal weight isn't everything

It is telling that within a study on the experience of reaching goal weight, within the superordinate theme of reaching goal weight, there appears such a subtheme. Yet this is what the data suggests, Fifi describes goal weight as but a colon, Imelda talks about reaching goal weight, having lunch and then life just carrying on. These two participants embody this subtheme, but other subthemes also reflect this idea of the fleeting high.

What were those important details?

Looking at what goal weight meant to people involved asking questions about the day itself, interestingly some of the participants could not recall many specific details. In this study Imelda talked about her goal weight that she achieved, she had changed the way she weighed herself to stop her focusing on the numbers, but did not recall what her actual goal weight was in stones. If goal weight had been such an important phenomenon, I would expect that she would be aware of her weight both in kilograms and stones, but this is not the case. I would expect this, because weight loss is something that people speak about regularly and often becomes a rehearsed narrative.

Jemima talked about the weight she had lost, but cannot quite remember what it is, these things can slip the mind, but if it was fundamental to the experience, I would expect her to have the weight loss number on the tip of her tongue. Perdita is the same, she cannot quite remember exactly when the date was that she reached goal weight. For her it was recalled in relation to changing her diet and becoming vegan, this seemed to be more important to her. Tiffany as previously noted remembered reaching goal weight very vividly, but when detailing the experience, she could not remember the exact weight that she achieved. For this to be the case for half of the participants suggests that at the very least the exact details of goal weight are not so important, and possibly points to goal weight being a moment in time, that once experienced perhaps does not keep its value, in other words it is not a golden moment!

The notebook

The meaning for Fifi was tempered by previous experience, she says that she knows herself too well. Those who have not already been through the experience, do not seem to have the same worries. Fifi recognises that goal weight is not the end, her handcrafted book that she is pictured with, remains unfinished and she describes goal weight as a colon, perhaps a pause and then life continues. For me, this alone shows that the visual methods in this study were success, the idea of life continuing and this being represented by an unfinished book, the visual object brought to the interview, as a metaphor is very profound.

Give me a twirl

Interestingly, many of the participants brought items of clothing as their visual objects to represent reaching goal weight. Imelda, Lavinia, Perdita, Phoenix all brought items of clothing with them. Jemima brought her luggage with worthy clothes inside it, and Tiffany brought a picture of her in a red dress, Fifi spoke a lot about fashion during her interview. I would argue that clothing appears to play a big part in the experience of reaching goal weight. The participants told me about enjoying receiving compliments on their outfits. Lavinia and Fifi particularly enjoyed being able to wear more beautiful clothes, but it was Imelda who spelled-out the significance of her dress which represented the joy of her success, reaching goal weight was one moment in time, but the dress seemed to be much more than that. She enjoyed wearing it on many occasions with friends and relished receiving the compliments and feeling good about herself, she explained that it prolonged the experience of celebrating her achievement. Perdita and Phoenix explained enjoying the compliments that they received in their chosen clothing, implying, or stating a positive feeling that people were slightly jealous of them. Tiffany loved posing for photographs at the summer ball and showing herself off having done so well to finish her degree and reach goal weight in the same week. This study therefore suggests that fashion and people's response to it plays a key role in reaching goal weight.

Future research suggestions

It could be fascinating to look at the kind of clothes people love to wear and make them feel special after significant weight loss. Looking at colours and materials, as well as the type of fit that women like to wear.

It could also be interesting to look into how long it is before these comments about the new body stop, because their weight has become normalised and to investigate what that experience is like.

Weight bias

Even after losing weight there appears to be shame and blame from Fifi and Phoenix. In the theme and the subtheme <u>Goal weight isn't everything</u>, Fifi has lost a lot of weight, but still blames herself for the weight cycling that has happened in her life. We know that it can be hard to let go of weight bias from the literature, which suggests that it can also be a problem even after weight loss (Tucci, Boyland, Halford, & Harrold, 2013). Research suggests it only disappears when it declined in significance for the self (Granberg, 2011). It cannot decline in significance when Fifi is worried about possibly gaining the weight back again. It seems that it might take time for her to become confident that she can maintain her weight at this level. It would be helpful if the weight bias and WBI disappeared more quickly because they seem to make weight gain more likely. If weight bias were less of a problem in society, perhaps people would find it easier to keep the weight off after weight loss?

4.5 The future in a changed body

The psychological theories and areas of study important to this theme are:

- weight loss and improvements to psychological well-being
- body image
- weight bias

Weight loss and improvements to psychological well-being

The analysis findings

In the theme subtheme <u>Changing the interactions</u> in Tiffany's case it seems that beginning to diet and exercise was a catalyst to help her make other changes. She talks about having worked hard with the issues that she has and beginning to put boundaries in place with people in her life. She told her mother and father how their behaviour had affected her life and blocked "friends" who had been unsupportive on social media. For Tiffany, it seems that the process after reaching goal weight was about holistic change. She finished her degree with a first, found her first graduate job and bought a house all in the six months after reaching goal weight, which is truly amazing.

Perdita spoke in the same theme and the subtheme <u>Opening the issue box</u> about learning that her way of dieting was not for everyone and that she should not go around trying to put everybody on a diet or be evangelical about her particular approach, even if her intentions were good. Instead in <u>Learning to get one's needs met</u> she learned to focus on her own life and try to be more kind to herself.

This study suggests that after reaching goal weight some of the participants started to expand their lives, introducing more enjoyable things into it, making it bigger. In the theme Weight loss unlocking a brighter future, but not always smoothly and the subtheme Enjoying health, Imelda spoke about doing more activity and focusing on her health, rather than the number on the scale. Jemima spoke about being able to kick the ball around with her son and his friends. Being able to move around more appears to have widened their choice of activities to enjoy. This is encouraging for a healthy, happy life particularly if they want to keep the weight off, being active is important and can also be helpful to combat depressive symptoms. Being able to enjoy their improved health in this way and their new body and what it can do, Fifi also noticed the pain going away. The body is not generally noticed as we live our lives, unless there is pain, it is the vehicle for experience. The participants are now free to enjoy their embodied experience without these obstacles.

Learning to get one's psychological needs met is crucial to a fulfilling life, needs such as seeking comfort, being loved, feeling safe and secure (Young, Klosko & Weishaar,

2003; Maslow, 1943). After losing weight, in the theme <u>Living a full life without weight holding the key to self-worth</u> and the subtheme <u>Learning to get one's needs met</u> Perdita learned how to ask for her needs to be met, after not having been able to do this in her first marriage. She discovered that she needed some time to go to the gym, and meet with her friends, being able to ask for this has been a big step for her. She learned that if she did not exercise, she would find things harder and would be grumpier, so she joined a gym.

The participants in the study have lost a significant amount of weight, their telling of their experiences seemed to suggest that they had been taking some time to celebrate themselves and their own achievements. In the subtheme having a celebration of me! Imelda spoke about focusing on her own happiness, rather than other people's opinions, Lavinia described feeling so joyful about her improved relationship with herself, Tiffany spoke about celebrating herself, having faith in herself and not being bothered about others' thoughts and Jet told me that her shame had dissipated and she felt confident to use the interview to try and help people not follow in her footsteps with weight loss. They are taking time to recognise their achievements and celebrating, I think this can be important to get a balance, or life is just one challenge after another. In weight loss there can be the opportunity to look back because people seem to ask a lot about how it was done, so it appears there is a chance to celebrate within the experience as well.

This study about the experience of reaching goal weight suggests that rather than being this significant moment to be remembered and held onto as a story to tell for all time, reaching goal weight is instead a moment that the participants must pass through, a fleeting high that leads to the next stage. The moment itself was experienced differently by each participant, but with those belonging to a slimming club having a more vibrant, social, and memorable experience. What feels more important, I would suggest, is the life that comes afterwards, reaching goal weight is an important phenomenon because it allows the transition, it marks the end of the weight loss process, but straight afterwards it is about claiming that life and starting to negotiate the new one, with its new challenges and new excitements. It appears to be that once someone has lost the weight, they throw themselves into the next challenge rather than holding onto the details of goal weight. Having lost a lot of weight, they can

tell the story, but the actual moment is not the important part, having lost all that weight is perhaps what matters. This study also suggests that fashion is an important part of reaching goal weight, with all the clothes that were chosen as visual objects. The participants all enjoyed being able to show off the smaller body in new and exciting clothes and to receive compliments at such a phenomenal achievement.

Suggestions for future practice

Having taught a lot of resilience skills this year, I think taking time to celebrate is very good for psychological health, Padesky and Mooney's, strength-based resilience model would say that they could create an image of themselves having reached goal weight and recall it at their next time of hardship, or obstacle, to help them remember they have overcome and achieved in the past (Padesky & Mooney, 2012). Perhaps taking time to do this in therapy could build resilience after weight loss, it could be particularly interesting in group therapy because women would hear about other women's images and be inspired and amused, sharing experiences like this with others could help with maintenance and mood.

Body Image

The analysis findings

In this study, in the subtheme <u>Acceptance</u>, Perdita had become more aware that bodyweight was not everything, there were other ways of being a success. In the same subtheme, Jemima when asked about how she felt about her body and how it had changed, said that she felt accepting about it.

In the subtheme <u>Small fluctuations causing problems</u>, Imelda talks about her experience of gaining a kilo after reaching goal weight and how difficult that was for her. I think when people go on a diet, they do not take into account what happens afterwards, they assume, with some magical thinking that they settle on this weight and stay there forever, or that they gain weight. They are not aware of the body's natural inclination to fluctuate and this was certainly the case for me. Imelda described being really annoyed by the increase and that she could really see it on her smaller frame, much more than when she was larger.

When clustering all the participants' themes on my wall, I developed a theme which I called 'musical chairs of obsession', unfortunately it did not make the final cut of themes. Some types of body obsession are socially acceptable in modern times, such as women flogging themselves for being fat or gaining weight. This study suggests that when women reach goal weight, there is a fear that any obsession could be vain, it suggested that in all parts of weight loss, there is a level of obsession that can emerge. In the same theme and the subtheme Obsessing about the fat body is acceptable, but not vanity, Phoenix, Fifi, Perdita and Jemima all discuss worrying about being vain (although Jemima talks about not being boastful). It appears that being confident and proud of their new bodies can be scary or worrying for these women.

There was also the issue of phantom fat (Cash, et al., 1990), the participant's described their brains taking a while to accept that they had lost the weight. In the subtheme Brain out of sync and causing problems, the women spoke about thinking that they had gained weight when they had not, the mirror telling a different story than they scales. Lavinia spoke about looking in the mirror and sometimes thinking that she did not look very thin. This idea of believing that weight has come back is consistent with the research. Having body image problems after weight loss is also consistent with the research (Annis, Cash and Hrabosky, 2004) suggesting that the body image of people who have lost weight is worse than those who have never been overweight, so struggling with weight fluctuation and phantom fat would fit with this.

Psychological theory about body image

Research suggests that perception is what it is about in body image, if someone perceives themselves as fat then that is when the psychological distress begins (Atlantis & Ball, 2008). Accepting the body after weight loss can be difficult, however the results from body acceptance or positivity movement research is quite encouraging (Cohen et al., 2019). Looking at bodies of different sized women, rather than the very thin photos of models, can make people feel better about themselves. After all that work, working for acceptance is important, however research shows that this is not easy and that body image after weight loss can be problematic (Smith & Farrants, 2010).

Implications for society

The thin ideal that is constantly celebrated in this society, with no stretch marks or loose skin has caused a lot of distress to women who do not fit the mold (Grabe, Ward,& Hyde, 2008). This has been shown in this research and the body positivity movement has begun to try and combat this (Lazuka et al., 2019), but it is a pervasive and complex issue. In order to help body image I think we need to see far more women of a healthy weight in adverts and on television because at the moment the society we live in and the media we are exposed to is not good for anyone (Harrison, 2000).

This study has suggested that for some it can be a shock to realise that the body fluctuates in weight. It can be common for slim people to have more than one size of jeans in their wardrobe, particularly around the time of periods when the body is holding onto water, I realised this when I lost weight, but had no idea beforehand. This should be more normalised in society, so that it is not a shock after weight loss .The human body changes naturally through the course of a month, it is dynamic, but perhaps this is not noticed as much when people are larger and maybe not so present in their bodies, due to eating to avoid emotions.

Suggestions for future practice

It could be helpful if working with someone who had just lost a lot of weight, to normalise weight fluctuations, or make people more aware as they lose weight, so it is not a shock. To learn to be curious about the fluctuations rather than obsessing about them could be important work in therapy. I think working on recognising weight more as a relationship between gravity and the body and less a sum of moral value would be important in this.

Weight bias

It could be argued that the in the subtheme <u>Small fluctuations causing problems</u>, the stress is caused by a worry of returning to an obese body and once again facing the weight bias that exists in society. This may not be conscious, but it seems that the worry of losing that hard won new body was still present in my participants, this may because of the criteria of the research and interviewing them so close to goal weight.

4.6 Limitations of the research

This research involved 7 White, British participants and 1 Asian, Indian participant, as such it is not a particularly racially diverse study as it might have been being conducted in London, a very diverse city. Therefore, its application to more diverse cultures might not be easy.

The age range in this study is 23 to 71, it may be that to have a more homogeneous group it would have been better to recruit a sample that was closer in age, although that may have been very difficult because a quarter of body weight is a lot to lose. The differences that were found were that the participant who was 23, Tiffany, took a more holistic approach, negotiating relationship boundaries, starting her first postgraduate job, looking at her issues, for her is was about changing her whole life, whereas the older women were more settled in their way of life.

There are limitations to the method of this research as well, there is a limited sample size of 8 participants which means there are limitations around transferability. The level of analysis that is possible because of the small sample size could be said to risk taking the researcher away from the intended meanings in the interview (Pringle, Drummond, McLafferty & Hendry, 2011)

This IPA study focuses on experience without regard for how these experiences came to be and what led up to them. This is a limitation because to understand a phenomenon deeply it is important to understand what gave rise to it (Willig, 2013).

4.7 Strengths of the research

The women all had had very interesting experiences in reaching goal weight that they very generously told me about, I think the richness of the data is a strength, I had so much to work with. I also believe that the visual methods added significantly to this data, so I would also consider that to be a strength. The dresses and trousers that were brought allowed the women to tell me about the joy they felt from expressing themselves and the compliments they received in doing this. I got to lift Jet's kettlebell and appreciate how strong she was and see the extra pages of Fifi's beautiful book, where the rest of her food journey was waiting to be recorded.

The research has been ongoing from July 2017 to September 2020 and a lot of time and thought has been put into it. I think the requirement to do these research chapter assignments as part of the doctorate makes the research produced stronger because we were always required to be working on it and thinking about it, as well as having lots of different input into it.

I think the fact that I felt the need to re-analyse Lavinia's transcript because I felt my perspective had shifted so dramatically is a strength in the research, I have taken the time to work hard on my attitude to fat and I have reflected at great length on my part in this research. If I had finished this a year ago, I truly feel that it would have been a lesser piece of work. There were biases I was not prepared to look at and I did not feel compassion for people about weight bias, the theme <u>Do fat lives matter?</u> would not have come about and it certainly would not have become the theme that I feel most passionately about. I believe that my status as an insider researcher has made this work very different than it would otherwise have been, I would possibly call that a strength because of the level of reflection that I have been doing during the research process.

4.8 Conclusion

The study has revealed a lot about the embodied experience of being a fat woman in today's society with the problems of weight bias. The description of being seen as "not important" or "nothing" suggests that things feel very negative for fat women. The study also suggests that there is a tendency for language to fall into moralistic binaries in weight and diet culture and there is a lot of negative talk around fat in particular. The study suggests that when they were fat the participants used food as coping mechanism for negative emotions, which sadly often led to weight gain and weight cycling. Weight gain is suggested to have often led to shame and blame, possibly linked to the weight bias experienced because of the gain.

The motivation for weight loss is posited to be often around health, and being taken seriously by doctors, as well as for reasons of improved appearance and special occasions. The participants in the study appeared to have had more than one reason. The study suggests that weight and the scales were things to be feared or anxious about because of the emotional implications and seemingly unpredictable nature of

weight gain. Partners are suggested to have been mostly helpful, with one deciding to stay out of it, the rest of the family are also postulated to have been mostly supportive. What was noticeable was that there was also a group of unhelpful people who felt it was their place to interrupt with unsolicited advice, because they knew better, whether with advice around food or exercise.

Reaching goal weight itself is suggested to have been a more exciting experience for those who did so in a slimming club, but generally seemingly just a moment that was exciting and happy and meant that the diet was over, and a huge accomplishment had been achieved. But the study suggests that goal weight is not the most important part, that life continues after that. The goal weight appears to be but a pause, a colon, and then life continues. In this study, the dresses and outfits that can be worn when goal weight has been achieved are suggested to be very significant, as is the experience of the compliments offered by family and friends.

After reaching goal, the study suggests that the brain often seems to make things difficult, not really coming to terms with the amount of weight that has been lost very quickly, or alternatively making the participants feel that they had suddenly gained weight when the scales said otherwise.

The study suggests that clothes are felt to be important in celebrating the new body post goal weight, enjoying being able to wear anything they wish, clothes that feel worthy of them and with fantastic quality material

Relationships with self and others seemed to be important after reaching goal weight, both trying to meet their own psychological needs and asking others for help with this. There was also a celebration of the improved health that they had earned.

4.9 Next steps

I have found areas that need continued research now that this thesis is finished, but they will not be taken by me. I feel a calling to move on and publicise the research about weight bias and obesity to try to bring about change in society. My plan is to try to publish an article in the Journal of Obesity about the theme <u>Do fat lives matter?</u> detailing the experience of the participants when they were obese and the weight bias research that I have found, as well as some reflexivity, this may be difficult because

there is a lot of research already published on weight bias. I would also like to write an article about the visual methods and how they helped the participants to talk about their weight loss, as well as how they suggested the importance of fashion to the experience. This may be an easier mission because it is more original than weight bias findings. After that I would like to write a book with my supervisor to help parents deal with their children's weight in a way that will not leave a heavy footprint on their heads, addressing the problematic way that weight is handled today, by family, by schools, by doctors and society. Having said at the beginning that I would like to just do this research in order to finish my doctorate, it now feels like I have more work to do. I cannot just leave this research on the shelf; I feel I have a duty to tell the world about what I have found. The fact that weight bias has a stronger association with mortality than any other bias cannot be allowed to stand. I believe that with the skills I have learned from my doctorate in counseling psychology and this research, together with a supervisor who has a lot of clinical and research experience. I believe that together we might be able to begin to make a difference.

4.10 Reference List

- Afful, A. A., & Ricciardelli, R. (2015). Shaping the online fat acceptance movement: Talking about body image and beauty standards. *Journal of Gender Studies*, *24*(4), 453-472. doi:10.1080/09589236.2015.1028523
- Alegría, C. A., & Larsen, B. (2015). "That's who I am: A fat person in a thin body": Weight loss, negative self-evaluation, and mitigating strategies following weight loss surgery. *Journal of the American Association of Nurse Practitioners*, *27*(3), 137-144. doi:10.1002/2327-6924.12158
- Annesi, J. J. (2006). Relations of perceived bodily changes with actual changes and changes in mood in obese women initiating an exercise and weight-loss program. *Perceptual and Motor Skills*, *103*(1), 238-240. doi:10.2466/pms.103.1.238-240
- Annesi, J. J., & Porter, K. J. (2015). Reciprocal effects of exercise and nutrition treatment-induced weight loss with improved body image and physical self-concept. *Behavioral Medicine*, *41*(1), 18-24. doi:10.1080/08964289.2013.856284
- Annesi, J. J., Tennant, G. A., & Mareno, N. (2014). Treatment-associated changes in body composition, health behaviors, and mood as predictors of change in body satisfaction in obese women: Effects of age and race/ethnicity. *Health Education & Behavior*, *41*(6), 633-641. doi:10.1177/1090198114531783
- Annis, N. M., Cash, T. F., & Hrabosky, J. I. (2004). Body image and psychosocial differences among stable average weight, currently overweight, and formerly overweight women: The role of stigmatizing experiences. *Body Image, 1*(2), 155-167. doi:10.1016/j.bodyim.2003.12.001
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed).. Arlington, Virgina: American Psychiatric Publishing.
- Archer, M., Bhaskar, R., Collier, A., Lawson, T., & Norrie, A. (2013). *Critical realism :*Essential readings. London: Routledge. doi:10.4324/9781315008592
- Atlantis, E., & Ball, K. (2008). Association between weight perception and psychological distress. *International Journal of Obesity*, 32(4), 715-721. doi:10.1038/sj.ijo.0803762

- Avalos, L. C., & Tylka, T. L. (2006). Exploring a model of intuitive eating with college women. *Journal of Counselling Psychology*, *53*(4), 486-497. doi:10.1037/0022-0167.53.4.486
- Basso, J. C., McHale, A., Ende, V., Oberlin, D. J., & Suzuki, W. A. (2019). Brief, daily meditation enhances attention, memory, mood, and emotional regulation in non-experienced meditators. *Behavioural Brain Research*, *356*, 208-220. doi:10.1016/j.bbr.2018.08.023
- Bergman, S.B. (2009) Part-Time Fatso In Rothblum, E., Solovay, S., & Wann, M. (2009). *The fat studies reader*. New York: NYU Press.
- Bhaskar, R. (1998). 'Philosophy and scientific realism'. In M. Archer, R. Bhaskar, A. Collier, T. Lawson, & A. Norrie (Eds.), Critical realism: Essential readings (pp. 16–47). London: Routledge.
- Bluth, K., & Eisenlohr-Moul, T. A. (2017). Response to a mindful self-compassion intervention in teens: A within-person association of mindfulness, self-compassion, and emotional well-being outcomes. *Journal of Adolescence*, *57*, 108-118. doi:https://o-doi-org.wam.city.ac.uk/10.1016/j.adolescence.2017.04.001
- Bright, G., & Harrison, G. (2013). *Understanding research in counselling* (1st ed.). London: Learning Matters.
- Burgard, D. (2009) What is "health at every size"? In Rothblum, E., Solovay, S., & Wann, M. (2009). *The fat studies reader.* New York: NYU Press.
- Callahan, D. (2013). Obesity: Chasing an elusive epidemic. *The Hastings Center Report, 43*(1), 34-40.
- Carandang, R. R., Asis, E., Shibanuma, A., Kiriya, J., Murayama, H., & Jimba, M. (2019). Unmet needs and coping mechanisms among community-dwelling senior citizens in the Philippines: A qualitative study. *International Journal of Environmental Research and Public Health,* 16(19), 3745. doi:10.3390/ijerph16193745

- Carr, D., & Friedman, M. A. (2005). Is obesity stigmatizing? body weight, perceived discrimination, and psychological well-being in the united states. *Journal of Health and Social Behavior*, *46*(3), 244-259. doi:10.1177/002214650504600303
- Cash, T.F., Counts, B. & Huffine, C.E. Current and vestigial effects of overweight among women: Fear of fat, attitudinal body image, and eating behaviors. *J Psychopathol Behav Assess* 12, 157–167 (1990). https://doi.org/10.1007/BF00960765
- Center for Disease Control website (2020) Adult Overweight and Obesity: Retrieved 13 July from https://www.cdc.gov/obesity/adult/defining.html
- Clarke, L. H. (2002). Older women's perceptions of ideal body weights: The tensions between health and appearance motivations for weight loss. *Ageing and Society*, 22(6), 751-773. doi:10.1017/S0144686X02008905
- Clarke, V., Braun, V., & Hayfield, N. (2015). 'Thematic analysis'. In Smith, J.A., *Qualitative Psychology: A practical guide to research methods.* London. Sage
- Cohen, R., Fardouly, J., Newton-John, T., & Slater, A. (2019). BoPo on instagram: An experimental investigation of the effects of viewing body positive content on young women's mood and body image. *New Media & Society, 21*(7), 1546-1564.
- Crandall, C. S., D'Anello, S., Sakalli, N., & Lazarus, E. (2016). An attribution-value model of prejudice: Anti-fat attitudes in six nations. *Personality & Social Psychology Bulletin*, 27(1), 30-37.
- Dalle Grave, R. (2009). Psychological variables associated with weight loss in obese patients seeking treatment at medical centers. *J Am Diet Assoc, 109*(12), 2010-2016. doi:10.1016/j.jada.2009.09.011
- Dalle Grave, R., Calugi, S., Petroni, M. L., Di Domizio, S., & Marchesini, G. (2010). Weight management, psychological distress and binge eating in obesity. A reappraisal of the problem. *Appetite*, *54*(2), 269-273. doi:10.1016/j.appet.2009.11.010

- Dalley, S. E., & Buunk, A. P. (2009). 'Thinspiration' vs 'fear of fat' using prototypes to predict frequent weight-loss dieting in females. *Appetite*, *52*(1), 217-221. doi:10.1016/j.appet.2008.09.019
- Danermark, B., Ekstrom, M., & Jakobsen, L. (2001). *Explaining society: An introduction to critical realism in the social sciences.* (1st ed.). London: Routledge Ltd. doi:10.4324/9780203996249
- Dijkstra, P., Barelds, D. P. H., & van Brummen-Girigori, O. (2015). Weight-influenced self-esteem, body comparisons and body satisfaction: Findings among women from the Netherlands and curacao. *Sex Roles, 73*(7-8), 355-369. doi:10.1007/s11199-015-0528-3
- Dixon, J., Dixon, M., & O'Brien, P. (2002). Body image: Appearance orientation and evaluation in the severely obese. changes with weight loss. *Obesity Surgery*, *12*(1), 65-71. doi:10.1381/096089202321144612
- Dixon, J. B., Laurie, C. P., Anderson, M. L., Hayden, M. J., Dixon, M. E., & O'Brien, P. E. (2009). Motivation, readiness to change, and weight loss following adjustable gastric band surgery. *Obesity*, *17*(4), 698-705. doi:10.1038/oby.2008.609
- Division of Counselling Psychology. (2005). *Professional practice guidelines*. Leicester: British Psychological Society.
- Duarte, C., Matos, M., Stubbs, R. J., Gale, C., Morris, L., Gouveia, J. P., & Gilbert, P. (2017). The impact of shame, self-criticism and social rank on eating behaviours in overweight and obese women participating in a weight management programme. *PloS One*, *12*(1), e0167571. doi:10.1371/journal.pone.0167571
- Elgar, T. (2012) 'Critical Realism' In Mills, A. J., Durepos, G., & Wiebe, E. *Encyclopedia of case study research* (1st ed.). Thousand Oaks: Sage Publications Inc.
- Epiphaniou, E., & Ogden, J. (2010). Successful weight loss maintenance and a shift in identity. *Journal of Health Psychology*, *15*(6), 887-896.
- Field, A. E., Manson, J. E., Taylor, C. B., Willett, W. C., & Colditz, G. A. (2004). Association of weight change, weight control practices, and weight cycling among

- women in the nurses' health study II. *International Journal of Obesity, 28*(9), 1134-1142. doi:10.1038/sj.ijo.0802728
- Fikkan, J. L., & Rothblum, E. D. (2012). Is fat a feminist issue? exploring the gendered nature of weight bias. *Sex Roles: A Journal of Research, 66*(9-10), 575-592. doi:10.1007/s11199-011-0022-5
- Finch, L. E., & Tomiyama, A. J. (2015). Comfort eating, psychological stress, and depressive symptoms in young adult women. *Appetite*, *95*, 239-244. doi:10.1016/j.appet.2015.07.017
- Finlay, L., 1957. (2011). *Phenomenology for therapists: Researching the lived world.*Hoboken, N.J: J. Wiley.
- Fletcher, A. J. (2017). Applying critical realism in qualitative research: Methodology meets method. *International Journal of Social Research Methodology*, *20*(2), 181-194. doi:10.1080/13645579.2016.1144401
- Foster, G. D., Wadden, T. A., Phelan, S., Sarwer, D. B., & Sanderson, R. S. (2001).

