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I am submitting herewith a dissertation written by Melissa N. Madeson entitled “This Butterfly from its Cocoon: A Phenomenological Investigation of Significant Weight Loss.” I have examined the final electronic copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Education.

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“This butterfly coming out of its cocoon”:

A Phenomenological Investigation of Significant Weight Loss

A Dissertation
Presented for the
Doctor of Philosophy
Degree
The University of Tennessee, Knoxville

Melissa N. Madeson
May 2008
DEDICATION

I dedicate this dissertation to the three most important people in my life. I dedicate this to my brother (baby lion), who will never know how much he’s loved. I dedicate this to my best friend, closest confidante, biggest encourager and my lifeline…my mother. And finally, to the most honest, humble and amazing individual I have ever known, my hero, and my father. My work here pales in comparison to the challenges, successes, and accomplishments you have all achieved.
ACKNOWLEDGEMENTS

First and foremost, I must acknowledge God for the amazing opportunities, blessings, and hope He’s given me throughout my “journey” in Knoxville, Tennessee. This dissertation would be meaningless if it weren’t for the 12 unique and wonderful individuals who were willing to reveal their amazing personal stories and experiences of weight loss. Beyond the participants of this study, I would like to acknowledge several important individuals who have contributed not only to this dissertation, but have greatly influenced my doctoral school experience. I thank my advisor, Dr. Leslee Fisher for providing more than just academic support and advice. I appreciate the personal relationship we’ve developed; the ear that has listened, the encouragement she’s given, and the guidance and support that has always been available. I thank my committee members for honestly being a “dream committee”. I have so much respect for each of them as professors, researchers, academics and as the wonderful people that they are. Dr. Dzikus (Lars) has always pushed me to think outside the box and question my assumptions in research, writing and in life. Dr. Jahns’ optimism and kindness shine through and students can always tell that she truly cares. Dr. Thomas is to blame for the methodology of this study…and I cannot thank her enough for opening my eyes to a whole new world which I have fallen in love with. I had lost my passion for research and my hope of ever doing anything more than “getting by” until I met her as an instructor and she brought it all to life. The time, effort and care that each of these individuals put into their students and work is and will continue be an inspiration for me throughout my professional career and personal life. I thank Gloria Solomon for being a consistent role
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model in my academic life, challenging me beyond my comfort level, and getting me to
the place I am today. I would not have made it through this program without Joe
Whitney, Tanya Prewitt and Andrea Becker. They have been a constant source of
support, guidance and motivation in every area of my life. Finally, I would like to thank
Cher Hultquist for not only getting me my job, but being a wonderful boss, colleague and
friend. I wish you all the best of luck in whatever the future brings and hope you will
always know how deeply you’ve influenced my life.
ABSTRACT

The current epidemic of obesity has caught the attention of the entire nation as the social, economic, and personal consequences of being overweight or obese affect everyone from politicians to insurance companies, employers to health care providers and health and medical industries across the country (National Institutes of Health, 2000). In response, the physical aspects of weight loss have been examined in great detail. However, the psychological, emotional and social factors that are an integral part of the process are often neglected. The purpose of this qualitative study was to examine the experience of significant weight loss. Utilizing the phenomenological method based on the philosophical underpinnings of Merleau-Ponty (1945/1962), 12 individual experiences of weight loss were analyzed to find descriptive themes of the weight loss experience. Individuals (23-72 years old) who had lost at least 20% of their body weight (50-200 pounds) participated in one-on-one audiorecorded interviews describing their personal experience with weight loss. Themes that emerged include: (a) Control/Freedom; (b) Changing; (c) Choosing; and (d) Size/Image. Each of these themes is grounded in Body, Self and Other (Merleau-Ponty, 1962). Individuals engaged in a continuous struggle between control (being controlled by weight) and freedom (controlling the weight and being free from it). Nearly all participants distinctly identified a conscious choice or decision to change their lives and thus through daily personal choices, external triggers, support, encouragement and setbacks along the way, the battle began. This lifestyle change was further described as a transformation, a path, a journey, and a process as physical, psychological, emotional, and social changes were discovered. Individuals described their bodies changing in physical size and image as they were personally aware of it as well as when others noticed it. Participants’ descriptions shed light on the phenomenon of weight loss which may aid researchers, teachers, health and fitness professionals, doctors and other health care providers in their treatment approaches. This research points to new possibilities for addressing the problems associated with overweight and obesity across the globe.
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CHAPTER 1

Introduction

Advertisements for weight loss diets, fads, and “magic” pills are plastered across television sets, magazine advertisements, billboards, and down the aisles of malls and grocery stores. In September of 2008, NBC will premier its fourth season of the hit television show “Biggest Loser” where 18 overweight or obese contestants dramatically alter diet, exercise, and lifestyle habits in a challenge to lose the most weight. With the popularity of the show, ABC recently finished its first season of a similar series called “Fat March” where individuals walked their way to losing weight and winning money. Millions of people across the nation tune in to these shows every week (NBC News Report, 2008). The obsession with weight loss is an extremely dominating force in American culture. Between the current obesity epidemic, the numerous health risks, complications, and ailments associated with overweight and obesity and the skyrocketing costs of health care our country faces, this is no surprise. These issues are further compounded with the vanity of our society and the unrelenting focus on attaining the “perfect,” thin, waif-like body creating an atmosphere where weight loss is hailed as the most common New Year’s Resolution and an ongoing goal for many (Spake, 2003).

According to a recent study, approximately 66% of adults in the US want to lose weight and only 26% of the population is satisfied with their current weight (Muennig, Jia, Lee & Lubetkin, 2008).

As a personal trainer, fitness instructor, and former athlete, I am saddened by the current research and reports on the health status of our nation. More importantly, I love to
help individuals reach personal health and fitness goals. These goals range from general health to competitive athletic performance, improving fitness, muscle tone, strength, endurance and flexibility. I have helped many people attain goals and have experienced the trials, struggles, failures, and the successes along with them. Of all the goals I have struggled to help various clients attain, losing and maintaining a significant amount of weight loss for an overweight or obese individual is the most difficult challenge reported and that I have ever faced.

I have lain awake many nights contemplating new workouts, motivational strategies, and encouraging words of support to help overweight clients lose weight. I make accountability phone calls, meet clients outside the gym, provide dietary suggestions and modification, and support them in any and every way possible. The enormity of the struggle is magnified by the fact that many of these individuals suffer physical, emotional, and psychological pain due to their weight.

Clients who have experienced successful weight loss make the numerous failures worth the continuing battle. I have seen significant weight loss change lives, attitudes, and the way people dress and feel. I have seen weight loss improve physical function, outlook on life, and social interaction. Achieving any goal is exciting and can be life-changing. For overweight or obese individuals, losing a significant amount of weight is perhaps one of the most ongoing and challenging goals they will ever face. If and when success is attained, what is this experience like? I have witnessed the numerous outward results of weight loss, but to understand the experience from the individuals point of view is an entirely different story.
Brief Literature Review

Government officials, scientists, researchers and public media have declared an obesity epidemic in America that has caught the attention of an entire nation (WHO, 2004). Current research in nutrition, exercise physiology, nursing, health, sociology and psychology demonstrates that the social, economic, and personal consequences of being overweight or obese affect everyone from politicians to insurance companies, employers to health care providers and the health and medical industries across the country. Researchers from the Division of Nutrition and Physical Activity and CDC report the spread of the obesity epidemic in America (increasing from 12% in 1991 to nearly 18% in 1998) and declared this “increasing prevalence of obesity a major public health concern, since obesity is associated with several chronic diseases” (Mokdad, et. al., 1999, p. 1519). Nightly news broadcasts and daily newspapers report these increasing rates of obesity using statistics and percentages of unfit, inactive, and overweight individuals in our society to shock viewers across the country (NBC News Report, 2008). As the prevalence of overweight and obesity is on the rise, research continues to demonstrate the detrimental health consequences of excess body weight. The medical implications of obesity include an increased risk of morbidity and mortality, hypertension, hyperlipidemia, diabetes, osteoarthritis, sleep apnea, cardiovascular disease and cancers such as breast, colon, endometrial, kidney and esophagus (National Institute of Health, 2000). Obesity has also been associated with lower levels of physical functioning and greater knee, hip and back pain (Stafford, Hemingway, & Marmot, 1998).
While physical health ailments associated with overweight and obesity are reaffirmed daily, the psychological, social and emotional aspects are often overlooked. Research demonstrates that overweight and obese individuals suffer greater levels of depression and anxiety and lower levels of self-esteem and health-related quality of life compared to “normal” weight individuals (Lox, Martin, & Petruzzello, 2003). The social stigmatization of obesity has been demonstrated in the workplace, schools, and in the health and medical fields.

The health, fitness and weight loss industries have capitalized on these negative images, stereotypes, the numerous health risks and the physical ailments associated with high levels of body weight. Staggering rates of obesity are used by these industries to sell health club memberships, personal training services, weight loss diets, pills and gimmicks. The numerous health risks associated with obesity are publicized as a warning to individuals who are perhaps tired of the social stigmatization and seduced by the sound of an “easy” new method that will melt the weight away. The weight loss industry is a multi-billion dollar industry not only because of its smooth sales tactics, but also because the failure rates of weight loss programs far outnumber the success stories (Spake, 2003). Weight loss is a challenge and is not solved by “quick fixes”. Despite the numerous health risks, negative psychological, social and emotional consequences and the damaging effects on quality of life, the fight against obesity is a battle that America has not yet seemed to win.

However, some people have been- and continue to be- successful at losing weight and maintaining a healthy body weight. Of interest is how they have been successful
Since yo-yo dieting, weight cycling and “falling off the wagon” are all too common. Every January first, millions of people make it their number one New Year’s resolution to lose weight (Spake, 2003). Many individuals have the same resolution year after year. Successfully losing a significant amount of weight is an incredible feat that many people spend an entire lifetime trying to attain. In summary, the experience of accomplishing this feat is one that deserves attention, recognition, and an in-depth examination that might be shared with others.

Statement of the Problem

While the physical aspects of weight loss have been examined in great detail (Wing & Hill, 2001; Wyatt et. al, 2002), the psychological, emotional, and social aspects are often overlooked or ignored. Few studies have investigated the relationship between weight loss and its effect on specific psychological variables or health-related quality of life (HRQL; Lox, Martin & Petruzzello, 2003). The relationship between weight and HRQL is an important one, however, the accomplishment of successful weight loss is an experience with more complexity and depth than what any physical instrument or psychological questionnaire can measure. It is an experience that must be understood and described in rich detail to include all aspects of an individual’s being.

Purpose

The purpose of this study was to examine the phenomenon of losing a significant amount of weight. Specifically, in-depth phenomenological interviews were conducted to explore individual experiences of weight loss. This study was not an attempt to outline a formula or prescribe specific methods and procedures to attain weight loss goals. It was
designed to provide insight into the experience of significant weight loss. It expanded on the previous knowledge gleaned through extensive research on the physical, psychological, social, and emotional aspects of overweight, obesity, and weight loss. It may further provide a base for future research and innovative methods and techniques for examining the psychosocial aspects of weight loss. While it was beneficial to learn from the experiences of these participants, it was also important to share the lived experience of achieving significant weight loss with others.

Assumptions

It was assumed that each participant was able to remember his/her experience of losing a significant amount of weight and communicated this accurately, openly, and honestly. It was also assumed that the essence of significant weight loss may have commonalities experienced by all individuals who fit the parameters of this study.

Limitations

This study was limited by the responses of the participants and their ability to recall, reflect, and describe the personal experience of significant weight loss. Each described experience was based solely on the perception of the individual participant. While “significant weight loss” was defined with objective criteria for the purpose of the study (see below), the perception of that weight loss may have varied from individual to individual. The sample of this study was also limited by a lack of ethnic and cultural diversity and is most representative of what significant weight loss means to Caucasian individuals within a predominately white culture. Significant weight loss may hold different meanings and values for individuals from different cultures and backgrounds.
Delimitations

The delimitations of this study include the geographic location, health status, and age of the participants. This study examined healthy individuals over 18 years of age located in the Southeastern United States. Only individuals who had lost at least 20% (1/5) of original body weight through natural methods (diet and/or physical activity) were included in the study.

Definition of Terms

**BODY MASS INDEX (BMI):** An indirect measure of body fatness through a weight-to-height ratio obtained using an individual’s weight in kilograms divided by his or her height in meters squared (National Institutes of Health, 2007).

**DIET:** The totality of food and drink consumed by an individual on a daily basis.

**DISCOURSE:** Groups of statements that define and describe the practices that people engage in everyday life (Markula & Pringle, 2006).

**EMBODIMENT:** The physical and mental experience of existence which influences how people relate to one another in the world (Cregan, 2006).

**EPIDEMIC:** Anything that effects a large number of people including patterns of disease, injury, disability and the risk factors or causes of these (Lox, Martin, & Petruzzello, 2003).

