AN EXPLORATION OF WOMEN'S EXPERIENCES REGARDING THEIR WEIGHT STATUS WITHIN A FEMINIST AND SOCIAL CONSTRUCTIONIST FRAMEWORK

By

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Submitted in partial fulfilment of the requirements for the degree of MPsych in the Department of Psychology, University of the Western Cape, Bellville.

August 2004

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ABSTRACT

The phenomenon of obesity is widespread and the obese are increasingly making use of weight loss programmes specifically focused on addressing this population group's needs. With the increase in statistics regarding obesity comes a simultaneous increase in society's focus on the body-thin ideal. It is in this context that the current study explores women's experiences regarding their weight status. The women in this study all participated in the Healthy Weight Programme at the Sports Science Institute, Cape Town. This programme addresses both the exercise and the eating plan necessary for healthy living. The aims of the study were threefold, namely, to explore what factors the participants believe cause their overweight status, what coping strategies they employ as a buffer against difficulties that may arise as a result of their overweight status (stigmatization and prejudice), and what impact the overweight status has on their psychological wellbeing. The study is located within the feminist and social constructionist frameworks, which provide a critique of the social aspects of obesity. The feminists believe that the notion of obesity is a social construct that serves to disempower women in a patriarchal world. The study utilises a qualitative research approach and is located within a feminist research methodological framework. In this context, the researcher and the participants collaborate to explore participants' experiences of overweight status. Eight participants of the Healthy Weight Programme volunteered to be part of the study. In-depth semi-structured interviews were conducted. The interviews were analysed via the process of thematic analysis. Results revealed nine thematic categories. They are: motivation to lose weight, coping with weight status, support, causal attributions regarding overweight status, cognitive representations pertaining to weight status, perceptions pertaining to weight status, psychological mindedness, discriminatory experiences and the impact of societal agencies regarding weight status. Results indicated that the participants desperately sought to lose weight, despite rejecting the body-thin ideal society extols. Support specifically comes from family members and others from the weight programme, but results indicated that obese persons tend to be isolated owing to stigmatization. These women have experienced negative effects as a result of an anti-fat bias and are aware of negative characteristics attributed to them based on their overweight status. In

fact, they too have internalised such characteristics and hold the aforementioned anti-fat bias. In addition, attributions of self-blame were identified in relation to weight status, resulting in reduced self-esteem. However, participants showed psychological insight in relation to the factors that result in weight gains. Lastly, they identified the media-world, fashion-world and gender relations as being societal agencies promoting the body-thin ideal. Despite negative effects of obesity, positive consequences were also noted, such as attempts at self-acceptance and wisdom in relation to their weight struggles. The study concludes by providing specific recommendations from both participants and the researcher as to how the manager of the Healthy Weight Programme can improve this intervention in order to meet the exact needs of clientele. Furthermore, limitations of the study are highlighted, as well as implications of the research findings.

DECLARATION

The author hereby declares that this whole thesis, unless specifically indicated to the contrary in the text, is her own original work.

Lauren Jacobs August 2004

ACKNOWLEDGEMENTS

In the first place, I would like to acknowledge and thank the women who participated in this study, as well as the Healthy Weight Programme Manager at the Sports Science Institute.

In addition, I would like to thank my supervisor, Dr Pamela Naidoo, for her wisdom, guidance, patience and constructive criticism.

Lastly, I would like to thank Evan Schiff, and Gerald and Estelle Jacobs for their patience, assistance and endless support.

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INTRODUCTION

1.1 Overview of obesity

Defining obesity is by no means a simple task. Caro (2002) states that obesity can be conceived of as a profound accumulation of energy in the form of body fat that is likely to harm health. People with enormous amounts of body fat are easily defined as obese. However, the juncture at which normal begins to merge with extreme accumulation of body fat necessary for the classification of obesity depends both on how obesity is being measured (in other words, which index or formula is being used to define it) and for what purpose obesity is being identified.

Obesity is usually identified for either medical or cultural justifications (Rand, 1994 in Alexander-Mott & Lumsden, 1994). Medically defined obesity focuses on the notion of excess fat and links this with the threat of ill health. On the other hand, culturally defined obesity links the notion of a culturally prescribed degree of fatness to incompatibility with societal standards of physical attractiveness (Rand, 1994 in Alexander-Mott & Lumsden, 1994). Definitions therefore reflect both medical ideas, as well as cultural ones. However, to separate the scientific from the cultural may be problematic as notions regarding what constitutes science reflect Western cultural standards (Brown, 1993 in Stunkard & Wadden, 1993).

Generally, the Body Mass Index (BMI) is used to define obesity. BMI refers to peoples' weight in kilograms in relation to their height in meters squared and is determined by dividing weight by height. Classification of persons is in terms of pre-obese and overweight (BMI of 25 - 29.9), moderate obesity (BMI of 30.0 – 34.9), severe obesity (BMI of 35.0 – 39.0) and morbid obesity (BMI of 40+) (Caro, 2002).

Both the feminist and social constructionist perspectives provide a critique of the social aspects of obesity. They adopt the perspective that the notion of obesity is

socially constructed. They believe the notion merely exists as a result of shared discourse and ideas about the body (Ulijaszek, 1995 in De Garine & Pollock, 1995). Therefore, they advocate the abandonment of the use of the term as they argue there is no objective definition. However, for the purpose of this study the definition based on the medical/scientific computation of weight in relation to height (BMI) will be used in order to provide some criterion measure for this study.

Intolerance of obesity is on the increase in modern society as the body-thin ideal is becoming increasingly accepted and flagged as the acknowledged and most desirable body image (Tebbel, 2000). The dislike of body fatness can be traced back throughout history to the Puritan ethic, which signalled hatred of the deadly sins of gluttony and sloth. Thus throughout history, fatness has carried a stamp of sin and depravity (Bovey, 1989). Gordon (1990) argues that the numerous instances of self starvation in medieval times which were sanctioned by the church had no moral or religious underpinnings at all, but were deemed as religious in intent as a means of justification. Instead of symbolizing spirituality, Gordon (1990) claims that food refusal has always reflected an act of self-control that essentially symbolizes protest. He claims that today's rise in eating disorders should be understood as this exact cry, and merely the most recent in a long line of outcry. Women use the body to seek purity and perfection in a society oppressive in its reforms. Today's body cry is no different from those of medieval times in which fasting and deprivation of the body was the language used to express conflict. Thus Gordon (1990) views eating disorders as a form of revolt that is articulated through the symptomatic vocabulary of the body.

The reality that eating disorders continue to be primarily gender specific has led many feminists to speak out regarding the issue of women and weight. Several feminists have attempted to understand the stigmatization regarding obesity and ascribe the hatred of female fatness to numerous factors, including misogyny, sexuality, politics, economics, and power (Orbach, 1978; Bovey, 1989; Wolf, 1990; Burstow, 1992; Brown & Jasper, 1993; Tebbel, 2000). Aside from numerous feminist perspectives, there are many others, each with their own hypotheses. These perspectives provide unique definitions of the term obesity.

They hypothesize about the causal attributions of obesity. Lastly, these perspectives attempt to understand the reasons for prejudice regarding obesity.