 Obese patients' perceptions of treatment outcomes and the factors that influence them. *Archives of Internal Medicine*, *161*(17), 2133-2139. doi:10.1001/archinte.161.17.2133
- Foxx, R. M. (1972). Social reinforcement of weight reduction: A case report on an obese retarded adolescent. *Mental Retardation*, *10*(4), 21-23.
- Frayn, M., & Knäuper, B. (2018). Emotional eating and weight in adults: A review. *Current Psychology (New Brunswick, N.J)., 37*(4), 924-933. doi:10.1007/s12144-017-9577-9
- Friedman, K. E., Reichmann, S. K., Costanzo, P. R., & Musante, G. J. (2002). Body image partially mediates the relationship between obesity and psychological distress. *Obesity Research*, *10*(1), 33-41. doi:10.1038/oby.2002.5
- Friedman, M. A., & Brownell, K. D. (1995). Psychological correlates of obesity. *Psychological Bulletin, 117*(1), 3-20. doi:10.1037/0033-2909.117.1.3

- Geliebter, A., & Aversa, A. (2003). Emotional eating in overweight, healthy weight, and underweight individuals. *Eating Behaviors*, *3*(4), 341-347. doi:10.1016/S1471-0153(02)00100-9
- Gettens, K. M., Carbonneau, N., Koestner, R., & Powers, T. A. (2018). The role of partner autonomy support in motivation, well-being, and weight loss among women with higher baseline BMI. *Families Systems & Health*, *36*(3), 347-356.
- Gilbert, P. (2009). Introducing compassion-focused therapy. *Advances in Psychiatric Treatment: The Royal College of Psychiatrists' Journal of Continuing Professional Development*, *15*(3), 199-208.
- Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity* Penguin, 1968; Prentice-Hall. Retrieved from http://city.summon.serialssolutions.com
- Grabe, S., Ward, L. M., & Hyde, J. S. (2008). The role of the media in body image concerns among women: A meta-analysis of experimental and correlational studies. *Psychological Bulletin*, *134*(3), 460-476.
- Granberg, E. M. (2011). 'Now my 'old self' is thin': Stigma exits after weight loss. *Social Psychology Quarterly, 74*(1), 29-52. doi:10.1177/0190272511398020
- Greenberg, B. S., Eastin, M., Hofschire, L., Lachlan, K., & Brownell, K. D. (2003). Portrayals of overweight and obese individuals on commercial television. *American Journal of Public Health (1971), 93*(8), 1342-1348. doi:10.2105/ajph.93.8.1342
- Grilo, C. M., Hrabosky, J. I., White, M. A., Allison, K. C., Stunkard, A. J., & Masheb, R. M. (2008). Overvaluation of shape and weight in binge eating disorder and overweight controls: Refinement of a diagnostic construct. *Journal of Abnormal Psychology*, 117(2), 414-419. doi:10.1037/0021-843X.117.2.414
- Gross, J. J. (2007). *Handbook of emotion regulation*. New York. The Guilford Press.
- Gross, J. J. & Jazaieri, H. (2014). Emotion, emotion regulation, and psychopathology. *Clinical Psychological Science*, *2*(4), 387-401.

- Guardia, D., Metral, M., Pigeyre, M., Bauwens, I., Cottencin, O., & Luyat, M. (2013). Body distortions after massive weight loss: Lack of updating of the body schema hypothesis. *Eating and Weight Disorders Studies on Anorexia, Bulimia and Obesity, 18*(3), 333-336. doi:10.1007/s40519-013-0032-0
- Hai-Lun Chao. (2015). Body image change in obese and overweight persons enrolled in weight loss intervention programs: A systematic review and meta-analysis. *PLoS One*, *10*(5) doi:10.1371/journal.pone.0124036
- Harrison, K. (2016). Television viewing, fat stereotyping, body shape standards, and eating disorder symptomatology in grade school children. *Communication Research*, *27*(5), 617-640.
- Haverkamp, B. E. (2005). Ethical perspectives on qualitative research in applied psychology. *Journal of Counselling Psychology*, *52*(2), 146-155. doi:10.1037/0022-0167.52.2.146
- Health committee 6th report. *Impact of physical activity and diet on health volume 1.* report (2015).
- Heatherton, T. F., & Baumeister, R. F. (1991). Binge eating as escape from self-awareness. *Psychological Bulletin*, 110(1), 86-108. doi:10.1037/0033-2909.110.1.86
- Health committee 6th report. *Impact of physical activity and diet on health volume 1. report* (2015).
- Hebl, M. R. & Mannix, L. M. (2016). The weight of obesity in evaluating others: A mere proximity effect. *Personality & Social Psychology Bulletin*, *29*(1), 28-38.
- Heo, M., Pietrobelli, A., Fontaine, K. R., Sirey, J. A., & Faith, M. S. (2006). Depressive mood and obesity in US adults: Comparison and moderation by sex, age, and race. *International Journal of Obesity*, *30*(3), 513-519. doi:10.1038/sj.ijo.0803122
- Heinberg, L. J., Thompson, J. K., & Matzon, J. L. (2001). Body image dissatisfaction as a motivator for healthy lifestyle change: Is some distress beneficial? *Eating*

- disorders: Innovative directions in research and practice (pp. 215-232). DC: American Psychological Association. doi:10.1037/10403-011
- Herpertz, S., Kielmann, R., Wolf, A. M., Langkafel, M., Senf, W., & Hebebrand, J. (2003). Does obesity surgery improve psychosocial functioning? A systematic review. *International Journal of Obesity*, *27*(11), 1300-1314. doi:10.1038/sj.ijo.0802410
- Himmelstein, M. S., Puhl, R. M., & Quinn, D. M. (2017). Intersectionality: An understudied framework for addressing weight stigma. *American Journal of Preventive Medicine*, *53*(4), 421-431. doi:10.1016/j.amepre.2017.04.003
- Hollway, W., & Jefferson, T. (2012). *Doing qualitative research differently* (2nd ed. ed.). London: Sage Publications Ltd.
- Hollway, W. (2012) 'Social psychology: Past and Present' In Hollway, W., Lucey, H., Phoenix A., & Lewis G. (Eds.) *Social psychology matters: Book 1* (2nd ed.) United Kingdom: The Open University.
- Hruby, A. & Hu, F. B. (2015). The epidemiology of obesity: A big picture. *PharmacoEconomics*, 33(7), 673-689. doi:10.1007/s40273-014-0243-x
- Hsu, L., Mulliken, B., McDonagh, B., Krupa Das, S., Rand, W., Fairburn, C. G., & Roberts, S. (2002). Binge eating disorder in extreme obesity. *International Journal of Obesity*, *26*(10), 1398-1403. doi:10.1038/sj.ijo.0802081
- Hudson, J. I., Hiripi, E., Pope, H. G., & Kessler, R. C. (2007). The prevalence and correlates of eating disorders in the national comorbidity survey replication. *Biological Psychiatry*, *61*(3), 348-358. doi:10.1016/j.biopsych.2006.03.040
- Hunger, J. M., Tomiyama, A. J. (2018). Weight labelling and disordered eating among adolescent girls: Longitudinal evidence from the National Heart, Lung, and Blood Institute growth and health study. Journal of Adolescent Health, 63, 360–362.
- Janks, H. (1997). Critical discourse analysis as a research tool. *Discourse (Abingdon, England)*, *18*(3), 329-342. doi:10.1080/0159630970180302

- Jensen, J. F., Petersen, M. H., Larsen, T. B., Jørgensen, D. G., Grønbæk, H. N., & Midtgaard, J. (2014). Young adult women's experiences of body image after bariatric surgery: A descriptive phenomenological study. *Journal of Advanced Nursing*, 70(5), 1138-1149. doi:10.1111/jan.12275
- Kasket, E. (2012). The counselling psychologist researcher. *Counselling Psychology Review*,
- Kasket E. & Gil-Rodriguez, E. (2011). The identity crisis in trainee counselling psychology research. *Counselling Psychology Review.*
- Kilpela, L. S., Blomquist, K., Verzijl, C., Wilfred, S., Beyl, R., & Becker, C. B. (2016). The body project 4 all: A pilot randomized controlled trial of a mixed-gender dissonance-based body image program. *International Journal of Eating Disorders*, 49(6), 591-602. doi:10.1002/eat.22562
- Langdridge, D. (2007). *Phenomenological psychology*. England: Pearson Education Limited.
- Lanoye, A., Grenga, A., Leahey, T. M., & LaRose, J. G. (2019). Motivation for weight loss and association with outcomes in a lifestyle intervention: Comparing emerging adults to middle aged adults. *Obesity Science & Practice*, *5*(1), 15-20.
- Latner, J. D., Ebneter, D. S., & O'Brien, K. S. (2012). Residual obesity stigma: An experimental investigation of bias against obese and lean targets differing in weight-loss history. *Obesity*, *20*(10), 2035-2038. doi:10.1038/oby.2012.55
- Lazuka, R. F., Wick, M. R., Keel, P. K., & Harriger, J. A. (2020). Are we there yet? progress in depicting diverse images of beauty in instagram's body positivity movement. *Body Image*, 34, 85-93. doi:https://o-doi-org.wam.city.ac.uk/10.1016/j.bodyim.2020.05.001
- Lent, M. R., Napolitano, M. A., Wood, G. C., Argyropoulos, G., Gerhard, G. S., Hayes, S., . . . Still, C. D. (2014). Internalized weight bias in weight-loss surgery patients: Psychosocial correlates and weight loss outcomes. *Obesity Surgery*, *24*(12), 2195-2199. doi:10.1007/s11695-014-1455-z

- Lester, J. N., Wong, Y. J., O'Reilly, M., & Kiyimba, N. (2018). Discursive psychology: Implications for counselling psychology. *The Counselling Psychologist*, *46*(5), 576-607.
- Levinge, E., Stapleton, P., & Sabot, D. (2020). Delineating the psychological and behavioural factors of successful weight loss maintenance. *Heliyon, 6*(1), e03100. doi:10.1016/j.heliyon.2019.e03100
- Lieberman, D. L., Tybur, J. M., & Latner, J. D. (2012). Disgust sensitivity, obesity stigma, and gender: Contamination psychology predicts weight bias for women, not men. *Obesity*, *20*(9), 1803-1814. doi:10.1038/oby.2011.247
- Lillis, J., Luoma, J. B., Levin, M. E., & Hayes, S. C. (2010). Measuring weight self-stigma: The weight self-stigma questionnaire. *Obesity*, *18*(5), 971-976. doi:10.1038/oby.2009.353
- Liu, Y., Song, Y., Koopmann, J., Wang, M., Chang, C. (., & Shi, J. (2017). Eating your feelings? testing a model of employees' work-related stressors, sleep quality, and unhealthy eating. *Journal of Applied Psychology*, 102(8), 1237-1258. doi:10.1037/apl0000209
- Logel, C., Stinson, D. A., & Brochu, P. M. (2015). Weight loss is not the answer: A well-being solution to the "Obesity problem". *Social and Personality Psychology Compass*, *9*(12), 678-695. doi:10.1111/spc3.12223
- Macht, M., & Mueller, J. (2007). Immediate effects of chocolate on experimentally induced mood states. *Appetite*, *49*(3), 667-674. doi:10.1016/j.appet.2007.05.004
- Magdaleno Jr, R., Chaim, E., Pareja, J., & Turato, E. (2011). The psychology of bariatric patient: What replaces obesity? A qualitative research with Brazilian women. *Obesity Surgery*, *21*(3), 336-339. doi:10.1007/s11695-009-9824-8
- Magdaleno Jr, R. (2012). Psychosocial aspects of massive weight loss after bariatric surgery. *Body contouring following bariatric surgery and massive weight loss post-bariatric body contouring* (pp. 29-38) doi:10.2174/978160805238711201010029

- Major, B., Dovidio, J. F., & Link, B. G. (2018). *The Oxford handbook of stigma, discrimination, and health.* New York: Oxford University Press.
- Major, B., Hunger, J. M., Bunyan, D. P., & Miller, C. T. (2014). The ironic effects of weight stigma. *Journal of Experimental Social Psychology*, *51*, 74-80. doi:https://0-doi-org.wam.city.ac.uk/10.1016/j.jesp.2013.11.009
- Mann, T., Tomiyama, J., Westling, E., Lew, A., Samuels, B., Chatman, J. (2007). Medicare's search for effective obesity treatments: Diets are not the answer. American Psychologist, 62(3), 220–233. http://o-doi.org.wam.city.ac.uk/10.1037/0003-066X.62.3.220
- Martin Ginis, K. A., McEwan, D., Josse, A. R., & Phillips, S. M. (2012). Body image change in obese and overweight women enrolled in a weight-loss intervention: The importance of perceived versus actual physical changes. *Body Image*, *9*(3), 311. doi:10.1016/j.bodyim.2012.04.002
- Marquez, B. & Murillo, R. (2017) Racial/ethnic differences in weight-loss strategies among US adults: National health and nutrition examination survey 2007-2012 doi:10.1016/j.jand.2017.01.025
- Martin Ginis, K. A., McEwan, D., Josse, A. R., & Phillips, S. M. (2012). Body image change in obese and overweight women enrolled in a weight-loss intervention: The importance of perceived versus actual physical changes. *Body Image*, *9*(3), 311. doi:10.1016/j.bodyim.2012.04.002
- Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, *50*(4), 370–396. https://o-doi-org.wam.city.ac.uk/10.1037/h0054346
- McLean, S. A., Paxton, S. J., & Wertheim, E. H. (2016). Does media literacy mitigate risk for reduced body satisfaction following exposure to thin-ideal media? *Journal of Youth and Adolescence*, *45*(8), 1678-1695. doi:10.1007/s10964-016-0440-3
- Meadows, A., & Higgs, S. (2019). The multifaceted nature of weight-related self-stigma: Validation of the two-factor weight bias internalization scale (WBIS-2F). *Frontiers in Psychology, 10*, 808. doi:10.3389/fpsyg.2019.00808

- Meendering, J., Kleine, H., Drooger, A., McCormack, L. A., Kattelmann, K., & Stluka, S. (2016). *Barriers and facilitators to weight maintenance after reaching a goal weight within a meal replacement program* doi:https://o-doiorg.wam.city.ac.uk/10.1016/j.jneb.2016.04.288
- Meyer, A. H., Weissen-Schelling, S., Munsch, S., & Margraf, J. (2010). Initial development and reliability of a motivation for weight loss scale. *Obesity Facts*, 3(3), 7. doi:10.1159/000315048
- Miller, B. J., & Lundgren, J. D. (2010). An experimental study of the role of weight bias in candidate evaluation. *Obesity, 18*(4), 712-718. doi:10.1038/oby.2009.492
- Moran, D. (2000) Introduction to Phenomenology. London. Routledge
- Moynihan, A. B., Tilburg, Wijnand A. P. van, Igou, E. R., Wisman, A., Donnelly, A. E., & Mulcaire, J. B. (2015). Eaten up by boredom: Consuming food to escape awareness of the bored self. *Frontiers in Psychology, 6*, 369. doi:10.3389/fpsyg.2015.00369
- Murray, M. (2015).' Narrative psychology'. In Smith, J.A., *Qualitative Psychology: A practical guide to research methods.* London. Sage.
- Murray S (2010) Women under/in control? In Vandamme, S. & van de Vathorst, S. Embodying eating after gastric banding. In Whose Weight is it Anyway Essays on Ethics and Eating: Belgium Uitgeverij Acco.
- National Health Service Website (2020) Overview Obesity. Retrieved 13 July 2020 from https://www.nhs.uk/conditions/obesity/
- O'Brien, K., Venn, B. J., Perry, T., Green, T. J., Aitken, W., Bradshaw, A., & RuthThomson. (2007). Reasons for wanting to lose weight: Different strokes for different folks. *Eating Behaviors*, 8(1), 132-135. doi:10.1016/j.eatbeh.2006.01.004
- Ogden, J., Clementi, C., & Aylwin, S. (2006). The impact of obesity surgery and the paradox of control: A qualitative study. *Psychology & Health*, *21*(2), 273-293. doi:10.1080/14768320500129064

- Ogden, J., & Hills, L. (2008). Understanding sustained behavior change: The role of life crises and the process of reinvention. *Health (London, England : 1997), 12*(4), 419-437.
- Oliver, G., Wardle, J., & Gibson, E. L. (2000). Stress and food choice: A laboratory study. *Psychosomatic Medicine*, 62(6), 853-865. doi:10.1097/00006842-200011000-00016
- O'Mahoney, J. & Vincent, S. (2014) 'Critical Realism as an Empirical Project' In Edwards, P. K., O'Mahoney, J., & Vincent, S. Studying organizations using critical realism (First edition. ed.). Oxford: Oxford University Press. doi:0s0/9780199665525.001.0001
- O'Neil, P. M., Smith, C. F., Foster, G. D., & Anderson, D. A. (2000). The perceived relative worth of reaching and maintaining goal weight. *International Journal of Obesity*, *24*(8), 1069-1076. doi:10.1038/sj.ijo.0801242
- Padesky, C. A., & Mooney, K. A. (2012). Strengths-based cognitive-behavioural therapy: A four-step model to build resilience. *Clinical Psychology and Psychotherapy*, *19*(4), 283-290. doi:10.1002/cpp.1795
- Pearl, R. L., Dovidio, J. F., Puhl, R. M., & Brownell, K. D. (2015). Exposure to weight-stigmatizing media: Effects on exercise intentions, motivation, and behavior. *Journal of Health Communication*, *20*(9), 1004-1013. doi:10.1080/10810730.2015.1018601
- Pearl, R. L., & Puhl, R. M. (2018). Weight bias internalization and health: A systematic review: Weight bias internalization and health. *Obesity Reviews*, *19*(8), 1141-1163. doi:10.1111/obr.12701
- Pietiläinen, K. H., Saarni, S. E., Kaprio, J., & Rissanen, A. (2012). Does dieting make you fat? A twin study. *International Journal of Obesity*, *36*(3), 456-464. doi:10.1038/ijo.2011.160
- Pietkiewic, & Smith. (2014). A practical guide to using interpretative phenomenological analysis in qualitative research psychology. *Czasopismo Psychologiczne Psychological Journal*, 20(1) doi:10.14691/CPPJ.20.1.7

- Pinaquy, S., Chabrol, H., Simon, C., Louvet, J., & Barbe, P. (2003). Emotional eating, alexithymia, and Binge-Eating disorder in obese women. *Obesity Research*, *11*(2), 195-201. doi:10.1038/oby.2003.31
- Pringle, J., Drummond, J., McLafferty, E., & Hendry, C. (2011). Interpretative phenomenological analysis: A discussion and critique. *Nurse Researcher*, *18*(3), 20-24.
- Public Health England (2019) Health Survey for England 2018: Overweight and obesity in adults and children. Retrieved July 20, 2020 from https://files.digital.nhs.uk/25/F4EFC8/HSE18-Quick%20Guide-rep.pdf
- Puhl, R.M., Andreyeva, T. and Brownell, K.D. (2008). Perceptions of weight discrimination: Prevalence and comparison to race and gender discrimination in America. *International Journal of Obesity,* 32(6), 992-1000. doi:10.1038/ijo.2008.22
- Puhl, R., & Brownell, K. D. (2001). Bias, discrimination, and obesity. *Obesity Research*, *9*(12), 788-805. doi:10.1038/oby.2001.108
- Puhl, R. M., & Heuer, C. A. (2009). The stigma of obesity: A review and update. *Obesity*, *17*(5), 941-964. doi:10.1038/oby.2008.636
- Puhl, R., Peterson, J. L., & Luedicke, J. (2013). Fighting obesity or obese persons? public perceptions of obesity-related health messages. *International Journal of Obesity*, 37(6), 774-782. doi:10.1038/ijo.2012.156
- Qi, W., & Cui, L. (2019). Eat to avoid negative self-awareness: Locus of control and core self-evaluation as serial mediators in the effect of stress on food intake. *Appetite*, *143*, 104401. doi:10.1016/j.appet.2019.104401
- Quick, Virginia, Ph.D., R.D., Larson, Nicole, Ph.D., M.P.H., R.D., Eisenberg, Marla E., Sc.D., M.P.H., Hannan, P. J., M.stat, & Neumark-Sztainer, Dianne, Ph.D., M.P.H., R.D. (2012). Self-weighing behaviors in young adults: Tipping the scale toward unhealthy eating behaviors? *Journal of Adolescent Health*, *51*(5), 468-474. doi:10.1016/j.jadohealth.2012.02.008

- Rafalin. D. (2010) 'Counselling Psychology and Research' In Milton, M. *Therapy and beyond* (1. publ. ed.). Chichester, West Sussex: Wiley-Blackwell.
- Reavey, P. (2016). Visual methods in psychology. New York: Routledge.
- Roehling, M. V., Roehling, P. V., & Odland, L. M. (2008). Investigating the validity of stereotypes about overweight employees: The relationship between body weight and normal personality traits. *Group & Organization Management*, 33(4), 392-424. doi:10.1177/1059601108321518
- Romo, L. K. (2016). How formerly overweight and obese individuals negotiate disclosure of their weight loss. *Health Communication*, *31*(9), 1145-1154. doi:10.1080/10410236.2015.1045790
- Rudolph, A., & Hilbert, A. (1). The effects of obesity-related health messages on explicit and implicit weight bias. *Frontiers in Psychology, 07*
- Song, A. Y., Rubin, J. P., Thomas, V., Dudas, J. R., Marra, K. G., & Fernstrom, M. H. (2006). Body image and quality of life in post massive weight loss body contouring patients. *Obesity*, *14*(9), 1626-1636. doi:10.1038/oby.2006.187
- Schvey, N., Sbrocco, T., Bakalar J., Ress, R., Barmine, M., Gorlick, J., Pine, A., Stephens M. and Tanofsky-Kraff, M. (2016) The experience of weight stigma among gym members with overweight and obesity. *Stigma and health* (Washington, D.C). (2376-6972), 2 (4), p. 292
- Schwartz, M. B., & Brownell, K. D. (2004). Obesity and body image. *Body Image*, *1*(1), 43-56. doi:10.1016/S1740-1445(03)00007-X
- Schwartz, M. B., Chambliss, H. O., Brownell, K. D., Blair, S. N., & Billington, C. (2003). Weight bias among health professionals specializing in obesity. *Obesity Research*, *11*(9), 1033-1039. doi:10.1038/oby.2003.142
- Smith, F., & Farrants, J. R. (2013). Shame and self-acceptance in continued flux: Qualitative study of the embodied experience of significant weight loss and removal of resultant excess skin by plastic surgery. *Journal of Health Psychology*, 18(9), 1129-1140. doi:10.1177/1359105312459095

- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis* (1. publ. ed.). Los Angeles, Calif. [u.a.]: Sage.
- Sogg, S., & Gorman, M. J. (2008). Interpersonal changes and challenges after weight-loss surgery. *Primary Psychiatry*, *15*(8), 61-66.
- Stambush, M. A., Hill-Mercer, A., & Mattingly, B. A. (2016). Residual fat stigma after weight loss: The mediating role of perceived effort. *Journal of Applied Biobehavioral Research*, *21*(3), 188-201. doi:10.1111/jabr.12049
- Steinberg, D. M., Bennett, G. G., Askew, S., & Tate, D. F. (2015). Weighing every day matters: Daily weighing improves weight loss and adoption of weight control behaviors doi:https://o-doi-org.wam.city.ac.uk/10.1016/j.jand.2014.12.011
- Sutin, A. R., Sutin, A. R., Stephan, Y., & Terracciano, A. (2015). Weight discrimination and risk of mortality. *Psychological Science*, *26*(11), 1803-1811.
- Swami, V. (2015). Cultural influences on body size ideals. *European Psychologist*, 20(1), 44-51. doi:10.1027/1016-9040/a000150
- Swami, V., Furnham, A., Amin, R., Chaudhri, J., Joshi, K., Jundi, S., . . . Tovée, M. J. (2008). Lonelier, lazier, and teased: The stigmatizing effect of body size. *The Journal of Social Psychology, 148*(5), 577-594. doi:10.3200/SOCP.148.5.577-594
- The British Psychological Society. (2014). *Code of human research ethics.* Leicester: The British Psychological Society.
- Tomiyama, A. J. (2014). Weight stigma is stressful. A review of evidence for the cyclic obesity/weight-based stigma model. *Appetite*, 82, 8-15. doi:https://o-doiorg.wam.city.ac.uk/10.1016/j.appet.2014.06.108
- Tomiyama, A. J., Finch, L. E., Belsky, A. C. I., Buss, J., Finley, C., Schwartz, M. B., & Daubenmier, J. (2015). Weight bias in 2001 versus 2013: Contradictory attitudes among obesity researchers and health professionals: Weight bias in 2001 versus 2013. *Obesity (Silver Spring, Md).*, 23(1), 46-53. doi:10.1002/oby.20910

- Tomiyama, A. J., Carr, D., Granberg, E. M., Major, B., Robinson, E., Sutin, A. R., & Brewis, A. (2018). How and why weight stigma drives the obesity 'epidemic' and harms health. *BMC Medicine*, *16*(1), 123-6. doi:10.1186/s12916-018-1116-5
- Toporek, L. R. (2006). *Handbook for social justice in counselling psychology*. Thousand Oaks: Sage Publications.
- Tucci, S. A., Boyland, E. J., Halford, J. C. G., & Harrold, J. A. (2013). Stigmatisation of a formerly obese young female. *Obesity Facts*, *6*(5), 433-442. doi:10.1159/000355713
- Tuthill, A., <u>Slawik</u>, H., <u>O'Rahilly</u>, S. and <u>Finer</u>, N. (2006). Psychiatric co-morbidities in patients attending specialist obesity services in the UK. *QJM : Monthly Journal of the Association of Physicians*, *99*(5), 317-325. doi:10.1093/qjmed/hcl041
- Ul-Haq, Z., Mackay, D. F., Fenwick, E., & Pell, J. P. (2014). Association between body mass index and mental health among Scottish adult population: A cross-sectional study of 37272 participants. *Psychological Medicine*, 44(10), 2231-2240. doi:10.1017/S0033291713002833
- van der Merwe, M. (2007). Psychological correlates of obesity in women. *International Journal of Obesity*, 31(S2), S18. doi:10.1038/sj.ijo.0803731
- van Leeuwen, F., Hunt, D. F., & Park, J. H. (2015). Is obesity stigma based on perceptions of appearance or character? theory, evidence, and directions for further study. *Evolutionary Psychology*, 13(3), 147470491560056. doi:10.1177/1474704915600565
- van Strien, T., van de Laar, Floris A., van Leeuwe, Jan F. J., Lucassen, Peter L. B. J., van den Hoogen, Henk J. M., Rutten, Guy E. H. M., & van Weel, C. (2007). The dieting dilemma in patients with newly diagnosed type 2 diabetes: Does dietary restraint predict weight gain 4 years after diagnosis? *Health Psychology*, *26*(1), 105-112. doi:10.1037/0278-6133.26.1.105
- VanWormer, J. J., Martinez, A. M., Martinson, B. C., Crain, A. L., Benson, G. A., Cosentino, D. L., & Pronk, N. P. (2009). Self-weighing promotes weight loss for