**EXERCISE:** a form of structured, planned or leisure physical activity that is done in order to achieve a particular goal or objective (Lox, Martin, & Petruzzello, 2003).
HEALTH: Optimal well-being that contributes to quality of life including a high-level of psychological, social, emotional, and physical fitness within the limits of an individual’s genetic and personal disabilities (Corbin & Lindsey, 1994).

NORMALIZATION: An instrument of power that imposes homogeneity but individualizes by measuring gaps, determining levels, and finding differences to classify, record, reward and punish individuals (Foucault, 1991).

OBESITY: Having a high amount of body fat. A person is considered obese if he or she has a body mass index (BMI) of 30 kg/m2 or greater (National Institute of Health, 2007).

OVERWEIGHT: Being too heavy for one’s height. It is defined as a body mass index (BMI) of 25 up to 30 kg/m2. Body weight comes from fat, muscle, bone, and body water. Overweight does not always mean over fat (National Institute of Health, 2007).

PANOPTICON: Jeremy Bentham’s architectural design for a prison that represents an entire set of techniques and institutions for measuring, supervising, and correcting individuals in society (Foucault, 1991).

PHENOMENOLOGY: The study of essences and a transcendental philosophy which attempts to understand man and the world from a starting point of their own “facticity” (Merleau-Ponty, 1945/1962).

PHENOMENOLOGICAL INTERVIEW: A type of interview that attempts to capture the experience of an individual in his or her own words and arrive at a first-person account of the experience (Thompson, Locander, & Pollio, 1989).
PHENOMENOLOGICAL METHOD: “An inductive, descriptive research method. The task of the method is to investigate and describe all phenomena, including human experience, in the way these phenomena appear” (Omery, 1983, p. 50).

PHYSICAL ACTIVITY: A bodily movement generated by the skeletal muscles resulting in energy expenditure (Pate, Pratt, Blair, et al., 1995)

POWER: An omnipresent, capillary-like network of relationships between “free” people who attempt to govern one another’s actions (Foucault, 1980).

QUALITATIVE INQUIRY: A research method which focuses on the “things” that create an experience, usually based on inductive analysis (Patton, 1990).

SIGNIFICANT WEIGHT LOSS: A weight loss of 10% of an individual’s body weight (WHO, 2004). The criteria of a 20% reduction or more of an individual’s body weight (1/5 of original body weight) was utilized in this study.

SOCIAL ORDER: A relatively stable system of institutions, patterns of interactions and customs which continually reproduces conditions essential for its own existence including all facets of society which remain relatively constant over time (Goffman, 1967).

TECHNOLOGIES OF THE SELF: The way a human being uses power and turns the self into a subject (Foucault, 1988).

WEIGHT-BASED STIGMATIZATION: Refers to the negative beliefs and attitudes that result in discriminatory actions, negative comments, and inappropriate behavior towards individuals based on the size and weight of their body (Friedman, Reichmann, Costanzo et. al., 2005).
CHAPTER 2

Literature Review

To examine the experience of successful weight loss, it was important to first address the human body as a theoretical construct. The dynamic nature of the human body increases the complexity of living and interacting with the world and others as it is capable of amazing actions and physical transformations. As the body moves through time and space changing shape, form, and appearance, both the physical and mental aspects of an individual are influenced. These changes affect the context and outcome of embodied social relationships in the world and the internal thoughts, feelings, and emotions of an individual. In this chapter, I examine obesity, weight loss and the physical, psychological, and social aspects of the self.

Weight Loss as a Process

The post-structuralist, French author and teacher Michel Foucault is perhaps one of the most well-known contributors of literary works, concepts, and ideas related to the body in sociology. According to Foucault (1970) in *The Order of Things*, “…only upon the advent of biology, economics, and philosophy did (man) appear as an object of knowledge and as a subject that knows” (p. 84). Not only is it important to study the human body physically, socially, culturally, and emotionally, it is critical to consider the psychological processes of the mind and ways of knowing (e.g. epistemologies) which form the base of all other body knowledge and action. Foucault’s philosophy and theories may challenge many of the epistemologies and assumptions embedded in our culture surrounding obesity, health and weight loss. However, it was important to examine and
even question our basis of knowledge before objectively investigating the lived experience of weight loss from the perspective of another individual. Foucault’s theoretical work can be applied to the experience of weight loss in three major areas which include: (a) aspects of health and fitness; (b) the act of dieting and physical activity; and (c) self-transformation or body modification.

Aspects of health and fitness. Aspects of health and fitness play a major role in the experience of weight loss and can best be explained using Foucault’s (1988) theory as discourse. To examine weight loss as a discourse it is important to understand the objects, language, and concepts of health and fitness. Health is a central issue to the experience of weight loss and to examine this phenomena as a discourse, the term must be defined. Exercise physiologists Corbin and Lindsey (1994) define health as “optimal well-being that contributes to quality of life…Optimal health includes high-level mental, social, emotional, spiritual, and physical fitness within the limits of one’s heredity and personal disabilities” (p. 98). Scientific principles through a discipline provide the framework for specifically defining a physically healthy body, exercise prescription, and regulating safe and effective procedures for weight loss. For Foucault, however, health would not be considered a scientific discipline but a discourse based on scientific theories, concepts, and definitions from disciplines like exercise physiology, psychology, medicine, and nutrition.

It is this knowledge and formation of knowledge about health that acts as a type of domination and power that much of Foucault’s social theories are concerned with. “We are subjected to the production of truth through power and we cannot exercise
power except through the production of truth” (Foucault, 1980, p. 93). This production and distribution of “scientific” knowledge asserts and promotes the “truth” about health, fitness, and weight loss. It is knowledge and “truth” that creates avenues for domination and unequal power relationships. Medical and physiological research dominates the field of health and fitness as health regulations and medical practitioners base routines, recommendations and work on this knowledge. Exercise prescriptions and specific terms defining what is and is not “healthy” are derived from the “truth” of scientific research which makes up the knowledge of the health and fitness industry. The Obesity Task Force and the World Health Organization’s (WHO, 2004) standardized criteria for defining overweight and obesity through an individual’s Body Mass Index (BMI) among these fields is a perfect example of this “truth” and power.

Diet and exercise prescriptions and scientific definitions of health (specifically “healthy” BMI) provide a ground and expectation that all individuals must adhere to defined behaviors (e.g., exercise regimens) and norms (e.g., size, shape, and weight). Government organizations such as the US Department of Health and Human Services (USDHHS) publicize statistics that create an urgency and necessity for individuals to adhere to the “normal” fitness regimens and obtain proper standards of health. These materials suggest that health care costs and the value of lost wages and productivity caused by unhealthy individuals affect the entire nation with price tags of $183 billion in heart disease costs, $157 billion for cancer, $100 billion for diabetes and $65 billion for arthritis (US Department of Health and Human Services, 2002). Foucault (1991) described normalization through these urgencies, standards, quantifications and
measurements as “…the constraint of a conformity that must be achieved….it traces the limit that will define difference in relation to all other differences, the external frontier of the abnormal…the perpetual penalty that compares, differentiates, hierarchies, homogenizes, excludes. In short, it normalizes” (p. 183). In this way, health-related fitness acts as a disciplining power to normalize individuals into one healthy population for the “good” of both the individual and entire society.

*Diets and physical activity.* Once the basic concepts of health and fitness are understood, it is the physical acts of dieting and exercise (e.g. the practices required for “safe” and “natural” weight loss) that can be examined through the work of Foucault. Specifically, these physical acts can be understood through his work on power and disciplining bodies into social order. While the discipline, domination, and power discussed above is concerned with normalizing individuals into one unified healthy mass, the physical act of exercise and diet is a direct example of creating what Foucault termed a “docile” body. As he (1991) stated, “a body is docile that may be subjected, used, transformed and improved” (p. 136). When a body is able to be molded, become useful and a tool of domination and power it is what Foucault considered “docile”. A “docile” body is created within a required space through specified activities and on an organized timetable (Markula & Pringle, 2006). The typical American health club is a clear example of how this docile body is created.

A health club provides the required space for creating a docile body in the process of weight loss. When examined closely, a health club resembles Foucault’s (1991) description and theory of Panopticon. The Panopticon prison design was Jeremy
Bentham’s architectural structure which had a central tower overlooking an entire prison space. This structure enabled prison guards to remain unidentified and invisible but constantly able to supervise prisoners when they chose. Panopticism is a machine for creating and sustaining a power relationship between one individual (e.g., the prisoner) and another (e.g., the guard). This power relationship acts in a way that is independent of the person who exercises that power (Markula & Pringle, 2006). Because prisoners do not know if guards inside the tower are watching or not, they constantly monitor their own behavior and actions as if they were. In this way prisoners are subjected to the power of the Panopticon design. There are two characteristics of this architectural design described by Foucault (1991): (a) power should be visible; and (b) domination should be verifiable. These characteristics are common among health clubs and gyms across the country.

While health clubs are not designed as Panopticons, the typical layout and concept of a gym is representative of such architecture. First, health clubs usually have large areas of visibility where individuals can be observed by many other people who choose to watch. Peer exercisers take on the role of the tower guard through invisible observations and monitoring. Further, health clubs are generally plastered with mirrors on every wall. This not only allows more opportunity for peer exercisers to observe each other, but suggests that individuals monitor themselves. The arrangement of machines, weights, and mirrors in a health club is described by Aycock (1992) as a set-up where, “...persons are not only the objects of a gaze, but the subjects of incessant surveillance that constitutes the body as a figure of discipline” (p. 342). Domination via surveillance is
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verifiable as individuals—particularly those who are overweight and/or out of shape—may already be self-conscious and may, therefore, dress and behave accordingly. This example demonstrates how a health club acts as a Panopticon prison to dominate and exert power over individuals working out to lose weight.

The specified activities and organized timetable in creating a docile body are also obvious within the health club. Rows of cardio equipment and structured aerobic classes control and regulate the time, space and form or style of activity which is performed. For example, in aerobics classes, participants all follow specific steps and movements in time with choreographed music. Steps and movements are “cued” by instructors and repeated over and over so that unified and methodical motions are performed identically by participants. Classes are organized into specified time slots of 30-, 45-, or 60-minute segments. Time limits (generally 20-30 minutes) are posted on all cardio equipment ensuring that everyone gets a turn to use a treadmill, stationary bicycle, or elliptical machine.

**Self-transformation.** Bodily transformation is the final way to examine the process of weight loss through the work of Foucault. This transformation is discussed in Foucault’s technologies of the self. Foucault (1988) defined the technologies of the self as “the way a human being turns him- or herself into a subject” (p. 208). Technologies of the self also deals directly with power; however, it focuses more on how an individual can use power rather than on how he or she is under the domination and control of power. Foucault explains that individuals realize that they are subjects (of control and dependence) and become aware of their own identity through self-knowledge. Foucault’s
(1988) idea of the human body as a “subject” is one where that body has freedom to choose, know, and change. Foucault (1988) stated that these technologies of the self further:

permit individuals to effect by their own means or with the help of others a certain number of operations on their own bodies and souls, thoughts, conduct, and way of being, so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection, or immortality. (p. 18)

The process of losing weight is a perfect example of Foucault’s concept of the technology of the self. An individual must change his or her thoughts, conduct, and way of being in order transform the body (e.g., lose weight). This transformation is a choice, an action, and a process which will, in theory, lead to a greater level of happiness. Interestingly, the physical transformation of weight loss has been shown to improve an individual’s self-esteem, general health, and overall quality of life (Wing & Hill, 2001). Further, one of the main reasons that people decide to lose weight is for health reasons (Lyznicki, Young, Riggs, & Davis, 2001). The technologies of the self are practices that one can use to transform him- or herself and can act as practices of freedom (Markula & Pringle, 2006). In this way, an individual becomes aware of the power and domination society imposes on him or her as an overweight individual. Once he or she understands self-identity within this domination, a decision to lose weight through the actions (e.g., practices) of diet and exercise gives one power and minimizes the external domination once imposed.
However, the experience of weight loss is more than a physical transformation or challenging action of will power. It is a dynamic process that incorporates psychological, emotional, social, relational and other deeply sensual components of embodiment. The body is a central part of the social and cultural worlds we live in. Major bodily changes such as significant weight loss affect every aspect of these worlds. “Bodies constitute an irreducible source of society: It is the properties and capacities of embodied humans that provide the corporeal basis on which identities and social relations are consolidated and changed…and are also marked and contoured by the structural effects of society” (Shilling, 1993, p. 210). To examine weight loss, researchers must look at the body as the multi-dimensional social entity that it is and consider how it is related to all the complex aspects of the human experience.

While Foucault might say that current epistemologies and highly publicized information on weight loss are forms of power used to “normalize” and create “docile” bodies, these epistemologies- based on current “scientific” foundations- were mentioned by participants in this study. Such established scientific research, definitions, criteria and measurements may be dominating forces of control and power, but they also provided a starting point for an investigation that attempted to give voice to an oppressed group and shed light on those who experience the control and power of our society and cultural standards related to “fit” bodies.