The debates regarding the definition and causal factors pertaining to obesity essentially are about whether a disease model regarding disorders is advocated or whether an understanding of disorders in terms of social, political and psychological processes is advocated. Those in support of the disease model (the medical model) will argue that obesity is the result of disturbances or abnormalities of biological structures, functions or processes (Haslam, 2000). Medical research into the cause of obesity has resulted in numerous theories of causality such as the fat cell theory, genetic theories and neural theories, to name but a few (Orbach, 1978; Goldstein & Caro, 1999 in Goldstein, 1999). Opponents of the disease model argue that advocates of the medical model ignore life circumstances and the socio-political influences on pathology (Haslam, 2000). They argue that there may be various causal factors that lead to the same disease. Furthermore, they maintain that there are cultural and historical variations in the experience of illness (Haslam, 2000). Perhaps, instead of dichotomising, it is useful to examine both sides of the argument in order to arrive at a richer understanding of the complexity of obesity. The complexity necessitates an understanding of the psychological aspects of obesity aside from its purely biological and genetic factors.

Apart from causal attributions regarding obesity, there are several outcomes or effects of obesity. Again depending on which view one chooses to adopt, the outcomes can be framed as physical effects (as in the medical model), social or psychological effects. Again, it is useful to arrive at a richer understanding of obesity by examining its multiple consequences.

From the above introduction it is evident that obesity is a complex phenomenon that is multifactorial. Not only is obesity pervasive in America, but indeed in the world at large (Queenan, 2004). To make matters even more complex, there are differences in prevalence rates of obesity depending on whether one takes into account certain factors, such as socio-economic status, demographic variables, gender and ethnicity, to name but a few (Cuzzolaro, 1993 in Ferrali, Brambilla &

Solerte, 1993). In addition, as diagnostic criteria regarding eating disorders are so stringent, it is likely that prevalence rates are merely estimates. In spite of estimation, it is nevertheless said that obesity is an epidemic and a sign of our times. It is for this, and other reasons, that obesity needs to be studied further.

1.2 Rationale for this study

There are several reasons why it is essential to study obesity and why this topic has been chosen specifically for this study. Firstly, there is an underlying assumption that obesity increases both psychological and physical health risks. However, findings have recently suggested that the relationship between excessive weight and early mortality (as a result of poor physical health) is not necessarily a given fact. In spite of conflicting research findings and debates, owing to the possibility that obesity might be directly related to ill physical health, there is a need to continue to try to work out what that exact link might be. The same holds true for the connection between poor mental health and obesity. What remains to be clarified is the directional nature of the relationship between ill mental health and obesity. In other words, the question still asked is whether ill mental health results in obesity or whether obesity results in poor mental health. Owing to present contradictory research findings regarding the effects of obesity on health, this study will attempt to address this impact, and will attempt to clarify the nature of these complex relationships based on the experiences of women interviewed.

Secondly, there is the necessity for research regarding attitudes towards weight and, especially, towards the stigmatization and prejudice regarding overweight and obese populations. An understanding of attributions regarding obesity is necessary in order to begin to overcome negative psychological effects of prejudice and stigmatization that this specific population group experiences. Perhaps poor health in obese population groupings has more to do with weight prejudice than with personal intrapsychic functioning. It is for these reasons that this study will address the participants' own convictions regarding the causal nature of their overweight status.

Owing to the increase in acceptance of the body-thin ideal, there has been an increase in concern with weight status in the general population at large. This increase in concern has led to a greater frequency of suffering from numerous mental disorders, especially in the adolescent female population. Self-esteem has been found to diminish whenever young girls read fashion magazines and realise they fall outside the parameters of the ideal shape and size of the beauty models (Tebbel, 2000). Findings of this nature produce yet another reason why this study on obesity is so urgently required, as weight influences not only health, but also self-esteem. An attempt will be made in the present study to therefore address issues of self-esteem (psychological wellbeing), as well as coping mechanisms used by the participants given that stigmatization regarding obese populations is rife.

Obesity is not a problem that is specific to other countries outside of South Africa. According to a survey of South Africans over the age of 15 years, almost half of South Africans are either overweight or obese. This statistic is becoming comparable with those of the USA, which is notorious for its large obese population. The survey indicated that 25% of South Africa's citizens fell into the overweight category, while 20% fell into the obese BMI category. Black women and white men were found to be most at risk (Verwey, 2001). Obesity is therefore a reality in this country. No longer can obesity be understood as the problem of only developed countries.

1.3 Aims and objectives

As black and white obese South Africans are so very far removed from representing the body-thin ideal, it is necessary to understand how they negotiate the disparity between their experiences and social pressures, especially in urbanised settings. Generally, this study will attempt to explore in depth overweight people's attributions about their weight status. Specifically, this study will examine the following: what factors obese people believe cause their overweight status, what coping strategies they employ as a buffer against difficulties that may arise as a result of their overweight status (e.g.,

stigmatization and prejudice) and what impact the overweight status has on their overall psychological wellbeing.

Most research has focused on attributions others hold with regard to obese people. There is much less literature regarding the attributions obese people make with reference to their own weight status. It is for this reason that this perspective is undertaken in the current study. This study will therefore specifically focus on the attributions obese people make regarding their weight status.

1.4 Structure of this thesis

Chapter Two of this study outlines the theoretical overview of this research. An attempt will be made to explore definitions of obesity based on the social constructionist and feminist perspectives, as they appear to share particular viewpoints regarding obesity. Like any socially constructed belief, hypotheses about obesity lend support to certain causes and not others. For example, many feminists link ideas about obesity to patriarchal power and these ideas reflect the feminists' goal, which is to expose, gender issues. This study explores obese people's understanding of obesity and the ramifications thereof on the lives of the participants. Feminists argue that fatness is not personal, but is about gender relations, sexuality, religion, economic and socio-political control and power (Orbach, 1978; Bovey, 1989; Wolf, 1990; Burstow, 1992; Tebbel, 2000). Several of these perspectives will be outlined. In addition, attribution theory will be identified, summarized and linked to the feminist and social constructionist frameworks.

Chapter Three provides a review of the literature as the key role of the literature review is to highlight what research has been undertaken in this field of study. The aim will be to explore what others have learned about this topic, as well as how others have conceptualised and theorised about the issues outlined above, namely, the coping mechanisms and psychological wellbeing of obese populations, stigmatization and attributions regarding obesity (Mouton, 2001).

Chapter Four outlines the methodological approach used in this study. The chapter provides an overview of the epistemology underpinning the study, as well as information related to the research design, the participants, ethical issues, self-reflexive issues, methods of data collection and analysis central to this study.

Chapter Five provides the results of the study and an in-depth discussion regarding the findings. The chapter outlines themes that emerged from a thematic analysis and these themes are discussed in the context of applicable literature and prior research.

Finally, Chapter Six will provide recommendations aimed at enhancing the well being of the participants. To conclude, limitations of the study are considered, conclusions are drawn and future research opportunities are discussed.

1.5 Concluding comments

This introductory chapter has briefly outlined the context of the current study and has provided the rationale and motivation for researching this topic. In addition, both the theoretical framework and aims and objectives have been sketched. It has succinctly placed this topic in its historical context and has alluded to the central subject matter that will be explored in greater detail in the following chapters. As outlined above, there exists a wide variety of interpretations of obesity which can be explored, but the premise this study adopts is the investigation and analysis of the findings from the feminist and social constructionist perspectives. It is to these perspectives that the reader is now directed.