- obese adults. *American Journal of Preventive Medicine*, 36(1), 70-73. doi:10.1016/j.amepre.2008.09.022
- Van Wye, G., Dubin, J. A., Blair, S. N., & Pietro, L. (2007). Weight cycling and 6-year weight change in healthy adults: The aerobics center longitudinal study. *Obesity*, 15(3), 731-739. doi:10.1038/oby.2007.598
- Wadden, T. A., Butryn, M. L., Sarwer, D. B., Fabricatore, A. N., Crerand, C. E., Lipschutz, P. E., Williams, N. N. (2006). Comparison of psychosocial status in treatment-seeking women with class III vs. class I-II obesity. *Obesity*, 14(3S), 90S-98S. doi:10.1038/oby.2006.288
- Wang, S. S., Brownell, K. D., & Wadden, T. A. (2004). The influence of the stigma of obesity on overweight individuals. *International Journal of Obesity*, 28(10), 1333-1337. doi:10.1038/sj.ijo.0802730
- Wardle, J., & Cooke, L. (2005). The impact of obesity on psychological well-being. *Best Practice & Research Clinical Endocrinology & Metabolism*, 19(3), 421-440. doi:10.1016/j.beem.2005.04.006
- Werlinger, K., King, T. K., Clark, M. M., Pera, V., & Wincze, J. P. (1997). Perceived changes in sexual functioning and body image following weight loss in an obese female population: A pilot study. *Journal of Sex & Marital Therapy*, 23(1), 74. doi:10.1080/00926239708404419
- Willig, C. (2012). Perspectives on the epistemological bases for qualitative research. *APA handbook of research methods in psychology, vol 1: Foundations, planning, measures, and psychometrics* (pp. 5-21). DC: American Psychological Association. doi:10.1037/13619-002
- Willig, C. (2013). *Introducing qualitative research in psychology* (3rd ed.). Maidenhead: Open University Press.
- Willig, C. (2015).' Discourse analysis'. In Smith, J.A., Qualitative Psychology: A practical guide to research methods. London. Sage

- Wood, C., Percy, C., & Giles, D. (2012). Your psychology project handbook (2nd ed. ed.). Harlow, United Kingdom: Pearson Education M.U.A. Retrieved from http://lib.myilibrary.com?ID=369115
- World Health Organisation (WHO)Media Centre (2020). Obesity and overweight; Retrieved July 09 2020 from http://www.who.int/mediacentre/factsheets/fs311/en/
- Wong, M., & Qian, M. (2016). The role of shame in emotional eating. *Eating Behaviors*, 23, 41-47. doi:10.1016/j.eatbeh.2016.07.004
- Yardley, L. (2015) 'Demonstrating validity in qualitative psychology'. In Smith, J. A. (Ed.). *Qualitative psychology: A practical guide to research methods* (3rd ed.). London: Sage.
- Yin, R. K. (2016). *Qualitative research from start to finish* (Second ed.). New York: Guilford Press
- Young, J., & Burrows, L. (2013). Finding the 'self' after weight loss surgery: Two women's experiences. *Feminism & Psychology*, 23(4), 498-516. doi:10.1177/0959353513500471
- Young, J. E., Klosko, J. S., & Weishaar, M. E. (2003). *Schema therapy: A practitioner's guide*. New York: The Guilford Press.

Part Two

Ropner, V.E.L., Smith, F. & Nkansa-Dwamena, O. (2020) Do fat lives matter? A theme about weight bias taken from an IPA study investigating the female experience of reaching goal weight after significant weight loss.

For the Journal of Health Psychology

A publishable paper

Do fat lives matter? A publishable paper

5.1 Abstract

This study aimed to investigate the experience of women who reached goal weight after significant weight loss. Eight women who had lost at least a quarter of their bodyweight in the community, through diet and exercise, and had experienced life in a changing body, were recruited within six months after reaching their goal weight.

The literature search highlighted a plethora of research on the psychological correlates of obesity, highly disturbing findings on the pervasive nature and severe impact of weight bias and extensive research on weight loss in clinical settings.

The study used semi-structured interviews, which were analysed using Interpretive Phenomenological Analysis. 4 superordinate themes emerged relating to this changing body and the people around the participants, goal weight was found to be a fleeting high that needed to be experienced but did not seem to maintain its value, but one theme emerged that was particularly shocking and the subject of this article: Do fat lives matter?

This theme details the experiences of the female participants when they were obese and felt like they were "nothing". It encompasses the subthemes 1. A fat life, unlimited? 2. Living in a fat body. 3. What do you feel in a fat body? 4. Experiences of themselves and how they felt seen by others 5. Fat as different 6. Food having a moralistic flavour.

5.2 Introduction

Weight bias has seen a multitude of research over recent years, suggesting widespread devaluation of those who are overweight. Goffman (1963) highlighted three causes of stigma, which for weight bias are possessing a physical abnormality and a character flaw (van Leeuwen et al., 2015). These character flaws have almost become moralistic stereotypes, with fat people being described as lazy (Swami et al., 2008) and irresponsible (Murray, 2010). Roehling et al. (2008) conducted research on these stereotypes in relation to fat people, finding they were not supported.

Tomiyama (2014) constructed the COBWEBS (Cyclic obesity/ weight-based stigma) model, highlighting weight bias as a negative emotional experience, a stressor, which leads to weight gain in two ways, either slowly and physiologically with the release of

the stress hormone cortisol, or the alternative and arguably faster way, reacting to the stress by overeating (Major et al, 2014).

Others' perception and self-perception of weight are crucial to bias, which can be perpetuated by society, family, friends or the self (Lillis et al., 2010). Carr & Friedman's (2005) study suggested that obese people are 8% more likely to face major discrimination than those of a healthy weight, 10% more likely to face work-related discrimination, 5% more likely to face healthcare-related discrimination and 12% more likely to face day-to-day discrimination. It is also suggested that previous experience of bias can make present occurrences of weight bias more potent (Pearl et al., 2015).

Research suggests that weight bias exists in employment, where fat women appear to suffer more than fat men, with initial interviews, promotion prospects and wages all seemingly affected (Fikkan & Rothblum, 2011). Much of the research suggests that women suffer bias more than men (Miller & Lundgren, 2010). Weight bias has been suggested in professionals working in the fields of obesity research and treatment (Tomiyama et al., 2015, Schwartz et al., 2003)

Weight bias on television was investigated by Greenberg et al. (2003) who looked at 1018 characters in American television, from the 6 major television networks, specifically major characters, not bit parts. 14% of women in these roles were overweight, not sufficiently reflecting the population, which on its own could indicate a bias. The overweight and obese women were much less likely to have romantic partners, to be considered attractive or to display affection. They were less likely to take the lead, instead they were more likely to be shown eating in their scenes, or to be the object of humour.

Puhl and Brownell (2001) suggest that weight bias is rife against the obese, which is important because it can be harmful to mental health. Tomiyama et al. (2018) propose that it is weight bias that drives weight gain, poor health and the obesity epidemic, arguing that it is working on the bias that could relieve the problem, rather than focusing purely on obesity.

Sutin, Stephan & Terracciano (2015) investigated the effects of weight bias on the risk of mortality (lower life expectancy) and suggested that weight bias had a generally stronger association than other biases against people such as race, ancestry, physical disabilities, or sexual orientation.

This bias can be internalised by the fat person, known as weight bias internalisation (WBI). In research associations have been suggested between WBI and low self-esteem, anxiety and body dissatisfaction (Pearl and Puhl, 2018)

Obesity is a serious condition with psychological consequences, such as chronic depression (van der Merwe, 2007). Most obesity research was performed in a clinical setting (Foster et al., 2001) with treatment-seeking participants. Tuthill et al. (2006) examined the prevalence of psychological comorbidities in obese individuals in the UK and proposed high rates of depression and anxiety. The research suggested higher levels of anxiety than depression and higher anxiety rates for women than men.

5.3 Method

Eight women were involved in the study. The inclusion criteria were as follows: female sex, aged over 18, had lost at least a quarter of their body weight through diet and exercise, had reached goal weight within the last six months, and had no formal diagnosis or history of an eating disorder.

Participants aged from 23-71, with a mean age of 46, 7 were White, British and 1 was Asian, Indian. Six of the women were married or living with a partner, with one divorced and one single.

Participants were recruited using advertising on social media and posters at doctors' surgeries. A semi-structured interview was developed and piloted, a visual element was added at this point to help overcome the rehearsed narrative of weight loss. For the visual element, each participant was asked to bring an object or photograph which reminded them of reaching goal weight. Five out of the eight participants brought an item of clothing. Interviews took place at the participants homes or through FaceTime.

The interviews were transcribed and analysed according to the principles of IPA. The researcher identifies herself as a fat insider researcher, having had a lot of experience of weight cycling, losing and gaining significant amounts of weight.

There is no research on reaching goal weight after losing a significant amount of weight and we can gain rich and complex data through the qualitative process, so I focused on the subjective experience of the participants as a starting point from which to gain knowledge (Yin, 2016).

5.4 Analysis

This superordinate theme, Do fat lives matter? is framed as a question because from the interviews, it became obvious that these participants experienced not feeling that they mattered in society, feeling like second class citizens and the research landscape supported this experience. This theme looks at what it was like to live in a fat body, how it felt to do that, whether this limited opportunities and how participants saw themselves and felt seen by others. It is also concerned with how they were treated when they were fat. It also explores the moral flavour that is applied to language around food. This theme began when I thought about this quote, which I feel sums it up:

You know – that that would be the first thing they'd see. They wouldn't necessarily see me, as a person; they'd just see a fat person, therefore no self-control, no confidence, no nothing. (Lavinia, Pos. 184)

Fat people being nothing feels painful to me, Lavinia's telling of her story paints a distressing picture of the fat identity. The idea that it could be categorised as nothing made me question, Do fat lives matter?

A fat life, unlimited?

This sub theme looks at how fat has affected opportunities and experiences; Lavinia, led a life that was deeply affected by her weight:

I didn't go back to teaching because [pause] I didn't think they'd employ me because
I was really overweight then. (Lavinia, Pos. 505)

She worked hard for her career, putting in years of training and then felt she had to give it up when returning to work after her children were grown and instead turn to office work because of her weight. No one told her she could not return to the profession, but she believed she would have no chance of employment. She felt that her ability would be judged by the fat on her body, rather than the grey matter in her brain. I would imagine that to get to that belief one must have experienced quite a bit of weight bias.

Jemima had a different experience, as a mime artist on the stage, her size did not affect her employment:

yeah, so I became quite big, erm, and then I got an, an agent and I was getting really nice roles being fat... (Jemima, Pos. 67-68)

The stage seems to be somewhere where fat is deemed more acceptable, fat people can get good roles, but then it is often in comedy, or as the friend, or sidekick.

Living in a fat body.

This sub theme is about what life was like for the participants in a fat body. Imelda comments:

Like, really, I was just disgusted with myself. This... that I'd let myself get this big. (Imelda, Pos. 84)

She seemed devastated at having gained weight. Disgust is a very emotive word, she is offended by her own body. Jemima is the only one seemingly not upset by a fat body:

but I was quite fit, so, you know, I was a sort of big fit girl. Erm, I remember, I-I, you know, if I was walking with friends I wouldn't be out of breath (Jemima, Pos. 160-162)

Lavinia spoke about not having access to the clothes on the high street when thinking about living in a fat body:

I didn't get that very often because, of course, most of them probably looked at me and thought, "I'm not going to be able to help this lady because there isn't anything in our shop that will fit her." (Lavinia, Pos. 204)

It may be that the shop assistants were not thinking about her, but she felt excluded from shopping in places where those of a healthy weight can go without restriction. Living in a fat body for Lavinia was about feeling excluded and judged. When asked how she felt about her new body in the superordinate theme Weight loss unlocking a brighter future, but not always smoothly:

Very, very good, because now I can go into any shop—

-and there are things in my size

A lot of the joy spoken about after weight loss was about shopping, being reinvented and being able to express themselves freely in beautiful clothes, from any shop.

What do you feel in a fat body?

This sub theme is about the emotions connected to being fat. Tiffany talks about feeling happy after reaching goal weight in comparison to when she was fat:

Like, it wasn't 'fat-girl' happy; it was 'happy' happy. And just... yeah, you know, I was out with my best friend, having fun, and if we went back two years, I wouldn't have been able to do that. (Tiffany, Pos. 504)

The idea of fat-girl happy was placed in contrast to being happy. It evokes a smiling face, everything in place, but the eyes are sad and lifeless, a pretence.

Lavinia's idea of fat was somewhat similar to depression:

It's like a... it's like a great big dog that's gone [laughter]... gone away – a black dog [laughter]. (Lavinia, Pos. 517)

The black dog is often used as a metaphor for depression, so the fat around her could be seen like sadness that overwhelmed her, and in the aftermath, she feels unburdened. There seems to be this simplistic idea running through that fat was bad or sad and thin is good or happy, the reality is far more nuanced.

Imelda spoke of feeling ashamed about her body:

I felt... really... uh, I... yeah, unhappy and, um, annoyed [laughter] that I had let myself get to the stage that I had. (Imelda, Pos. 542)

When I spoke to her I felt a deep desire to separate herself from that shame, she laughed just as she seemed to begin to connect to it and I sensed shame even though the weight was gone. This would make sense, literature suggests that it can be hard to disconnect from weight bias, that it can be a problem even after weight loss (Tucci et al., 2013).

Experiences of themselves and how they felt seen by others.

This sub theme is about how they felt perceived by others and themselves when they were fat. Perdita talks about this:

I don't know. I just felt that you... you weren't successful. You weren't good. You weren't the right person to be. (Perdita, Pos. 8)

Not being good because of your weight? Not being the right person to be, it all sounds judgemental and moralistic, how can fat make someone wrong? It is interesting that she says, "you weren't successful", not "I wasn't successful". Almost as if she is trying to distance herself even further from the fat identity. I suspect that viewing fat as this appalling identity might feel safer after goal weight, to help maintain.

Lavinia talks about being fat, and therefore not equal before:

I... I don't think I ever felt equal. I always felt 'the fattest one' of the group. (Lavinia, Pos. 499)

Being the fattest person made her second class? She suggested that the other people were superior because they weighed less, this angered me, it made me really feel for her former self.

Again, Jemima spoke positively about her experience when she was fat:

so, I wasn't really that upset about being fat [laughs]. Er, I was getting work and things were good and I couldn't understand, I really didn't get other people who were so distraught by it all and...(Jemima, Pos. 72-74)

Jemima talked about how the fat identity was not upsetting to her and spoke quite nonchalantly about being treated differently because of her weight. The other participants all spoke about the difficulties of being fat in relation to their past lives, whilst Jemima seemed intent on letting me know that it was not that bad. I was interested to note that it was only when she spoke in relation to motivation for weight

loss that she was able to talk about any problems she had experienced. It may be that she felt it was easier to discuss in relation to positive change, she felt able to open up about why things needed to change. In the superordinate theme, <u>A meaningful</u>, <u>personal reason to lose weight</u>, she was able to open up about how things were in a fat body:

Er, and wanting somebody else, I just thought, I mean, also it was kind of, gosh will anybody want to hug me again at this weight [laughs], you know, or sleep with me... (Jemima, Pos. 299-301)

Wanting to move better (she was very immobile), live longer for her son and be loved again after a difficult relationship break up. But it is interesting that when talking about the experience of being fat in her journey, it was all positively framed.

Phoenix told me about her defensive mode that is activated every time she sees someone, and her weight has increased. Phoenix's experiences were about regularly weight cycling:

And I... I... and I find myself always making excuses, like... it's so damn obvious. I'm always saying something about my weight or, like... (Phoenix, Pos. 107)

She described constantly needing to address the weight gain before anyone else could, a feeling of almost meta-defensiveness, feeling defensive about how defensive she felt. Often trying to get a joke about her weight in quickly to almost excuse herself:

You know, if somebody says, "You look well" – I'm like, "Oh, well fed." Um, and—
(Phoenix, Pos. 109)

This defensiveness may come from the weight bias in society, this understanding of having obtained a devalued status, she appears to want to control the narrative. Leaving the other person to their own thoughts about it possibly feels too much, maybe it feels threatening. If she brings it into being, then the uncertainty is not left hanging ominously.

Perdita talked about feeling that she was not liked by men before she started dieting, and decided that this must have been because of her appearance:

Whenever I look at it now, it was just madness. But at the time, it was like, "Oh, my God." And I just thought to myself, "Nobody likes me because of the way I look."

(Perdita, Pos. 126)

It comes across that they felt that people were only considering their appearance, rather than their character or history. As if being fat meant that they had forsaken the right to be considered on a deeper level – they were just fat.

Fat as different.

This sub theme is about people being treated and viewed differently because of their weight. Jemima talks about her mother's treatment of her and her siblings, particularly how she was singled out because of her weight:

I knew why my mum, you know, whatever raised me as she did, and, and put this sort of quite heavy footprint in my head [laughs] about weight and, erm (Jemima, Pos. 903-904)

I found this idea of a footprint on the head about weight quite alarming, rather than just being marked as different. For me, it brings up the idea of being stamped on, from on high and feels abusive. It was said in a very cheery way, almost as if Jemima was not really in touch with her words as she said them. Jemima speaks about her mother fearing her becoming fat.

my, my mum, it came from a, from a place of love, I know now, 'cause I've had enough therapy, but, erm [laughs], she was so terrified that I would be fat...

(Jemima, Pos. 42-44)

She talked about being treated differently from her siblings when she was growing up because of her weight:

I had, you know, siblings and she would give them, erm, Easter eggs and things at Easter but I would have a pretty pair of socks or some, or some...(Jemima, Pos. 49-51)

So, Jemima experienced her mother's communication, when she was young, that fat was bad and to be feared.

Perdita spoke about people on television being portrayed differently because they were fat:

There's this one woman, who is really big, and she... she basically just lets everyone, like, walks all over her, and is so kind. (Perdita, Pos. 250)

This idea of a fat person being portrayed as a doormat or people pleaser, not the love interest or main role, I believe it adds to the stigma.

Food having a moralistic flavour

This sub theme is about the language that the participants used to talk about food, Fifi used words like naughty and bad five times in two sentences:

And [pause] [inhales] there was a delicious plate of naughty things. We always have a coffee and something naughty, so I had about two or three naughty things because I felt, "Well, I've had such a bad day today... I've eaten so badly today, I'll have another one of those." (Fifi, Pos. 577)

Imelda spoke about her eating in terms of good and bad:

I found that just as bad as I had done when I was big, which meant I was obviously also eating bad things and making bad choices. (Imelda, Pos. 388)

Her feelings towards herself because of these eating choices were quite disturbing, she talks of disgusted annoyance at herself, that feels quite extreme:

Because I felt the same kind of... I'd get a disgusted annoyance at myself that I was eating incorrectly. (Imelda, Pos. 386)

Perdita spoke of some of her food choices as wrong:

and then I was just eating the wrong foods type of thing. (Perdita, Pos. 222)

Almost every participant spoke about bad or naughty food when interviewed. This idea goes against balanced eating, 'a little of what you fancy does you good' is a concept often recommended by dietitians to ensure that people do not feel deprived and continue to get enjoyment from food. The participants seeing food as bad seems to support fat being bad too. They felt like they were second class when they spoke about being fat. It may be because I interviewed people that had only just reached their goal weight, fat was still a threatening concept and they had perhaps not had the time to explore the nuance of fat morality. It would be interesting to go back and see if that has changed.

5.5 Reflexivity

I would define myself as an insider researcher, up to a point, in relation to this study. I have lost a significant amount of weight and reached goal weight twice in my life. I say up to a point because I would not qualify for this research study, because I have a history of binge eating and then adult onset bulimia, after becoming so frustrated with my own weight cycling and attempts at maintenance. From an early age I knew that fat was bad, unlovable, everything that was wrong with me was in the fat, therefore I believed that if I was able to get rid of it, life would be great. I have now had a significant amount of therapy to be able to look more objectively at it.

When I first thought about the comments that contributed to this theme, I was of the same view as the contributors. I had lost 8 stone and I had kept the weight off for about 8 years. I hated fat, I was afraid of it, and I wanted nothing to do with it, it almost felt threatening to me. However, as I have worked on this material, I have noticed myself gain weight once again, focusing on the subject has been a real challenge.

I have been working very hard in therapy to not connect that with the ideas in this theme. I have also used Instagram to challenge myself daily about the meaning of fat and what it is not, it is not unlovable, or unworthy. I have constantly been challenging my own biases and making sure that I look past filters that I have, by being aware of them and making sure I search past them in the data.

I feel very differently now, the literature search and completing this thesis has put a fire under me and I feel that I have a duty to bring attention to the issue of weight bias, it's a huge issue of social justice, which is an important focus in counselling psychology. It makes the world inequitable; we cannot afford to continue in this way, it damages society.

5.6 Discussion

The quotes of the participants about not being good or the right person to be made me think about this issue in relation to society. The idea of someone being good or bad because of their weight seems patently ridiculous (Murray, 2010). Would Mother Theresa have been a bad person if she had been fat, is Oprah a bad person? Do those who weight cycle also cycle between good and bad? It is interesting to think about which point on the scale people would consider to be that switch between good and bad? Bias is not as specific as this, and my argument is a little farcical, but then morality being used in this way also feels ridiculous to me.

Lavinia describing feeling perceived as nothing, made me think of attribution theory (Schwartz & Brownell, 2004) and the idea that people might believe that others get what they deserve in life. Therefore, believing it is acceptable to be prejudiced against fat people, because they should be doing something about it. Crandall et al. (2016) suggest that the prejudice is based on how controllable fat is, to those who saw Lavinia, they may have felt that she could do something about weight. However, this does not allow for psychological issues, hormonal problems, the effect that bias has on people and many other factors that make weight such a complex area. The cultural values around fat are also important to attribution and in the UK there are appalling, magazines, advertising and television all promote the thin ideal. For example, losing weight seems to have become a good source of income for reality stars, gaining weight and taking pictures of themselves when 'fat' and then selling a book and DVD about how they lost the weight. This narrative is not productive for the weight bias issue, it promotes the thin is good, fat is bad binary, and it encourages the belief that weight loss is easy.

Weight bias and WBI seem to have led to very negative thinking about themselves when they were fat and experiences of the psychological consequences of obesity. Tiffany spoke of fat-girl happiness, she was practically bedbound from fibromyalgia before she lost weight and described it as a rock bottom, having thought about suicide. This experience sounds so painful and fits with the literature (Heo et al., 2006). Lavinia's talk about fat as the black dog, which could be seen as the same dog that people discuss in depression, you could also argue that she experienced anxiety and fear (Strine et al., 2008) which led her to office work.

In response to Lavinia's comments on shopping, it might be wise to train shop assistants to provide a more healthy, welcoming experience for all, to help with preventing perceived experiences of weight bias. The high street is in financial trouble, which has been compounded by the Covid 19 situation. Thinking about this in relation to the research which suggests only 38% of women are of a healthy weight (Public Health England, 2019), maybe the high street needs to begin providing for everyone? If they are struggling for business, why would a shop only cater for a third of all women? Some shops do, but not all by any means. Some high fashion shops aim to be exclusive, so their sizing is very small, this type of business is the height of weight bias, making women feel that they are not good enough because they do not meet certain physical standards. It may be that they must rethink their model if they want to stay in business.

Fat women must buy clothes, so other brands benefit, which may not have as creative and exciting clothes. You could argue that by exhibiting such weight bias, fashion businesses that do not stock larger sizes are assisting in amplifying this problem, and also making their brand model relevant to fewer people (Tomiyama et al, 2014). Lavinia and Fifi talked about a love for fashion and expressing themselves in their new bodies, it is appalling that this was not possible when they were fat. If fat women could truly express themselves through fashion, it might help some of the psychological consequences of obesity. Things are improving, but Lavinia talked of feeling forced to wear a tent to cover her body, some fat women might choose to dress this way, but the participants suggest that choice is important to them. This study has suggested that being involved in fashion and choosing the way to express themselves is very important to these women. If all fashion designers started to design for all sizes, there would be all sorts of choice on the high street, for everyone. How could that be bad? The weight bias research suggests that we need to move away from this bias to work competently on the obesity crisis (Tomiyama et al, 2018). Health psychologists could offer training to these fashion brands to help them understand the issues and start combating the bias, with ideas such as stocking bigger sizes, hiring staff of all sizes, teaching them the skills to welcome all, advertisements with all types of bodies and different sizes of mannequins in the window.

Jemima's experience of being othered by her mother due to her weight is difficult because this relates to a period of mothering from the 80s and 90s when perhaps it was not known that this behaviour could harm a child. Even Sarah Ferguson was in the newspaper in the 90s, putting her daughter, Princess Beatrice, then 8 on a diet. These mothers loved their daughters and wanted the best for them, perhaps they knew that weight bias was present in society and did not want their children to have to face that. Sadly, they did not appreciate that in fact they may have been making things worse, creating a home environment of weight bias, and strengthening the WBI. The home should have been where the daughter could feel safe. Granberg, (2011) suggests that these daughters could have been protected from these experiences by the attitudes and behaviours of those closest to them, they could have acted as buffers for the weight bias. What is important now however, is that as adults, these women can validate themselves, are able to know inside that they are worthy of love, no matter their size. In the future we need to teach parents how to react to their children in a way that supports them, rather than adding to WBI. With psychological input for the mother and daughter goals could be to stop any teasing about weight, approval for actions rather than appearance, being there to listen in a non-judgemental way and helping them to take up active hobbies, with no focus on weight.

Jemima expressed that she had no problem getting work when fat, being successful and able to work was part of her identity. Greenberg et al., (2003) is relevant, although in television, not the stage. It suggested that there are roles, but far fewer obese women in main parts on television than exist in the population and they tend to have less positive everyday storylines than the thin actors.

The research on body image suggests that how one perceives their own body can act as a buffer to psychological distress (Friedman, et al., 2002). Thus, the participants' comments of being disgusted by their bodies, of not feeling comfortable with the lumps and bumps most likely added to the distress of being fat.