With this in mind, research shows that a large number of individuals undergo significant behavioral and lifestyle changes in an effort to lose weight. The most commonly cited reasons for losing weight include negative emotions, appearance
concerns, and future health (Tinker & Tucker, 1997). The detrimental effects of being overweight or obese include serious consequences for both physical and mental health. According to Hoeger and Hoeger (2002), obesity is “a chronic disease characterized by an excessively high amount of body fat or about 20% above an individual’s recommended weight” (p. 43). Overweight individuals or those who have excess body weight when compared to a specific BMI are at a greater risk for becoming obese and developing many of the hazardous medical conditions that are related.

*Obesity and Psychological Aspects of the Physical Self*

The negative health consequences of being overweight and obese extend beyond the physical body into the psychological realm. These aspects of weight loss are just as important as the physical ones. The Surgeon General defines mental health as “a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity” (US Department of Health and Human Services, 1999, p. 4). Self-esteem, body image, general psychiatric function, and emotional well-being including mood, emotional and affective states are all part of mental health which is greatly influenced by issues regarding physical weight.

The psychological and social effects of being overweight or obese often begin in childhood and extend throughout the lifespan. Overweight and obese children have lower levels of self-esteem and more problems with social interaction and body image than their normal-weight peers (Neumark-Sztainer, 1999). Studies have further examined the health-related quality of life (HRQL) among obese youth and adolescents and found that
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Self-reported scores across all scales of functioning were significantly poorer among obese youth and adolescents when compared to healthy-weight peers (Varni, Seid & Kurtin, 2001). In fact, the overweight participants held perceptions of HRQL that were similar to youth diagnosed with cancer (Schwimmer, Burwinkle & Varni, 2003); these children (who were classified as “severely obese”) rated physical, emotional and social health in the same manner as if diagnosed with a serious, life-altering illness. Zeller and Modi (2006) conducted a similar study including the perceptions of parents. Interestingly, both obese children and their parents held poor quality of life scores across all four scales compared to healthy sample-based norms. Lower scores of HRQL were further correlated with higher BMI, a greater degree of depressive symptoms and lower perceptions of social support.

Issues related to body weight and size continue in adulthood as the stigmatizations placed on obese people impact both their overall HRQL and specific psychological, social, and emotional aspects of who they are. Weight-based stigmatization has been directly correlated with BMI and is said to be one of the last acceptable prejudices in our country today (Faulkner, French, Jeffery, et al., 1999). For example, it has been found that non-obese college students hold more negative attitudes towards overweight peers than those who are obese (Allison, Basile & Yuker, 1991). The prejudiced attitudes, beliefs and actions against overweight people have been compared to the prejudice of sexism, racism, and bigotry found in our society. Crandall (1994) found that fat people are seen as unattractive, morally and emotionally impaired as well as alienated and unhappy with themselves. Even physicians and medical personnel have described
overweight patients as “weak-willed” (Monello & Mayer, 1963). In a more recent study on the current attitudes of primary care doctors’ related to obese individuals, over half of the six hundred and twenty physicians questioned admitted that they believed obese patients (defined as having a BMI greater than 30) were awkward, unattractive, noncompliant and even “ugly” (Foster et al., 2003). These physicians appear to “view obesity as largely a behavioral problem and share our broad society’s negative stereotypes about the personal attributes of obese persons” (Foster et al., 2003, p. 1176). It appears then that overweight and obese individuals are discriminated against and looked down upon by thin people, health care workers, employers, peers, parents, and even themselves (Crandall, 1994).

These antifat attitudes, stereotypes, stigmatizations and prejudices are deeply imbedded in our culture via daily life. Crandall and Biernat (1990) found that both fat and lean people hold antifat attitudes equally. This may explain why heavy and antifat women also suffer from low self-esteem. Additionally, obese individuals who reported stigmatizing experiences also reported higher levels of depression, body image disturbance, general psychiatric symptoms and lower levels of self-esteem (Friedman, et al, 2005). The authors note that, “It may well be that stigmatizing experiences serve as a trigger for body shame among those individuals who devalue overweight (due to internalizing cultural norms regarding obesity)” (p. 914). Therefore it seems apparent that weight-related prejudice is both widely accepted and can contribute to the negative psychological health of individuals including levels of depression, self-esteem, body image, and general psychiatric dysfunction.
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Research has further demonstrated these connections between obesity and a greater number of negative psychological effects. For example, Friedman et al. (2002) found that the degree of obesity among overweight participants was directly correlated with body image evaluations. Individuals with higher BMIs had lower satisfaction with body image. Friedman et al. (2002) further discovered that the more overweight or obese individuals were, the higher their levels of depression and lower their levels of self-esteem. Similarly, Taylor and Fox (2005) found that individuals with higher BMIs had lower physical self-perception scores. With all the negative social, psychological, and emotional consequences of overweight and obesity, individuals with these conditions could perhaps improve both physical and mental health by losing weight.

This was demonstrated in a study of obese patients who had undergone laparoscopic gastric band surgery and sustained a significant weight loss over three years where Dixon et al. (2004), found several significant health improvements. This included maintaining a weight loss of 18 - 32 kg and reporting better HRQL, fewer depressive symptoms, and significantly greater satisfaction with body image after the three-year period. The authors note that “weight loss is the most effective treatment for obesity-related physical and psychological comorbidity” (p. 1895). Using a combination of diet, exercise and weight loss medication (e.g., d, l-fenfluramine combined with phentermine HCl) a similar year-long study investigating the effects of weight loss also demonstrated results among the 161 participants involved (Kolotkin et al., 2001). Participants lost an average of 20 kg or 17% of initial body weight and showed significant improvement in five subscales of a HRQL measure including perceived physical function, self-esteem,
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sexual life, public distress, and work life. Further, amount of weight lost was correlated with greater level of improvement in HRQL. This study also demonstrates that weight loss is an effective way to obtain physical and psychological benefits ultimately improving HRQL.

Little research has examined the effects of “natural” weight loss (without surgery or weight loss medications) on mental health. Kushner and Foster (2000) conducted a review of literature regarding weight loss and all aspects of mental health only to conclude that there is limited data concerning the effects of natural and successful (long-term) weight loss on quality of life outcomes (including social and psychological aspects). In an effort to address this problem, Rejeski, et al. (2002) examined how dietary changes, exercise and weight loss influence mental and physical health scores on the 36-item Short-Form Health Survey (SF-36). This study compared a dietary weight loss group, an exercise-only group, a dietary weight loss and exercise group, and a healthy lifestyle control group of 316 overweight or obese adults over an 18-month period. All three of the experimental groups showed improvements on all dimensions of the SR-36 except for mental functioning when compared to the control group (e.g., mental functioning remained stable for all groups). However, the dietary weight loss and exercise condition improved significantly more than the other groups along the subscales of role-emotional, vitality, and social functioning. The authors concluded that the combined effect of exercise and diet on weight loss results in the most positive effects on HRQL and is superior to either weight loss treatment alone.
This relationship between weight/weight loss and HRQL is particularly intriguing because it is a more holistic approach uncovering aspects of an individual’s physical health, psychological and emotional well-being as they relate to the physical body. The effect of overweight and obesity is more than the physical and medical consequences described previously. It is directly related to general health and quality of life. A review of literature investigating the relationship between weight (not necessarily weight loss) and HRQL found that normal-weight individuals reported higher scores along measures of HRQL than those who were overweight (Fontaine, 2001). More importantly, the author concluded that while measures of HRQL “as self-reported functional capacity has gained ascendancy in recent years, some researchers have argued that unless investigators tap into individual patient values, they are measuring only perceived health status, not HRQL” (Fontaine, 2001, p. 927). These perceptions of health status may hold different meanings and values for each individual, which is not addressed by standardized questionnaires. It is critical to examine weight and HRQL utilizing a more in depth and personal approach to gain a more accurate picture of the relationship between the two.

**Summary**

Despite this evidence of psychological, physical and health-related quality of life (HRQL) improvements that come with weight loss, a growing percentage of the American population remains overweight and obese. The 1999-2000 National Health and Nutrition Examination Survey (NHANES) reports that 34% of adults in the U.S. are overweight and an additional 31% are obese (Ogden, Fryar, Carroll & Flegal, 2004). These statistics demonstrate that 60-65% of adults in America have a weight problem
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with critical medical, psychological, social, and economic effects. In fact, the World Health Organization (WHO) estimates that across the globe, over one billion adults are overweight or obese; this number will only increase in the next two decades (World Health Organization, 2004). The majority of the U.S. population is most likely aware of the highly publicized health problems associated with overweight and obesity and have experienced the physical, psychological, social and emotional consequences firsthand. However, this highlights the fact that successfully losing weight is an extremely difficult task many people attempt, yet very few attain.

Long-term maintenance of weight loss is the ultimate goal for successfully treating the problems associated with overweight and obesity. Ironically, while weight loss among those who are overweight or obese is always an accomplishment, it is only after a healthy weight has been attained that the battle truly begins. “Even when weight losses can be achieved in adults, these losses typically are not maintained over time” (Goldberg & King, 2007, p. 52). In fact, according to Wing (1997), the large majority of patients clinically treated for overweight or obesity regain all or nearly all of the weight lost within one to five years of a program ending. Those involved in the treatment of overweight and obesity are aware of the difficulty most individuals have both in losing weight and the likelihood of successful maintenance.

A study assessing primary care physicians’ attitudes toward the causes and treatments of obesity and those affected by it found that they believed obesity is largely a behavioral problem. While successful treatment of obesity was defined by physicians as only a 10% reduction in body weight, nearly all of them agreed that treatments available
and administered for obesity were less effective and successful than those for any other chronic condition seen (Foster et al., 2003). This demonstrates that even those with the most knowledge and ability to help treat obesity are skeptical about positive outcomes and long-term prevention and treatment.

Conclusions

Losing weight is a multi-dimensional and complex process involving both physical and psychological steps which require significant life changes. Through the physical steps of diet and exercise in combination with psychological interventions, significant weight loss can be achieved. While research has shown that significant weight loss is possible, there has not been a study to date utilizing a holistic approach examining the experience of significant weight loss. The next chapter outlines the method used to implement such a study.
CHAPTER 3

Methodology

Phenomenological Assumptions

Weight loss has been examined among the exercise sciences in depth and in great detail through laboratory experiments, caloric calculations, body assessments, measurements, and specific, precisely prescribed diets. Weight loss has rarely been investigated in light of the critical social or psychological issues it encompasses. To date, no research has described or attempted to understand the experience from the participant’s point of view. Phenomenology is a valid, reliable, and rigorous research method that can provide a rich, detailed description of this phenomenon that is a critical issue for the health and well-being of individuals across our country. According to Merleau-Ponty (1945/1962), science conceives everything as “other”. This led science to repress those features that make us distinctively human and worthy of moral respect: Subjectivity, freedom, consciousness, and individuality. Foucault would agree with Merleau-Ponty and the idea that much of the current research fails to realize that the body-subject is his or her own subject matter. As Priest (2000) states “the progress of objective science should never be permitted to obfuscate our lived existence as subjective, conscious, choosing and feeling human beings” (p. 174). Merleau-Ponty’s phenomenological approach is a perfect way to examine the lived human experience of weight loss in a unique way that has been overlooked to this point.

The phenomenological method based on the philosophy of Merleau-Ponty used for the present study is qualitative and quite different from most of the quantitative
Significant Weight Loss

research done in exercise physiology, psychology, and kinesiology. However, the phenomenological method must still be systematic, disciplined, and provide empirical evidence that is stable, consistent, and open to public scrutiny (Thomas & Pollio, 2002). The phenomenological approach used for the present study maintained the scientific rigors of reliability, validity, and addressed issues of generalizability through the proper objectivity required.

In phenomenology, objectivity does not mean that the researcher is a detached observer attempting to describe reality as it is understood in universal terms. A participant’s experience is told from his or her point of view and must be accepted as truth- as it is truth for him or her. No one else can claim or deny the experience of another individual. As Colaizzi (1978) points out, objectivity in phenomenology requires that the researcher recognize and affirm the experience of others as well as his/her own experience. Further, the phenomenological researcher is intricately connected with the participant when each enters the interview relationship, so the objectivity of the detached “observer” is not a primary goal. It is more important to gain the objective understanding of the participant from a phenomenological perspective than to remain detached and miss the true essence and meaning of the experience.

In typical quantitative scientific research, reliability is achieved when results can be replicated and consistency is found. Because every individual and human experience is different, every phenomenological interview will vary in words, description, and level of emotion even when based on the same question or phenomena. Reliability in phenomenology is achieved when the researcher’s thematic structure truly represents the
experience of every participant. Giorgi (1997) describes reliability as when a reader can look at the thematic structure and results of a study and see the experience in the same light and from the same viewpoint. Further, the researcher must truly believe that the outcome of the study would be replicated if the same question were asked investigating the same phenomena among a different group of similar participants.