CHAPTER TWO
THEORETICAL OVERVIEW

2.1 Introduction

Both the feminist and social constructionist perspectives provide a critique of the social aspects of obesity and fatness. They begin from the same premise in that they highlight how knowledge is local to particular people and places, and is therefore subject to change. They argue that what is social is not premised on any original or biological disposition, but rather all that is social is constructed (Burman, 1999 in Nightingale & Cromby, 1999). Taken from these perspectives the notion of obesity is viewed as a social construct. The feminists believe that this construct serves to disempower women in a patriarchal world, whereas, the social constructionists are less instructive as to why this construct might exist. They provide numerous possible hypotheses. Both frameworks involve deconstruction of given notions and both critique norms and practice with regards to these notions.

What follows in this chapter is an overview of a number of these relevant theories. The psychodynamic, biological, feminist and social constructionist perspectives, to name but a few, constitute some of these theories. The discussion in this chapter focuses on the feminist and social constructionist perspectives only and therefore does not attempt to cover all possible theoretical perspectives regarding obesity. These two frameworks are chosen, as there is overlap with regards their viewpoints. The chapter is merely an outline of specific trends identified in understanding obesity and society's obsession with the body-thin ideal. An argument can be made for an integrative theoretical approach, which draws on ideas from both these perspectives provided. In line with current research trends, this study conceptualises the origin and maintenance of obesity from an integrative position that draws on several perspectives.

An introduction to attribution theory will also be presented in order to explain how people form causal attributions regarding obesity, as well as the impact these

attributions are likely to have on attitude and behaviour. This theory will be linked to feminist and social constructionist theory.

2.2 The feminist perspective

2.2.1 Fat is a feminist issue

The feminist perspective attempts to deconstruct the stigma around fatness from both a therapeutic and political standpoint (Gordon, 1990). Feminists believe fatness is not entirely a personal matter, but is largely a social and political matter. Wolf (1990) argues that women's bodies are not their own, but rather are public property. She believes that the obsession with the female body reflects male concerns about female obedience. She sees a direct link between the emancipation of women and the objectification of the female body. All too often women see their bodies as foreign to them and need to learn to assertively take back control of their bodies (Dickson, 1982).

The feminist, Chernin (1983) believes men are inherently fearful of the powerful female body and this is as a direct result of their experience of their mother's bodies from early childhood. She believes that men convert this fear of the female form into attempts to control and reduce the female body, with the result that women occupy little space in society. She states that women are a powerful threat to men's grasp on society and as such, men need to make women feel lesser beings, and therefore women's feelings of inadequacy often are expressed via the body as the body becomes the metaphor for distress. Another forerunner in the feminist movement, Orbach (1978) believes females' whole socialization process serves to set women apart from men and reduce their power. She states that women are raised from young to achieve success in the marriage market and this involves serving others and putting the needs of men before their own. This results in a denial of self, and a large part of this denial involves bodily needs.

Seid (1994, in Fallon, Katzman & Wooley, 1994) states that women's sense of competence is and always has been determined largely by their beauty and by whether they can attract a man. Eating habits and body weight are the yardstick of success and it is male patriarchal culture that continuously works to control and

civilise women. Society's strict beauty norms have only disadvantaged women by constricting their movement and posing health risks. At the same time these beauty norms have only advantaged men by providing erotic stimulation and giving them the chance to enhance their control and power (Rothblum, 1994 in Fallon *et al.*, 1994).

2.2.2 The distorted body

Feminists, such as Orbach and Chernin, believe that women's bodies have sizes and shapes determined by nature, and it is patriarchal forces which then disrupt these natural sizes. In other words, the female body is distorted by dominant social forces (Shilling, 1993). Women's appearance standards are not created by women, but by men who profit from them in numerous ways (Rothblum, 1994 in Fallon *et al.*, 1994). Orbach (1988, in Shilling, 1993) argues that social pressures are internalized and find expression in eating, weight watching and exercising. She believes that compulsive eating occurs as a result of women's social oppression. Often the larger woman eats as a symbolic protest against the body-thin ideal to which patriarchal society pays tribute. Thus, the obese woman may be understood as the outspoken rebel who is taking a stand against patriarchal limitations (Gordon, 1990).

Many feminists deconstruct the taken-for-granted ideas that thinness stands for all that is virtuous, whereas, fatness stands for all that is reprehensible. There is a widespread belief that if a woman is thin, she is able to keep all her appetites under control. Feminists believe that the thin woman appeals to men because she is able to contain her passions, which poses an enormous threat to male power/control. As Chernin (1983) says, " A woman obsessed with the size of her appetite, wishing to control her hungers and urges, may be expressing the fact that she has been taught to regard her emotional life, her passions and 'appetites' as dangerous, requiring control and careful monitoring" (p. 2). Underlying this message is undeniably a fear of women's power. Therefore, women are to be small, passive and fragile in order to minimize their power and ability to advance in society (Thone, 1997). Women's thinking and obsessing over their 'bad bodies' only serve to preoccupy them and subsequently allow men to advance in society.

Essentially, feminists believe that men have taught women how to make themselves less than they are and could be (Hirschmann & Munter, 1995).

2.2.3 Why women more than men?

The question often asked is why do women suffer more from eating disorders, obesity and distorted body image than men do? One reason provided points to biology. The ideal female weight society expounds, goes against the biological reality of the average female body size. Women naturally develop a larger frame with the onset of female secondary sexual characteristics. The hips naturally broaden, the thighs and buttocks thicken and the bosom develops. Very few women can measure up to the minority of models and film stars who now come to represent not only the ideal, but also the notion of what beauty is. Gordon (1990) describes this discrepancy as an excellent example of culture versus nature.

Another reason why women more than men suffer from eating disorders, obesity and distorted body image is that women's success and survival are still largely determined by their looks and whether they can attract the interest of a man based on these looks. Men's success, on the other hand, is still predicated on other forms of power, such as economic and financial success (Seid, 1994 in Fallon *et al.*, 1994).

Patriarchal society is against fat as fat represents female flesh. The body of the female has throughout time been so denigrated and used as the central means to repress females, that it is no wonder that women turn their bodies into metaphors for all their negative feelings. Any dissatisfaction experienced is therefore expressed by women via dissatisfaction with their bodies and physical appearances (Hirschmann & Munter, 1995).

2.2.4 The role of the media

The media is a powerful source of information and is growing in stature in the twenty first century. Most of today's youth spend endless hours in front of the television, reading fashion magazines or watching commercial Hollywood films at

the cinema. The female role model exposed to the youth is thus someone who is physically attractive (someone tall, thin and cosmetically youthful), rich and powerful/successful. The mass media bombards society with beauty messages at every possible turn.

Studies conducted over the years have shown that the media portrayals establish standards of attractiveness and that if woman were to stop succumbing to these messages, then the media would have much to lose (Rothblum, 1994 in Fallon *et al.*, 1994). Sales campaigns have also proven to be less effective if they do without the image of the sexy or beautiful woman icon.

Not only are women supposed to be beautiful, but a moral message is also implied in the message sending. The beautiful woman is portrayed as sexually attractive, interesting, skilled, exciting and successful. Thus the message also being expressed in the media is that beauty is goodness. Feminists have been outspoken about the notion that physical attractiveness is linked to notions of sexual pleasure and romantic love. The deep fear that many woman (especially young women) now experience is a fear of not being loved and wanted owing to the fear of not being thin enough, pretty enough, attractive enough, etceteras...(Rothblum, 1994 in Fallon *et al.*, 1994).

2.2.5 The role of the economy

The beauty industry is big business and big business means big money. World-wide there is money being invested in the diet and cosmetic industries. Just like the media world, the economic world would have much to lose if women stopped investing in their looks and bodies. Women's appearance is an economic asset and one that advances male power and success, as males are still the ones most involved in the business world at large.