It seems some feel that stigmatising or shaming fat people might help them to do something about their weight (Callahan, 2013), but not a single participant told me that the bias they encountered led them to lose weight. These women instead told me how they felt low, not equal, how sometimes they felt like nothing and not right. This experience cannot continue, if only 38% of women are now a healthy weight, we

clearly need a new way to address the obesity epidemic. Weight bias against people does not make them thinner, just unhappier. Women experience greater weight bias than men, this is not acceptable. Women add huge value to society, and they are not lesser than men, they also often influence the next generation, so we must look towards change. We need to stop making fat the enemy and to start empathising rather than stigmatising. To find a way to make excess weight the only different between thin and fat, not ill-treatment and fewer opportunities.

Word count with refs: 6000

5.7 References

Callahan D (2013) Obesity: Chasing an elusive epidemic. *The Hastings Center Report* 43(1): 34-40.

Carr D and Friedman MA (2005) Is Obesity Stigmatizing? Body Weight, Perceived Discrimination, and Psychological Well-Being in the United States. *Journal of Health and Social Behavior* 46(3): 244-259.

Crandall CS, Crandall CS, D'Anello S, Sakalli N and Lazarus E (2016) An Attribution-Value Model of Prejudice: Anti-Fat Attitudes in Six Nations. *Personality & Social Psychology Bulletin* 27(1): 30-37.

Fikkan JL and Rothblum ED (2012) Is Fat a Feminist Issue? Exploring the Gendered Nature of Weight Bias. Sex Roles 66(9-10): 575-592.

Foster GD, Wadden TA, Phelan S, Sarwer DB and Sanderson RS (2001) Obese Patients' Perceptions of Treatment Outcomes and the Factors That Influence Them. *Archives of Internal Medicine* 161(17): 2133-2139.

Friedman KE, Reichmann SK, Costanzo PR and Musante GJ (2002) Body Image Partially Mediates the Relationship between Obesity and Psychological Distress. *Obesity Research* 10(1): 33-41.

Goffman E (1963) Stigma: Notes on the Management of Spoiled Identity: Penguin, 1968; Prentice-Hall.

Granberg EM (2011) 'Now my 'old self' is thin': Stigma exits after weight loss. *Social Psychology Quarterly* 74(1): 29-52.

Greenberg BS, Eastin M, Hofschire L, Lachlan K and Brownell KD (2003) Portrayals of Overweight and Obese Individuals on Commercial Television. *American Journal of Public Health* (1971) 93(8): 1342-1348.

Heo M, Pietrobelli A, Fontaine KR, Sirey JA and Faith MS (2006) Depressive mood and obesity in US adults: comparison and moderation by sex, age, and race. *International Journal of Obesity* 30(3): 513-519.

Lillis J, Luoma JB, Levin ME and Hayes SC (2010) Measuring Weight Self-stigma: The Weight Self-Stigma Questionnaire. *Obesity* 18(5): 971-976.

Major B, Hunger JM, Bunyan DP and Miller CT (2014) The ironic effects of weight stigma. *Journal of Experimental Social Psychology* 51: 74-80.

Miller BJ and Lundgren JD (2010) An Experimental Study of the Role of Weight Bias in Candidate Evaluation. *Obesity* 18(4): 712-718.

Murray S (2010) Women under/in control? In Vandamme, S. & van de Vathorst, S. *Embodying eating after gastric banding. In Whose Weight is it Anyway Essays on Ethics and Eating*: Belgium Uitgeverij Acco.

Pearl RL, Dovidio JF, Puhl RM and Brownell KD (2015) Exposure to Weight-Stigmatizing Media: Effects on Exercise Intentions, Motivation, and Behavior. *Journal of Health Communication* 20(9): 1004-1013.

Pearl RL and Puhl RM (2018) Weight bias internalization and health: a systematic review: Weight bias internalization and health. *Obesity Reviews* 19(8): 1141-1163.

Puhl R and Brownell KD (2001) Bias, Discrimination, and Obesity. *Obesity Research* 9(12): 788-805.

Public Health England (2019) *Overweight and obesity in adults and children*. Public Health England, viewed July 20, 2020, https://files.digital.nhs.uk/25/F4EFC8/HSE18-Quick%20Guide-rep.pdf

Roehling MV, Roehling PV and Odland LM (2008) Investigating the Validity of Stereotypes About Overweight Employees: The Relationship Between Body Weight and Normal Personality Traits. *Group & Organization Management* 33(4): 392-424.

Schwartz MB and Brownell KD (2004) Obesity and body image. *Body Image* 1(1): 43-56.

Schwartz MB, Chambliss HO, Brownell KD, Blair SN and Billington C (2003) Weight Bias among Health Professionals Specializing in Obesity. *Obesity Research* 11(9): 1033-1039.

Strine TW, Mokdad AH, Dube SR, Balluz LS, Gonzalez O, Berry JT, et al. (2008) The association of depression and anxiety with obesity and unhealthy behaviors among community-dwelling US adults. *General Hospital Psychiatry* 30(2): 127-137.

Sutin AR, Sutin AR, Stephan Y and Terracciano A (2015) Weight Discrimination and Risk of Mortality. *Psychological Science* 26(11): 1803-1811.

Swami V, Furnham A, Amin R, Chaudhri J, Joshi K, Jundi S, et al. (2008) Lonelier, Lazier, and Teased: The Stigmatizing Effect of Body Size. *The Journal of Social Psychology* 148(5): 577-594.

Tomiyama AJ (2014) Weight stigma is stressful. A review of evidence for the Cyclic Obesity/Weight-Based Stigma model. *Appetite* 82: 8-15.

Tomiyama AJ, Carr D, Granberg EM, Major B, Robinson E, Sutin AR, et al. (2018) How and why weight stigma drives the obesity 'epidemic' and harms health. *BMC Medicine* 16(1): 123-6.

Tomiyama AJ, Finch LE, Belsky ACI, Buss J, Finley C, Schwartz MB, et al. (2015) Weight bias in 2001 versus 2013: Contradictory attitudes among obesity researchers

and health professionals: Weight Bias in 2001 Versus 2013. *Obesity (Silver Spring, Md.)* 23(1): 46-53.

Tucci SA, Boyland EJ, Halford JCG and Harrold JA (2013) Stigmatisation of a Formerly Obese Young Female. *Obesity Facts* 6(5): 433-442.

Tuthill A (2006) Psychiatric co-morbidities in patients attending specialist obesity services in the UK. *QJM : Monthly Journal of the Association of Physicians* 99(5): 317-325.

van der Merwe M (2007) Psychological correlates of obesity in women. *International Journal of Obesity* 31(S2): S14-S18.

van Leeuwen F, Hunt DF and Park JH (2015) Is Obesity Stigma Based on Perceptions of Appearance or Character? Theory, Evidence, and Directions for Further Study. *Evolutionary Psychology* 13(3): 147470491560056.

Yin RK (2016) Qualitative Research from Start to Finish. New York: Guilford Press.

Appendices 1-16.

Appendix 1 - Ethics form



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

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

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

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

If you answered 'yes' to any of the questions, your application is NOT eligible for light touch review and will need to be reviewed at the next Psychology Department Research Ethics Committee meeting. You should send your application to your supervisor who will approve it and send it to

The committee meetings take place on the first Wednesday of every month (with the exception of January and August). Your application should be submitted at least 2 weeks in advance of the meeting you would like it considered at. We aim to send you a response within 7 days. Note that you may be asked to revise and resubmit your application so should ensure you allow for sufficient time when scheduling your research. Once your application has been approved you will be issued with an ethics approval code. You cannot start your research until you have received this code.

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

1. Name of applicant(s). (All supervisors should also be named as applicants.)
Vicky Ropner, Dr Fran Smith and Dr Ohemaa Nkansa-Dwamena
2. Email(s).

3. Project title.

The experience of reaching goal weight after significant weight loss: A qualitative study

4. Provide a lay summary of the background and aims of the research. (No more than 400 words.)

The research is concerned with the lived experience of reaching goal weight after significant weight loss. Significant weight loss has been judged to be at least a third of the participant's bodyweight.

Four themes that were likely to be relevant emerged in the literature review:

- 1. Obesity.
- 2. Stigma
- 3. Body image
- 4. Weight loss

Obesity

The World Health Organisation (WHO) defines a Body Mass Index (BMI) greater than or equal to 30 as obese. In the last thirty-six years worldwide obesity levels have doubled and Public Health England confirms that in the last decade adult obesity has risen from fifteen to twenty-five percent. Much of the research that exists has been performed in a clinical setting and could be said to pathologise obesity, it has found that obesity can have psychological consequences.

Stigma

There is lot of research related to stigma in obesity, throughout the weight loss journey and sometimes for years afterwards. Sometimes stigma only becomes apparent once people start to lose weight. The stigmatised identity can only disappear when it declines in significance for the self, even after the weight is lost. Stigma seems to be perpetuated by society, family, friends, or even the self.

Body image

Research suggests that women who have previously been overweight or obese suffer from poorer body image than those who have not, this is linked to psychological issues. Research suggests that body image evaluation changes with weight loss, but does not reach the levels of community norms. Body image appears to depend on weight perception and ideals appear to change depending on socioeconomic status of the country in which the participant lives.

Weight loss

Similarly, there has been a lot of research on weight loss, most of it in a clinical setting and most of which concerns surgery (WLS). Research suggests that there are many challenges after weight loss, lack of psychological defence shield that obesity use to provide, being treated differently by society. Currently there is no information about what it is like to reach goal weight after significant weight loss through behaviour change in a community setting, this project aims to investigate this phenomenon.

5. Provide a summary of the design and methodology.

This will be an interpretative phenomenological analysis (IPA) aimed at understanding the subjective experience of the participants. I intend to interview 8-10 participants for about 90 minutes.

I intend to meet the participants in their preferred location and use a semi-structured interview to elicit the lived experience of reaching goal weight after significant weight loss. There will be a few questions prepared in advance (see appendix 9) to enable this process. I intend to conduct a pilot interview, as soon as ethical approval is obtained to ensure that my questions are appropriate to provide the rich data required for this level of analysis.

I will advertise for participants (see appendix 5) from weight loss groups and then send them an information sheet (see appendix 6.) After allowing sufficient time to familiarise themselves with the information, I will organise a screening phone call to find out more about them, ensure they meet the criteria and give them an opportunity to ask questions before we meet.

When we meet for the interview I will ensure they have understood the information sheet and ask them to sign the consent form (appendix 7) when the interview has finished I will go through the debrief form with them (appendix 10.) I intend to record the session and then to transcribe it (or use transcription services) and use IPA methods to interpret the data and find emergent themes.

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

I will use a semi-structured interview for data collection, each interview is expected to last around 90 minutes. These interviews will be audio-recorded by the researcher.

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

There is always the possibility of participants disclosing issues of concern, if this were to happen I understand that I would be bound by the same professional responsibilities as I am in my clinical work.

If there was a threat of harm to self I would need to inform someone (perhaps their general practitioner) about the risk. I intend to ask for GP details in the pre screening phone call and I would explain that it is customary to have in them in case of emergency. I would ensure that I specified the circumstances in which this could happen, such as a serious and immediate risk to themselves or to someone else. I would explain that I would only use the GP details in an emergency and I would consult them before doing this.

The subject matter is not sensitive, however, it is possible that describing their lived experience may bring up some difficult feelings. It would not be appropriate to act as a therapist in this situation, but instead I would contain the situation.

The debrief form (see appendix 10) has been written in such a way as to highlight potential sources of support for the participants if they feel distressed after the interview. It contains the Samaritans freephone number and London location, as well as how to source face-to-face support if they live outside the capital. It also contains the details of the Beat helpline for issues relating to body image and eating behaviours. They also have my email address if they need to be directed towards further support.

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

Intended participants are women, who have lost at least a third of their body weight and have reached their goal weight in the last 6 months. Participants will be those who have lost weight through behaviour change, with diet and exercise, therefore WLS recipients will be excluded, this is because my review highlighted that most of the literature is about WLS and I am focused on behaviour change methods.

I will be excluding men from my sample because they seem to have different experiences with the weight loss journey than women. Women appear to have a more complicated relationship with body image than men, their body dissatisfaction does not appear to respond so readily to interventions. Women appear to suffer more weight stigma than men. IPA calls for use of a homogenous sample, so I have chosen to investigate the experience of one gender.

I will also be excluding those who have been formally diagnosed with an eating disorder, this will appear on the information sheet and be discussed in the screening phone call. This exclusion will only be made by the participants themselves, there will be no screening or other investigation, this would not be ethical or respectful of the participants. This exclusion has been deemed necessary because during the literature review it was noted that those with binge eating disorder (BED) had somewhat confused the research landscape with an increased risk of psychopathology, and poorer body image whatever their weight. I therefore decided to exclude all people with a formally diagnosed eating disorder, also as a response to the fact that most research has been carried out in a clinical setting.

There is no exclusion criteria for age, except that all participants must be over the age of 18.

There is no requirement for the participants to still be at their target weight when recruited.

Participants who reached the goal weight more than six months ago are excluded because I wish to research those who have experienced the phenomenon in the recent past.

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

Participants will be recruited through weight loss groups in the community, such as Weight Watchers and slimming world. I will attend the group and talk to the leader and ask if my advert can be highlighted to members, as well as talking to people after the meeting. As well as this the research will be advertised on online communities such as Weight loss resources and on the social media platform, Twitter.

I will select and recruit all participants.

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

I intend to give participants a £10 Argos voucher as a very small token to thank them for their time. This is in no way to be considered as financial incentive for taking part in the research, which is why it is such a small amount. However, it feels appropriate to make a gesture to thank them for contributing to my research.

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

Informed consent will be taken from every participant, respecting their autonomy to decide on participation in the project. They will be sent the information sheet which appears at Appendix 6, when they have had a chance to read it I will call them for a screening phone call to ensure that they understand what they are involved in and ensure that they fit the criteria of the research. When we meet in person, I will ensure that they understand the information and then ask them to sign a consent form, see Appendix 7 before the interview takes place.

12. How will you brief and debrief participants? (Note that copies of your information sheet and
debrief should be included with your application, see question 19.)
I will brief participants in the information sheet at appendix 6, ensuring they have
understood it in the screening interview and also before the actual interview takes
place. I will debrief participants after the interview has taken place, before we leave
the interview location, see appendix 10 for the debrief information.
13. Location of data collection. (Please describe exactly where data collection will take place.)

I will collect the data wherever the participants feel comfortable meeting me, either at City University, or at a public location where we can hire a meeting room, such as a library or community centre. Alternatively, I am willing to go to the participant's house, if it enables them to be able to take part in the research. It is important to ensure that it is somewhere where they can talk without being overheard and feel comfortable and respected so as to be able to share their experience.

13a. Is any part of your research taking place outside England/Wales?				
No	х			
Yes		If 'yes', please describe how you have identified and complied with all local requirements concerning ethical approval and research governance.		

13b. Is	any p	art of your research taking place <u>outside</u> the University buildings?
No		
Yes	х	If 'yes', please submit a risk assessment with your application or explain how you have addressed risks.
See	App	endix A
13c. Is	any pa	art of your research taking place within the University buildings?

Yes x If 'yes', please ensure you have familiarised yourself with relevant risk assessments available on Moodle.

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

There is the possibility of a participant becoming upset, if this happens during the interview, I would ask whether they would like to take a break, to terminate the interview or to continue. It may be that they are still keen to keep talking and if the interview was terminated it might be quite a difficult experience. I have counselling skills and experience in containing people who are emotionally distressed without taking on a 'therapist role', from working as a Samaritan. I would then make sure that they are aware of the sources of support stated in the debrief.

This study will adhere to the four principles laid out in the British Psychological Society (BPS) Code of Human Research Ethics (2014.) These principles are respect for individuals and communities, scientific integrity, social responsibility and maximising benefits and minimising harm.

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

Potential risks to the researcher include meeting participants, these can be dealt with by taking steps to protect myself as detailed in City, University of London Psychology Department lone worker guidelines. The researcher is someone who has been through the experience of the participants, therefore it will be important to manage my psychological health well, this will be done through the reflective journal and personal therapy.

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

Please place an 'X' in all appropri	ata cac
Please place all X III all appropri	ле ѕри
Complete anonymity of participants (i.e. researchers will not meet, or know the identity of participants, as participants are a part of a random sample and are required to return responses with no form of personal identification.)	
Anonymised sample or data (i.e. an <i>irreversible</i> process whereby identifiers are removed from data and replaced by a code, with no record retained of how the code relates to the identifiers. It is then impossible to identify the individual to whom the sample of information relates.)	
De-identified samples or data (i.e. a <i>reversible</i> process whereby identifiers are replaced by a code, to which the researcher retains the key, in a secure location.)	>
Participants being referred to by pseudonym in any publication arising from the research	х
Any other method of protecting the privacy of participants (e.g. use of direct quotes with specific permission only; use of real name with specific, written permission only.) <i>Please provide further details below.</i>	
17. Which of the following methods of data storage will you employ?	
17. Which of the following methods of data storage will you employ? Please place an 'X' in all appropri	ate spa
Please place an 'X' in all appropri	ate spac
Please place an 'X' in all appropri Data will be kept in a locked filing cabinet	-
Please place an 'X' in all appropri Data will be kept in a locked filing cabinet Data and identifiers will be kept in separate, locked filing cabinets	-
Please place an 'X' in all appropri Data will be kept in a locked filing cabinet Data and identifiers will be kept in separate, locked filing cabinets Access to computer files will be available by password only)
17. Which of the following methods of data storage will you employ? Please place an 'X' in all appropri Data will be kept in a locked filing cabinet Data and identifiers will be kept in separate, locked filing cabinets Access to computer files will be available by password only Hard data storage at City University London Hard data storage at another site. Please provide further details below.)
Data will be kept in a locked filing cabinet Data and identifiers will be kept in separate, locked filing cabinets Access to computer files will be available by password only Hard data storage at City University London Hard data storage at another site. Please provide further details below. I have a filing cabinet in my flat which is kept locked always. The keys are carefully	2
Data will be kept in a locked filing cabinet Data and identifiers will be kept in separate, locked filing cabinets Access to computer files will be available by password only Hard data storage at City University London Hard data storage at another site. Please provide further details below. I have a filing cabinet in my flat which is kept locked always. The keys are carefully in a different room. The consent form will be kept in a separate location.	2
Please place an 'X' in all appropris Data will be kept in a locked filing cabinet Data and identifiers will be kept in separate, locked filing cabinets Access to computer files will be available by password only Hard data storage at City University London	nidde

People other than those named in this application form. Please provide further details below of who will have access and for what purpose.		er	х
The researcher may choose to use a transcription service to tran will ensure that respect for the confidentiality of the participal other than those mentioned above will be aware of identities. The not have access to the consent forms. The transcription service agreement and once transcribed pseudonyms will be used.	nts is paramo e transcriptio	unt. No on service	one wil
19. Attachments checklist. *Please ensure you have referred to the Psych when producing these items. These can be found in the Research Ethics page of		nt template	es
Please p	lace an 'X' in all ap _l	propriate spo	aces
	Attached	Not applicable	e
*Text for study advertisement	х		
*Participant information sheet	X		
*Participant consent form	х		
Questionnaires to be employed	х		
Debrief	х		
Copy of DBS	х		
Risk assessment	х		
Others (please specify, e.g. topic guide for interview, confirmation letter from external organisation)			
	•	1	
20. Information for insurance purposes.			
(a) Please provide a <u>brief</u> abstract describing the project			

The project involves individual interviews regarding lived experience of weight loss up to the point of goal weight. it involves participants who have lost at least a third of their body weight and reached their goal weight within the last six months. All of the participants will be women over the age of 18 without a formal diagnosis of an eating disorder.

Regard for the welfare and well-being of the participants will be paramount to the research. The researcher has risk assessed the meetings and will take great care of both her own safety and that of the participant.

Prior to the interview the participants will be sent the information sheet so that they are fully aware of what the research is about. There will be screening phone call to ensure the participants meets the criteria and understand the purpose of the research. When the interview takes place the participants will be fully briefed and debriefed and sign a consent form which will be kept separately from all other information, the interview will be audio recorded.

After the interview the audio recording will be uploaded to a computer where it will be password protected. The researcher will transcribe the interviews and again keep them password protected. It is possible that the researcher may use a transcription service, if this is the case they will be required to sign a confidentiality agreement. If at any time the data needs to be printed it will be kept in a locked filing cabinet.

Please place an 'X' in all appropriate sp		
b) Does the research involve any of the following:	Yes	No
Children under the age of 5 years?		х
Clinical trials / intervention testing?		х
Over 500 participants?		х
c) Are you specifically recruiting pregnant women?		х

(d) <u>Excluding</u> information collected via questionnaires (either paper based or online), is any part of the research taking place outside the UK?		х
If you have answered 'no' to all the above questions, please go to section 21.		
If you have answered 'yes' to any of the above questions you will need to che will cover your research. You should do this by submitting this application	eck that the unive	rsity's insurance
to <u>before</u> applying for ethics approval. Please initial be done this.	low to confirm th	at you have
I have received confirmation that this research will be covered by the univers	ity's insurance.	
Name Date		

21. Information for reporting purposes.		
Pleas	e place an 'X' in all (appropriate spaces
(a) Does the research involve any of the following:	Yes	No
Persons under the age of 18 years?		х
Vulnerable adults?		x
Participant recruitment outside England and Wales?		х
(b) Has the research received external funding?		х

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

Please confirm each of the statements below by placing an 'X' in the appropriate space

There are no discrepancies in the information contained in the different sections	х
of the application form and in the materials for participants.	
There is sufficient information regarding study procedures and materials to enable proper ethical review.	х
The application form and materials for participants have been checked for grammatical errors and clarity of expression.	X
The materials for participants have been checked for typos.	х

23. Declarations by ap	plicant(s)		
	Please confirm each of the statements	below by placin	g an 'X' in the appropriate sp
I certify that to the bes	st of my knowledge the information given above	e, together	х
with accompanying inf	ormation, is complete and correct.		
I accept the responsibi attached application.	lity for the conduct of the procedures set out in	the	x
I have attempted to ic conducting the project	dentify all risks related to the research that m	ay arise in	x
I understand that no re	esearch work involving human participants or da	ta can	х
commence until ethica	Il approval has been given.		
	Signature (Please type name)		Date
Student(s)	Vicky Ropner	07/07	/17
Supervisor	Fran Smith	18.08.	2017

Reviewer Feedback Form

Name of reviewer(s).		

Email(s).			
Does this application require any revision	ons or	further information?	
Please place an 'X' the appropriate space			
No		Yes	Х
Reviewer(s) should sign the application and return to , ccing to the supervisor.		Reviewer(s) should provide further details below and email directly to the student and supervisor.	
Revisions / further information required	d	I	
To be completed by the reviewer(s). PLEASE DO N	NOT DEL	ETE ANY PREVIOUS COMMENTS.	
Date: 09.08.2017			
Comments:			
Dear Vicky, please address the comment document attached.	ts and	changes requested throughout the	
Applicant response to reviewer comme	nts		
To be completed by the applicant. Please address in the space below. You should then email the en highlighted directly back to the reviewer(s), ccing	tire app	lication (including attachments), with changes	ne this
Date: 16.08.2017			
Response:			
I have consulted with Fran and made th	e chan	ges that you requested.	
Reviewer signature(s)			
To be completed upon FINAL approval of all mate	rials.		

	Signature (Please type name)	Date
Supervisor	Dr Fran Smith	18.08.2017
Second reviewer		18.08.2017

Appendix A Risk assessment for visiting participants outside of university building Psychology Department Risk Assessment Form

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

Date of assessment: 04.07.17 Assessor(s):Vicky Ropner

Activity: Date of next review (if applicable):

Hazard Meeting participant outside of the university

building

Type of injury or harm Possible risk to personal safety

People affected and any specific

considerations

Researcher and participant

Current Control Measures already in place

I will book a room in a local library or community centre, in a public place. Then the interview can still be in private. The interview will take place within office hours.

During the pre-screening phone call I will speak to the participant about their safety and the importance of alerting someone to their location and the times of the interview. I will alert someone as to where I will be (but without giving any of the participant's details)

and when I will be finished and contactable by phone.

Risk level Low

Med

High

Low

Further Control Measures required None

Implementation date & When the interview has been scheduled

Person responsible

Completed

Hazard Meeting a participant in their own home

Type of injury or harm Possible risk to personal safety

People affected and any specific

considerations

Researcher

Current Control Measures already in place

I will alert my research supervisor as to where the interview is scheduled and give details of what time the interview will be starting and finishing with a number on which I will be contactable. Before I go I will ensure that she has the details of the location in a sealed envelope so that if I do not call she can open it. I will be very mindful to make the phone calls that are prearranged.

Adhering to the City University Psychology Department Lone Worker guidelines, I will provide my mobile number to my supervisor, call her before going into the participant's home giving an estimate of how long the meeting will be and then again when I leave.

I will arrange a codeword that will indicate if there is a high-risk situation and I need assistance. I will also take a personal alarm with me

Med
High
Low
Further Control Measures required None

Medium

Implementation date & When the interview has been scheduled

Person responsible

Completed

Risk level

Appendix 2 – Ethics approval notice

City, University of London

Dear Victoria

Reference: ETH1920-0344

Project title: The experience of reaching goal weight after significant weight loss: A

qualitative study

Start date: 23 Aug 2017

End date: 23 Aug 2020

I am writing to you to confirm that the research proposal detailed above has been granted formal approval from the Psychology low risk review. The Committee's response is based on the protocol described in the application form and supporting documentation. Approval has been given for the submitted application only and the research must be conducted accordingly. You are now free to start recruitment.

The approval was given with the following conditions:

- ...
- ...
- ...

Please ensure that you are familiar with <u>City's Framework for Good Practice in Research</u> and any appropriate Departmental/School guidelines, as well as applicable external relevant policies.

Please note the following:

Project amendments/extension

You will need to submit an amendment or request an extension if you wish to make any of the following changes to your research project:

- Change or add a new category of participants;
- Change or add researchers involved in the project, including PI and supervisor;
- Change to the sponsorship/collaboration;
- Add a new or change a territory for international projects;
- Change the procedures undertaken by participants, including any change relating to the safety or physical or mental integrity of research participants, or to the risk/benefit assessment for the project or collecting additional types of data from research participants;

- Change the design and/or methodology of the study, including changing or adding a new research method and/or research instrument;
- Change project documentation such as protocol, participant information sheets, consent forms, questionnaires, letters of invitation, information sheets for relatives or carers;
- Change to the insurance or indemnity arrangements for the project;
- Change the end date of the project.

Adverse events or untoward incidents

You will need to submit an Adverse Events or Untoward Incidents report in the event of any of the following:

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

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

Should you have any further queries relating to this matter, please do not hesitate to contact me. On behalf of the Psychology low risk review, I do hope that the project meets with success.

Kind regards

Psychology low risk review

City, University of London

Ethics ETH1920-0344: Victoria Ropner (Low risk)

Appendix 3 – Ethics Amendments 1 – Recruitment

Psychology Department Research Ethics Committee

Project Amendments/Modifications Request for Extension

For use in the case of all research previously approved by City University London Psychology Department Research Ethics Committee.