To obtain validity the present study measured, determined, and described what was set out to be measured, determined, or described. However, unlike the “hard” sciences, validity of a research study is not based on external questionnaires, evaluations, or criteria. Validity was met when, “convincing evidence (had) been brought forth in favor of the description offered” (Thomas & Pollio, 2002, p. 41). Pollio, Henley, and Thompson (1997) further note that “plausible and illuminating results” are generally deemed more appropriate, valid, and rigorous. While the researcher did not control what the participants described, the meaning of their experience was accurately expressed expanding on what was important, and by creating a thematic structure that highlights the most critical aspects.

It is hoped that this phenomenological investigation of significant weight loss will provide both a base for future research and in-depth descriptions that may be overlooked or ignored through other methods. “Instead of the expectation of predictive theories, phenomenology generates theories which will provide descriptive data of a phenomenon which can be used to guide wider and larger scale studies from an informed starting point” (Jasper, 1994, p. 313). The purpose of phenomenology is to describe an experience which entire groups of people have had and may have again in the future. This is
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different than simply listing characteristics, thoughts or feelings of a single group of individuals. These experiences are much like “case generalizations” which have served as a basis for very important areas among the “hard” sciences including medical, pharmaceutical, biological, and even social and psychological fields. This study included more than one participant to ensure a variety of backgrounds, personalities, and types of weight loss experiences so that commonalities could be found within the diversity. Phenomenological research can be considered generalizable when a recipient reads the results and can comprehend and agree with the outcome presented. It is hoped that the findings of the present study give those in the field of exercise science, health and fitness insight into the experience of losing weight and further aid individuals who go through the same experience in the future.

Participants

The lived experience of significant weight loss is what participants in the present study described from recollection. Participants provided verbalized descriptions of the lived experience of weight loss in a phenomenological interview and were recruited for this study through personal contacts and the snowball method. Individuals who had lost a significant amount of weight (at least 20% of original body weight) were asked if they would be willing to participate in the study as it was explained to them. Personal acquaintances, friends, colleagues, and co-workers at a local health club were asked if they knew anyone fitting this criteria and would be willing to participate. Participants were contacted through e-mail, in person, or through a common acquaintance. Those who participated often knew other individuals (through shared diet plans, weight loss
programs, work, and church) who fit the criteria and subsequently agreed to participate in the study (snowball method). The process continued until a sufficient number of interviews were conducted. Interviews continued until thematic saturation was achieved and then two more interviews were conducted to ensure that no new themes emerged. As Thomas and Pollio (2002) suggest “If no new patterns or themes emerge at this point, the phenomenon is thought to be well-described, and there is little or no need to seek additional exemplars or participants” (p. 42).

The amount of weight lost among the participants ranges between 50 and 200 pounds. Participants have maintained their significant weight loss (plus or minus about 10 pounds) for one to 33 years. A more detailed description of participant demographics, marital status, age, weight, and physical activity is provided in Table 1.

Procedures

Participants met with me at a time and location convenient for them. Locations included quiet coffee shops or restaurants as well as the personal home or work office of the participant. The purpose of the study and the audiotaping of the interview was explained to each participant so he or she had adequate opportunity to decline. Participants signed an informed consent (Appendix A) once the study was explained and chose a pseudonym to remain anonymous. A demographic questionnaire (Appendix B) was administered once the phenomenological interview was completed.

This study utilized the theoretical design constructs of phenomenology based on Merleau-Ponty’s philosophy (Thomas & Pollio, 2002). These constructs include concrete descriptions of the phenomena studied from the perspective of the participants, using
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phenomenological reduction in data analysis, and finding the essential meanings or essences of the lived experience described (Kleinman, 2005). Participants were able and willing to discuss their experiences of weight loss openly and honestly. This discussion occurred through the open-ended interview which began with a single question and encompassed the basic attempt to find meaning in the experience of significant weight loss. Participants were asked, “When you think about your experience of weight loss, what stands out to you?” These interviews were digitally audiorecorded. Interviews lasted as long as each participant wanted to take which ranged from 15 to 50 minutes in length. The audiorecorded interviews were destroyed once they were transcribed. Transcripts are locked in a safe location in an office (HPER 350) on the University of Tennessee campus for up to three years. Table 1 provides a list and description of participants.

Data Analysis

The data analysis of phenomenological reduction involved two important steps. The first, and one of the most critical, was bracketing. Bracketing requires the researcher to withhold prior knowledge, bias, and personal experience with the phenomena studied (e.g., weight loss). It enables the researcher to, “…assume an attentive and naïve openness to descriptions of phenomena, an uncertainty about what is to come and a willingness to wonder about the experiences being brought to presence in the descriptions of the participants” (Kleinman, 2005, p. 12). To bracket, I was interviewed and discussed my previous knowledge, experience, and beliefs about significant weight loss with an experienced colleague in the field. This allowed me to identify bias, prejudice,
Table 1

**Description of Participants**

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Age</th>
<th>Gender</th>
<th>Ethnicity</th>
<th>Marital Status</th>
<th>Heaviest Weight</th>
<th>Lightest Weight</th>
<th>Physical Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>RedEclipse</td>
<td>23</td>
<td>Female</td>
<td>Caucasian</td>
<td>Single</td>
<td>220</td>
<td>165</td>
<td>Weights Cardio</td>
</tr>
<tr>
<td>TT</td>
<td>37</td>
<td>Female</td>
<td>Afri-American</td>
<td>Married</td>
<td>273</td>
<td>210</td>
<td>Weights Cardio</td>
</tr>
<tr>
<td>JohnnyKnox</td>
<td>30</td>
<td>Male</td>
<td>Caucasian</td>
<td>Single</td>
<td>297</td>
<td>237</td>
<td>Weights Cardio</td>
</tr>
<tr>
<td>Michaelpix</td>
<td>55</td>
<td>Male</td>
<td>Caucasian</td>
<td>Married</td>
<td>300</td>
<td>210</td>
<td>Spin/Cardio Weights</td>
</tr>
<tr>
<td>Lee</td>
<td>40</td>
<td>Female</td>
<td>Caucasian</td>
<td>Single</td>
<td>175</td>
<td>130</td>
<td>Cycle/Run Weights</td>
</tr>
<tr>
<td>TourGuide</td>
<td>63</td>
<td>Male</td>
<td>Caucasian</td>
<td>Married</td>
<td>237</td>
<td>145</td>
<td>Cycle/Jog Weights</td>
</tr>
<tr>
<td>Carol</td>
<td>47</td>
<td>Female</td>
<td>Caucasian</td>
<td>Remarried</td>
<td>170</td>
<td>110</td>
<td>Walk Pilates</td>
</tr>
<tr>
<td>Anne Rutt</td>
<td>39</td>
<td>Female</td>
<td>Caucasian</td>
<td>Single</td>
<td>285</td>
<td>150</td>
<td>Weights Cardio</td>
</tr>
<tr>
<td>Chamber</td>
<td>47</td>
<td>Male</td>
<td>Caucasian</td>
<td>Divorced</td>
<td>430</td>
<td>195</td>
<td>Hiking Weights/Circuit</td>
</tr>
<tr>
<td>Ingrid</td>
<td>36</td>
<td>Female</td>
<td>Mixed</td>
<td>Divorced</td>
<td>220</td>
<td>150</td>
<td>Walk/Run Weights</td>
</tr>
<tr>
<td>Jean</td>
<td>51</td>
<td>Female</td>
<td>Caucasian</td>
<td>Married</td>
<td>249.5</td>
<td>167.5</td>
<td>None</td>
</tr>
<tr>
<td>Lyledee</td>
<td>58</td>
<td>Male</td>
<td>Caucasian</td>
<td>Married</td>
<td>230</td>
<td>165</td>
<td>Run Weights</td>
</tr>
</tbody>
</table>
presuppositions and to be completely open to finding something unknown about the weight loss experience.

Bracketing interview. The bracketing interview was transcribed and analyzed by myself and a research group in the same manner that thematizing and analyzing participant interviews was done. It is important to note that while I have never personally experienced significant weight loss, my convictions and beliefs about the phenomenon were very strong. The interview revealed several important things. First, I believed that losing weight involves a lifestyle change and that it is not only a huge challenge but a great accomplishment for those who achieve it. I believed that people are judged and treated poorly for being overweight, but I also assumed that overweight individuals want to lose weight and it is a matter of will power and motivation to achieve this. I assumed that people who are healthy, exercise and eat well feel better physically, mentally and emotionally and that people know that it is unhealthy to be overweight. Throughout the interview, I made many connections between the mind and the body, believing and assuming that the two were intricately related and that one always effects the other.

The second aspect of phenomenological reduction is withholding existential claims. According to Giorgi (1997), this means that I took what the participants said as it was presented. This makes the analysis of emotions, values, and experiences more precise and rigorous. Phenomenological reduction does not mean that all prior knowledge of the phenomena is erased. Instead, it strengthens data analysis by bracketing information and experience that might otherwise influence the perception and reception of the present situation. Knowing Foucault’s theoretical stance surrounding our
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epistemologies was helpful in attempting to identify and set aside assumptions and bias throughout the investigation. This attitude of phenomenological reduction, or what Husserl called the “transcendental attitude” must be maintained throughout the entire process of data collection and analysis.

The participant descriptions were transcribed verbatim and data was read over completely to gain a global sense of the whole. This set the stage for understanding how the individual parts fit together and which aspects of the description might be meaningful. My advisor also read over the transcripts and picked out relevant themes. And as stated previously, a phenomenological research group assisted me in finding thematic descriptions in the interviews. Each member of the group participating signed a Researcher Confidentiality Agreement (Appendix C). This research group consists of 8-15 graduate students and faculty from a variety of disciplines and backgrounds. Within the group, transcripts were read out loud, line by line, and examined for content and meaning. Meaning units are best kept in the exact words of the participants and will ultimately lead to the themes of the entire study (Thomas & Pollio, 2002). These meaning units are found when there is a shift in meaning throughout the description or when words, phrases, or metaphors stick out as particularly significant. Once the meaning units are identified, those with similar content are integrated for clarification. This is done by placing similar words, phrases, or metaphors in the same meaning categories. Throughout the process of deciphering the interviews, it was important to keep a close relationship between the smaller meaning units and the whole text.
These categorized meaning units were then examined to find the essential meanings or “the essence of the lived experience” in the words of Merleau-Ponty (1945/1962). This is where I determined what was thematic within the interview. According to Thomas and Pollio (2002), “the word ‘theme’ is used to mean patterns of description that repetitively recur as important aspects of a participants’ description of his/her experience” (p. 37). In other words, once themes were established among individual interviews, all the interviews were examined to find commonalities and repetitive themes. Staying as close to the participants’ words as possible, an overarching thematic structure was found based on the themes and raw data of the individual interviews. This overall thematic structure was presented to the research group for consensus and to establish the most consistent and descriptive terms to represent the findings. The rich descriptions in phenomenology must always be based on the raw data. Once the overarching themes and structure of the lived experience of weight loss is uncovered, the original transcripts and raw data must be used to justify and verify the findings (Kleinman, 2005).

The final thematic structure was presented to each of the participants to ensure that his or her perceptions and experiences were accurately captured. Sandelowski (1993) explains that some participants may not agree with the final themes because they do not recognize their own experiences when they are incorporated with an overarching structure; however, this was not the case among participants of this study. Participants were contacted through phone or e-mail and sent an outline and paragraph summary (Appendix D) of the thematic structure of the study. Each was asked if he or she agreed
that their personal experience of weight loss fit the overall thematic structure and had an opportunity to ask questions or provide comments or feedback. This study supports Thomas and Pollio (2002) who found that most participants agree with the final thematic structure and even appreciate knowing that others share their experience. The next chapter describes the resulting thematic structure and individual themes from participant interviews.
CHAPTER 4

Results

The primary purpose of this investigation was to explore and describe experiences of significant weight loss from the perspective of an individual. The in-depth phenomenological interviews of 12 participants who lost between 50 and 200 pounds revealed striking similarities. Individual and group analyses of the data demonstrate that four main themes run throughout the interviews. For these participants, weight loss was a dynamic and never ending process which included the themes of: *Freedom/Control*, *Changing*, *Choosing* and *Size/Image*. A visual depiction of this thematic structure and the interactions between themes is represented by Figure 1.

Figure 1. Diagram of the Experience of Significant Weight Loss
Each of the four themes is grounded in Body, Self and Other (Pollio, Henley, & Thompson, 1997). The Body battles between being free to control the weight/free from the weight and being controlled by the weight. This ties in perfectly with Merleau-Ponty’s view of the body which is described best by Pollio, Henley and Thompson (1997): “The body is never just an object for the person; it is always mine even when it may be an object for me” (p. 88). The Body is both an object of control and a subject of freedom. The Body is also a subject Choosing to lose the weight and makes decisions daily to do so. The Body is Changing both physically as an object and psychologically and emotionally as a subject. Finally, the Body is different both in Size (subject) and Image (object) due to the physical loss of significant weight. Self and Other also play a role in the process of significant weight loss. Choosing encompasses both personal choices and action (Self) and enlisting the help and support of Others (e.g., friends, family, Weight Watcher groups, God). Changing occurs in the Self and in relationships with Others. Finally, participants noticed their own change in Size with the weight loss (Self) but were also aware of the changing attention from Others which influenced their changing body Image. Participants described this dynamic experience as a “journey”, a “path”, a “battle,” a “never-ending process” and a “transformation”. Each of the four themes and their respective subthemes are described in detail below with participant quotes to add support and insight.