In fact, a review of economic history post World War Two has shown how insurance companies launched massive campaigns to convince Americans to lose weight following the war, as there was concern about how Americans would react to post war abundance and the process of modernization (Seid, 1994 in Fallon *et*

al., 1994). What originally emerged was the notion of the ideal weight based on height (BMI), and, thereafter, the health industry linked weight to the notions of health and longevity. Slender became an important concept, and other concepts such as fitness and health consciousness, according to Seid (1994, in Fallon *et al.*, 1994) are to be conceived of as merely conceptual variations of the concern with weight and the obsession with fat phobia.

Gordon (1990) states that dieting has become so entrenched in the fabric of modern society that it is a cultural institution in its own right. He reflects on the billions annually spent by Americans alone on diet goods and services such as, weight-loss programs, diet supplements, weight hydros, medication and cosmetic surgery. He argues that losing weight has become a large part of America's gross national product.

Tebbel (2000) states that pharmaceutical companies, cosmetic surgeons, dieticians, personal trainers at gyms, fashion designers, hairdressers, beauty therapists and many others have vested interests in the beauty and anti-fat industry. She questions whose interests the research that argues that fat equals unhealthy actually serves. Her hope is that women will become aware of their objectification and will invest in advancing themselves in new ways by questioning given social norms and practices.

To recognize the social control of women's appearance is not to argue for women to act and look in ways that make them feel ugly or unattractive. Women can and should feel beautiful about themselves, but only if women take greater control over their bodies and their looks can they achieve this. Women own their own choices about how they should look and feel. For too long the attractiveness norms have served to make women feel guilty and bad about not being able to meet the body-thin ideal and beliefs about cosmetic beauty (Rothblum, 1994 in Fallon *et al.*, 1994). The feminists will not stop in their quest to expose how the global economy stands to profit at the expense of women's subjectivity.

2.2.6 The role of the fashion world

Seid (1994, in Fallon *et al.*, 1994) provides an interesting review of the development of the fashion industry and its impact on women's ideas about the female form. The argument is that fashion prior to the late twentieth century was about the clothes themselves, whereas, fashion in the late twentieth century and current twenty-first century is more about the naked body itself. In recent times, women's bodies, which previously have been covered by corsets and long dresses, are now exposed to the public eye via the introduction of miniskirts, tight tops and other such revealing attire. Thus, the shift has been towards the more bare-boned body and this has resulted in the fitness craze, diet frenzy, reductions in censorship and the increase in pornography.

The idea put forward is that this new look is more natural, but the truth is that fashion is anything but natural, and is merely an art form and a means of manipulation. With the advent of the exposed body came the greater awareness of body flaws. Women have become more and more aware of the parts of their bodies because more and more parts are exposed. Originally, a woman needed to manipulate much more of what was outside her body, but now she needs to manipulate much more of what lies beneath the clothes, in essence a large part of her sense of self. Hirschmann and Munter (1995) support Seid's views by stating the following, "According to the historian Roberta Seid, women's bodies were not regarded as 'packaging' until the eighteenth century, when women began to compete on the marriage market.... If women wanted to emphasize their buttocks, they wore bustles – they did not try to build up their actual muscles" (p. 16).

This is not to say that female fashion has been kind to women previously in history. Many feminists would argue that all forms of fashion in some way or another have served to constrict women's movement and thus their freedom. This is evident from a review of the Chinese practice of foot binding. Small petite feet were considered feminine and beautiful, and women had to endure much pain and suffering in the name of beauty. But most importantly, this so-called beauty practice served to keep women housebound and to restrict their movement. Thus, it can be viewed as an oppressive practice introduced by men to keep women in

their place. Rothblum (1994, in Fallon *et al.*, 1994) exposes how the corset that women wore for many years which was said to improve women's weak spines actually caused muscle atrophy and resulted in fainting and difficulty in breathing. Moreover, she points out that like the foot binding practice, the corset wearing practice has served as erotic value for men and thus primarily served male interests at the expense of female freedom.

2.2.7 Summary

In the context of the current study, a feminist perspective forms an integral part of the framework chosen to explain the aetiology and maintenance of hatred of female fatness. This perspective blames patriarchal structures for discrimination against women who are understood to be primarily valued for their physical appearance. The role of the media, fashion world and economy at large is highlighted. Men are exposed as the benefactors of these oppressive structures as they serve to advance the economy at the expense of female independence.

2.3 The social constructionist perspective

2.3.1 Defining social constructionism

Social constructionists believe that the world at large is the product of social processes. It is people who form structures of meaning, rules for living, morals and norms (Nightingale & Cromby, 1999). These constructions shape personal existence, all that is interpersonal and also intimate relationships. The central notion is that all people, via engaging with each other, produce knowledge, which is then taken to be the 'truth' about the world (Nightingale & Cromby, 1999). Social constructionism inherently contains differences and often-conflicting beliefs, as it relies on which knowledges are being produced, when they are produced and by whom. Therefore, there is no one type of social constructionism, but rather multiple types, each with differing opinions as to how knowledge is constructed.

Language is central to the social constructionists, as the world is understood to be primarily constructed through language. Ideas are agreed upon or discarded via

the process of social consensus and never through observation of any objective 'facts'. Ideas appear to be 'facts' owing to a well-developed and shared convention, which is language (Harre, 1999 in Nightingale & Cromby, 1999). Language is used to construct various 'facts' about reality, but these so-called 'facts' are continually subject to the possibility of change, as language changes and therefore understandings of what constitutes reality (Gergen, 1985).

Burr (1999, in Nightingale & Cromby, 1999) argues that social constructionism has a very important role to play in explaining social phenomena. She believes that often phenomena are pathologized as being the fault of the individual when in fact the phenomena are actually constructed in the realm of the social. The individual is seen as the deviant and in need of reform, when, in fact, the solution lies outside the individual in the realm of the social. For example, the phenomenon of drug addiction is often viewed in this light. A drug addict is often pathologized as being inherently deviant and in need of change, when, actually, the issues of drug abuse are beyond the individual and largely issues that need to be addressed via a social platform. She claims that language is never power-free, as all constructions that are created through language are based on power and structural dynamics in society.

Burman (1999, in Nightingale & Cromby, 1999) believes that the link between social constructionist theory and feminist theory is the idea that knowledges are local and situated amongst people. They are therefore not objective 'facts', but can be adapted in many different ways to serve different purposes. Thus, both perspectives hold that all knowledge is historical, cultural, geographical and, above all, powerful, as knowledge determines what ideas and practices are created, by whom the knowledge is produced, and for what purpose the knowledge is constructed.

The socio-cultural theorists share ideas with the social constructionists. They argue that one's sense of self is based on social and cultural norms of the time. They argue that sense of self is like a mirror in which ideas about self are merely reflections of how other people view and treat one. Socialization begins with compliance to external pressures and it results in individuals claiming ownership

of society's values and attitudes by incorporating them into the sense of self (Hawkins, 2003).

This current study aims to explore obese people's understanding of the construct of obesity and the ramifications that the construct has on the lives of the participants. It aims to explore whether the obese respondents have internalized societal beliefs regarding obesity. With this in mind an examination of the socially constructed body follows.