Was the original application reviewed by light touch?				
If yes, please send this form to the individual who reviewed the original app	olication. Or	nce they have		
approved the amendment and signed the form, it should be emailed to	O	1 .		
Was the original application reviewed at a full committee meeting?				

. It will be reviewed by the committee chair.

Note that you only have to respond to the sections relevant to you.

Details of Principal Investigator and Study

If yes, please email this form to

Name	Vicky Ropner
Email	
Title of study	The experience of reaching goal weight after significant weight loss: A qualitative study
REC reference number	PSYETH (P/L) 16/17 218

Study Duration

Start Date	23.8.17
End Date	23.8.20

Project Amendments / Modifications

Type of modification/s (tick as appropriate)

Research procedure/protocol (including research instruments)	
Participation group	х
Information Sheet/s	х
Consent form/s	
Other recruitment documents	х
Sponsorship/collaborations	
Principal investigator/supervisor	
Extension to approval needed (extensions are given for one year)	
Other	

Details of modification (give details of each of the amendments requested, state where the changes have been made and attach all amended and new documentation)

I wish to change the definition of significant weight loss in my study from women who have lost a third of their body weight to women who have lost a quarter of their body weight. This involves changes to the recruitment advert and also the information sheet.

I wish to add further areas from which to recruit:

Facebook, Instagram, Doctors' surgeries and gyms. No documents need to be changed for this amendment.

Justify why the amendment/extension is needed (including the period of extension being requested)

The amendment to the significant weight loss definition is necessary because it widens the group from which to source participants. The weight loss research examined in the critical literature review focused on lesser weight loss amounts such as 10 pounds (Annis, Cash, & Hrabosky, 2004) or 3% of their body weight (Annesi & Porter, 2015) therefore a quarter of body weight could still be justified as significant.

This change also feels important for reasons that emerged in my reflexivity journal.

I would like to recruit from Facebook because I have noticed weight loss groups are present and active on there. I would like to recruit from Instagram because I have decided to ask the participants to provide photos of objects representing their experience of reaching goal weight. Therefore, Instagram would be an interesting and appropriate recruitment tool. Doctors surgeries are relevant to recruitment because they are a place where women go when focusing on their health, which for some may include weight loss. Gyms are appropriate because I am recruiting women who have lost weight through diet and exercise. I would seek permission of the management before putting up any posters. Period of extension requested n/a Other information (provide any other information which you believe should be taken into account during ethical review of the proposed changes) n/a Change in the study team Staff member Title, Name & Post Phone Email Date and type of Dept & School Staff Number CRB disclosure*

Student

Name & Student Number	Course / Year	Dept & School	Date and type of CRB disclosure*

External co-investigator/s

Title & Name	Post	Institution	Phone	Email	Date and type of CRB disclosure*

Declaration (to be signed by the Principal Investigator)

• I certify that to the best of my knowledge the information given above, together with any accompanying information, is complete and correct and I take full responsibility for it.

	Vicky Ropner	
Principal Investigator(s)		
(student and supervisor if student project)		
	2.12.17	
Date		

References

Annesi, J. J., & Porter, K. J. (2015). Reciprocal effects of exercise and nutrition treatment-induced weight loss with improved body image and physical self-concept. *Behavioral Medicine*, *41*(1), 18-24. doi:10.1080/08964289.2013.856284

Annis, N. M., Cash, T. F., & Hrabosky, J. I. (2004). Body image and psychosocial differences among stable average weight, currently overweight, and formerly overweight women: The role of stigmatizing experiences. *Body Image, 1*(2), 155-167. doi:10.1016/j.bodyim.2003.12.001

Reviewer signature				
To be completed upon FINAL approval of the amendment.				
	Signature (Please type name)	Date		
	0. 9			
Reviewer				

Appendix 4 - Ethics amendment form - Visual methods.

Psychology Department Research Ethics Committee

Project Amendments/Modifications Request for Extension

For use in the case of all research previously approved by City University London Psychology Department Research Ethics Committee.

Was the original application reviewed by light touch?

If yes, please send this form to the individual who reviewed the original application. Once they have approved the amendment and signed the form, it should be emailed to

Was the original application reviewed at a full committee meeting?

If yes, please email this form to

. It will be reviewed by the committee chair.

Note that you only have to respond to the sections relevant to you.

Details of Principal Investigator and Study

Name	Vicky Ropner
Email	
Title of study	The experience of reaching goal weight after significant weight loss: A qualitative study
REC reference number	PSYETH (P/L) 16/17 218

Study Duration

Start Date	23.8.17
End Date	23.8.20

Project Amendments / Modifications

Type of modification/s (tick as appropriate)

Research procedure/protocol (including research instruments)	Х
Participation group	
Information Sheet/s	х
Consent form/s	х
Other recruitment documents	х
Sponsorship/collaborations	
Principal investigator/supervisor	
Extension to approval needed (extensions are given for one year)	
Other	

Details of modification (give details of each of the amendments requested, state where the changes have been made and attach all amended and new documentation)

I wish to add a visual element to my research procedure, this would involve asking participants to bring either pictures of objects that remind them of reaching goal weight or to bring in the actual object. I intend to ask them about these pictures or objects in the interview. This modification would involve asking participants about this in the screening phone call and changing my information sheet and consent form.

Care will be taken to ensure that pictures that have identifying details will not be included in the final study.

Justify why the amendment/extension is needed (including the period of extension being requested)

I want to do everything possible to ensure I get as much information about this as possible. I'm aware that people who lose weight often tell the story of their weight loss journey repeatedly and in many settings. Therefore, I want to try to distract the participants from this rehearsed narrative and try and encourage them to access richer data. Visual methods have been chosen because they provoke additional dimensions of experience; information, affect and reflection

	ant hopefully feels	al question will be more comfortable	and we have begun	to talk abou	t the specific point
	ing goal weight.		Ç		
Dorind o	f ovtonojan romu	anta d			
	f extension requ	estea			
n/a					
Other in	ormation (provide	any other information w	hich you believe should h	ne taken into a	ccount during ethical reviev
the propose	ed changes)	any other information w	There you believe should b	c taken into a	codult during culical revier
n/a					
Ti/a					
Change	in the study tean	n			
Change	in the study tear	n			
	in the study tear	n			
	in the study tear	n			
member e, Name &	in the study tean	Dept & School	Phone	Email	Date and typ
nember			Phone	Email	Date and typ CRB disclos
nember			Phone	Email	Date and typ CRB disclos
nember			Phone	Email	Date and typ CRB disclos
nember			Phone	Email	Date and typ CRB disclos
nember			Phone	Email	Date and typ CRB disclos
nember , Name & if Number			Phone	Email	Date and typ CRB disclos
member e, Name & ff Number	Post	Dept & School		Email	CRB disclos
member	Post	Dept & School	Phone Dept & School	Email	Date and type CRB disclos Date and type of CRB disclosure*
nember , Name & f Number	Post	Dept & School		Email	CRB disclos Date and type of

External co-investigator/s

Title & Name	Post	Institution	Phone	Email	Date and type of CRB disclosure*

Declaration (to be signed by the Principal Investigator)

• I certify that to the best of my knowledge the information given above, together with any accompanying information, is complete and correct and I take full responsibility for it.

	Vicky Ropner	
Principal Investigator(s)		
(student and supervisor if student project)		
	7.02.18	
Date		

References

Reavey, P. (2016). Visual methods in psychology. New York: Routledge.

Reviewer signature			
To be completed upon FINAL approval of the amendment.			
	Signature (Please type name)	Date	
Reviewer			

Appendix 5 - Recruitment poster



Department of Psychology City University London

Have you recently reached your goal weight?

FEMALE PARTICIPANTS NEEDED FOR RESEARCH INTO SIGNIFICANT WEIGHT LOSS.

I am looking for female volunteers to take part in a study into the experience of reaching goal weight after significant weight loss.

Participants are required to:

- have lost at least a quarter of their body weight through diet & exercise.
 - have reached their goal weight in the last 6 months.
 IT DOESN'T MATTER HOW LONG IT TOOK TO LOSE THE WEIGHT OR WHETHER YOU HAVE MANAGED TO KEEP IT OFF.

You would be asked to take part in an individual interview to tell your story. Your participation would involve 1 brief phone call and 1 face-to-face meeting, lasting approximately 90 minutes.

You will get the opportunity to:

- talk about your experience in an empathic, non-judgemental space.
- add to psychological knowledge about weight loss through behaviour change.

For more information about this study, or to take part, please contact: Vicky Ropner, psychology department **Call: Email:**

This study has been reviewed by and received ethics clearance through the Psychological Research Ethics Committee, City University London PSYETH (P/L) 16/17 218. If you would like to complain about any aspect of the study, please contact the Secretary to the University's Senate Research Ethics Committee on or via email:

Appendix 6 - Information sheet



The experience of reaching goal weight after significant weight loss: A qualitative study

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

What is the purpose of the study?

This study will investigate the experience of women who have reached goal weight after losing a quarter of their body weight, using diet and exercise (behaviour change). The study requires the participant to have reached goal weight in the last six months, there is no requirement to still be at that weight.

Most research up to this point focuses on surgical weight loss and has taken place in a clinical setting. This research wants to give a voice to women who have lost the weight through behaviour change and have done so within their community. There is not much information about the specific experience of reaching goal weight, so this research hopes to produce information to further understand the experience.

This research is being carried out as part of the professional doctorate in counselling psychology, at City, University of London. It will take approximately two years to complete and will hopefully be finished at around the end of 2019.

Why have I been invited?

This study is focused on women who have reached their goal weight in the last six months, after losing at least a quarter of their body weight. The research excludes women who have undergone weight loss surgery and those formally diagnosed with an eating disorder (if you have any concerns about this, they can be discussed in a phone call before any interview takes place.) There will be between eight and ten participants.

Do I have to take part?

Participation in the project is voluntary, and you can choose not to participate in part or all of the project. There is no obligation to answer any questions that you consider to be too personal or intrusive. You can withdraw at any stage of the project without being penalised or disadvantaged in any way.

It is up to you to decide whether or not to take part. If you do decide to take part you will be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason.

What will happen if I take part?

- Participation requires one short phone call and then an interview of about 90 minutes which will require meeting face-to-face just once.
- The study will last approximately two years.
- When the interview takes place the nature of the research will be fully explained and if
 you wish to take part there will be a consent form. After that there will be one semistructured interview for approximately 90 minutes. This interview will be audio recorded
 by the researcher so that the responses can be fully analysed. Your name will be
 changed, so as to anonymise the research.
- This research focuses on individual experience of a situation and the meaning made of it.
- The research is taking place at a prearranged location convenient for the participant, this will be discussed in the phone call.

What do I have to do?

Read this information sheet, take part in a short phone call about the practicalities of meeting up for the research. The researcher is able to be flexible as to the venue of the interview, wherever is convenient for you.

Meet with the researcher & sign a consent form for an interview about your experience of reaching goal weight after significant weight loss, sharing information that you feel comfortable with. Then take part in a debriefing procedure to ensure that you feel comfortable with the situation.

If possible when attending the interview please bring along pictures of objects that remind you of the time when you reached your goal weight, or feel free to bring in the object itself, you will be asked about them in the interview, examples might be a pair of scales, a piece of clothing, a place you visited, anything that reminds you of that time. Photographs will then be taken of the objects or pictures and will be included in the final research study as visual examples that have contributed to the exploration of the experience of reaching goal weight. This excludes any pictures that include identifying details.

What are the possible disadvantages and risks of taking part?

It is possible that this research may bring up difficult feelings, you can ask for the interview to be paused or stopped at any point. If there are any problems the researcher will signpost available help. There will be utmost respect for the experience, feelings and independence of the participant.

What are the possible benefits of taking part?

The benefits of this study are that it gives a voice to women who have reached goal weight after significant weight loss, helping the field of psychology to understand the experiences related to this phenomenon. It offers you the chance to tell your story in a non-judgemental and empathic environment.

Will my taking part in the study be kept confidential?

- Names and other identifying details will be changed to ensure anonymity. As well as any references to career or partner details, to prevent your identification.
- Any pictures that include identifying details will be excluded from the final study.
- Audio recordings will be password protected, only available to the researcher, the research supervisor, and a transcription service.
- No personal information, such as names or occupations will be shared beyond the researcher and her supervisor, who will respect confidentiality at all times.
- The transcription service will only have access to the audio recordings, should any
 personal details (such as names of spouses or occupation details) be expressed in the
 recording they will be kept confidential.
- Once transcribed the interviews will be kept under password protection on a computer and if physical copies are needed they will be kept in a locked filing cabinet.
- Consent forms will be kept securely in an alternate location.
- There are restrictions of confidentiality, if there is risk of violence, abuse, harm to others or criminal activity. If this is the case I would have a duty to inform the relevant authority, such as the police. If there is a risk of self-inflicted harm I would have an obligation to inform your GP, so that appropriate care can be given.
- The records will be stored in a locked cabinet and shredded after 5 years.
- If for any reason the research isn't completed all recordings will be wiped and any physical evidence destroyed.

What will happen to the results of the research study?

The results will be published in a doctoral thesis at City, University of London, participants can be sent an electronic copy of the research if they wish. To request this please inform the researcher at the interview or send an email to

It is possible that the research may be published, if this is the case your anonymity will be maintained in all circumstances.

What will happen if I don't want to carry on with the study?

You are free to leave, without explanation or penalty, at any time until the analysis process begins. Data may withdrawn up to the point that the thesis is submitted.

What if there is a problem?

If you have any problems, concerns or questions about this study, you should ask to speak to a member of the research team. If you remain unhappy and wish to complain formally, you can do this through the University complaints procedure. To complain about the study, you need to phone

You can then ask to speak to the Secretary to Senate Research Ethics Committee and inform them that the name of the project is: The experience of reaching goal weight after significant weight loss: A qualitative study

You could also write to the Secretary at:
Anna Ramberg
Secretary to Senate Research Ethics Committee
Research Office, E214
City University London
Northampton Square
London
EC1V 0HB
Email:

City University London holds insurance policies which apply to this study. If you feel you have been harmed or injured by taking part in this study you may be eligible to claim compensation. This does not affect your legal rights to seek compensation. If you are harmed due to someone's negligence, then you may have grounds for legal action.

Who has reviewed the study?

This study has been approved by City, University of London Psychological Research Ethics Committee, PSYETH (P/L) 16/17 218

Further information and contact details

if there are any questions please contact the researcher Vicky at

Thank you for taking the time to read this information sheet.

Appendix 7 - Consent form



The experience of reaching goal weight after significant weight loss: A qualitative study

Ethics approval code: PSYETH (P/L) 16/17 218

Please initial box

1.	I agree to take part in the above City, University of London research project. I have had the project explained to me, and I have read the participant information sheet, which I may keep for my records.		
	I understand this will involve		
	being interviewed by the researcher for approximately 90 minutes		
	allowing the interview to be audiotaped		
2.	This information will be held and processed for the following purpose(s):		
	To analyse it according to interpretive phenomenological methods (interpreting the personal experience of the participants.)		
	To identify themes that arise out of the information to further understand the phenomenon of reaching goal weight.		
	To use the information to answer the question, what is the experience of reaching goal weight after significant weight loss?		
	I understand that any information I provide will be audio recorded, listened to by the researcher, her supervisor and a transcription service. All of whom will keep information confidential. When transcribed all participants will be given pseudonyms to ensure anonymity.		
	This consent form will be stored separately to ensure anonymity.		
	No identifiable personal data will be published. The identifiable data will not be shared with any other organisation.		
3.	I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project until the analysis process begins without being penalized or disadvantaged in any way.		
4.	I consent to having photographs taken of any objects or pictures that I bring and discuss in the interview. I understand that these will be included in the final research study as visual examples that have		

	weight. This excludes any pictures that include identifying details.	
5.	I agree to City, University of London recording and processing this information about me. I understand that this information will be used only for the purpose(s) set out in this statement and my consent is conditional on the University complying with its duties and obligations under the Data Protection Act 1998.	
6.	I agree to take part in the above study.	

Name of Participant	Signature	Date
Name of Researcher	Signature	Date

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

Appendix 8 - Interview schedule 1

What were the main stages of your journey?
How do you feel about your body and how it has changed?
Can you remember the day that you reached goal weight? Can you talk me through it?
How did you feel, think, behave?
You've brought in some photos of objects that remind you about that day, can you tell me about them?
Can you tell me about your relationship with self?
Can you tell me about your experience of other people in this journey?
How have you found things since reaching goal weight?
Do you feel that other things have changed?
How would you describe yourself today?
Is there anything else that you would like me to know?

Appendix 9 - Interview schedule 2

What were the main stages of your journey?

How do you feel about your body and how it has changed?

Can you remember the day that you reached goal weight? Can you talk me through it?

How did you feel, think, behave?

What did reaching goal weight mean to you and now?

Have you ever experienced anything similar?

You've brought in an object (or photos of) that reminds you about that day, can you tell me about them?

Can you tell me about your relationship with self?

Can you tell me about your experience of other people in this journey?

How have you found things since reaching goal weight?

Do you feel that other things have changed?

How would you describe yourself today?

Appendix 10 - Debrief form



What is the experience of reaching goal weight after significant weight loss?

DEBRIEF INFORMATION

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

The research is aiming to explore the experience of reaching goal weight after significant weight loss. To give a voice to those who have lost weight in the community through diet and exercise. The research aims to highlight the experiences so that counselling psychologists and other professionals are able to understand this process better and work more effectively with clients in the future.

The research is expected to highlight that reaching goal weight is very complex time with challenges as well as the excitement of such an achievement.

Participants are free to leave, without explanation or penalty, at any time during the study. Data may withdrawn up to the point that the analysis process begins.

If you feel that the interview has caused you distress in anyway please do contact someone to talk about how you're feeling.

The freephone number for the Samaritans is 116123. If you're in London, you can visit Central London Samaritans on any day of the year between 9 AM and 9 PM at 46 Marshall street, where you can talk face-to-face with a Samaritan, for about an hour whenever you wish. If you live out of London the services are also available, visit http://www.samaritans.org/branches for details. The Samaritans are there to talk about your feelings if you are distressed, the service is not just for those who feel suicidal.

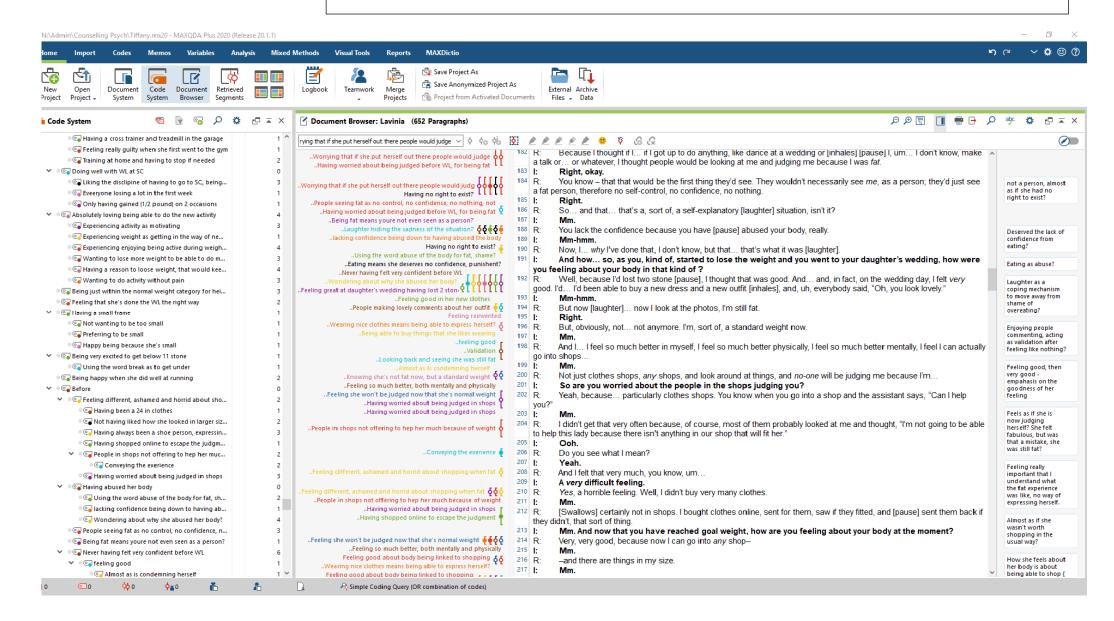
If you have concerns relating to body image or worries about weight loss you can call the Beat helpline on 08088010677. Their website is also a useful resource. https://www.b-eat.co.uk/

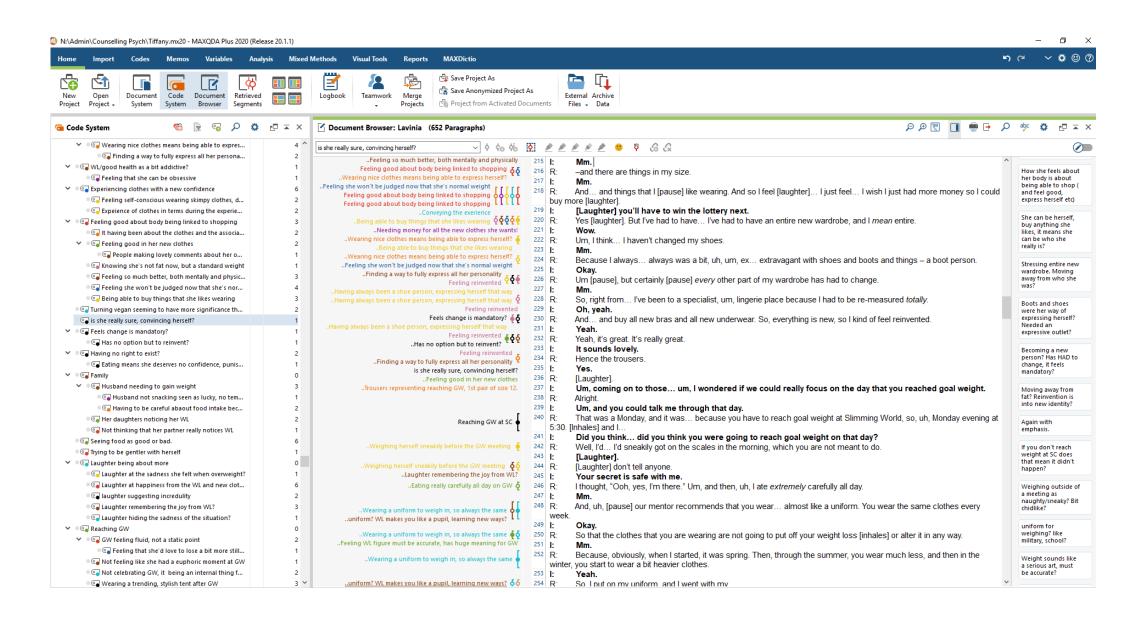
We hope you found the study interesting. If you have any other questions or require advice as to how to access further support, please do not hesitate to contact us at the following:

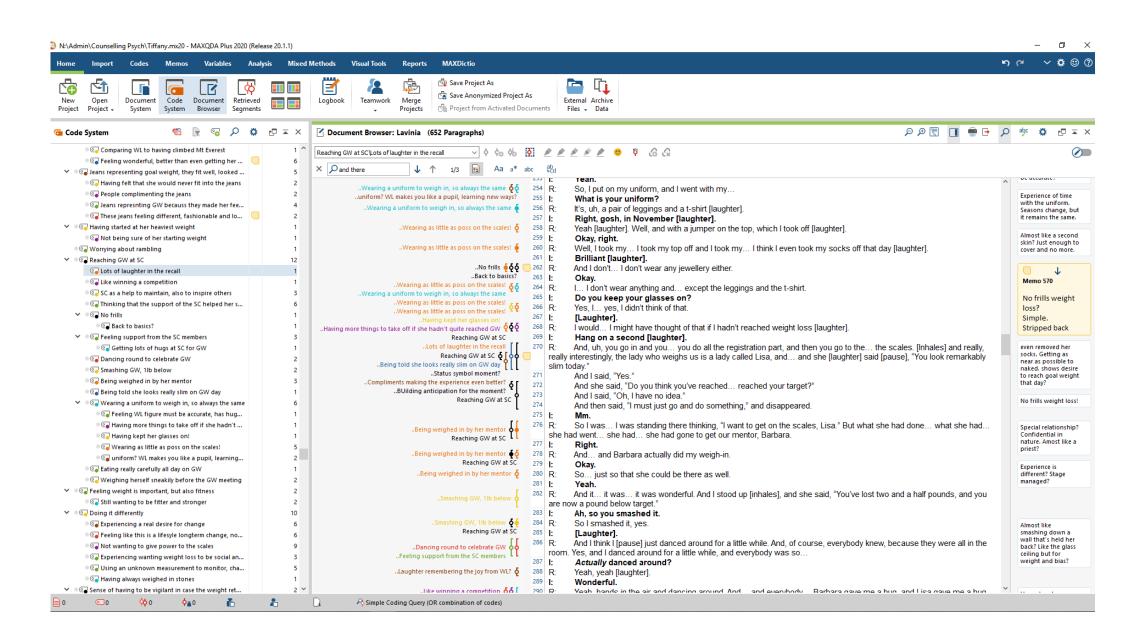
Researcher Vicky Ropner

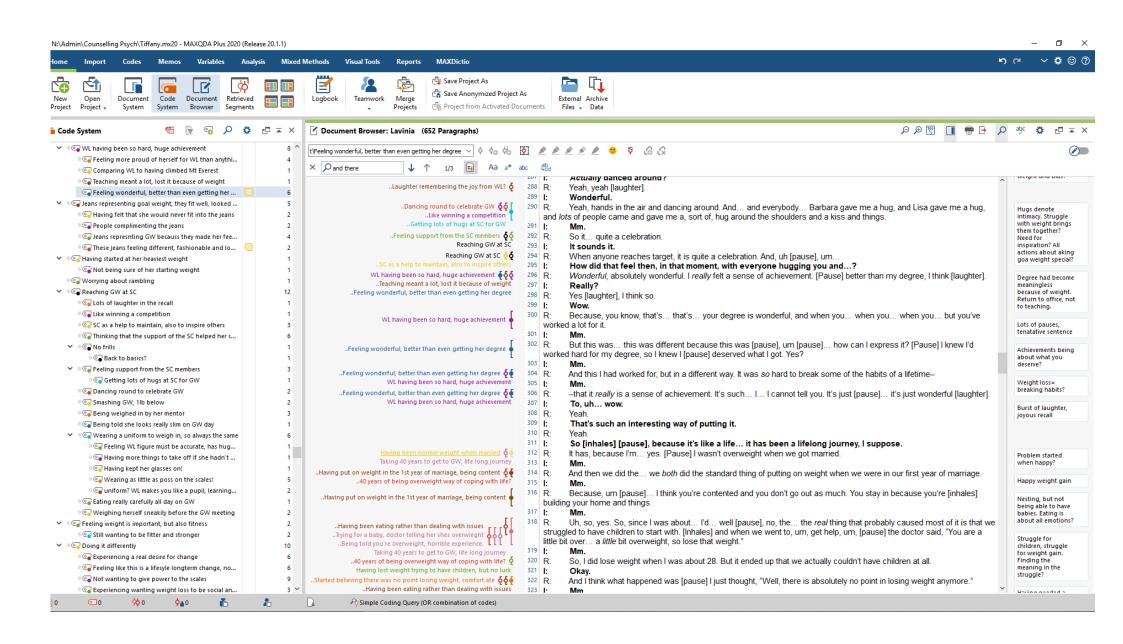
Ethics approval code: PSYETH (P/L) 16/17 218

Appendix 11 – An example of an interview being analysed on MAXQDA









Appendix 12 – Original theme tables for individual participants – Lavinia

Fat limiting her life	Fat affecting ability to teach?	I didn't go back to teaching because [pause] I didn't think they'd employ me because I was <i>really</i> overweight then.
	Fat denying access to fashion	I didn't get that very often because, of course, most of them probably looked at me and thought, "I'm not going to be able to help this lady because there isn't anything in our shop that will fit her."
Food and eating being about stuffing in, rather than to flavour and savour.	Overeating being abuse?	You lack the confidence because you have [pause] abused your body, really.
	It not being about the taste	Totally. I I [pause] I had an <i>un</i> healthy relationship with food. I [pause] I think I ate [pause] and I didn't appreciate flavours
	Stuffing it down in large quantities so you don't have to feel?	. I just ate as a kind of a [pause] 'stuffing your face' eat, almost almost as if you could pick it up with your hands and stuff it in. So, <i>far</i> too large a portion, <i>far</i> too fatty food, <i>too</i> many carbohydrates, <i>too</i> many [pause], um, [whispers] chocolate bars.
Food being addictive?	Using language denoting addiction	And, uh, I was a cheese-aholic. I will admit that [laughter].
The role of mother of the bride spurring her on to lose weight, everyone looking.	Being told she would be the mother of the bride.	First of all, um, early last year, 2017, my daughter announced she was getting married.