Freedom/Control

The theme of Freedom/Control is a constant struggle between being controlled by the weight and controlling the weight. Participants talked both about how the weight was
“binding” physically, psychologically and emotionally and how the loss of weight was freeing and enabled them to do more physically and emotionally. This main theme encompassed three subthemes which include: Controlled By, Controlling and Freedom (from the) weight.

**Controlled By**

Being overweight and obese was a major hardship for these individuals on many different levels. The physical limitations that weight places on people seems obvious and was described throughout the interviews in reference to body size, health and fitness. TT talked about the limiting health problems she attributed directly to the weight: “This diabetes thing…That could not have come from anything positive because of the way it controls you and everything. And so that was like a force. That was like a force when I began to put all those symptoms together”. The controlling “force” of diabetic symptoms was something that TT had to deal with every day while she was overweight. Fitness and physical activity were also limited by weight for these individuals. JohnnyKnoxville stated: “I wanted to be able to participate in sports again. I was an athlete in high school and, uh, to not be able to go out and play softball or not to be able to…go for a hike in the woods is, is embarrassing”. Many individuals felt so hindered by their weight that they were initially afraid or not physically ready to even join a gym. These individuals had to first lose weight on their own through diet and simple activities like walking before attempting to include social or structured physical activity. As one of these participants-Chamber- summarized weight can control all aspects of life (physically, emotionally and psychologically):
When you start to think of the way it binds you down from your physical activity, things you can’t do. That I would be looking for elevators or escalators any place I went because I couldn’t hardly climb a flight of stairs…Daily life was that way. But, emotionally it was like a chain as well. I mean, you don’t think of yourself positively.

Controlling

Participants also talked about the methods, strategies and rules they used to control or maintain weight. Control was a huge issue for most participants and it was often talked about as a battle, a struggle or an ongoing challenge between controlling the weight and being “out of control” with their weight. As Carol stated, “I had to control this weight thing. And that was what was real important”. She described her feelings of losing control of the weight as “going out of bounds,” while Chamber called it “tumbling,” TT “ballooned” out of control and Michealpix viewed it as “getting off track”. To maintain control, participants were methodical and most had rules or structure that they followed. Tourguide had a specific formula (for calories) which he outlined:

   Basically, my thing was, choose what you want to weigh and multiply it by 15 for a normally active male 40 or younger at that point…and I counted calories closely until I developed a sense that I know just about where I am and I know what activity does what.

On the other hand, Jean had to lay out strict rules for surviving her battle with weight: “And what did I do? I broke a rule. I went into the kitchen when there was still food”.

Each participant talked about having a methodical, planned approach to weight loss. Most
had specific long-and short-term goals and followed “programs” or “rules” on a daily basis to *control* the weight through weight loss or maintenance to reach long-term goals.

**Freedom**

Once the weight was lost, participants experienced freedom in many different aspects of life, most notably the freedom and ability to move and be physically active. This led to a sense of freedom in other areas of life: “I couldn’t run. And then I was able to run. Now I can do that” (RedEclipse). Lee also enjoyed the freedom she experienced through physical activity: “And then as I started exercising more, I started being able to do more and then things just started feeling better”. Simple things such as “walking up the stairs without getting winded” (Ingrid) were also important to many participants. Chamber also talked about how the weight loss and new physical abilities felt:

I feel free. You know I feel like I’ve been allowed to take off these chains of bondage as such that have held me down for most of my life. And, finally be able to become free of that. And that is a tremendous feeling.

Freedom was not only experienced physically in daily life as greater ability to become active and participate in activity; it was also experienced psychologically and emotionally.

**Changing**

People who lost a significant amount of weight talked a great deal about *changing*. This change was seen along a continuum. As a process, it was continual and never-ending. Participants- no matter how long they had maintained a significant loss of
weight- saw themselves not only as changed but as continually Changing. The theme of Changing included four subthemes which are: Turning Point, Lifestyle, Self and Others.

Turning Point

Every one of the 12 participants had a specific and definite turning point where s/he made a conscious and deliberate decision to lose weight. This point was markedly different than any other time they had attempted to lose weight in the past. Several had been yo-yo dieters and tried various methods before. This turning point was an internal decision: “Well, when I finally decided that I was going to lose weight, I had to become obsessed about it so that I could be successful at it” (Lyledee). This internal decision was often sparked by a doctor or health care professional and was often stated in a blunt way: “So, basically (what) the doctor said was what any doctor would say at the time. He told me, ‘you’re gonna have to lose weight or you’re gonna die’” (Michealpix). Similarly, a physician’s assistant became Tourguide’s turning point as he explains:

I think she sort of insulted me… ‘Don’t be wasting my time if you’re not gonna (follow my diet and exercise advice), don’t waste my time. Just don’t come back. Just go die, next seven years, get on with it’. Hmmm, so (now) I’m really gonna pay attention.

It was also triggered by seeing a picture of themselves- “and it hit me when I saw me in that picture” (RedEclipse)- as well as the cumulating physical and psychological effects of deteriorating health: “That’s what did it for me. I said I’m not even 40, here I am taking all these drugs, something is not right. This is not normal. And, that’s when I
decided that was it” (Anne Rutt). Others found inspiration from a friend, family member or colleague as Chamber described:

And that day in the hallway of our church he prayed over me. And that was the turning point. It was the point I finally said, ‘Ok God, I can’t do this on my own’.

The turning point for these participants was a significant event that each of them could look back on as a specific moment in time when a decision to change occurred. Most participants had attempted weight loss before and may have even had minor successes losing weight. However, the Turning Point was unique to the experience of significant weight loss for these participants who currently considered themselves successful.

**Lifestyle**

Participants talked about the transformation of weight loss as a lifestyle change. This subtheme included components of the never-ending process of change as well as daily habits and the changing outlook on life. Many times this lifestyle change was discussed as if the participant was a recovering addict. As Chamber stated: “Being in that process and knowing that I’m not finished yet. That just like an alcoholic says they’re always an alcoholic, I’m always gonna be a person who’s recovering from being fat”.

Similarly, Jean’s initial response in describing her experience started: “It’s been a spiritual growth. It has been very much (an) internal process”. Michealpix expanded on the continual quest involved in the process: “You know, it’s a process, you keep, just tryin’ to keep in shape. You know, just try to keep healthy”. Daily habits soon turned into an entire change of lifestyle for these participants as Lee explained: “The next thing I know, it started becoming very much of a lifestyle”. Aspects of daily change started to
become integrated and normalized: “But, now, it’s just normal. It’s not a diet. A lot of people would think it’s a diet but to me, this is what I do and I feel good” (Tourguide).

This new lifestyle was embraced by participants. Healthful dietary choices became tasteful and physical activity behaviors were enjoyable. This lifestyle became a part of participants’ changed self-identity which led to the change in Self.

Self

More than just a change in lifestyles, participants talked about changes in their personalities or characteristics: “You also became goal-oriented. I’m goal-oriented. Uh, give me a goal and…that’s all I see…I was not like that. No, no. I wasn’t like that” (Tourguide). And, for some it was a change in thinking, attitude and outlook on life: “(the weight loss) changed my mindset from a negative to more of a positive. So, I started thinking better of myself at that point, too” (Carol). However, others were torn between feeling that they were a different person and defending that they were the same person after weight loss. A good example was when RedEclipse first said: “But, I mean, I’m a lot stronger now as a person” and later stated: “But, you know, you were the same as when you were bigger. And to me, it’s like, I have the ‘fat girl’ in me”. Anne Rutt also talked about having the “fat person” still inside despite the physical outward appearance: “But there’s always that fat person inside of you that’s really, almost you”.

However, other individuals were sure that they had changed as people. For some this was reflected in the fact that they could not even recognize themselves physically after the weight loss: “So, I have always been big….And I’m looking at somebody in the mirror that I had never seen before in my life…I mean this is a completely different
person!” (Michealpix). Lee contrasted the feeling of being different yet the same in more detail:

My roommate’s seen a picture of me and I thought I had to pick her jaw up off the floor and put it back up to her mouth. It was like, ‘oh my gosh, that was you?’ I’m like, ‘We don’t even look like the same person, do we?’ ….Because I’m not, not completely different but, I didn’t feel happy…I’d say a few jokes here and there, you know, and that kind of thing but inside really deep inside I wasn’t happy….You know when you don’t feel good, you’re not very happy.

It is apparent that participants felt a change in themselves but most were unsure about how much of their personality, self and identity had actually changed.

Others

Not only did participants change their lifestyle and aspects of themselves, but relationships to and with other people also changed. Some talked about the changes that had to occur within their existing close relationships as their identity and role within the family changed: “It changed my relationship with my family in a way. Because ‘Carol’ is the ‘healthy one’. I’m the healthy one” (Carol). For others, the family had to change its dietary and behavioral habits along with the participant in order to make success a realistic possibility: “And my whole family had to change” (RedEclipse). However, some participants discussed how other people in their life had to change altogether. As Tourguide stated: “But what the weight loss did was, all of a sudden your whole friends have changed”. Individuals changed their habits, hobbies and interests with the lifestyle changes that came with weight loss. Part of this process included disconnecting with old
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friends or colleagues and gaining new relationships with individuals who shared participants’ new interests and lifestyle.

Choosing

Weight loss for the participants in this study consisted of daily choices as well as major decisions. Choosing to lose weight was part of the process, and as such, it was a continual matter of choosing the “healthier” options. The subthemes which emerged from Choosing included both aspects of the Self- Personal Responsibility, Learning- and aspects of Other- External Support. Participants chose to take responsibility for their weight, take action through learning about weight loss and health and enlisted the help or support of friends, family, personal trainers and God.

Personal Responsibility

Each participant had to take ownership and personal responsibility for his or her weight before s/he began losing it: “And, it’s like, well, I gained the weight to begin with. It’s my responsibility to take it off. I gained it. I’m gonna take it off. It’s my responsibility” (Anne Rutt). What followed from this sense of responsibility were the daily choices and actions towards weight loss. Chamber often fell into the trap of blaming other people, situations and environments for his weight until he was finally able to start making his own choices and taking action:

And so all that continues to add and the stress continues to snowball and I can blame all those things, but the reality is I have to stand up and take charge of my own life. And most folks go through life saying that it’s chance or circumstance that determines their destiny. And that’s wrong. It’s choice. That determines your
Some elements of *Choosing* required major decisions, work and determination such as Lee’s commitment to her workout regiment: “The toughest part was I really had to make the commitment to myself no matter what was going on, no matter what other people were doing, I needed to do it”. However, other choices were small, daily challenges that made a difference over time. Ingrid said: “I realized I needed to make better choices. So, I lost the first 30 pounds with nutrition alone”. And Jean emphasized the need to take things one step at a time: “You just need to take today, get through today, make healthy choices for you and move forward”. Participants had to take personal responsibility for their weight and the weight loss process which involved a commitment to daily choices which would help them reach their goals.

**Learning**

Choosing to take responsibility for their weight loss also included learning everything they could about health, fitness and weight loss. Many participants had no concept of health, nutrition or exercise, no prior experience with fitness and were often astonished at their own weight gain or large size. Participants went to great lengths to learn about these topics not only through research and reading, but also by carefully monitoring their own diets, behavior and bodies to learn what worked and didn’t work for them. For example, Lyledee stated:

> That became a focus point as far as learning as much as I could about different aspects….I spent a lot of time, you know, reading about exercise and different exercises and learning technique and learning, you know, the good from the bad,
TT took a class to learn about nutrition, but also emphasized her need to take responsibility and action as a result. She said: “You can learn all day. And I have a habit of learning and reading and learning everything known to man but never going after it”.

This is where learning about the participant’s self became important. Part of the “growth” or “process” of weight loss was learning about what worked and what didn’t for oneself. It was through the daily choices and “trial-and-error” that these individuals learned how to be successful losing weight. For some, it was as simple as, “I learned I couldn’t eat those things” (Carol). For others, it was learning about certain situations, environments and individuals that might hinder progress: “I’ve learned that you have to learn to say ‘no’ to people. People who think that they’re meaning well for you” (Chamber). And Jean stated: “But, I’m hoping the lessons I’ve learned this past year have been slow enough, reinforced enough that it doesn’t happen again like that”. For many, there was also an important element of developing a greater awareness of their bodies: “And even now, if I put on a little bit of weight I can tell the difference, you know, in how my body feels. I’m very much more sensitive” (Ingrid). As the participants explained, choosing to learn about weight loss involved more than acquiring basic knowledge and facts about nutrition, health and fitness. It required the daily choice of taking action, putting this knowledge to use, and understanding how their individual bodies felt and responded. Most participants acknowledged that learning what weight loss techniques worked was a very individual process. This occurred through trial-and-error,
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as Lee stated: “That’s something that worked for me. I don’t know if it would work for everybody but it worked for me”. Each participant chose to take personal responsibility for his/her weight, learning everything about weight loss and applying this knowledge to one’s own life and body. For most, finding their individual successes with weight loss also included choosing to enlist the support of Others.