2.3.2 The socially constructed body

Ulijaszek (1995, in De Garine & Pollock, 1995) believes that language about body shape and size is subject to change as its essence is culture bound. He states, "Obesity is the effect of language and ideas on our bodies" (p. 292). He explores definitions and perceptions of obesity and argues that among most societies in today's age there is the shared belief that obesity and fatness are only desirable in areas of extreme famine and scarcity of food. Otherwise, in Western and industrialised countries where a large body size is possible for all through availability of food, fatness and obesity are undesirable and are linked to health and medical discourses that argue the dangers of obesity.

Gergen (2001) is also of the belief that social practices create the body. She states, "To be a woman is to be embodied; to fail to attending to one's corporeality would be to ignore the culturally defined essential core of being" (p. 87). From an analysis of several narratives of embodiment she has observed that from early childhood, differences emerge between men and women's accounts of their bodies. She describes how women include bodily references frequently in their stories, whereas, there is infrequent body talk by both boys and men. The conclusion she draws is that women's very sense of identity is intricately linked to their physical being. The woman is really a self in a body.

Thus, it is clear that social constructionists develop the view that the body is a social product. The social is always brought into the body. The views only differ in terms of how much of a social product the body really is. Foucault, one of the

most radical social constructionists, argues that the body only exists through discourse (Shilling, 1993). For Foucault the body is only available for discussion, but as a verifiable object it cannot exist. He refers to the notion of the malleable body and links body talk to the notion of power. Many of the feminists support Foucault's work as they use his ideas to challenge gender inequalities.

Goffman (1985, in Shilling, 1993) on the other hand, believes in the physicality of the body, but argues that people share vocabularies about the body, and that bodies always communicate people's intentions which then guide people's behaviour. Goffman's understanding of stigma is that the stigmatized person will adopt the same beliefs about his/her identity that society adopts. Thus, the obese person is also likely to believe that he/she falls short of what he/she should be. This has severe implications for his/her sense of self and social identity. Both Goffman and Turner are the key theorists concerned with how people present themselves and how the management of the body is central to the presentation of self-image (Shilling, 1993).

Malson (1998) argues that it is common place for the term 'fat' to have negative connotations. She states that body fat is understood to be morally reprehensible in several of today's discourses about the body. She feels that religious discourse frames 'fat' as bad as it construes it as a denial of control over the body. Control of food is still linked to resisting temptation and denial of pleasure. The religious idea of fasting and abstinence suggests that being strict with oneself is morally virtuous. Losing fat is therefore seen as a means of salvation. Thus, becoming slimmer is construed as a spiritual struggle against the body and fat is construed as a moral issue. It is as if the thin body represents a spiritual self that allows for greater access to out-of-body experiences.

Within medical discourse the term 'fat' also carries negative connotations. According to Malson (1998) medical practitioners have been documented in several studies as showing their disgust for and behaving contemptuously towards their obese patients. She argues that once again, fat is construed as an absence of personal control. The medical view is that obesity has adverse consequences for

health, despite the fact that thinness can also be harmful to health, but this is rarely expressed (Malson, 1998).

The different social constructionist views provide important insights regarding the body. These are that the social is always a part of the body and thus power relations enter into an understanding of the body. As a result of this, the body can be used to legitimize inequalities (Shilling, 1993).

2.3.3 Towards a new consciousness

Whether a social constructionist perspective or a feminist perspective is advocated, it appears that many women, especially in Western societies, have internalized anti-fat messages and biases. These anti-fat messages have harmful implications for many women who do not measure up to the body-thin ideal.

Meadow and Weiss (1992) suggest that a revision is needed. They argue that the first step towards this revision is to raise consciousness about the culturally prescribed ideas regarding thinness and fatness. Part of this awareness involves women becoming more cognisant of their own prejudices which they harbour against other women who do not measure up to the body-thin ideal. Therefore, there needs to be a stand against this form of discrimination. Meadow and Weiss (1992) also emphasize a need for new opportunities for women to develop. This goal, they advise, can be achieved when women actively fight fat discrimination and start developing resources to help one another, irrespective of shape or size. They suggest women need to re-own their bodies and can do this via multiple means, such as dance, exercise and sport.

In addition, a larger variety of body sizes needs to be portrayed via the media in terms of magazines, advertisements on television, movies and local television programmes. Aside from new role models, Meadow and Weiss (1992) advocate the use of a new vocabulary that does not involve the dichotomous categories of thin and fat, but has multiple terms to describe different shapes and sizes. This is evident in, "...we need a new vocabulary to describe women who do not fall under the category 'thin'. The term 'fat' has very negative connotations and its

synonyms also elicit negative reactions…. There are also very few words to describe the medium-sized woman" (p. 176).

Wilbraham (1996) has critiqued psychological discourses about women's bodies that are provided in advice columns in women's magazines. The critiques are enlightening in that they warn the reader that to 'psychologize' the body in advice columns (and elsewhere) is merely another form of institutionalised power that is used by a select group to make sense of social phenomena. Keeping this critique in mind, the ongoing challenge then, according to Wilbraham (1996), is truly the exposure of the different discourses about the body, such as feminist, social constructionist and psychological, to name a few. She advocates that women may choose to adopt the feminist language of bodily empowerment, or may choose to understand their weight status in terms of psychological distress, but ultimately each woman should be left to deal with her weight issues in her own way.

2.3.4 Summary

In the context of the current study, the social constructionist perspective frames obesity as a construct created through social practices, specifically language and social consensus. Many constructionists therefore point out that knowledge, and in this study knowledge about obesity, is never neutral. Discourses always serve to highlight specific positions and to render others as unimportant. It is with this in mind that this study proceeds with the premise that what is provided about obesity is biased based on the view that people hold perspectives and there are few, if any, objective facts.

2.4 Attribution theory

2.4.1 Definitions and basic attribution principles

Weary, Stanley and Harvey (1989) define an attribution as, "an inference about why an event occurred or about a person's dispositions or other psychological states" (p. 3). Attributions are either perceptions or inferences that are made about others or about the self (Weary *et al.*, 1989). Consequently, attribution theory is said to be about every-day life events and has been described by many theorists as

being concerned with naïve psychological theories and is often termed 'the psychology of common sense'. By 'naïve psychological theories' is meant how the lay person (the person in the street) explains either his/her behaviours or the behaviours of others (Forsterling, 2001).

Forsterling (2001) states that there are several such theories and that these theories are concerned primarily with the perceived assumptions people make about behaviour rather than with the actual causes. Ideas about causality are important for planning interventions and behaviour change. If unrealistic attributions are formed regarding behaviour, then the intervention provided will primarily need to address the unrealistic causal assumptions before being able to bring about behaviour change. Hewstone (1983) believes that attribution theory is central to social psychology as social psychologists are concerned with how ordinary people explain events.

Several theories have been proposed and the key theorists at play are Heider, Jones and Davis, and Key (Hewstone, 1989). The link between all these theories is the argument that people look to understand behaviour by seeking to understand the causes of behaviour (Antaki, 1982 in Antaki & Brewin, 1982).

Attribution theory began with Heider's 'naïve analysis of action' theory developed in 1958 (Antaki, 1982 in Antaki & Brewin, 1982). Central to this theory is the idea that man's behaviour is seen as being caused by either external or internal factors. Thus, an attribution of either external (environmental) causality or of internal (dispositional) causality is made. The perceiver making his/her estimation needs to weigh up and decide which forces (internal versus external) are more likely to be responsible for the behaviour (Hastorf, Schneider & Polefka, 1970). Hewstone (1989) believes that people make these attributions in order to make the world a more predictable place, as well as to give man a sense of greater control over his environment. According to Weary *et al.* (1989) perceptions of behaviour affect people's understanding of others' actions, their predictions about others' future actions and even their attitudes towards others. Forsterling (2001) states that people have a tendency to attribute behaviour to the person rather than to the situation, and this error is called the fundamental attribution error. He

questions whether people truly have the ability to process information in an accurate manner.