	Idea of being on display?	You know, she was going to have a a really <i>big</i> wedding, which was a surprise [inhales], and so I thought, "I have to lose weight."
	Having a big role in the wedding and needing an appropriate outfit to reflect this.	So there was the total panic of, "Oh, my goodness, what am I going to find to wear? What am I going to do?"
Health being the most important thing as you age?	Prediabetic being a dreaded diagnosis	And, um [pause], I went to that, and I got the dreaded, "You are prediabetic,"—
	The horror of diabetes	It's a really horrible disease. And I just didn't want to have to face that.
	Health being the most important thing as you age?	I want I want to be as well as I can be for as long as I can be.
	Taking responsibility for herself	I think you are responsible for your own health,
Wanting health enough to join a slimming club	A slimming club as somebody to keep an eye out for you?	The diabetic nurse was <i>excellent</i> . She said, "It's <i>really</i> good to have backup. It's <i>really</i> good to have [pause] somebody else keeping an eye out for you."
	Preconceived ideas or worry what a slimming club would be like?	"I don't want to do this at all because I'd much rather do it on my own."
	Determination not to be diabetic being more powerful	But I was so determined that [inhales] I wasn't going to be diabetic. [Swallows] um, so, she did refer me, and I think it was about a month or so later,
	Doing it anyway	And so, uh, I went I went along to the first meeting [laughter] thinking, "I don't want to do this [laughter]."

The slimming club being like a therapeutic space?	The slimming club providing a space to talk and be heard.	And if you <i>didn't</i> lose, why not, and if you did lose, why, and if you put weight on, why. And you were able to discuss that, but in a very non-judgemental way – very supportive [inhales], very encouraging and very non-judgemental.
	Having a mentor that you can talk to in secrecy, like a priest.	It is a bit 'confessional'
The club holding her to account and inspiring	Discipline around food and meetings as helpful	So [pause] but I just found I found going to the meetings [swallows] and having, if you like, the discipline of having to go to the meetings.
	Meeting herself in her first meeting?	And one of the great inspirations of my first meeting was that there was a lady there who was, like I am now, a target member.
Idea of food as good and bad, not just protein, fats and carbohydrates.	Food being naughty?	"So you don't have to have pork pies, sausage rolls and all those naughty things. You can have chickpea patties."
·	Syns sounding like they're bad, for sinners	You can have something that you wouldn't normally have, but you can count it as a 'syn'.
	Insulting herself for overeating?	And having to explain to people why you had been a pig [laughter], if you like, was was good.
Wearing a weigh in uniform, signifying the importance of the process and its accuracy?	Wearing a uniform to weigh in	And, uh, [pause] our mentor recommends that you wear almost like a uniform. You wear the same clothes every week.

	The idea that the exact weight is so serious.	So that the clothes that you are wearing are not going to put off your weight loss [inhales] or alter it in any way.
	Wearing the bare minimum.	It's, uh, a pair of leggings and a t-shirt [laughter].
	Being as close to naked as possible	I I don't wear anything and except the leggings and the t-shirt.
Achieving and celebrating goal weight at her slimming club (like the x factor final)	If you do not attend, have you not reached goal weight?	That was a Monday, and it was because you have to reach goal weight at Slimming World, so, uh, Monday evening at 5:30. [Inhales] and I
	Checking her weight being sneaky	Well, I'd I'd sneakily got on the scales in the morning, which you are not meant to do.
	Being careful not to jeopardise the celebration.	I thought, "Ooh, yes, I'm there." Um, and then, uh, I ate extremely carefully all day.
	Being aware that it wasn't a normal meeting	So I was I was standing there thinking, "I want to get on the scales, Lisa." But what she had done what she had she had went she had she had gone to get our mentor, Barbara.
	Moving her body in celebration	And I think I [pause] just danced around for a little while. And, of course, everybody knew, because they were all in the room. Yes, and I danced around for a little while, and everybody was so
	Knowing that her celebration inspires others	When anyone reaches target, it is quite a celebration. And, uh [pause], um

	Almost like having a family around you?	Yeah, hands in the air and dancing around. And and everybody Barbara gave me a hug, and Lisa gave me a hug, and <i>lots</i> of people came and gave me a, sort of, hug around the shoulders and a kiss and things.
Reaching goal weight as her biggest and proudest achievement	Allowing herself to cherish her achievement	Wonderful, absolutely wonderful. I really felt a sense of achievement. [Pause] better than my degree, I think [laughter].
	Feeling so proud despite having achieved a lot in her life.	I think I'm very proud of myself. I I'm [pause] [sighs] that sound crazy, because I've done so much in my life, you know, that, you know I've done [pause] a degree, teaching, another degree course.
	Not eating sounding so simple, in reality so hard.	I am more proud of this because it has affected my my image of myself and my confidence. And I think that's why I'm more proud of it, because it's that was harder than all the studying I've ever [laughter] done. Not eating [laughter]—
Fat lives matter?	Fat people having no value?	And I can talk to people and feel more equal than before, because I do think people think that overweight people are [pause] unintelligent and not attractive and all those things.
	Having felt fat, not equal.	Because I have never been I have never I don't even think, um [pause] well, certainly not since [pause] just after we were married. I I don't think I ever felt equal. I always felt 'the fattest one' of the group.
	Fat people being nothing	You know – that that would be the first thing they'd see. They wouldn't necessarily see <i>me</i> , as a person; they'd just

		see a fat person, therefore no self-control, no confidence, no nothing.
Having so much love for her trousers.	Being proud of her first pair of size 12 trousers	And she went off, and she got those, and she was right. And I got into that was the <i>first</i> time I'd ever got into a pair of size 12 trousers.
	Loving that she can wear beautiful clothes	Like, that's the the and they're [pause] so such beautiful material.
	Feeling like they're special in a multitude of ways.	So they feel very comfortable.
Nothing being all positive, there's always someone that thinks you need their advice!	Partner celebrating with her	[Laughter] Sean danced as as he opened the door for me and then danced in [laughter].
	People being happy for her.	In a sea of encouragement and everyone doing good things, so I have been very fortunate [swallows] that, uh [pause] I think because they have seen the delight that I am getting from slowly getting smaller and smaller,—
	Maintenance as unchartered territory in relationships.	-they are all pleased for me. But it will be interesting to see how whether that continues [pause] as I maintain my weight. I don't know how it will change.
	Why do people think they should speak?	I've had [pause] two people say to me, "You are not going to lose too much more, are you?" And that was about a stone and a half ago, so [inhales] and I I just said, "I'll stop when I think I'm right."
New clothes allowing a reinvention of herself	Accessing fashion	Very, very good, because now I can go into any shop

	Feeling reinvented and able to express herself with clothes	And and buy all new bras and all new underwear. So, everything is new, so I kind of feel reinvented.
	Clothes and a new confidence being a big part of her story.	It was about the clothes, it was about and about connected to that, it was about the confidence.
Her body unlocking access to all the shops and no longer worrying about others.	Weight loss meaning access to good shops	Mm. And now that you have reached goal weight, how are you feeling about your body at the moment? Very, very good, because now I can go into any shop— I: Mm. R: —and there are things in my size
	Was she always being judged, could it have been a defence?	Not just clothes shops, any shops, and look around at things, and no-one will be judging me because I'm
The brain taking longer to lose than the body	Not taking up the same space anymore	"Because you are much smaller than you think you are." And that was just tremendous.
	Brain not registering the weight loss immediately	I I expect it was a little bit of shock, but it was it it was hilarious that I still thought of myself as a size 18.
	Questioning her experience	And and that's interesting because I still look at myself occasionally and think, "You don't look very thin at all."
The black dog of depression being applied to weight?	The weight being seen as depression	And it won't again, ever, [pause] because I won't I won't let it now come back. It's like a it's like a great big dog that's gone [laughter] gone away – a black dog [laughter].
	No longer feeling depressed	I don't have that dog anymore [laughter].

Now using food to enjoy and nourish	Having renegotiated the purpose of food.	Anything. [Pause] I I know my relationship with food has changed totally.
	Beginning to respond to hunger signals, not emotions.	Although I said, you know, "I… I… I'm not really hungry anymore." Because that's… that's the… that's the… the <i>root</i> of it, isn't it? You're not hungry, so you shouldn't eat it.
	Spending time enjoying and savouring.	So, a good strong cheddar or a blue or something. And I just eat it. And I [pause] [inhales] I don't [sighs] it's almost as if my body has thought, "We don't actually need to keep this because she's alright now [laughter]. We can we can just use this little bit of cheese and enjoy this flavour, but we won't we won't make fat out of it. We'll just [laughter] [pause] carry on and do that."
	In some ways still being the same, having the same love for food	It hasn't changed my relationship with food, in that I still love food, but I just don't eat the naughty things.
	Living without chocolate	Um [pause] I can't I haven't had any chocolate [pause] [sighs] when did I last have chocolate? I [laughter] can't remember. [Pause] no, I probably haven't had chocolate since last Christmas.
Feeling like her frame makes anything possible.	Just feeling so joyful having improved the relationship with herself.	Because it's such a [inhales] it's such a a wonderful feeling, such a [pause] it, sort of, buoys me up all the time now, and I'm I can be much more confident than I ever was before.
	There's no stopping her	It got in the way. It got in the way. It doesn't get in the way anymore. It's it doesn't stop me from doing anything anymore.

to describe herself	[Inhales] uh, healthy [pause], uh, confident [pause], um [pause], slim. I feel odd saying that, but slim. Um [pause] older lady [laughter]. There you go.
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Appendix 13

Do fat lives matter?

1.1.	A fat life, unlimited?
1.2	Living in a fat body.
1.3	What do you feel in a fat body?
1.4	Experiences of themselves and how they felt seen by others.
1.5	Fat is different.
1.6	Mothers who made weight an issue
1.7	Food having a moralistic flavour
1.8	Wanting to be healthy
1.9	Looking better and getting smaller
1.10	That thing

1.11	A special occasion.
1.12	Which goal to shoot for?

1.1	Lavinia	Fat affecting ability to teach?	I didn't go back to teaching because [pause] I didn't think they'd employ me because I was <i>really</i> overweight then. (Lavinia, Pos. 505)
1.1.2	Jemima	Fat not getting in the way of work	yeah, so I became quite big, erm, and then I got an, an agent and I was getting really nice roles being fat (Jemima, Pos. 67-68)
1.1.3	Jemima	Living a full life	I've got a lovely boyfriends and husbands and, you know, all sorts of things [laughs], and I'm feeling quite happy and then I get pregnant at thirty eight (Jemima, Pos. 190-192)

1.1.4	Imelda	Activity being limited by weight.	At that weight, it limits the things that I can do.
1.2.1	Imelda	Feeling disgusted by her own body	Like, really, I was just disgusted with myself. This that I'd let myself get this big. (Imelda, Pos. 84)
1.2.2	Imelda	Having felt very uncomfortable with her "lumps and bumps" body	I definitely <i>wouldn't</i> have been comfortable in that type of dress before, because I feel like it would have shown off <i>all</i> of the lumps and bumps and bits, and I definitely [laughter] wouldn't have worn it. (Imelda, Pos. 466)
1.2.3	Jemima	Being healthy fat	but I was quite fit, so, you know, I was a sort of big fit girl. Erm, I remember, I-I, you know, if I was walking with friends I wouldn't be out of breath (Jemima, Pos. 160-162)
1.2.4	Lavinia	Not having access to clothes on the high street	I didn't get that very often because, of course, most of them probably looked at me and thought, "I'm not going to be able to help this lady because there isn't anything in our shop that will fit her." (Lavinia, Pos. 204)

1.3.1.	Lavinia	Weight as the black dog of depression	And it won't again, ever, [pause] because I won't I won't let it now come back. It's like a it's like a great big dog that's gone [laughter] gone away – a <i>black</i> dog [laughter]. (Lavinia, Pos. 517)
1.3.2	Imelda	Laughter masking shame of weight gain.	I felt really uh, I yeah, unhappy and, um, annoyed [laughter] that I had let myself get to the stage that I had. (Imelda, Pos. 542)
1.3.3	Tiffany	Fat girl happiness not being real?	Like, it wasn't 'fat girl' happy; it was 'happy' happy. And just yeah, you know, I was out with my best friend, having fun, and if we went back two years, I wouldn't have been able to do that. (Tiffany, Pos. 504)
1.4.1	Jemima	The fat identity not being problematic	so I wasn't really that upset about being fat [laughs]. Er, I was getting work and things were good and I couldn't understand, I really didn't get other people who were so distraught by it all and(Jemima, Pos. 72-74)

1.4.2	Fifi	Fat people being stupid?	Oh, yeah, 'weight has been up to 13'11 – stupid, stupid, stupid' (Fifi, Pos. 456)
1.4.3	Perdita	Fat being wrong	I don't know. I just felt that you you weren't successful. You weren't good. You weren't the right person to be. (Perdita, Pos. 8)
1.4.4	Lavinia	Fat people having no value?	And I can talk to people and feel more equal than before, because I do think people think that overweight people are [pause] unintelligent and not attractive and all those things. (Lavinia, Pos. 493)
1.4.5	Phoenix	Excusing herself, finding her weight unacceptable	And I I and I find myself always making excuses, like it's so damn obvious. I'm always saying something about my weight or, like (Phoenix, Pos. 107)
1.4.6	Phoenix	Meta defensiveness: Being defensive about her defensiveness:	I know, it's so defensive and ugly. (Phoenix, Pos. 111)

1.4.7	Phoenix	Using humour to defend.	You know, if somebody says, "You look well" – I'm like, "Oh, well
			fed." Um, and– (Phoenix, Pos. 109)
1.4.8	Perdita	Having thought she was unlikeable because of fat	Whenever I look at it now, it was just madness. But at the time, it was like, "Oh, my God." And I just thought to myself, "Nobody likes me because of the way I look." (Perdita, Pos. 126)
1.4.9	Lavinia	Having felt fat, not equal.	Because I have never been I have never I don't even think, um [pause] well, certainly not since [pause] just after we were married. I I don't think I ever felt equal. I always felt 'the fattest one' of the group. (Lavinia, Pos. 499)
1.4.10	Lavinia	Fat people being nothing	You know – that that would be the first thing they'd see. They wouldn't necessarily see <i>me</i> , as a person; they'd just see a fat person, therefore no self-control, no confidence, no nothing. (Lavinia, Pos. 184)
1.5.1	Jemima	Being marked as different because of weight	I knew why my mum, you know, whatever raised me as she did, and, and put this sort of quite heavy footprint in my head [laughs] about weight and, erm (Jemima, Pos. 903-904)

1.5.2	Jemima	Being treated differently to	and she would, for example, I had, you know, siblings and she
		siblings because of weight	would give them, erm, Easter eggs and things at Easter but I
			would have a pretty pair of socks or some, or some(Jemima,
			Pos. 49-51)
1.5.3	Perdita	Fat on TV portrayed as	There's this one woman, who is really big, and she she
		someone to walk over.	basically just lets everyone, like, walks all over her, and is so kind.
			(Perdita, Pos. 250)
1.5.4	Phoenix	The family house not being a	And there was no food ever at home. (Phoenix, Pos. 240)
		home.	
1.6.1	Phoenix	Needs being denied.	And she would say, "You've eaten at school." And of course, we
			had eaten at school – lunch – but that was considered that
			was "You've had a proper lunch, so, you know, you should be
			satisfied with an apple," or whatever. I hated apples anyway.
			(Phoenix, Pos. 244)
1.6.2	Phoenix	Being punished for	And I remember that my brother and I used to send down paper
1.0.2	THOGHIA	expressing needs.	aeroplanes, down the stairs, saying that we were hungry. And,
		expressing needs.	
			you know, once or twice, my mother would beat us for it.
			(Phoenix, Pos. 242)

1.6.3	Phoenix	Men being worthy of eating	Because, as I say, there is no man in the house – so if there is no
		properly?	man, there is nobody she's not cooking an evening meal.
			(Phoenix, Pos. 248)
1.6.4	Phoenix	Guilt for being human.	mummy had made us feel guilty for being hungry. (Phoenix, Pos.
			256)
1.6.5	Jemima	Fat as terrifying and to be	my, my mum, it came from a,
		feared	from a place of love, I know now, 'cause I've had enough therapy,
			but, erm [laughs], she was so terrified that I would be fat
			(Jemima, Pos. 42-44)
1.7.1	Imelda	Food being moralistic, rather	I found that just as bad as I had done when I was big, which
		than nutritious	meant I was obviously also eating bad things and making bad
			choices. (Imelda, Pos. 388)
1.7.2	Imelda	Eating causing her disgusted	Because I felt the same kind of I'd get a disgusted annoyance at
		annoyance.	myself that I was eating incorrectly. (Imelda, Pos. 386)

1.7.3	Fifi	Moralistic language applied	And [pause] [inhales] there was a delicious plate of naughty
		to food and eating	things. We always have a coffee and something naughty, so I had
			about two or three naughty things because I felt, "Well, I've had
			such a bad day today I've eaten so badly today, I'll have
			another one of those." (Fifi, Pos. 577)
1.7.4	Perdita	How can food be wrong?	And then I was running really uncomfortable, and then I was just
			eating the wrong foods type of thing. (Perdita, Pos. 222)
1.8.1	Fifi	Awareness of the health	As you get older, [pause] the blood pressure thing, the all the
		complications of obesity on	various things that you are told obesity can bring on. [Pause]
		an ageing body	[inhales] joints, my joints were bad. (Fifi, Pos. 221)
1.8.2	Tiffany	Being imprisoned by her	I have a condition called CFS/MEMy body is quite poorly, so
		illnesses	that, um a lot of people with the condition, they can end up, like,
			bed-bound or wheelchair-bound or something. And I ended up
			practically bed-bound. So, I'd be stuck in bed maybe, like, 22
			hours a day. (Tiffany, Pos. 13-15)
1.8.3	Tiffany	Being unable to offer care	I couldn't do anything. I couldn't look after myself. (Tiffany, Pos.
			19)

1.8.4	Lavinia	Determination not to be	But I was so determined that [inhales] I wasn't going to be
		diabetic being more powerful	diabetic. [Swallows] um, so, she did refer me (Lavinia, Pos. 37)
1.8.5	Lavinia	Being fully award of the horror of diabetes	It's a really horrible disease. And I just didn't want to have to face that. (Lavinia, Pos. 49)
106	Lavinia	Ligate being the most	
1.8.6	Lavinia	Health being the most important thing as you age?	I want I want to be as well as I can be for as long as I can be. (Lavinia, Pos. 51)
1.8.7	Lavinia	Taking responsibility for herself	I think you are responsible for your own health, (Lavinia, Pos. 27)
1.8.8	Fifi	Focusing on her feelings about an unhealthy body and self-concept.	[Pause] I hated the way I looked. I was fed up with myself. And having had to go onto a very low dose admittedly , um stuff, uh, like blood pressure. (Fifi, Pos. 8)
1.8.9	Jemima	Food poisoning her body	everything's great but then I had arthritis er, and I got it from, erm, food poisoning (Jemima, Pos. 77-79)

1.8.10	Jemima	Having to wobble around	Erm, and that all, you know, erm, sort of wobbled along and I was
			still rather large and hanging in there and then we get to, er, when
			Patrick, my son was about ten-ish (Jemima, Pos. 207-209)
1.8.11	Imelda	The pain in her body existing	That's the first time that they had said that, but my hip had been
		before her weight gain	hurting it's been, like it's been hurting for over ten years.
			(Imelda, Pos. 170)
1.8.12	Imelda	Being discounted without due	they basically told me that, because I was overweight, that if I lost
		care because of her weight.	weight, that that would be the key to stopping it from hurting.
			(Imelda, Pos. 168)
1.8.13	Lavinia	Prediabetic being a dreaded	And, um [pause], I went to that, and I got the dreaded, "You are
		diagnosis	prediabetic," (Lavinia, Pos. 20)
1.9.1	Fifi	Wanting to improve her self-	And I just want to [pause] feel better about myself. (Fifi, Pos. 33)
		image	
1.9.2	Fifi	Dissatisfaction with	[Pause] I hated the way I looked. I was fed up with myself (Fifi,
		appearance	Pos. 8)

1.9.3	Fifi	Anno Domini meaning	I hated my tummy, which ended up with a double roll, which
		increasing struggles with fat	[inhales] I think that's an anno Domini thing, the way the fat, sort
		and weight	of, sits on there. (Fifi, Pos. 136)
1.9.4	Jemima	Feeling humiliation at her	and, you know, the humiliation of, of, you know, the belts on the,
		size	having to have the extra belt on the aeroplane and, oh
			(Jemima, Pos. 233-234)
1.9.5	Tiffany	Hating her body	Um, I really did hate my body and myself for having that body.
			(Tiffany, Pos. 576)
1.9.6	Jemima	Not fitting in, being outside	You've actually got to, you've actually got to ring your bell
		because of weight	[laughs] above you and say, erm, you know, please can you, I
			can't fit in this (Jemima, Pos. 237-240)
1.10.1	Jemima	Not having been wanted	and feeling rejected and very low self-esteem and realising that
			my marriage had been a complete lie and that he didn't want me
			at all, all that time. (Jemima, Pos. 295-297)

1.10.2	Jemima	Wanting someone to want	Er, and wanting somebody else, I just thought, I mean, also it was
		her	kind of, gosh will anybody want to hug me again at this weight
			[laughs], you know, or sleep with me… (Jemima, Pos. 299-301)
1 10 0	· ·	March and March	
1.10.3	Jemima	Wanting herself	you know, a bit of vanity, a bit of self-preservation, you know,
			I've got to look after myself now (Jemima, Pos. 305-306)
1.10.4	La maiora a	Monting to kink the hell at her	Lycopt to be able to be appropriately with your appropriately beginning been
1.10.4	Jemima	Wanting to kick the ball at her	I want to be able to be sporty with my son, you know, having been
		son!	quite a sporty 20 year old, er, and 30, there's no reason why you
			can't be fit and healthy and sporty at 50, er, so, yeah, I just
			wanted to be able to kick the ball back to him sometimes
			(Jemima, Pos. 313-316)
1.10.5	Jemima	Wanting to live and be there.	Erm, my main motivation was that I needed to be, have a longer
			life to be fit and healthy and look after my son (Jemima, Pos.
			289-291)
4 40 4	Tiffony	Monting hone	Palicat got to the point whom I was like "I was like de wort to bill
1.10.4	Tiffany	Wanting hope	I'd just got to the point where I was like, "I really do want to kill
			myself (Tiffany, Pos. 19)
t .	1		

1.10.5	Tiffany	Needing change	Um, so [pause], like, the moment when you are like, "Actually, I need to do something about my weight," or whatever (Tiffany, Pos. 9)
1.10.6	Phoenix	Learning to empower herself through thinness.	So when whenever I had a breakup or I was feeling, uh, sort of, un-empowered, I guess, I would turn to weight to change things over. (Phoenix, Pos. 35)
1.10.7	Perdita	Knowing you have to do it for yourself	It's about personal choice, isn't it? You've got to do it for yourself. (Perdita, Pos. 185
1.10.8	Jemima	Worrying about the worry (meta worry?)	Patrick would, just seeing Patrick caring and worrying so much, you know, because I was becoming really immobile with the arthritis (Jemima, Pos. 240-241)
1.10.9	Jemima	Her weight on his shoulders?	as well and, and he was so worried and I thought this is too much on his shoulders with everything else and, erm, so I, I really had to address it. (Jemima, Pos. 243-244)

1.11.1	Lavinia	Being told she would be the	First of all, um, early last year, 2017, my daughter announced she
		mother of the bride.	was getting married. (Lavinia, Pos. 6)
1.11.2	Lavinia	Idea of being on display?	You know, she was going to have a a really <i>big</i> wedding, which was a surprise [inhales], and so I thought, "I have to lose weight." (Lavinia, Pos. 10)
1.11.3	Lavinia	Having a big role in the wedding and needing an appropriate outfit to reflect this.	So there was the total panic of, "Oh, my goodness, what am I going to find to wear? What am I going to do? (Lavinia, Pos. 8)
1.11.4	Phoenix	A social event providing motivation	So after LaToya, I tried to lose weight for years. And, um and I had a wedding in May. (Phoenix, Pos. 89)
1.12.1	Imelda	Choosing her goal weight within the healthy range to ensure care, rather than blame.	I thought, "If I get down to what they say is a healthy weight range, then the next time I go in with [laughter] it hurting, they can't say, 'You're just fat.'" (Imelda, Pos. 174)

1.12.2	Perdita	Goal weight being dead on the middle	[Pause] um [pause], I think I'm a bit of a per perfectionist. And there's another really sad things – I used to look at the BMI tracker. And I'm, like, dead on the middle. (Perdita, Pos. 348)
1.12.3	Jemima	Goal weight being picked from when she was happy	I was happiest when my son was about four years old and I was, erm, working at the National Mime Theatre and I fun-, I sent my mother a text that said I am, I am so happy (Jemima, Pos. 454-457)
1.12.4	Jemima	BMI being stupid ridiculousness.	Between seven and a half and nine and a half stone, ridiculous (Jemima, Pos. 469)