External Support

Enlisting the help of others was also a part of choosing to lose weight. Choosing to find or accept the help of others included aspects of learning and education as well as social support, encouragement and shared values. Several participants obtained help from a personal trainer who provided education about working out and encouragement along the way: “And I thought if I just got a trainer to teach me and motivate me. Because I knew I didn’t have all the motivation (and) I know that I was tired. And then that started everything” (TT). Lee found advice about working out and weight loss from a friend when she didn’t know what to do: “And I was gonna go find help if I didn’t know how to do it. It just so happened I talked to my friend and she gave me help”. Social support was also found in family members, friends, Weight Watchers groups and God. Anne Rutt talked about how helpful her Weight Watchers group was: “And people there support you, they’ve been through it or they’re gonna go through it and, you know, they’re there. And…it’s made a huge difference”. Chamber found help from God: “God just uses that and keeps encouraging me on my way”. He also knew that he would need social support in his battle with weight loss and found a group through his church to help hold him accountable, send him weekly e-mails, and help him when he was around food:
And I knew for myself I needed all that encouragement. I needed everybody around me to be rallying around me. Plus, when I had people knowing what I was dealing with, they would help me.…

God played a role in helping several other participants lose weight as they prayed and surrendered their struggle to Him. This is typified by Jean when she stated: “His grace has gotten me through that. Because I gave Him that power. I said, ‘I can’t do this and you’ve got to because I don’t have it in me’”. This external support from various Others was a choice as participants progressed through the process and transition of weight loss and/or maintenance.

Size/Image

The theme of *Size/Image* surfaced in two different ways. Participants were aware of their physical size as it related to the world and objects in the world. It included how participants felt in their bodies and their spatial orientation as it related to physical size in the world. On the other hand, *Image* included participants’ awareness of how others viewed their bodies or how they thought their bodies would be viewed by others. This awareness of others influenced individuals’ body image through judgment, attention and social comparison. Both *Size* and *Image* were discussed by participants in terms of before and after significant weight loss. *Size/Image* can be broken down into the subthemes of: *Spatial Orientation* and *Attention*.

Spatial Orientation

The awareness of absolute physical size was apparent among nearly all of the participants. This was often realized as they talked about how their body size changed
through weight gain or weight loss. TT said: “I was small. Being overweight was not something I grew up with. I was small”. Body size was also understood as it related to the world. Carol’s experience represents a good example:

What happened was as I grew with 50 pounds, I couldn’t get into small spaces and I had bruised hips and I was always running into things ’cause my spatial thing was so different….and that was very distressful to me. The weight gain was very distressful to me.

Carol was aware of her body’s size based on how she fit into spaces. Both Carol and TT’s awareness was a comparison between their new large size in the world and how they used to be smaller in the world. The distressful feeling of weight gain or being a “large size” was shared by most of the participants. Jean gave one example of how difficult travel can be for a larger size person: “Having done two smaller flights, (I) did not want to be so uncomfortable in an airplane the whole trip”.

Changes in clothing size were also something participants used to measure and remind themselves about their changing body size. Talking about her weight gain, Lee stated: “When I went to get in any kind of clothes or stuff like that I’m like, ‘oh my gosh, I can’t believe I’m this size, what? This is crazy’”. Shopping for new clothes was something that stood out for several participants as Ingrid explained: “I was looking forward to buying new clothes, but I didn’t factor in the in-between sizes”. As they progressed through their weight loss, it was difficult to decide whether to buy clothes for their current size or for their goal size as Jean expressed: “Well, if you’re a heavy person, you have this whole battle of ‘Do I buy for what I weigh now or do I hope that I will lose
weight? And so you go through that whole denial”. Interestingly, these aspects of *Spatial Orientation* were noted most often by individuals when recognizing their weight gain or loss than by stepping on a scale. It seemed that the number on the scale was an afterthought, a reference point that provided reassurance in fact and scientific measurement. However, it was not something that was felt or even noticed when compared with the physical size and feeling of being in the world.

*Attention*

Getting attention from other people because of their large size, their smaller size, or the difference in sizes was something that nearly every participant discussed. Attention from others, whether it was positive or negative, played a large part in these individuals’ body image, and further, their psychological and emotional well-being and self-esteem. Negative attention and social judgment from others was noted as participants talked about being at their heaviest weight or a larger size. TT talked about the pain that this viewing from others caused when she was overweight:

And, I was happy and I was jolly and I was complete. So I thought. But the minute I began to watch how people would watch me…it hurt when people looked at you that way. And it’s a fact. People don’t want to admit it. But it’s a fact that you’re looked at differently on the job when I had my career.

Unfortunately, some experienced more than just a look that made them feel badly about their size or weight. As Chamber explained:

You know, you, you see people as they look at you and stare at you. You hear little kids say, ‘look at that big man’ or ‘fat man’ or something like that and you
hear those things, and they’re just little kids but they still, those things hurt, you
know, and you see yourself that way.

However, participants also talked about the attention in a positive way. Several
participants talked about the positive attention they began to receive from individuals of
the opposite sex as they lost weight: “And since I’ve lost it…they just notice me. They’re
just like, ‘Hey you know, what’s your name?’...It’s, it’s nice.” (RedEclipse). In the same
way, Ingrid stated: “Guys look at me more now. I feel more like a cougar…yeah, you
know, the cougar…the older mom that still looks hot, the sexy kind of cougar”. These
women were not the only ones who could “tell” they were being looked at differently by
other people based on weight. Lee explains how her initial weight gain changed the way
others viewed and treated her: “How it influenced my self-esteem? Oh huge. You know,
like just the little things you know…people used to flirt with me- strangers. Stuff like
that…I could just tell the difference. I could tell when people looked at me”. While the
attention due to weight loss was taken as a compliment by these women, most of them
were hesitant about it. After saying that it was “nice” to receive attention from “guys,”
RedEclipse went on to explain, “’Cause I always think about that. Why wouldn’t they
look at me then, but they’ll look at me now? And, I just kind of have this grudge towards
it”. Similarly, Jean said:

And to have people of the opposite sex notice me, scares me a little. Yeah, it’s
like, ‘’cause I don’t know where to put that. I’ve been married for 31 years, you
know…when you’ve always been heavy, nobody’s ever really paid attention to
you per se, and now all of a sudden you’re tiny…and people will notice you.
It wasn’t just females who commented on the positive attention due to their new size and weight. Forty-year-old (male), Tourguide talked about how the attention from others made him feel: “Self-esteem. It’s the, ‘Look at me. Look at these other people.’ And then people would comment, ‘My god, look how lean he is!’ And, you know, you’re sort of proud of that, the fact that I am lean”.

Regardless of gender, age or marital/relationship status, participants were aware of the attention they received based solely on weight, body size and shape. The way others “looked” at them, “judged” them and talked about them had a large impact on the feelings they had about their own size and, further, about who they were as people (e.g., self-esteem). Throughout the interviews, it was apparent that “big” and “fat” were not personally or socially desirable. Terms like “tiny,” “smaller,” and “lean” were used to describe the way participants felt they “should” or wanted to be and also what got them attention. This moral tone of a small size being “good” and a large size being “bad” was extended into their dietary and behavioral practices which participants linked directly to body weight. RedEclipse talked about replacing “bad” foods with “good” foods: “Just like certain things better…better than like the fried and the fattening and the sweet things” (RedEclipse). Just as “thin” was seen as “better” or “good,” participants talked about “good,” “bad,” and “better” foods. These “better” choices were often referred to as “eating clean” while making “bad” choices of “fattening” or “sweet” foods were discussed in terms of “splurges” or “mistakes”.

The moral issue was also apparent as several participants talked about their current body image and the loose skin which remained from the large quantities of weight
they had lost. They were caught between disliking the outward appearance of this loose or “saggy” skin which was “everywhere” and needing to be reminded of what it represented. These participants seemed aware that the excess skin was something socially unacceptable and possibly a hindrance to their ideal body image. However, they recognized that having loose skin was more important than having the weight that was there before. As Jean stated: “I kind of see it as my survival. You know, my battle scars. My victory things”. Anne Rutt saw it even more as a moral issue: “And, it’s not a medical issue, so I kind of look at it as my penance, my reminder not to go back there”. The loose skin was both a sign of “victory” for overcoming the “bad” weight and a “penance” or punishment for having been overweight. So Size/Image was a critical part of the weight loss process, maintenance, and experience leading up to the decision to lose weight. While participants dealt with and felt slightly different about their own Spatial Orientation and the Attention from others, they all seemed to take on the social values associated with a lean body size, weight and shape.

Summary

The experience of significant weight loss was unique to each participant in many ways. However, the overwhelming similarities between each of the descriptions is apparent and can be summed up well in the words and metaphor of Chamber: “How different, all of a sudden your life changes. When you just feel like you’re this butterfly coming out of its cocoon. That’s how I feel, so it’s been a wonderful thing”. As a caterpillar Chooses to fulfill its role in life and take action forming its cocoon, a tedious period of waiting occurs within a silent and confining shell. From an often “ugly” and
slow-moving caterpillar emerges a magnificently *Changed* insect. Different in *Size* and
*Image*, the world sees *Freedom* in a beautiful butterfly as it flies away from the binds of
the cocoon and into a new life and fresh perspective of the earth it has always lived in but
will now experience differently. The next chapter provides a discussion based on existing
literature, draws conclusions and suggests future recommendations.
CHAPTER 5

Discussion, Conclusions and Future Recommendations

The National Weight Control Registry has found commonalities among over 5,000 individuals who have lost at least 30 pounds and kept the weight off for over one year (Hill, Wyatt, Phelan & Wing, 2005). This registry provides a wonderful foundation for researching basic yet successful weight loss strategies. However, as the first known phenomenological investigation of weight loss, this study provides more than a basic list of recommendations for losing weight. The current study uncovers aspects of weight loss and the lived human experience of this phenomenon that go much deeper. This study provides a holistic examination which allowed participants to have a voice individualizing the experience. As a result, new insights were revealed. As participants of this study explained, weight loss is a dynamic and lifelong endeavor and there is no “one way” or “right way” to successfully lose weight. Further, it was noted that there is an “aftermath” to losing a significant amount of weight which is not often discussed and many participants were unprepared for it. This “aftermath” includes the “new body” that individuals have once weight is lost. This new body requires a new body image, dealing with different attention and treatment from others, and often an experience of “phantom weight” and/or loose and excess skin. While each participant had a “turning point” where s/he decided to lose the weight for good, none initiated this process for appearance reasons or image concerns. For each of them it was about health, physical functioning, and living life to the fullest.
The themes of *Freedom, Changing, Choosing* and *Size/Image* were expressed in various ways by each of the participants in this study. While each story of significant weight loss was individual, the underlying “essence” of each experience was remarkably similar. Results gleaned from these shared stories and emergent themes provides additional support to existing literature and contributes new insight, ideas and understanding to the phenomenon of weight loss. The resulting themes are discussed below as they relate to and expand upon previous literature, provide a base and new directions for future research and may aid health and fitness professionals through practical application.

**From Control to Freedom: Weight Loss Through the Lens of Foucault**

As participants described their experience of weight loss, powerful emotions vacillated between being controlled by, learning how to control, and being free from the weight. Each of these aspects of Freedom/Control can be understood in terms of Foucault’s technologies of the self and his ideas surrounding the creation of “docile” bodies. Foucault’s (1988) technologies of the self explains “…the way a human being turns him- or herself into a subject” (p. 208). This is exactly what each of the individuals in this study did. Each began as an object of societies’ definitions, norms and standards based on scientific evidence of what defines “health” and what media portrays as “fit” and “normal” bodies. Participants talked about controlling their weight through methods of discipline such as establishing “rules,” having strict exercise and diet regimens, and measuring, calculating and controlling dietary intake and physical activity. Foucault would call this “disciplinary technology”. Further Foucault (1980) suggests that it is how
“one’s own body can be acquired...through the effect of an investment of power in the body” (p. 56). Through this power, discipline and control, individuals attempted to create “docile” bodies which fit the norms and standards within their world. However, through this process, they transformed from an object of control to a subject of freedom. This is Foucault’s (1988) technologies of the self as he states:

…but permit individuals to effect by their own means or with the help of others a certain number of operations on their own bodies and souls, thoughts, conduct, and way of being, so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection or immortality” (p. 18).