Jones and Davis extend Heider's analysis by seeking to understand how it is that the perceiver decides that the actor's behaviour corresponds to particular traits (Hewstone, 1983). They argue that the more external causality can be discounted, the more likely the behaviour can be explained by dispositional (internal) causes. Lastly, Kelley's theory is most concerned with what information is used to arrive at causal attributions (Hewstone, 1983). Kelley uses three types of information to form either internal or external attributions and these are: consensus information, distinctiveness information and consistency information (Hewstone, 1983).

The different theories all share commonalities in that they attempt to look at how people make causal attributions regarding behaviour and psychological states. Therefore, they all share an interest in common sense decision-making and in exploring the perspectives of the lay person (Hewstone, 1989).

2.4.2 Difference between attribution theory and attributional theory

Antaki (1982, in Antaki & Brewin, 1982) argues that an understanding of attribution theory only goes as far as understanding how the person forms the attribution, but does not explore what effect this attribution has on feelings and attitudes. He describes attributional theories as follows. Attributional theories go a step further in making the connection between the attribution and the reaction to it. As with attribution theory, there is no one attributional theory (Antaki, 1982 in Antaki & Brewin, 1982). There are attributional theories about learned helplessness as are there attributional theories about motivation and other psychological factors. Thus the difference that Antaki (1982, in Antaki & Brewin, 1982) describes is that attribution theory provides a model of how people form causal attributions, whereas, attributional theory provides a look at consequences that follow from the belief in a causal attribution.

Forsterling (2001) provides a graphic illustration of the structure of attribution conceptions. What follows is the following illustration:

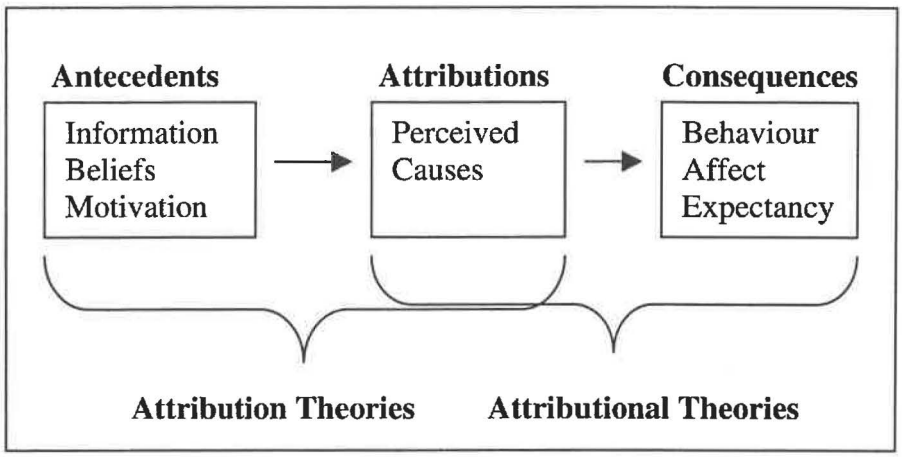

Fig 2.1 The basic structure of attribution conceptions

From the above it is clear that attribution theory is concerned with the antecedents that lead to causal perceptions, whereas, attributional theory is concerned with the psychological consequences that follow from the causal attributions.

2.4.3 Self attributions

Hastorf *et al.* (1970) state that a self-attribution is made when environmental forces are indeterminable, unclear or very weak. The person is then left to explain his/her behaviour by referring to dispositional forces. Often this is evident when one hears someone say, "That happened because of me, that is just the kind of person that I am".

Self-attributions are linked to self-concepts and as such have significant implications for behaviour change. If a new behaviour is to be learnt, it has to be integrated into the self-concept of a person and, as such, must be perceived as self caused. Thus, attribution theory is important for psychology as a whole, as it has to do with the development of a person's self-concept, which has a direct impact on his/her, behaviour.

2.4.4 Attributions and health

The understanding of health practices based on attribution concepts is helpful, as it provides an understanding as to why people engage in unhealthy practices such as overeating, drug taking and drinking excessive volumes of alcohol. For example, if someone believes he/she is not responsible for his/her illness then he/she will expect that his/her actions will have no bearing on that illness. This is why attribution concepts are important for the present study. For example, if the obese person attributes his/her weight to uncontrollable causes, such as hormonal determinants, then he/she might feel less motivated to try changing his/her eating and exercising patterns.

Furthermore, if an individual perceives another to be suffering from obesity owing to uncontrollable forces, then the attitude of this individual may be more empathic towards the obese person. Thus according to Weiner (1993, in Forsterling, 2001) whenever judgements of responsibility for illness are made, they give rise to reactions of anger, blame and stigmatization, whereas judgements of lack of controllability give rise to reactions of kindness, pity and empathy.

From the above it is clear that attribution concepts are important when it comes to issues of healthy behaviour, since they assist in an understanding as to what conditions result in people consistently performing unhealthy behaviours, as well as pointing to considerations necessary for both health prevention and health maintenance programs.

2.5 Conclusion

The present study is concerned with understanding whether the participants make internal and/or external attributions with regard to their overweight status. The information from this chapter will help shed light on how the participants conceptualise their experiences of obesity and what impact these conceptualisations have regarding the behavioural management of their weight. It will also highlight the attitudes and beliefs they harbour towards others and their own self conceptions. In addition, their experiences might provide interesting data

as to whether others attribute their weight status to external factors and thus treat them kindly, or whether still others hold them responsible for their weight status and thus hold them in contempt.

From the above brief introduction to attribution concepts, it is clear that the link between this attribution theory and the theoretical frameworks outlined in the above chapter, is that the feminists attribute hatred of obesity to patriarchal forces and share with the constructionists the belief that the stigma obesity holds is created via social consensus and discourse which serves to benefit certain people at the expense of others. This chapter has therefore provided an overview of theoretical frameworks for understanding obesity and it locates the current study within an integrative framework.

The next chapter reviews relevant literature and previous research that has explored the experiences of obese subjects, in addition to broader issues of fat prejudice in societies at large. The chapter will examine the following: the effects of obesity on subjects, the effect of stigma, attributions and the body-thin ideal on the obese, as well as women in general, issues related to a South African context, culture-specific studies regarding obesity and studies regarding eating disorders and gender issues.

CHAPTER THREE
LITERATURE REVIEW

3.1 Introduction

This chapter reviews to date research regarding obesity in order to explore a vast range of knowledge previously accumulated on this subject. The chapter will begin with an analysis of the history of eating disorders in order to provide a timeframe for the study of disordered human eating practices. The history additionally provides insight into reasons for dysfunctional eating habits. This leads into the next area under review namely, literature and studies reflecting numerous causal determinants of obesity. An exploration of obesity in relation to factors such as gender and culture will be provided. Furthermore, the relationships between eating disorders and obesity, stigma and obesity, as well as attributions and obesity, will be outlined. The chapter will conclude with an exploration of obesity in relation to the South African context and the subsequent risk factors that pertain to this country.