Appendix 14

People on the journey

2.1	Cheerleaders	
2.2	Keeping out of it.	
2.3	Slimming clubs	
2.4	Unhelpful people	
2.5	Scales, the dispassionate enemy	
2.6	Weight, the anthropomorphic creeper	

2.1.1	Jemima	Needing more than herself	I then found I needed a bit of ex-external help, I needed a bit of,
			more accountability than just me so I, I joined with a friend to do it together. (Jemima, Pos. 354-356)
			togother: (commita, r co. co r coc)

2.1.2	Jemima	Someone to celebrate the wins with.	my friend that, erm, that I did a lot of the weighing in with, you know, we would weigh in together, er, over the phone and that really helped. I think, erm, the friends that don't judge and don't offer opinions (Jemima, Pos. 989-992)
2.1.3	Jemima	The internet being kind and supportive?	I found myself doing online groups, I found a friend online, you know, who I'd never met but he and I just really helped each other (Jemima, Pos. 985-986)
2.1.4	Imelda	Partner joining in and being supportive.	No, he was he is really good. He does the food with me, so that helps. And, yeah, he is very supportive of, uh if I needed time to [laughter] do things, he never complained that— (Imelda, Pos. 596)
2.1.5	Lavinia	Maintenance as unchartered territory in relationships.	-they are all pleased for me. But it will be interesting to see how whether that continues [pause] as I maintain my weight. I don't know how it will change (Lavinia, Pos. 535)
2.2.1	Tiffany	Wanting to keep the weight outside the relationship	the weight loss, sort of, uncovered a lot of negativity in their relationship, so then that made me more aware of what could

			happen in ours. So, we sort of had that agreement that [pause], "Tiffany's weight loss is Tiffany's, our relationship is ours, and then we'll get through it, and that's how we want it to stay (Tiffany, Pos. 740
2.2.2	Tiffany	Partner focusing on who she is.	But he'll, like, do something else, or it's, like, he won't praise me or not praise me on my weight loss. But then he will do other things that are, like, really nice. (Tiffany, Pos. 718)
2.2.3	Tiffany	Partner standing for her, not her weight	Because then it is like, "Well, I've got that one thing that isn't weight-loss-focused." (Tiffany, Pos. 714)
2.3.1	Lavinia	The slimming club providing a space to talk and be heard.	And if you didn't lose, why not, and if you did lose, why, and if you put weight on, why. And you were able to discuss that, but in a very non-judgemental way – very supportive [inhales], very encouraging and very non-judgemental. (Lavinia, Pos. 98)
2.3.2	Lavinia	Having a mentor that you can talk to in secrecy, like a priest.	It is a bit 'confessional' (Lavinia, Pos. 94)

2.3.3	Tiffany	Falling out of love with	But I fell out of love with Slimming World. And I think well, I'm
		slimming club	still sort of on it now and I'm trying to, like, get myself out of being
			on it. (Tiffany, Pos. 206)
2.3.4	Tiffany	Vested interests applying	And because my consultants and, like [pause] uh, her team
		pressure	development and the district managers and stuff, they really want
			you to win, because obviously it gets them moreand stuff.
			(Tiffany, Pos. 198)
2.3.5	Tiffany	The weight of the	But so, then, because I was like, "Right, well, if I hit that
		responsibility	number," you know… "Well, if I <i>don't</i> hit that number, I'm letting
			everyone else down, and it changed my feeling about it – (Tiffany,
			Pos. 210)
2.3.6	Lavinia	Discipline around food and	So [pause] but I just found I found going to the meetings
		meetings as helpful	[swallows] and having, if you like, the discipline of having to go to
			the meetings. (Lavinia, Pos. 120)

2.3.7	Lavinia	Meeting herself in her first	And one of the great inspirations of my first meeting was that
		meeting?	there was a lady there who was, like I am now, a target member.
			(Lavinia, Pos. 138)
2.4.1	Lavinia	Why do people think they	I I've had [pause] two people say to me, "You are not going to
		should speak?	lose too much more, are you?" And that was about a stone and a
			half ago, so [inhales] and I I just said, "I'll stop when I think
			I'm right." (Lavinia, Pos. 539)
2.4.2	Jemima	I do me, you do you	you're the one there losing weight and succeeding and they're telling
			what you, oh you don't want to do this, you want to do that. How about I
			do me, and you do you, love, you know [laughs](Jemima, Pos. 970-972)
2.4.3	Perdita	Feeling the cousin was being	Ooh [pause], um, I have a cousin. She basically, we were both
		evil.	big together and and she is she was quite evil about the
			whole process, when I was losing the weight. (Perdita, Pos. 498)
2.4.4	Imelda	People who believe they	Yeah, or they are the type of people that already do lots of diet
		know what is best.	fitness, and they think that their way is best. (Imelda, Pos. 586)

2.4.5	Imelda	Her experience being	Um, or, "You don't need to diet." And you get quite a lot of yeah,
		questioned or denied	"Why are you why are you doing this," questioning [laughter].
			(Imelda, Pos. 552)
2.4.6	Imelda	Everyone with a mouth has	It's [laughter] really annoying. Um, and everyone has an opinion.
		an opinion.	Everyone has an opinion about things. Um but yeah, (Imelda,
			Pos. 556)
2.4.7	Tiffany	People giving opinion as	It was, sort of, like, after I'd lost, like, the first four stone or so, she
		unsolicited advice.	was very much like, "No, you don't need to lose weight. You just
			need to love yourself for yourself." (Tiffany, Pos. 677)
2.5.1	Imelda	The anthropomorphic scales	Because, yeah, I definitely the scales were not my friend (Imelda,
			Pos. 520)
2.5.2	Tiffany	The scale having power over	And it's, like I'm really anti it now, but it was, like, you know that's
		her emotions	the scale would dictate my emotions for the week. (Tiffany, Pos. 704)

2.5.3	Tiffany	Anxiety from the	I used to do it mostly in Slimming World. In the run-up to my competition
		competitions, obsessively	in February, I was doing it, like, thirteen times a day sometimes.
		checking the scales	(Tiffany, Pos. 326)
2.5.4	Imelda	The cooled on threatening	Yes. Well, the scales definitely were threatening. They it's because
2.5.4	imeida	The scales as threatening,	
		having the power to change	[laughter] I was worried, every time I got on them, that it wasn't going to
		her experience.	be the low number that it had been before. (Imelda, Pos. 510)
2.5.5	Imelda	Removing the focus from the	And I started weighing myself in kilos. And, um, I knew what I needed to
		numbers.	get to, but I kind of losing a kilo, I didn't really know what that meant
			[laughter], so I couldn't focus on it as much, um (Imelda, Pos. 232)
2.5.6	Lavinia	Wearing a uniform to weigh	And, uh, [pause] our mentor recommends that you wear almost like a
		in	uniform. You wear the same clothes every week. (Lavinia, Pos. 248)
2.5.7	Lavinia	The idea that the exact	So that the clothes that you are wearing are not going to put off your
		weight is so serious.	weight loss [inhales] or alter it in any way. (Lavinia, Pos. 250)
2.5.8	Lavinia	Wearing the bare minimum.	It's, uh, a pair of leggings and a t-shirt [laughter]. (Lavinia, Pos. 256)
	Lavilla	Treating the bare minimum.	, , , , :
2.5.9	Lavinia	Being as close to naked as	I I don't wear anything and except the leggings and the t-shirt.
		possible	(Lavinia, Pos. 264)

2.5.10	Phoenix	Making sure conditions are right for weighing.	Uh, anybody will will know perfectly well that they have to, you know, do it at the right time – take off all jewellery, and make sure they have, you know, been to the loo, and do not drink any water, and all of that stuff. (Phoenix, Pos. 270)
2.6.1	Imelda	Weight as a yoyo, going up and down independent of effort	I had previously, kind of, yo-yo dieted up and down, and tried various different methods, and ended up still at the heaviest I had ever been. (Imelda, Pos. 6)
2.6.2	Imelda	Seeing herself as a passive individual upon whom weight crept up.	it would all creep back on again (Imelda, Pos. 88)
2.6.3	Fifi	Weight as a menacing anthropomorphic creeper.	Um, then, of course, the weight gradually creeps up. And then, as it creeps up, you look at yourself and you think, "Oh, God, I hate it," (Fifi, Pos. 87)

Appendix 15

Reaching goal weight, celebrating the culmination of an important journey, but do the specifics really matter?

3.1	Is there a wrong day to weigh?
3.2	Slimming club experiences
3.3	The Hallelujah moment!
3.4	The meaning
3.5	Other people
3.6	Goal weight isn't everything
3.7	The significant occasion
3.8	What were those important details?
3.9	The notebook
3.10	Give me a twirl

3.1.1	Tiffany	Weighing herself outside	Yeah. Um, so, I was naughty and weighed at home, so I
		slimming club being framed as	knew I was going to hit it in the morning anyway. (Tiffany,
		naughty.	Pos. 322
3.1.2	Lavinia	Checking her weight being	Well, I'd I'd sneakily got on the scales in the morning,
		sneaky	which you are not meant to do. (Lavinia, Pos. 242)
3.1.3	Jemima	Weighing before weigh day	I got on the scales the day before a Thursday, very naughty
		being naughty	(Jemima, Pos. 610-612)
3.2.1	Tiffany	Like waiting for Christmas	So, I just spent the day doing that – waiting for four o' clock
		morning?	to come so I could [laughs] go to group. (Tiffany, Pos. 344)
3.2.2	Lavinia	Being careful not to jeopardise	I thought, "Ooh, yes, I'm there." Um, and then, uh, I ate
		the celebration.	extremely carefully all day. (Lavinia, Pos. 246)
3.2.3	Tiffany	Needing an audience for it to	although I had weighed at home and I knew that I'd hit the
		count?	goal, you're not really ever sure until you do it at group. And
			it's like, "Yeah, this is official." (Tiffany, Pos. 332)

3.2.4	Lavinia	If you do not attend, have you	That was a Monday, and it was because you have to
		not reached goal weight?	reach goal weight at Slimming World, so, uh, Monday
			evening at 5:30. [Inhales] and I (Lavinia, Pos. 240)
3.2.5	Lavinia	Being aware that it wasn't a	So I was I was standing there thinking, "I want to get on
		normal meeting	the scales, Lisa." But what she had done what she had
			she had went she had she had gone to get our mentor,
			Barbara. (Lavinia, Pos. 276)
3.2.6	Tiffany	Fanfare upon hitting target	And then, like, it flashed up on the screen that 'You have hit
			your target', and it was amazing. I was so happy [laughs].
			(Tiffany, Pos. 310)
3.2.7	Tiffany	Experience being like winning	And then, um so, then what you do is you have your
		something	group setting, and they give you an award, and everyone,
			sort of, claps and congratulates you and stuff. Yeah, it's just
			amazing. It was really nice. (Tiffany, Pos. 318)
3.2.8	Tiffany	Being like a status symbol	Um, so I was really happy. I got my, um you get a
			certificate, a badge, that says, like, 'target member' (Tiffany,
			Pos. 312)

3.2.9	Lavinia	Knowing that her celebration	When anyone reaches target, it is quite a celebration. And,
		inspires others	uh [pause], um (Lavinia, Pos. 294)
3.2.10	Lavinia	Almost like having a family around you?	Yeah, hands in the air and dancing around. And and everybody Barbara gave me a hug, and Lisa gave me a hug, and <i>lots</i> of people came and gave me a, sort of, hug around the shoulders and a kiss and things. (Lavinia, Pos. 290)
3.2.11	Lavinia	Moving her body in celebration	And I think I [pause] just danced around for a little while. And, of course, everybody knew, because they were all in the room. Yes, and I danced around for a little while, and everybody was so (Lavinia, Pos. 286)
3.3.1	Lavinia	Allowing herself to cherish her achievement	Wonderful, absolutely wonderful. I really felt a sense of achievement. [Pause] better than my degree, I think [laughter]. (Lavinia, Pos. 296)
3.3.2	Lavinia	Feeling so proud despite having achieved a lot in her life.	I think I'm very proud of myself. I I'm [pause] [sighs] that sound crazy, because I've done so much in my life, you know, that, you know I've done [pause] a degree, teaching, another degree course. (Lavinia, Pos. 461)

3.3.3	Lavinia	Feeling proud	I was proud of myself. (Perdita, Pos. 354)
3.3.4	Jemima	Happy all the way down to her feet	I just thought, yay [shouts], but then it was tricky 'cause it was my son's birthday and I had to be all about him, but I was so happy, so I took a picture of my feet on the scales. (Jemima, Pos. 615-617)
3.3.5	Jemima	Screaming with all the happy on that day	And I was so excited and after screaming happy birthday to my son, I did scream, I've done it [excited], I hit goal weight (Jemima, Pos. 623-624)
3.3.6	Jemima	Goal weight as thrilling	yeah, I was, I was unbelievably thrilled that day. (Jemima, Pos. 643)
3.3.7	Fifi	An experience of relief rather than euphoria	But no, I didn't have that euphoria because [pause] I thought, "Good. Thank goodness for that." (Fifi, Pos. 303)
3.3.8	Fifi	Feeling empowered to wear anything without worry.	I spent two weeks enjoying <i>feeling</i> that I could put anything on and look okay, without having to worry about how I wore it. (Fifi, Pos. 283)

3.3.9	Phoenix	Expecting to do well, feeling that	And, uh, yeah, I remember feeling incredibly elated, but
		sense of achievement.	not not, like, unexpectedly elated, because I knew that it
			would it would be happening – or I thought it would be
			happening. (Phoenix, Pos. 278)
3.3.10	Imelda	The experience of goal weight	Uh, I couldn't believe that I had actually got there [laughter].
		feeling unbelievable	(Imelda, Pos. 426)
3.3.11	Imelda	Using language related to	Yeah, it was it was a bit of a high. It felt good. (Imelda,
		addiction	Pos. 408)
3.4.1	Perdita	Goal weight meaning success	It means success. I'm not going to lie. I'm just really happy
			[laughs]. I'm just really, really happy. (Perdita, Pos. 378)
3.4.2	Perdita	Goal weight being control	I felt stronger. I felt positive. And I felt like as if, "I am in
			control of this." (Perdita, Pos. 358)
3.4.3	Perdita	Thinking about body linked to	So how do you feel about your body and how it has
0.4.0	1 Granta	goal weight	changed?

			I am extremely happy. I'm not going to lie. I'm <i>very</i> , very happy with the fact that I've reached eight and a half stone. I'm not going to lie.
3.4.4	Fifi	Improved fitness making sport easier.	Well, as I say, certainly, health-wise, I'm I'm not puffing and panting my way around the Croquet course anymore. I'm much fitter for walking. Um [pause] (Fifi, Pos. 793)
3.4.5	Fifi	Acceptance of the loose skin	You know, if I did exercise, I'd perhaps my skin would go back. But not now, [inhales] it would be far too difficult to get the muscle tone back. I've just got loose skin [laughter]. (Fifi, Pos. 425)
3.4.6	Fifi	Finding ways to celebrate herself	Erm, and I mean we were, we were so excited, er, but the first thing I wanted to do was book a holiday really [laughs] (Jemima, Pos. 664-665)
3.4.7	Jemima	Getting new clothes for the new body	and I think there was some, er, there was some fishing around for, you know, what sort of things we might like to wear on holiday (Jemima, Pos. 704-706)

3.5.1	Perdita	Being congratulated	I just went, "Honey, honey, oh my god! [laughs]." I just told
			my husband. And he goes, "Well done." And that was it.
3.5.2	Jemima	Wanting mum to notice	I was so, so happy, so proud of myself, sent pictures to all
		3	the family
			which is interesting I suppose because I guess still
			interested in mother's
			approval [laughs] (Jemima, Pos. 626-628
3.5.3	Phoenix	Sharing her news	Um, and I remember, I told him – my husband, that is. Uh, I
			don't know why I always think that he wants to know all of
			this stuff. He probably doesn't. (Phoenix, Pos. 280)
3.5.4	Imelda	Telling her loved ones	I sent text messages [laughter] outuh, to my other
			half, and to my mum. (Imelda, Pos. 400-402)
3.5.5	Jemima	Son as a support	I hit goal weight and he was suitably really thrilled 'cause
			he's been a fantastic support throughout all this (Jemima,
			Pos. 624-625)

3.5.6	Lavinia	Partner celebrating with her	[Laughter] Sean danced as as he opened the door for me and then danced in [laughter] (Lavinia, Pos. 340)
3.5.7	Perdita	Loving the compliments	l've had so many compliments said to me, and they are just really nice. (Perdita, Pos. 266)
3.5.8	Perdita	Feeling the family pride	No, they're all they're very proud of me, yeah. Absolutely, yeah. My uncles and stuff and and and they you can see it – that they are (Perdita, Pos. 540)
3.5.9	Perdita	Supporting the weight loss	Oh, he's awesome, yeah. (Perdita, Pos. 556)
3.5.10	Perdita	Getting X-rated compliments	Yeah, he's very, very good. He he loves yeah, he says some things, which were very compliment, which I won't repeat [laughter] (Perdita, Pos. 562)
3.5.11	Phoenix	Noticing weight affecting her mood.	I mean, uh [sighs], it's so hard to know what he really thinks, because he doesn't, I don't think, care what I weigh. But he knows that it's he says it to me. He's like, you know, "It makes a difference. If you are overweight, or what you think is overweight, you are unhappy." (Phoenix, Pos. 282)

3.5.12	Jet	Family are impressed by her	They love it. They're so impressed. (Jet, Pos. 414)
3.5.13	Imelda	Sharing the experience with her mother	And, yes, she came in, and I was all, like, "Yay." (Imelda, Pos. 404)
3.5.14	Fifi	Her daughters being supportive and encouraging.	Barb and Becky noticed. Um [pause], so they are always being really nice and just going, "Oh, my God," you know, "that's [pause] so good. It's nice to see you looking like this again." (Fifi, Pos. 301)
3.5.15	Fifi	Her partner hardly noticing her weight loss	"I'm doing it on my own. I know the I know the form." And, like, this time again, it has only been Tony I don't think bless him. I don't think he really hardly notices, actually (Fifi, Pos. 295)
3.5.16	Tiffany	Having proven everyone wrong	Whereas, like, my goal weight, it was like, "I've done this. I've proved everyone wrong (Tiffany, Pos. 370)
3.6.1	Fifi	Previous experiences having dampened her response	I'm sure if it was my first ever weight loss, I would have been, you know, euphoric, but, you know. (Fifi, Pos. 907)

3.6.2	Fifi	Goal weight not being the full	Because it's the weight is ongoing. I still have to eat and I
		stop.	still have to live. (Fifi, Pos. 464)
3.6.3	Fifi	Goal weight being but a colon!	It's a no, it's a semi it's a colon. (Fifi, Pos. 305)
3.6.4	Fifi	Knowing she is more than this episode of weight loss.	Oh, well, you see you see, I don't feel like I've ever finished. It's interesting. (Fifi, Pos. 460)
3.6.5	Fifi	Self-awareness meaning that maintaining goal weight isn't taken for granted.	I just I suppose I just know myself too well. I know I allow [inhales] [pause] I allow that door to open. (Fifi, Pos. 561)
3.6.6	Fifi	This is all part of her life experience, which doesn't cease when she reaches goal weight.	Because it's the weight is ongoing. I still have to eat and I still have to live. (Fifi, Pos. 464)
3.6.7	Fifi	Awareness that this isn't the ending.	I've got more more bloody pages to go. I can add more pages if I need to. (Fifi, Pos. 458)
3.6.8	Imelda	Goal weight being a moment in time, after which life continued.	And then we had lunch, and everything, kind of, carried on— (Imelda, Pos. 412)

Imelda	The high being fleeting	And but, yeah, I I'd kind of then lost the high quite
		quickly (Imelda, Pos. 416)
Phoenix		Uh, but yes [sighs], um, I think what did I do? I did, I went
	not actually goal weight.	out to celebrate it with, um, [laughs] a lemon juice,
		probably, um, and a, um a shopping trip. (Phoenix, Pos.
		285)
Perdita	Being vegan being the	It's happened since I became vegan. (Perdita, Pos. 270)
	difference	
Perdita	Vegan diet stopping her	And then since I turned vegan, it has stayed at 8'7"
	fluctuation	(Perdita, Pos. 328)
Perdita	Veganism being her energy	Everyone you know, everyone must notice it but I feel I
		felt it. I never have that. I know, whatever I eat, I'm always
		going to wake up and I know I'm going to be the same
		weight. I just feel that I've got energy – even <i>more</i> energy
		than I did. (Perdita, Pos. 274)
	Phoenix Perdita Perdita	Phoenix The wedding as the real target, not actually goal weight. Perdita Being vegan being the difference Perdita Vegan diet stopping her fluctuation

3.7.5	Perdita	Vegan being goal weight	But I felt <i>really</i> good. And I said, "I'm sticking to being
			vegan." I said [laughter] (Perdita, Pos. 322)
3.7.6	Perdita	Changing diet being more	But it's when I turned vegan. So, I'd say [pause] I think it
		important than the goal weight?	was the second week on January, I think. (Perdita, Pos.
			316)
3.8.1	Perdita	Not being entirely sure of the	I think it was around January this year, or maybe just before
		date	that. I can't remember the date exactly.
3.8.2	Imelda	11 point something as a goal	So, I got yeah, I got down to 70, um In stone, I think
		weight	that's about 11 stoneIt is 11 point something, I think
			(Imelda, Pos. 238-242)
3.8.3	Imelda	Not really remembering	I I can't <i>really</i> remember I I <i>can</i> remember it,
		reaching goal weight	because I used to weigh in once a month, so it could have
			happened before then. (Imelda, Pos. 392)
3.8.4	Tiffany	Being unsure of her target	Um, so, I went to group and I got weighed. And I saw
			what was it 8 and 11? Yeah. Um, so, I went to group and
			I got weighed. And I saw what was it 8 and 11? Yeah.

			No – 10 and 11. So, 10 and 11 flashed up. (Tiffany, Pos.
			308)
3.8.5	Jemima	The numbers being out of mind, do they matter?	I addressed my weight and I, for the last eighteen months have lost, erm, God, I don't know what I've lost. Oh, I do know what I've lost, I can't remember what it is. (Jemima, Pos. 276-278)
3.8.6	Jemima	Goal weight as around a number, not exact	I've got down to what my goal was which as around eleven ten. (Jemima, Pos. 278-279)
3.9.1	Fifi	Using the book as a record to remember important things about her experience.	Which is, for me it's a bit of a record. (Fifi, Pos. 269)
3.9.2	Fifi	Having made something pretty to record the details, knowing they matter.	Well, I don't know. I think it's, sort of, slightly boring, really. But it is pretty [laughter]. (Fifi, Pos. 433)

3.9.3	Fifi	Motivating and reminding	'Good start. Feeling focused' and, um, 'No' what does
		herself through her notes.	that say? 'No hardships yet' – you know, just little notes.
			'More exercise needed' [pause] and 'try walking and
			gardening. (Fifi, Pos. 441)
3.10.1	Tiffany	The specific size not being	I think it's a 12It might be a 10 (Tiffany, Pos. 554-556)
		important	
3.10.2	Lavinia	Being proud of her first pair of	And she went off, and she got those, and she was right.
		size 12 trousers	And I got into that was the first time I'd ever got into a pair
			of size 12 trousers. (Lavinia, Pos. 417)
3.10.3	Tiffany	Designer for a fiver, being a	So, I was like, "Oh, my God, this is amazing. This is, like, a
		student	brand new, Lipsy London, and it's only £5. I must buy it."
			(Tiffany, Pos. 548)
3.10.4	Tiffany	Knowing it's the right one to	And then I was like, "You know what? This is a really bomb
		wear	dress. I'm going to wear it for my summer ball." (Tiffany,
			Pos. 552)

3.10.5	Tiffany	Not having to be new.	Um, [pause] because I remember wearing it for Halloween.
			But I bought it because I went into, um, a charity shop.
			(Tiffany, Pos. 542)
3.10.6	Phoenix	Appearance being important	I was determined that I was going to wear this dress – like,
			to the point where I always have to have to have a new
			dress for a big, kind of, society wedding (Phoenix, Pos.
			123)
3.10.7	Tiffany	Showing herself off	And, um, the summer ball was brilliant for that because
			there were loads of photographers and stuff. So, I made
			sure I had lots and lots of photos taken, like (Tiffany, Pos.
			382)
3.10.8	Phoenix	Putting herself on show	And I don't know why, but a wedding is because so many
			people can see you (Phoenix, Pos. 103)
0.40.0	D		
3.10.9	Perdita	Carrying them off well	I just felt more fashionable. I felt as if I looked nicer,
			because they they weren't like my old straggly ones. I just
			felt prettier. I felt I felt like I carried them off well. And,

			um and it was nice, the fact that I could do that. (Perdita, Pos. 399)
3.10.10	Phoenix	Allowing no filter	There's no bones in there, but it just it accentuates, if you have a tiny waist, that you have a tiny waist. (Phoenix, Pos. 119)
3.10.11	Phoenix	Skinny or bust	the silk bit is cut the the skirt bit is on the bias, and actually, that can be incredibly unflattering, unless you are super skinny and oh [sighs], anyway. Uh, and I was determined that I was going to wear this dress – like, to the point where I <i>always</i> have to have to have a new dress for a big, kind of, society wedding, and I was <i>not</i> going to buy one. I wasn't going to have a backup option. (Phoenix, Pos. 123)
3.10.12	Imelda	Feeling absolutely amazing	I wore it to the wedding, and I felt absolutely amazing. It just felt <i>really</i> nice. It felt, uh (Imelda, Pos. 470)

3.10.13	Perdita	Putting them on and being	I put my jeans on, and they were really nice, as in nice
		happy all day	and you know, they fit really good. I looked better, and I
			was just happy all day [laughs]. (Perdita, Pos. 344)
3.10.14	Perdita	Feeling confident in them	I'm confident in wearing them. I'm confident about the fact
			that they look right on me as well, (Perdita, Pos. 405)
3.10.15	Imelda	The dress representing the joy	it looks amazing, and it feels great, and I'm wearing it, and
		of her success.	I'm getting nice comments, and I feel good about it."
			(Imelda, Pos. 496)
3.10.16	Imelda	Wearing it to prolong the joy she	I've worn it as much as possible since [laughter] ever
		felt.	since then. Um uh yeah, I wore it to another wedding. I
			wore it to a dinner. Um, so I've been wearing it quite a lot
			[laughter]. (Imelda, Pos. 482)
3.10.17	Perdita	Liking the small jeans, but	But, um, no, I just because I'd fit into, like, small clothes,
	i or and	thinking about the next goals	and it just feels really good. And, like, especially my jeans.
		g as sat the floor goals	It's good. But I want to be fitter as well. I don't want to just
			get small. I want to be stronger. So that's my goal, yeah,
			next next time (Perdita, Pos. 380)