Participants used both their own methods and enlisted the help of others, describing their transformation as one that included their souls (“spiritual growth”), thoughts (ways of thinking/different interests), behavior (activities, hobbies and ways of spending time), lifestyles and bodies. This transformation led to a greater sense of happiness which was highlighted as they used terms like “tremendous” and “wonderful” to describe the feeling of freedom from weight. This new state of “happiness, purity, wisdom, perfection or immortality” was best described by one participant as a “butterfly coming from its cocoon”.

Choosing: Social Support

In choosing to take personal responsibility for their weight or weight loss, nearly every participant talked about some form of social influence which aided in the process along the way. According to Alcock, Carment, & Sadava (1991), “Social influence (refers to) real or imagined pressure to change one’s behavior, attitudes, or beliefs” (p.
For participants in this study, social influence came from friends, family, personal trainers and God. Within exercise psychology, social influence is most commonly discussed in terms of social support and can be broken down into five categories in exercise settings (Lox, Martin & Petruzzello, 2003): (a) instrumental (tangible and practical assistance); (b) emotional (encouragement, caring and concern); (c) informational (directions, advice, and feedback); (d) companionship (someone to exercise with); and (e) validation (help gauging progress and confirming thoughts, feelings and experiences).

Personal trainers provided instrumental and companionship support through one-on-one physical training and appointments or “training sessions” with several participants. Trainers also dispensed informational support regarding diet, physical activity, specific workout techniques and weight loss advice. Friends and family were commonly cited by participants as providing emotional support with encouragement, particularly as weight loss became physically evident. Several participants were friends with, or members of, Weight Watchers, which provided both informational support through a well-established points system and emotional support/validation in weekly meetings and group discussions. Participants enjoyed talking about their weight loss progress, problems, and specific issues as well as hearing from other individuals going through the same experiences. Finally, several participants attributed much of their weight loss success to God or to a higher power as a source of external influence or support. For these participants, God provided emotional support and validation through prayer and reading the Bible.
Social support has been studied extensively as an aid to exercise adherence, maintenance and goal attainment. In a review of 14 studies investigating factors associated with regular exercise among older adults, education, exercise history and perceived social support were strongly associated with long-term and consistent exercise adherence (Rhodes, et al., 1999). Studies have compared different types of social support (such as emotional versus instrumental support) and varying results in terms of which form of support is most likely to influence exercise adherence emerge. This depends on the demographics of the sample, social support measure and amount of support given. Lox, Martin and Petruzzello (2003) summarized the research on social support in a way that participants of the current study would agree with: “…it seems that the most effective type of support depends upon the exerciser’s needs at a given point in time. These needs may vary as a function of changes in the exerciser’s thoughts and feelings…or changes in biophysical factors such as pain and disability” (p. 267).

As participants traveled through the weight loss process, some used a personal trainer to begin an exercise program and learn about health and exercise. Others did not enlist the help of any tangible support until they had reached a physical size that allowed them to feel emotionally and physically comfortable joining a gym or discussing their weight loss goals with others. Some turned to friends immediately for advice and encouragement while others waited until their weight loss progressed to obtain instrumental support from family or significant others. As with the rest of the weight loss process, the need, dependence and effectiveness of different forms of external support ebbed and flowed for these participants, yet it remained an integral part of the experience.
Individuals who lost a significant amount of weight talked about their bodies through their own direct experience (Self) and their perception of how other people viewed or reacted to their bodies (Other). The interconnectedness of how one’s body is viewed by others and how it is viewed and experienced by the self are hard to separate; however, both played a critical role in the body image of participants regardless of whether it was before or after weight loss. They were very much aware of what Foucault called “the power to judge” and often talked about the experience of being overweight in terms that resemble Foucault’s panopticon. As Foucault’s (1991) idea of the panopticon explains “…the omnipresent gaze of authority subsequently disciplines the subjects to survey their own behaviors in a manner that renders them docile: they become their own supervisors” (p. 200). Participants were aware of others viewing their bodies and making judgments based on societal standards of “normalized” bodies. One example of this is how JohnnyKnoxville assumed that others judged and subsequently avoided him due to his large size: “You know, people judge you by how you look….I got tired of being the one that people avoided”. Not only did participants assume that others were watching and judging them based on their weight, they internalized this judgment and the “gaze” from others, allowing it to influence their body image and self-esteem. The effect that others have on body image and self-esteem is outlined well by Duncan (1994) in an examination of the relationships women have with their bodies. As Duncan (1994) states, “Thus, women may blame themselves- instead of social institutions and public practices- for their anguished relationships with their own bodies” (p. 50). Participants in the current
study who experienced negative body image and issues with self-esteem were victims of internalizing societal norms and having feelings of self-blame for not meeting these norms. In this way, body image and self-esteem were influenced by reactions and expectations ("the gaze") of others and the perception and interpretation individuals had within themselves ("self-surveillance").

In sport and exercise psychology, body image is classified into four different components which include perceptual, cognitive, affective/emotional and behavioral dimensions. Encompassing all four of these dimensions, body image is generally defined as "a multidimensional construct that reflects how we see our own body, and how we think, feel, and act toward it" (Lox, Martin & Petruzzello, 2003, p. 307).

All four dimensions of body image were addressed by participants as they discussed their bodies through Self and Other. For example, the perceptual dimension of body image is how one sees one’s body in the mirror or imagines how it looks. This perceptual dimension may or may not reflect how an individual actually looks. Participants often talked about how the mirror would “lie” to them which allowed them to deny their weight problem for long periods of time before choosing to do something about it. Other participants talked about the feeling of “surprise” experienced with weight gain. These individuals did not realize they were gaining weight and imagined they looked much smaller than they actually were. It was not until a specific photograph of them was taken (and seen) or an incident where size and space became an issue that they realized their perceived body image was different than the size their body actually was.
The cognitive dimension of body image was reflected in how participants thought about the appearance and function of their bodies. This dimension of body image includes beliefs about attractiveness and internal thoughts about the body’s abilities (Lox, Martin & Petruzzello, 2003). Beliefs about attractiveness were often discussed in terms of comparison. Individuals compared their bodies to others and compared their own body across different time periods. For example, participants currently defined themselves as “smaller” and “leaner” than before they had lost weight. While they were overweight, participants compared themselves to others referring to themselves as “the biggest one of the group” or noticed that “all the other mommies were smaller”. They repeatedly expressed the idea that “thin,” “lean,” and “fit” individuals were considered attractive by societal standards and how they were noticed more by the opposite sex after weight loss. On the other hand, they talked about being ignored and even ridiculed while they were overweight or obese. This difference in attention from others changed the way they thought about their own bodies at each point in the weight loss process.

Physical ability was also something that influenced how participants thought about their bodies. After losing weight, they learned about how their bodies worked in response to food and exercise, becoming more “sensitive” to what the body needed in order to function best. They thought of their bodies as “capable” and “fit” as they were able to participate in more physical activities and as daily activity was no longer a struggle.

This cognitive dimension of body image is closely related to the affective or emotional dimension as the thoughts that participants had about their bodies influenced or
reflected how they felt about their bodies as well. Many participants expressed a great sense of pride in their bodies as they lost weight and experienced life as a smaller size. Freedom was also expressed as an emotion as their physical bodies were capable of “doing” and “moving” more and as social stigmas were experienced less frequently or not at all. This freedom was further described as a “nice” and “wonderful” feeling.

Finally, the behavioral dimension of body image was also a response to the cognitive and affective dimensions of body image. Participants wore more flattering or “fashionable” clothing and attempted new physical challenges such as hiking, running, cycling, working out and participating in triathlons. These behaviors and activities were not something they would have embarked on before the weight loss and they often became hobbies, a part of participants’ lifestyles and identities.

As a psychological construct, body image has been linked closely with Health-Related Quality of Life (HRQL) measures and, most specifically, self-esteem. Health Related Quality of Life is defined by Lox et al. (2003) as the “Subjective perceptions of the ‘goodness’ of those aspects of life that can be affected by health and health interventions” (p. 331). Miller and Downey (1999) found a positive correlation between satisfaction with body image and self-esteem stating that people who feel better about their bodies feel better about themselves overall. This ties into the idea that “I am my body” which was expressed numerous times by participants in the current study. Several specifically mentioned how being a larger size hurt their self-esteem while being a smaller size improved self-esteem. Even when the term “self-esteem” was not used
directly it was stated in less specific terms like, “when you don’t look good, you don’t feel good about who you are”.

To date, few studies have examined the effects of “natural” weight loss on body image, self-esteem and/or HRQL. However, research has been done on the relationship between weight loss through surgical methods and body image or self-esteem. Psychological functioning (including body image and self-esteem) was assessed among 104 patients of vertical banded gastroplasty at 6, 12 and 24 months following surgery (Van Hout, Fortuin, Pelle & Van Heck, 2007). All patients lost at least 50% of their initial weight by the two-year post-surgery period and demonstrated improvements in psychological symptoms (e.g., depressive symptoms, sleeping problems, neuroticism, body image satisfaction and self-esteem) over time. However, only short-term changes in self-esteem were found; the authors concluded that even if weight loss was maintained, psychological improvements waned as time passed. Similarly, 18 patients who underwent bariatric surgery along with body contouring (plastic surgery to eliminate “defects” caused by excess weight and skin) found improvements in quality of life (SF-36 HRQL), body image and mood. However, these improvements did not last and as with the previous study, the authors concluded that “body contouring improved body image but produced dissatisfaction with other parts of the body, suggesting that as patients become closer to their ideal, these ideals may shift” (Song et. al, 2006, p. 1633). In other words, the psychological boost and improvements in self-esteem and body image were only temporary benefits produced by the exterior change in body size and shape.
Results of these studies demonstrate a difference in how body image, self-esteem and quality of life may be influenced differently when losing weight naturally versus losing weight via surgical procedures. As mentioned previously, changes in body image, self-esteem and related psychological/emotional states were described by participants in the current study as positive, improvements, and “good”, “nice” or “happy” feelings. However, what makes these positive changes different from individuals who lose weight through surgical methods is that the positive feelings and improvements appear to be sustained over time. These included changes in cognitive, affective and behavioral dimensions of the individual. Also, positive descriptions and explanations of self-esteem and body image were similar between those who had recently lost weight (less than one year) and those who had kept weight off for up to 33 years. This suggests that body image runs much deeper than just appearance. As the multi-dimensional construct that it is, perceptions, thoughts, feelings, and behaviors all play a role. Altering our physical appearance without addressing cognitive, emotional and behavioral aspects of the Self will probably not improve body image, self-esteem or quality of life for significant periods of time. As the participants of the current study explained, it is about a lifestyle, a change, choosing to be healthier, taking daily action/personal responsibility, and it is experiencing freedom in a new outlook and way of life.

Personal Responsibility and Turning Point: The Health Care System

Very little research has examined the influence and effectiveness of health care systems in treating, managing and preventing overweight and obesity. This is surprising considering the declaration by the Worldwide Health Organization (WHO, 2006) that the
obesity epidemic is a major cause of disease and premature mortality. Further it is a burdensome financial cost to many health care systems within the United States. The few studies done regarding this issue have focused on general and nurse-practitioner views on overweight and obese patients and found evidence which reinforced the stereotype that these patients are “lazy” and refuse to take personal responsibility for their conditions (Crandall & Martinez, 1996). However, one study recently addressed the concern of overweight and obese patients by investigating their experiences and perceptions of support in primary care health care systems. This study utilized semi-structured interviews which allowed the 28 participants to have a voice by responding to questions about support in these systems. Results suggest that “almost all participants showed a strong sense of personal responsibility about their size which contributed to their ambivalence about accessing health services for support” (Brown, Thompson, Tod & Jones, 2006, p. 670). The authors further explained this complex issue of “ambivalence”. Patients were aware of their health problems, the stigmatizations placed on them for being overweight/obese, and were willing to take responsibility but were also afraid to seek help, support and advice. This idea dovetails with the feelings that participants in the current study described regarding their weight, seeking help, taking responsibility and action to do something about it. Many were afraid of what other people would think or what would be said about their weight (e.g., several were afraid to go to a gym or were embarrassed to ask for weight loss advice). Yet, these individuals felt responsible for their weight and wanted to do something about it.
Doctors, nurses, and/or general practitioners did play a role in the turning point for many of the individuals in the current study. However, these participants did not go to a doctor or seek help for weight loss reasons alone. Some individuals went to the doctor to treat health problems unknowingly associated with being overweight such as diabetes, hypertension, or experiencing symptoms of cardiac arrest. Others went for their simple annual physical exam and during these visits, a nurse or doctor would say something directly about the participant’s weight. Comments confronting weight were often interpreted as being harsh, abrupt or even rude (such as directly telling the participant s/he will die if s/he does not lose weight). While having a general practitioner address weight “problems” was not something that most participants enjoyed, it often led to a turning point, got their attention, and they were able to appreciate it in the long run. This reaction is different than the reactions reported in much of the literature. For example, Brown, et al. (2006) found that individuals had a high level of satisfaction with general practitioners who provided non-judgmental psychological support without directly addressing issues regarding weight. Further, a study comparing the perceptions of general practice between overweight and normal-weight individuals concluded that overweight patients found the information doctors provided about weight and weight-related medical conditions to be useless (Tan, Zwar, Dennis, & Vagholkar, 2006). However, the participants in both of these studies had not lost weight and were currently obese. While these individuals may take personal responsibility for their weight and want to do something to change it, they may not have found their “turning point”. Perhaps a more
direct presentation of health concerns based on weight is not enjoyable but is, however, more effective in initiating change and weight loss in obese individuals.