3.2 History of eating disorders

Gordon (1990) argues that very often psychiatric disorders, such as the eating disorders of Anorexia Nervosa and Bulimia Nervosa, can be explained and understood via the use of political jargon. By this is meant that the very words used when talking about political struggle, such as words like 'protest', 'strike' and 'power struggle' are often also used in clinical jargon in relation to eating disorders. The connection between politics and eating disorders is seen in terms of a struggle that females undergo. This is the result of their distress at being disempowered in society at large. Thus, the politics is played out in the field of both cultural and gender issues.

Gordon (1990) looks at the historical forerunner to today's anorexics, being, the holy anorexics from the late medieval era. These holy anorexics often resolved their social problems by seeking perfection in arenas outside the social arena, by aspiring towards spiritual and moral supremacy. Thus, fasting was a means of

protest against male patriarchal society that promoted arranged marriages and restrictive female roles. By fasting, the women attempted to shut down their reproductive functions and reduce themselves to androgynous beings. They would rather have reduced their own gender than fall privy to the norms of patriarchy. These women revolted and refused to adhere to conventionally mapped out roles of wives and mothers. Thus, Gordon (1990) sums up the purpose of the anorexic by stating that anorexia is best understood as a revolt that cannot be articulated via speech and, as such, the revolt is expressed in the emergence of symptoms. This revolt continues today.

In line with the above formulation regarding self-starvation is the argument that women's excessive eating is part of the same attempt to resist societal norms that espouse and uphold the body-thin ideal. Tebbel (2000) argues that today's female is expected more so than ever before to subscribe to what is valued as the most desirable body image for women, that being the thin body. It is as if the larger, voluptuous woman takes up more space and in so doing becomes a threat to Western society. Today's society still continues to provide majority opportunity for males and in this manner attempts to reduce female power by whatever means possible.

Throughout history the puritans have perceived gluttony as a sin. This puritan ethic continues to exist today, but perhaps is expressed via more surreptitious means (Bovey, 1989). Today the language is slightly different and is often couched in terms of poor health, but the message is the same. The covert message is that fat people are lazy and indulgent and lack self-control. Obese people are therefore still subject to the authority of the puritan ethic of self control, as obesity is seen as depraved and obese people are understood to be deserving of punishment for their lack of self denial. This punishment comes from others in societies who continue to cast their evil eye and pass judgement (Sobal, 1984 in Kallen & Sussman, 1984).

From the above brief review it is evident that food and the act of eating are symbolic and seldom are they behavioural acts that fulfil a mere biological

function. This understanding is to be borne in mind when reading the following section that elaborates on this perspective.

3.3 Multiple factors regarding obesity

Obesity is a complex phenomenon that has a multifaceted aetiology. Original conceptions of causality related to excessive eating and inadequate exercise. In other words, obesity has constantly been understood to result from an imbalance in an equation of energy consumption and energy expenditure, with the imbalance being understood as too much consumption coupled with too little expenditure. However, recent research shows that many factors influence the onset of obesity and even today the aetiology of obesity is insufficiently understood.

3.3.1 Biological factors

The question as to whether obesity is the result of nature or nurture is an ongoing debate. Mela and Rogers (1998) argue for both genetic and non-genetic components. They state that it is possible that some people have an inborn predisposition towards either behavioural and/or metabolic factors which make them more likely to develop obesity than others. However, they add that this predisposition can be fulfilled only under certain environmental conditions. In other words, they argue that susceptibility to becoming obese may be genetically transmitted, but that environmental conditions must also be prevalent in order for the predisposition to translate into reality.

Mela and Rogers (1998) reflect on studies conducted on rats by Schachter in the 1960's that led to the development of the externality theory of obesity. Obese rats, as opposed to leaner rats, were found to be less willing to work to obtain food, and they showed poorer calorie compensation than leaner rats. These studies translated into the theory that the obese are more reactive to external cues, possibly owing to underlying hypothalamic defects, and are therefore less sensitive to internal hunger cues and other cues that signal that the individual is satiated. Therefore, the possibility exists that the trait of externality that is

considered to be the result of intrinsic biological factors, results in a predisposition to obesity in select individuals.

Himms and Hagen (1982, in Kallen & Sussman, 1984) assert that new research is focusing less on calorie consumption and expenditure and more on how individuals metabolize and derive energy from food. Medical research has also resulted in numerous theories regarding the causality of obesity that Goldstein and Caro (1999) outline, such as possible neural and fat cell theories. One such fat cell theory is proposed by Brook (1970, in Rutter & Hersav, 1977) namely, that the development of an excessive number of fat cells can develop in the infant's first year of life which probably results in the onset of obesity in later life. If this is so, then original family eating practices must be considered central to the aetiology of obesity. In addition, medical research highlights specific risk factors in the development of obesity, namely, low birth weight and prematurity to name but a few (du Toit & van der Merwe, 2003).

Interestingly, a study conducted by Furnham and Manning (1997) regarding teenagers' theories of causality regarding obesity, resulted in a lack of support for the notion that obesity is caused by genetic factors. In addition, treatments for obesity least supported by the participants were those involving drug treatment and strict behaviour modification programmes. Most participants linked obesity to emotional comfort eating, personality traits and poor coping skills. This introduces the question of whether emotional factors can play a substantial role in the aetiology of obesity.

3.3.2 Emotional factors

Mela and Rogers (1998) point to the relation between eating, weight gain and emotions. They have developed a theory, termed the 'psychosomatic theory of obesity and binge eating', which argues that obesity is the result of overeating that occurs as a result of emotional stimuli. Thus, for some individuals anxiety states and several mood states result in the response of excess eating. They do not clarify whether the excess eating is merely a coping response or alternatively a

learnt behaviour as a result of misinterpretation of internal cues associated with natural hunger (Mela & Rogers, 1998).

Stouffer and Dorman (1999) argue that psychological factors contributing to obesity are diverse. They state that some studies show certain personality types, such as the compulsive/ perfectionistic type, as more prone to such disorders of eating than others. A study by Uzark (1988, in Stouffer & Dorman, 1999) explored obese adolescents' beliefs regarding obesity. The results indicated that the adolescents attributed their overweight status to beliefs about personal control, feeling states and family dynamics. Thus, it is evident that people attribute obesity to feeling states, such as loneliness, boredom, sadness, anxiety and anger, to name but a few. Furthermore, attributions are made regarding beliefs about ability to self-control. In addition, damaging experiences early in life have been linked to overeating. The overeating is seen as the means of coping with such early childhood trauma. Consequently, the eating is said to be the individual's coping mechanism. Trauma experiences might include abuse (sexual, verbal or physical), living with parental figures that are severe substance abusers or living with mentally ill family members (Stouffer & Dorman, 1999).

Over time, obesity has been linked to poor locus of control. Rotter (1976, in Mills, 1994) introduced the term locus of control (LOC) in his social learning theory. LOC refers to how much control people believe they have over their lives (Mills, 1994). Health Locus of Control (HLOC) refers to people's attributions about the cause of the state of their health. An internal locus would be represented in the belief that one has control and is responsible for one's health. Thus if one is sick, one must be contributing to becoming sick. An external locus would be represented in the belief that one has no control over one's health. Thus one is sick because of an accident or a virus (Reeh & Hiebert, 1998). Bennett, Norman, Murphy, Moore and Tudor-Smith (1998) argue that if one has an external HLOC then one views health as independent of one's behaviour and one tends to view powerful others, such as doctors, as having greater ability to predict or determine the outcome of one's health.