3.10.18	Lavinia	Loving that she can wear	Like, that's the the and they're [pause] so such
		beautiful clothes	beautiful material. (Lavinia, Pos. 378)
3.10.19	Lavinia	Feeling like they're special in a multitude of ways.	So they <i>feel</i> very comfortable. (Lavinia, Pos. 382)
3.10.20	Perdita	Being admired	And when I wore them the other day, on Friday, my friend
		Getting the "you bitch"	said to me, "My God, you look really good [laughs]."Yeah
		compliment	[laughs]. She goes and then she goes, "You bitch [laughter]."
			(Perdita, Pos. 405-407)
3.10.21	Imelda	The dress having greater	So, that I guess that represents more the getting to goal
		significance than the scale	than actually getting to goal did. (Imelda, Pos. 498)
3.10.22	Imelda	The (anthropomorphic) dress	yeah, the dress was a really nice feeling, um, and it
		being more of an ally than the	probably won't notice if I put on a kilo [laughter]. (Imelda,
		scale	Pos. 512)

3.10.23	Imelda	The dress being more than one	And I feel good in it. Um, so, yeah, that represents I think
		moment in time.	it represents me getting to goal, but also the bit after
			like when I wasn't fixated on, "Oh, I've got here now. I
			must stay here.
			(Imelda, Pos. 494)

Appendix 16 – The future in a changed body

4.1	What is weight hiding?	
4.2	Opening the issue box	
4.3	Changing the interactions	
4.4	Learning to get one's needs met	
4.5	Acceptance	
4.6	All the clothes	
4.7	Having a celebration of me!	
4.8	All of life	
4.9	Enjoying health	
4.10	Showing off her strength	
4.11	Brain out of sync and causing problems	

4.12	Small fluctuations causing problems.
4.13	Obsessing about the fat body is acceptable, but not vanity!

4.1.1	Imelda	Success becoming addictive.	Yes, the longer I was doing it. And I I think it may I don't know if it's just a bit addictive to keep doing more, because the fitter you get like, you are fitter, "So I can do more." (Imelda, Pos. 142)
4.1.2	Phoenix	Constant challenges being addictive to distract.	"And now I've got to become a gym fanatic, or I've got to" you know, it's [sighs] it's more like an addiction, really. (Phoenix, Pos. 187)
4.1.3	Imelda	Her worth as a person being defined by adherence to the plan	Oh, yeah, well, this is fine, I'm being really good. And, look, I've got back down to this." And then I'd be bad like, I'd tell myself off. Yeah. (Imelda, Pos. 324)
4.1.4	Phoenix	Not being about the weight, so any happiness is fleeting	Although, you do feel you know, I felt great, and and I <i>love</i> being thinner, but it's not really it that happiness doesn't last. That happiness is quite because it's not about the weight (Phoenix, Pos. 316)

4.1.5	Phoenix	Weight loss is a distraction?	But really, the thing that is making you need to be that thin, that's something else. And so, even though you've tackled one part of that – i.e. the weight bit – there's all the, kind of, friendships that upset you, and the competitiveness, and the meanness, and the bitching, and the lack of trust, and all of those things (Phoenix,
			Pos. 320)
4.1.6	Imelda	Isolating herself, choosing the weight loss	I I I'd kind of I guess I'd isolated myself a little bit, and it was just I was kind of fixed on this, "I'm only doing this plan, I'm doing this diet, I'm doing this, and this is what I'm doing." (Imelda, Pos. 354)
4.1.7	Imelda	Realising that living all of her life was important.	I, kind of, let it go a little bit and started doing things, other things, um, that helped me see past the fact that I wasn't just on this diet and this plan, and I did have the rest of my life to do as well. So, I think that has changed that. I think that's why I I've been a bit easier on myself, because it it's, yeah, not all-consuming. (Imelda, Pos. 362)
4.1.8	Phoenix	Weight loss a way of changing the self-concept	But for people like me, who lose weight in that kind of time frame, and lose <i>enormous</i> amounts, it [stutters] it's not about weight

			loss. It's about some deficiency in you, in your self-concept, or in
			your sense of who you are. (Phoenix, Pos. 177)
4.1.9		Slimmer being better, more	you know, it's some way in which you frame yourself as
	Phoenix	worthy identity?	something different according to the weight you have on you.
			(Phoenix, Pos. 177)
4.2.1		Being prepared to be seen.	Uh what else has changed? I think everything has changed.
	Tiffany		Like [pause], I'm prepared not to put up with people's bullshit as
			much . (Tiffany, Pos. 774)
4.2.2	Tiffany	Opening the box and facing	whereas, like, now, I'm like, "No, you know what?" Like, I have
		herself	worked really hard to deal with my issues that I've got, so I'm not
			going to just, like, leave them in a box. (Tiffany, Pos. 805)
4.2.3	Perdita	Trying to stop the evangelical	But` I'm I'm realising the fact that not everyone is like me.
		approach	But I'm a bit "You should do this, and then you shouldn't do
			that." I really shouldn't do that. I'm learning about myself as well.
			(Perdita, Pos. 76)
4.2.4		Seeing that her personal	And but that's just me – I was unhappy. Not to say that people
	Perdita	experience is not necessarily	who are are big aren't happy. And, you know, they are happy in
		everyone's	other ways. (Perdita, Pos. 80)

4.3.1		Telling her mother how she	I'm going to confront it and tell them how it is. And I did. And
		was affected.	[laughs], like, for me and Wendy, it massively helped when I was,
	Tiffany		like, "This is how you made me feel. This is what I didn't like."
			(Tiffany, Pos. 807)
4.3.2		Letting people talk into the	Whereas, like, now [pause] I don't, like, block people – I just
		wind	mute them. But I'm like, "You know what? You're really a shitty
	Tiffany		person and I don't have to put up with that anymore," and,
			like(Tiffany, Pos. 788)
4.4.1		Learning to balance her needs	And have a 'mummy day' with my other friends. So, I want to have
	Perdita	with the needs of her family	a girl time, a work time, and a family time. (Perdita, Pos. 452)
		Starting to try and take some	Um, I'm not having much time for myself, but again, I'm working
4.4.2	Perdita	time for herself	on it. And I made a few changes just this weekend. I don't know
	rorana		why it's just been this weekend, but, um and I've decided I'm
			going to start looking after myself. (Perdita, Pos. 434)
4.4.3		Not having been able to stand	No-one has ever said anything. I think because I I don't know
	Perdita	up for herself in her last	why I think that, like I had a divorce, and I wouldn't, like, say
		marriage	anything. (Perdita, Pos. 462)

4.4.4		Learning to stand up for her	I mean, I think I've been honest about a lot of things lately, and
		own needs	one of them was that I didn't like that Mother's Day was forgotten
			about. So I've got to just be honest about how I feel, and it's
	Perdita		okay I was I think I'm worried I'm still that person who
			worries that if I say what I want, people won't like me. (Perdita,
			Pos. 458)
4.4.5		The interview helping her	I think you coming along has been quite good, because it's made
	Perdita	consider her needs	me think about a few things as well, like the gym and stuff.
			(Perdita, Pos. 615)
4.4.6	Perdita	Kindness being for all parts of	"I'm going to do. I'm going to do this. I'm going to." But even
		her.	though I've lost the weight, there are still parts of me that I'm not
			kind to myself. (Perdita, Pos. 254)
4.4.7		Wanting me to know she	So, yeah, that's why I thought, "I've got to talk to you about and
	Perdita	struggles with being kind to	tell you about that." (Perdita, Pos. 256)
		herself	
4.4.8	Perdita	Having only joined the gym	it was only yesterday that I actually joined the gym. (Perdita, Pos.
		when her son was three	230)

4.5.1		Fat not taking away success.	So and now I've, sort of, like, realised that you don't have to be
	Perdita		that. You can be successful in other ways. (Perdita, Pos. 10)
4.5.2	Jemima	Accepting her body meaning	How do you feel about your body and how
		accepting herself?	it's changed?
			Mm, I think I feel very accepting about it (Jemima, Pos. 449)
4.5.3	Jemima	Feeling attractive	I feel pretty [laughs] I feel, erm, I feel attractive, I mean, you
			know, I, I've got quite a pretty face (Jemima, Pos. 521-522)
4.6.1	Imelda	Being allowed to go and buy	Um, and, because I'd got to goal now, I was allowed to go and
		clothes now she is slimmer.	buy clothes [laughter]. (Imelda, Pos. 446)
4.6.2	Imelda	Being able to fit into old	Um, but I had managed to get back into some of my old clothes,
		clothes	which felt good. (Imelda, Pos. 374)
4.6.3	Lavinia	Weight loss and feelings about	Mm. And now that you have reached goal weight, how are you
		the body all about access to	feeling about your body at the moment?
		good shops	Very, very good, because now I can go into any shop-
			-and there are things in my size
			(Lavinia, Pos. 213-216)

4.6.4	Was she always being judged, Not just clothes shops, any shops, and look around Lavinia		Not just clothes shops, any shops, and look around at things, and
	Laviilla	could it have been a defence?	no-one will be judging me because I'm (Lavinia, Pos. 200)
4.6.5	Lavinia	Clothes and a new confidence	It was about the clothes, it was about and about connected to
	Lavina	being a big part of her story.	that, it was about the confidence. (Lavinia, Pos. 178)
4.6.6		Feeling reinvented and able to	And and buy all new bras and all new underwear. So,
	Lavinia	express herself with clothes	everything is new, so I kind of feel reinvented. (Lavinia, Pos. 230)
4.6.7	Jemima	Buying one set of nice clothes.	it does matter to me that I can wear nice clothes and it matters to
	Jemma		me that I am excited that I might even be in these same clothes next year (Jemima, Pos. 531-533)
4.6.6		Showing it off	Erm, erm, so that's a bit different and I, I mean I really, I'm
	Jemima		wearing summer clothing and I, I really don't mind getting my
			arms out, and you know, my little, my little chubby legs that aren't
			chubby so much (Jemima, Pos. 1098-1100)
4.6.9		Wearing old clothes being like	So that's quite funny. It's like visiting old friends. "Hello. I've still
	Fifi	a reunion with old friends.	got you [laughter]" (Fifi, Pos. 367)

4.6.10		Being able to dress to show	But there <i>i</i> s dressing, and there's dressing and power we all
		authority and power.	know about power dressing and stuff like that, and it's all very
	Fifi		relevant. (Fifi, Pos. 188)
4.6.11		Enjoying wearing her clothes	But I just can't believe it. I'm really I mean so, I get excited. I
		with greater confidence	enjoy I enjoy wearing clothes. I enjoy looking as I'd like to look.
	Fifi		I'm somebody who I'm not very good at at, um [pause], just
	FIII		throwing stuff on and, "Okay, my body is covered, that will do." So
			I like to think I'm looking okay. (Fifi, Pos. 144)
4.6.12		Relationship with self being	Um so, no, my relationship with myself as I am losing weight,
		about wider fashion choices,	and I am able to put clothes on again or wear belts and things,
		allowing greater self	which [inhales] perhaps, you know, I haven't because I'd
	Fifi	expression.	I I'm lucky I've got a waist. I mean, that's my shape. And I love
			wearing belts. I always have done. It has always been my thing.
			(Fifi, Pos. 600)
4.6.13		Dressing for herself	I'm I think I'm enjoying it for me. I don't I'm not dressing for
	Fifi		Tony, [pause] my husband. (Fifi, Pos. 174)

4.6.14	Tiffany	Knowing there will be clothes	I don't know. Like, you always, like a shopping trip, in my head,
		for her	was always, like, a skinny person activity. Because if you are a
			bigger person, you've always got that anxiety of, "They won't
			stock my size." (Tiffany, Pos. 520)
4.6.15		Only having been able to take	"And if they do, it won't fit me. Um, the only thing I'll be able to try
	Tiffany	part with accessories	on is accessories." (Tiffany, Pos. 522)
4.6.16	Jemima	Having worn loud clothes to	I always, you know, huge pretty kaftans that went well with my
		hide her body	blonde hair and pretty face and pretty colours (Jemima, Pos. 536-537)
4.6.17	Jemima	Finding her new style, representing who she is now.	So I do lots of that, lots of buying clothes and, er, it's interesting because, erm, you know, I've got to find the age appropriate thing as well I mean I can't, you know, be silly, I'm not, you know, shopping at Top Shop anymore, so, er you know, but it's lovely, I'm just discovering new style, what can I, what can I feel happy and comfortable in and still look, erm, appropriate and not like a cougar [laughs], like I'm out on the prowl, you know. (Jemima, Pos. 571-579)

4.6.18	Fifi	A slimmer body meaning a	Yes, absolutely. Oh, yes, [pause] yeah. Because, when you are
		greater choice in clothing	slimmer, you can wear anything, can't you? (Fifi, Pos. 403)
4.6.19	Jemima	The good kind of baggage	Yeah, yeah, all of those things, comfortable, free, got lovely pretty
			clothes in that are, erm, worth of my worthwhile self, [laughs] you
			know that sort of thing. (Jemima, Pos. 892-894)
4.7.1	Imelda	Not concerning herself with	But at a point where I am just generally happy with how I look and
		other's opinions, just her own	not too concerned about what others are thinking about it.
		happiness.	(Imelda, Pos. 530)
4.7.2	Lavinia	Just feeling so joyful having	Because it's such a [inhales] it's such a a wonderful feeling,
		improved the relationship with	such a [pause] it, sort of, buoys me up all the time now, and
		herself.	I'm I can be much more confident than I ever was before.
			(Lavinia, Pos. 491)
470	T:##an	Maring on to colobyrate boycelf	N/le are a great least to instante are an entry from like the average let
4.7.3	Tiffany	Moving on to celebrate herself,	. Whereas now, I am trying to move away from, like, how much I
		not her weight	weigh-
			I: Mm.

			R: –or, like, what I look like, and actually celebrate other stuff that I do or have done or anything (Tiffany, Pos. 598-600)
4.7.4	Jemima	Has bought herself a future with her son	and a, and time, I've bought time with my child. I've bought, erm, and I've bought his respect as well with this effort, you know (Jemima, Pos. 784-786)
4.7.5	Tiffany	Having faith that yes she can.	I have a lot more faith in myself now than I did before. But then I think it's also, sort of, like, experience. Like, you know, I say I'm going to do stuff and then I have gone and done it. (Tiffany, Pos. 859)
4.7.6	Imelda	Having let go of the obsessive mindset towards the plan.	I think I've just let go a little bit. I've just been a bit, um less concerned with it. And I think it is just the the getting out and seeing people and friends [laughter] and family more again (Imelda, Pos. 370)
4.8.1	Tiffany	Idea of being like a proud peacock taking life's opportunities.	You know what? I've got this." I was like, you know, a peacock with my feathers.(Tiffany, Pos. 855)
4.8.2	Imelda	Allowing herself more leeway to experience life.	So I had a bit of leeway [laughter], I guess, with with my life. And I I think I oh, yeah, I just had to work out what I was doing afterwards. Um, and I think I just took a little bit of time to

			settle in. And because I wasn't doing the plan anymore, and I
			wasn't having to do all this exercise every single time, and I wasn't
			spending all my evenings doing all this stuff, I was actually able to
			go out and see [laughter] people, and (Imelda, Pos. 358)
			go out and ood [laughtor] poople, and (interest, 1 ee. ood)
4.8.3	Jet	The interview allowing her to	Before, I was so embarrassed. I had to keep it completely shtum.
4.0.0	Joct		
		use her voice	But now I'm out the other end, I can tell people about what I've
			been through to try and help them not do what I've done. (Jet,
			Pos. 137-139)
4.8.4	Jemima	Representing room to wiggle.	it says, it says that I'm going to sit in that aeroplane seat with
			wiggle room either side and no extra belt. (Jemima, Pos. 839)
4.8.5		Having to market herself for	Um, what have work or school or whatever been like with your
		the competition, being heard	journey, how has it changed your life, any funny stories
	Tiffany		(Tiffany, Pos. 151)
4.8.6		Competition prizes offering	If I go, it will be brilliant. I could win. And the money would be
		opportunity	really great," because we were trying to buy a house. Um, so, <i>that</i>
	Tiffany	-	was really motivating. (Tiffany, Pos. 180)

4.8.7		Wanting to inform using her	the reason I really wanted to do this for you is to put that side of
	Jet	experience	the story out there that no one really hits on in the media . (Jet,
			Pos. 735)
4.8.8		The hell of the binge starve	And no magazine really talks about what goes on in that head as
	Jet	cycle	you're trying to lose the weight because it's hell . (Jet, Pos. 735)
4.8.9	Jemima	Anthropomorphic happy	but the suitcases are happy [laughs] and I'm happy . (Jemima,
		suitcases	Pos. 852)
4.8.10	Jemima	Baggage being about freedom	you'd think luggage slash baggage sounds like,
			you know, a bad thing in a funny way but no, for me,
			absolutely not, it represents the fact that it's lightweight luggage
			helps me in my head, erm, and it, erm, it's freedom. It's I'm off,
			you know (Jemima, Pos. 882)
4.8.11	Jemima	Holiday as a reward.	Well, yeah, I mean, so, so, i-it was, it was celebrating him, it was,
			you know, booking a holiday to say well done us (Jemima, Pos.
			757)

4.8.12	Jemima	Booking holiday was most	Because I, what was most exciting was booking our, our holiday.
		exciting part of goal weight.	(Jemima, Pos. 826)
4.8.13	Tiffany	Adding spice to her life	I'm doing, um, a boudoir photo-shoot next week [laughs]. (Tiffany, Pos. 833)
4.9.1	Imelda	Focusing on health rather than the number.	I think I can be fit and healthy without necessarily being exactly 70 kilos; like, I don't have to fixate on that. Um, and that feeling good is probably more important. (Imelda, Pos. 534)
4.9.2	Jemima	Being able to play with him	and I, I am perfectly happy and fit at this weight and I feel, I feel fantastic and I can, you know, kick the ball again to Patrick (Jemima, Pos. 476-478)
4.9.3	Jemima	Health as just dandy	erm, so, and I don't, I don't need, I mean I just, my sugars have levelled out and, you know, that's all dandy, so that, means bloody life doesn't it, and it means, erm, you know, health. (Jemima, Pos. 782-784)

4.9.4	Jemima	Getting her dignity back	Everything is easier, breathing is easier, er, moving around is easier. I can bend over and put the laundry on. I can put my socks on again (Jemima, Pos. 1045-1046)
4.9.5	Lavinia	There's no stopping her	It got in the way. It got in the way. It doesn't get in the way anymore. It's it doesn't stop me from doing anything anymore . (Lavinia, Pos. 515)
4.9.6	Lavinia	Being able to use the word slim to describe herself	[Inhales] uh, healthy [pause], uh, confident [pause], um [pause], slim. I feel odd saying that, but slim. Um [pause] older lady [laughter]. There you go. (Lavinia, Pos. 616)
4.9.7	Fifi	Being able to move without pain impeding the experience.	I started taking glucosamine for my knees, going up and down the stairs. [Inhales] which I have stopped bothering to take now because [pause], you know, it's fine, and gardening, I [pause] really sore, but no. So, that sort of thing, that's(Fifi, Pos. 229)

4.9.8		Fitness and breathing opening	But, bottom line, I like the way I feel – breathing, going uphill,
	Fifi	her up, allowing for enjoyment.	playing Croquet. (Fifi, Pos. 231)
4.9.9	Fifi	The importance of remembering what came out of the pain.	So it's all all those I've got to keep reminding myself of all those benefits. (Fifi, Pos. 239)
4.9.10	Perdita	Blood tests showed success too.	And, uh, my results were really good. (Perdita, Pos. 366)
4.9.11	Imelda	Moving her body making her feel good.	And we were quite active on the holiday. And I thought, "Actually, you know, I feel pretty good." (Imelda, Pos. 344)
4.9.12	Imelda	Noting the changes in her body caused by being active.	Because I was getting fitter and stronger and it sounds weird, but, like, I could see muscles on me that I'd never had before. (Imelda, Pos. 314)
4.9.13	Imelda	Activity being increasingly motivating	And I think the more things that I did, the more active things I did, the more I wanted to do. (Imelda, Pos. 80)

	Believing that her enjoyment of	But, um, kind of, I think the wanting to be fitter, to be able to do
Imalda	activity could lead to long-term	things that I wanted to do really, kind of, solidified the plan in my
Imeida	change.	head, that I was going to really carry on and change things long-
		term. (Imelda, Pos. 78)
Jet	Kettlebells being actual weight	So it would be, er, I think the kettlebells have been the biggest,
		biggest
		thing for me. I just fell in love with kettlebells in the gym. These
		are 40kg. (Jet, Pos. 392-393)
	Loving doing things that others	But that's it, this is what I love and this is what makes me feel
	cant.	proud now
		is when I get that reaction from people, when they see my videos
		on Instagram they're like, "Hang on, that's, that's a 24kg you're
Jet		doing that, all of that with," or, "That's a 160 squat you've done,"
		and that makes me very, "Yeah, I'm proud. You couldn't do that.
		I've built this up myself."
		(Jet, Pos. 397-401)
	Kettlebells showing off her	I sit back and I think, "Your body is actually amazing, that it is
Jet	body's capability	capable of lifting this amount of weight," (Jet, Pos. 488-489)
	Jet Jet	Imelda activity could lead to long-term change. Jet Kettlebells being actual weight Loving doing things that others cant. Jet Kettlebells showing off her

4.10.4	Jet	Gaining the respect of others.	Yeah. And I'm getting respect from this. When I was skinny and
			losing the weight, I wasn't getting the respect and the, the reaction
			I wanted. (Jet, Pos. 406-407)
4.10.5		Enjoying the continued positive	But yeah, that you continually will be getting those positive
	Jet	comments	comments and feedback so (Jet, Pos. 565-566)
4.11.1		Having to have a talk with	In the mirror, in your clothes, and even, like I had to, kind of,
		herself about perceived weight	have a bit of a talk with myself sometimes, because I'd feel really
	Imelda	gain.	disappointed that maybe I'd put on a bit of weight. (Imelda, Pos.
			262)
4.11.2		The mirror telling a different	other times you look in the mirror you think, "I'm fatter." And, in
	Fifi	story to the scales.	fact, the scales say different. (Fifi, Pos. 271)
4.11.3		Like a flower, needing to bed	How I felt, thought and behaved, er, well I sort of couldn't believe
	Jemima	in?	it was true even though I'd been trying to get there, er, I, I, it sort
			of hadn't bedded in (Jemima, Pos. 735-737)
4.11.4		Weight going from the	it bedded in later, so, I was so excited I just wanted to hang a sign
	Jemima	millstone to the sign.	around my neck saying I reached my goal weight [laughs]
			(Jemima, Pos. 739-740)

4.11.5	Lavinia	Not taking up the same space	"Because you are much smaller than you think you are." And that
		anymore	was just tremendous. (Lavinia, Pos. 427)
4.11.6		Brain not registering the weight	I I expect it was a little bit of shock, but it was it it was
	Lavinia	loss immediately	hilarious that I still thought of myself as a size 18 (Lavinia, Pos. 433)
4.11.7		Questioning her experience	And and that's interesting because I still look at myself
	Lavinia		occasionally and think, "You don't look very thin at all. " (Lavinia,
			Pos. 437)
4.11.8	Jemima	Wanting to find a healthy head	And then I found that, er, I didn't get in a very healthy headspace
		space	with that, so I really thought, no, I just, I want to change these
			neural pathways. I really do (Jemima, Pos. 341-343)
4.11.9	Jemima	Needing to pace herself and	I want to feel calm and happy about my food choices, I want to be
		take in the scenery	healthy, this doesn't have to be a race, er, I want to learn to cook
			again and feel excited about food and enjoy my food (Jemima,
			Pos. 345-347)
4.11.10	Jemima	Listening to herself rather than	It's not forever, but it's really helping me not, erm, say, race
		convention.	through a meal to get to, er, my so-called pudding, in inverted
			commas So sometimes what I do to trick myself is I will say, if
			I find my head going there thinking I can't wait for my yogurt that
			I stir sugar-free squash into and then add a sort of choc

shotor, and some nuts. If I really can't wait for that, I'll have
that before my fish. I-I just say okay, just have it now. If that's
really what you just have it and that really helps me. (Jemima,
Pos.400-415)
fully in touch with then letting my brain catch up with my body on that I have lost all
is now of this weight and this is what she looks like now. [Pause] yeah
(Tiffany, Pos. 440)
lictating her self- And then it's trying to figure out if that is because I don't see me
as the me that they see, or if actually it is just that I value myself
as lower than what they value myself as . (Tiffany, Pos. 414
int of weight gain But, yes, I the set I felt really bad about the setback, if there
were any setbacks. Like, if I felt like I had got a bit bigger that
month or something, I I'd feel really like, I was being quite
hard on myself. (Imelda, Pos. 268)
d with the first And when I was at this point, I didn't want to go up again. I think
gain the first time I put on a kilo, I was really annoyed [laughter].
(Imelda, Pos. 322)
d hi

4.12.3	Imelda	Her smaller frame showing off	But the little difference between my most slender and if I'd put on
		any small change.	a little bit, even if I was just a little bit bloated, I could really see
			the difference, but I might not have noticed as much when I was a
			bit bigger. I don't know if that's just an effect of being smaller, that
			you notice it [[laughter] a lot more (Imelda, Pos. 264)
4.13.1	Phoenix	Weight obsession being	I am it doesn't this, uh, sort of, ob obsession about weight,
		acceptable, but not wanting to	it would it [stutters] it does not come from vanity so much,
		be seen as vain.	because (Phoenix, Pos. 49)
4.13.2	Phoenix	It being important for a woman	Well, it maybe it does, but it's a vanity that is <i>only</i> where weight
		not to be vain?	is concerned. Uh, [stutters] it it doesn't I mean, like you can
			see now, I have no makeup on. (Phoenix, Pos. 51)
4.13.3	Jet	Obsessing about the gym	So again, it's become a lot healthier in my mind, my obsession
			with the gym. I'm quite an obsessive person as you can probably
			tell [laughter]. (Jet, Pos. 524-526)
4.13.4	Fifi	Questioning her focus on her	So, that's it makes me and, do you realise, I'm incredibly vain.
1.10.1		appearance and how that is	I must be. I don't see myself as vain, by the way [laughter]. (Fifi,
		viewed by others.	Pos. 168)
			. 33. 133/

4.13.5	Fifi	Vanity being seen as shameful?	Sorry if that does that make me very vain? (Fifi, Pos. 128)
4.13.6	Perdita	Being obsessive with health	And you can hear all the obsessiveness coming out [laughs]. (Perdita, Pos. 362)
4.13.7	Perdita	Not wanting to be vain	No, I worry, I worry, yeah. I worry that I'm a vain person, honestly. (Perdita, Pos. 424)
4.13.8	Perdita	Being confident being vain?	I'm I'm I'm really bad, because I think to myself, " like, you know, like, people are vain, and show off, just like if they've got abs, or they can do this or it's not it's not vain. It's just confidence, isn't? That's what it is. (Perdita, Pos. 428)
4.13.9	Jemima	Boasting as wrong?	I mean I'm saying that sort of, er, I'm not being boastful (Jemima, Pos. 524-525)