Stages of Change

As weight loss was discussed as a process and distinct turning points emerged as significant moments for participants, it became evident that theories of change could be applied to the phenomenon. While there are numerous psychological theories regarding change within the individual, the one that seems most relevant to the weight loss process is the Transtheoretical Model (Prochaska, Norcross & Diclemente, 1994). There are six stages of the Transtheoretical Model which include: Precontemplation, Contemplation, Preparation, Action, Maintenance and Termination. According to the model, individuals move from one stage to the next but not necessarily in a linear fashion. Prochaska et al. (1994) state that a successful “changer” recycles several times through each stage, creating more of a spiral pattern than a linear model. Many participants experienced this through failed diets and other trial-and-error methods of weight loss before “successful” weight loss was achieved. Most described thoughts of Precontemplation and Contemplation before Preparing and initiating Action to lose weight. Several participants talked about currently being in the “Maintenance” stage of weight loss, which was often described as the “hardest part”. This is expected according to the model. However, the experience of weight loss for these participants did not have a Termination stage. On the contrary, the process of weight loss never ended for these individuals. For many it was no longer a struggle or daily battle, but rather a continual way of life to maintain weight loss and live as the “transformed” individual s/he had become.
Practical Implications

The results of this study provide several implications for the health, exercise, fitness and weight loss industries. For anyone working to help individuals lose weight or improve health, hearing and understanding who they are and where they come from is critical for the process to be effective. Each of the participants in this study had a distinct story, background and different motivation for weight loss. Each had a unique goal, described a variety of challenges and obstacles in the journey and found different rewards, enjoyment and freedom along the way. Each shared the experience of significant weight loss. However, while common themes from this experience emerged, participants agreed that a crucial part of the process was for other individuals to “find their own way”. This is important for health and fitness professionals to know in order to refrain from diagnosing, treating, teaching and advising every weight loss patient in the same way.

In the area of health, medical professionals such as general practitioners, health care specialists and nurses should note the importance participants placed on their role in the weight loss process. Working with overweight and obese patients is an opportunity to create a “turning point” in the decision to lose weight. Further, it is a chance to dispense educational advice on nutrition and physical activity to get them started as encouragement and accountability that they may learn to trust in and appreciate. Bringing up the sensitive issue of weight can be intimidating. It is also true that blaming patients for being overweight or obese does not seem to be an effective way to address the problem. However, confronting the health risks and increased threat of death and illness associated with obesity along with supplying realistic practical advice on how to reduce
these risks through weight loss and exercise may be a life-changing trigger for some individuals.

This study should be a reminder to exercise and fitness professionals about the importance of the role that social support and education play in weight loss. The exercise and fitness industry often utilizes vanity tactics and societal standards of appearance to “sell health” to the public. This approach may work for some; however, those who are very overweight and obese may be intimidated and discouraged by ploys based on “image”. While appearance was talked about by the participants in this study, it was never the ultimate goal, focus or turning point for any of them. Health clubs, gyms, and fitness/health facilities should work to hire well-rounded, educated, mature and empathetic employees. These employees (such as sales representatives and personal trainers) should hold clients accountable, provide encouragement, educate clients about proper technique, the purpose of physical activity, the importance of nutrition, but should always emphasize health and quality of life over appearance.

Finally, weight loss programs should note that the most effective way of addressing overweight and obese individuals is a holistic approach. Weight loss programs that attempt to do this are effective for a large number of individuals (i.e. Weight Watchers, LA Fitness, etc…). The most successful programs offer literature for education, meetings for accountability, and groups for support. However, taking this concept one step further may be helpful for individuals who continually yo-yo and struggle with weight. Many of the participants in this study talked about obesity as an addiction. For example, Anne Rutt was “…firmly convinced that it is an addiction. Food
is an addiction”. An addiction to food and a certain way of life (e.g., being sedentary) is like other addictions such as drugs or alcohol. Addiction includes underlying issues, requires the addict to take personal responsibility, make daily choices, take steps toward recovery, and acknowledge that recovery is a lifelong process and a change in lifestyles. Several ways to enhance current weight loss programs might entail offering counseling services, on-staff addiction experts, or designing weekly accountability check-ups to include A.A.-style meetings which some study participants found helpful. Like Weight Watchers, A.A. provides support groups and accountability but it includes more involvement and personal responsibility. As the Big Book (the Basic Text for Alcoholics Anonymous) points out:

> The feeling of having shared in a common peril is one element in the powerful cement which binds us. But that in itself would never have held us together as we are now joined. The tremendous fact for every one of us is that we have discovered a common solution. We have a way out on which we can absolutely agree, and upon which we can join in brotherly and harmonious action (A.A. World Services, 2001, p. 17).

This common point of agreement is found in the Twelve Traditions or the “12 Steps” of recovery. These involve taking personal responsibility for the “illness,” surrendering control of the addiction to a higher power and realizing that recovery is a never-ending process requiring the growth and transformation that many of the participants in the current study talked about. Overeaters Anonymous is one step in that direction.
Future Directions

The results of this study offer several paths for future research in weight loss. One avenue to follow might include investigating the process of weight loss by administering several semi-structured interviews over time to individuals who are losing weight. This would give deeper insight into when and where weight loss struggles are greatest as well as methods of overcoming obstacles and for increasing resiliency. Weight gain is another process which is in need of investigation so that preventive measures can be taken against overweight and obesity. Along these lines, with the high rates of overweight and obesity recently seen among youth, it would be interesting to look at the experiences of overweight children and young adults.

Specifically examining the role of physical activity among individuals who successfully lose a significant amount of weight is something critical to the field of exercise psychology. However, instead of administering a program of physical activity for weight loss as much of the current research attempts to do, researchers should look at individuals who have lost weight through physical activity on their own terms. Most of the participants in the current study talked about the importance some form of physical activity played not only in their weight loss but in the formation of their changed lifestyle and identity. However, physical activity and exercise were not singled out or examined in detail. What makes physical activity sustainable and enjoyable for someone who was once sedentary? When does it become a lifestyle and not a daily chore?

Taking a more quantitative approach, it would be beneficial to measure Health-Related Quality of Life, self-esteem and body image changes among individuals who
have lost a significant amount of weight naturally. Further, it would be interesting to examine differences in these measures over time after weight loss. A final direction for future research would include testing the success, participant satisfaction and failure (or drop-out rates) of weight loss programs designed to treat obesity and food like an addiction and weight loss as a process of recovery.

Conclusion

Most of the participants began their stories tentatively. Shy, intimidated, afraid of being judged and often unsure of the researchers’ method and motive, they began slowly. As their stories unfolded, beautiful and passionate descriptions emerged. Emotions, memories and revelations were stirred. The result of the shared experience of weight loss given by these 12 participants provides a better understanding of both being overweight and traveling through the journey of losing weight. All participants experienced Freedom, Changing, Choosing, and issues related to their Size and Image throughout this ongoing process resembling a “butterfly coming from its cocoon”. The battle with weight loss is something that many Americans are familiar with. The success stories described in this study provide hope, recommendations and encouragement for those who have not yet discovered “their own way”. 
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Significant Weight Loss


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Significant Weight Loss


APPENDICES
INFORMED CONSENT FORM
The Experience of Significant Weight Loss

You are invited to participate in a research study. The purpose of this study is to describe and thereby understand the experience of losing a significant amount of weight.

Your part in this research will involve participating in an unstructured interview in which you will describe your experience of losing a significant amount of weight and maintaining that weight loss. You will be asked to choose a pseudonym so that your name will not appear in the transcripts or final reports. The interview questions will be open-ended, informal and conversational in nature. The length of the interview is entirely up to you. The interviews will be scheduled at a mutually convenient time and place. The interview process requires audiotaping of the interview and subsequent preparation of a transcript of the interview. After the transcripts are completed, the tapes will be erased. The transcripts and informed consent statements will be retained in separate locked file cabinets at the University of Tennessee for three years. If you request a copy of your transcript, it can be provided to you. Confidentiality will be maintained by replacing names, titles and organizations with pseudonyms to be used in the typed transcripts. The primary investigator and other researchers who are graduate students or faculty at The University of Tennessee will review the transcripts for themes. Any other research member who will read your transcript will sign a pledge of confidentiality.

By participating in this research study, you are given the opportunity to share your experience of losing a significant amount of weight. The information you share will also help provide the foundation for further research on the experience of successful weight loss, and give health care providers and the general public a greater understanding of your experiences.

The information in the study records will be kept confidential. Data will be stored securely and will be made available only to persons conducting the study unless you specifically give permission in writing to do otherwise. A manuscript based on this research may be prepared. The knowledge gained from this research may be presented to others through published works and/or presentations. However, no reference will be made in oral or written reports which could link you to the study.

Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at anytime without penalty and without loss of benefits to which you are otherwise entitled. If you withdraw from the study before data collection is completed, your data will be returned to you or destroyed.

During the interview you might recall personal experiences that are sad, scary, or emotionally painful. Accordingly, you may wish to discuss personal issues as a result of completing the interview or may feel unsettled after disclosing personal information. If you have questions at any time about the study or the procedures (or you experience adverse effects as a result of participating in this study), you may contact the researcher, Melissa Madeson at mmadeson@utk.edu or (865) 974-0601. If you have questions about your rights as a participant, contact the Research Compliance Services section of the Office of Research at (865) 974-3466.
CONSENT

I have read the above information and agree to participate in this study. I have received a copy of this form.

Participant's name (print) ____________________________________________

Participant's signature ______________________________________________

Date _________________________
APPENDIX B

Demographic Form

Chosen Pseudonym: ______________________________

Gender: ______________________

Race/Ethnicity: ________________

Date of Birth: _________________

Height: ______________________

Heaviest Weight: ______________

Current Weight: _______________

Length of Time at Current Weight: ___________________________________________

Amount of Time Taken to Lose the Weight: ____________________________________

Current Exercise/Physical Activity:
________________________________________________________________________

Sport, Exercise, Fitness or Other Health-Related Experience:
________________________________________________________________________

Contact Information (please provide both but mark which is preferred):

   Home Phone: _________________________

   Cell Phone: ___________________________

   E-mail: ______________________________
APPENDIX C

Pledge of Confidentiality

The Phenomenological Investigation of Significant Weight Loss

As a member of this project’s research team, I understand that I will be reading transcripts of confidential interviews. The information in these transcripts has been revealed by research subjects who participated in this project in good faith that their interviews would remain strictly confidential. I understand that I have a responsibility to honor this confidentiality agreement. I hereby agree not to share any information in these transcripts with anyone except the investigator of this project, Melissa Madeson (865) 974-0601; the research advisor, Dr. Leslee A. Fisher (865) 974 - 9973; or other members of this research team. Any violation of this agreement would constitute a serious breach of ethical standards and I pledge not to do so.

Research Team Member _______________________________ Date ____________
APPENDIX D

Summary of the Weight Loss Experience

The central theme that emerged from the experience of significant weight loss was freedom/control. Individuals engaged in a continuous struggle between the control (being controlled by weight) and freedom (controlling the weight and being free from it). Nearly all participants distinctly identify a conscious choice or decision to change their lives and thus through daily personal choices, external triggers, support and encouragement and setbacks along the way, the battle began. This lifestyle change was further described as a transformation, a path, a journey, and a process as physical, psychological, emotional, and social changes were discovered. Through this dynamic process, participants experienced their body in new ways often related to freedom.

Individuals described their body’s change in physical size as they were personally aware of it and as others noticed it. Size was noticed in relation to taking up space (or taking up less space), increasing physical mobility and ability and/or new sizes of clothes. Changes in body image were described in terms of attention from others, reflecting on the self in mirrors and seeing old or new pictures.
VITA

Melissa N. Madeson was born in Kelseyville, California on November 3, 1980. While earning a Bachelor of Arts degree in Psychology (2002) she competed for five years as a Division I collegiate track and cross country athlete for California State University, Sacramento. Here she went on to complete a Masters of Science degree in Kinesiology (2005) while serving as a Graduate Assistant Track Coach and aided in teaching lab sections of sport and exercise psychology. At the University of Tennessee, Knoxville, Melissa taught activity courses in the Physical Education Activity Program for one year and served as a sport psychology graduate assistant in the Women’s Athletic Department for two years. She taught an undergraduate Sport and Exercise Psychology course and worked part time as a personal trainer and fitness instructor at a local health club. Melissa received her Doctor of Philosophy degree in Education with an emphasis in Sport and Exercise Psychology in May 2008.