Trends in research show that obese subjects have an external HLOC. As a result lay people attribute the obese population's overweight status to their external control orientation. Recent studies challenge this assumption. Reeh and Hiebert (1998) tested obese outpatient subjects in terms of LOC on Rotter's I-E scale. Findings indicate that obese subjects demonstrate greater internal LOC than has previously been recognised in obese populations. Furthermore, no difference was found between men and women in terms of LOC. Other research has shown that men and women are likely to attribute control over physical size and health differently (Scott, 1997). Scott (1997) compared men and women on their beliefs about health and LOC. Men with the greater Body Mass Index (BMI) felt they had the least control over their health, compared with other thinner men. In contrast, women with greater BMI's felt they had greater control over their health compared with lighter women. The bigger women exhibited a greater internal HLOC as compared with the bigger men. The difference between the genders appears to need further exploration. In addition, cognitive behaviourists argue that cognition, emotion and behaviour are all intrinsically linked. They intimate that beliefs will probably contribute further to a spiral of emotional eating, as the link between cognition, emotion and behaviour is very convincing (Masters, Burish, Hollon & Rimm, 1987).

3.3.3 Social and environmental factors

Many attribute the rise in rates of obesity world-wide to changes in the global environment. Du Toit and van der Merwe (2003) argue that the sedentary lifestyle of today's Western world has resulted in an epidemic of obesity, which principally accounts for the rise in obesity in children and teenagers. Nowadays, people generally expend less energy, as they perform activities that requires less energy expenditure, such as travelling by transport rather than walking. Children and teens are especially at risk, as their activities tend to involve playing video games, computer games or watching television and movies. In fact, Stouffman and Dorman (1999) state that watching television has been coupled with the activity of eating, such that the act of television watching itself serves as a conditioned stimulus for eating. This, coupled with current fast food and high fat and energy dense diets, is seen as a recipe for obesity.

3.4 The body-thin ideal, attributions and stigmatization

Bias, stigma and prejudice are all part of the daily lives of people living with obesity. Ideals of thinness pervade Western society to such a large extent that surveys report women stating they would give up 3 years or more of their lives to achieve the weight they desire. In addition, surveys indicate that some women will not have children for fear of picking up weight. Still others have admitted to smoking cigarettes and living with the subsequent health risks in an attempt to reduce their appetite and stay slim. These are merely a few examples of the extent to which women will go to conform to the norm and the ideal of slimness (Puhl & Brownell, 2003).

Tebbel (2000) believes that the media's obsession with skinny models is partly responsible for the epidemic of eating disorders and body hatred that has pervaded societies. Socio-cultural theorists believe that girls from a very young age learn that thinness elicits forms of social reinforcement and rewards, whereas fatness is associated with social punishments such as social isolation. The media portrays the thin ideal and women internalize this ideal and strive for it. The socio-cultural model of eating disorders states that the striving for the body-thin ideal has caused an increase in the number of eating disorders world-wide (Hawkins, 2003). In a study conducted on weight stigmatization with a non-clinical sample of men and women with different BMI's, Cossrow, Jeffrey and McGuire (2001) found that weight status does influence social interactions. Findings indicated that the range of acceptable weight is narrower for women than it is for men. The sample, especially women, experienced weight stigmatization from family, friends, work colleagues and service providers. They all agreed that there is a prejudice against obese people that makes it exceedingly difficult for this specific population group to find work, go on dates or generally socialize.

The focus on the thin ideal has become so entrenched in certain societies that dieting is chronic and has become a way of life for many (Nagel & Jones, 1992). The questions being raised are which people or what factors are responsible for this ideal. The feminist, Polivy (1986, in Jackson, 1992) argues that women are slimming down because thinness now signifies success and prosperity, as it is

suggestive of sufficient leisure time and resources to pursue this ideal. The feminist, Bellar (1977, in Jackson, 1992) argues that women are slimming down in order to develop their sense of power and mastery in line with men's prescriptions for female beauty and success.

Jackson (1992) points to the medical world and argues that medical experts may have inadvertently promoted a thin ideal by regularly emphasizing the health hazards of obesity and simultaneously ignoring the health hazards of thinness. Jackson (1992) additionally points to the influence of the media in promoting a message that a thin body is an attractive and youthful body. However, she does assert that the direction of the causal relationship between the media and the thin ideal is unclear. The question that still remains is whether the media produces the attitudes of its followers or whether it merely reflects such attitudes. It is important to note that powerful people such as Oprah Winfrey and several actresses, have been influential spokeswomen with regard to weight and women's health, and they continue to use their influence in renouncing the skeletal body size of the average model (Czajka-Narins & Parham, 1990).

Nevertheless, social norms have been found to play a role in decision making concerning food and eating practices. A study conducted by Baker, Little and Brownell (2003) explored the role of social norms versus personal agency in adolescent eating and activity behaviour. The outcome of the study reflected that norms play a significant role regarding eating practices in the lives of teenagers. Interventions that were proposed were those that explored attitudes towards food and weight. It is not only teenagers who are vulnerable to the body-thin ideal, but also young children. A study conducted by Lowes and Tiggemann (2003) indicates that a fair proportion of girls as young as 6 years of age have internalized societal beliefs concerning ideal body size and are aware of diets as a means of achieving this goal. Furthermore, middle-aged women are said to be particularly vulnerable to such messages regarding youth and beauty. A study by McLaren, Hardy and Kuh (2003) indicates that women at age 54 continue to express dissatisfaction with their body sizes. This study is a longitudinal one and traces the lives of 933 middle-aged women through the years. The findings indicate that women with the lowest weight esteem are those who were heaviest at

age 7 years and these women are the ones still heaviest at age 54 years. McLaren *et al.* (2003) discuss how relative heaviness throughout the life span may contribute to mid-life body dissatisfaction by arguing that repeated experiences of not attaining the socio-cultural ideal may elicit negative self talk and this, in all likelihood, impacts on body image later in life.

The above study explores the impact that the body-thin ideal has on the lives of women in general. In addition, it is necessary to explore the impact of this ideal on the lives of the obese that by virtue of their weight status fall heavily outside the margins of desirable or even of what is considered an acceptable weight status in Western society. Jackson (1992) argues that the obese are accorded a variety of negative characteristics based on their weight status. Some of these attributes are lazy, stupid, greedy, lacking in self-control, unattractive, less productive/competent, self-indulgent, to name but a few. Bender and Brookes (1987) report on studies that have explored children's perceptions of the obese. A study conducted by DeJong (1993) regarding high school girls' ratings of an obese peer versus a normal weight peer performing as either above average or below average on a task, confirms the attribution of negative characteristics based on weight status. Findings indicated that the obese target was perceived as more self-indulgent and less disciplined than the normal weight target, except when the obesity resulted from a glandular problem. Children have been said to believe the obese are cheating, dirty, forgetful, lazy, dishonest, stupid and mean. Maddox and Leiderman (1969, in Bender & Brookes, 1987) have indeed found that physicians and other health workers have the same perceptions and view their obese clients as weak and ugly.

Researchers have posed the question as to whether the negative attributions regarding the obese are the result of attributions of responsibility and blame for the overweight status. Several studies support the attribution theories as an explanation of prejudice towards obese people and other stigmatized groups. Menec and Perry (1998) tested the Attribution-Affect-Help-Judgement model on Canadian university students with regards nine stigmas, including obesity. Each stigma was described as stemming from either uncontrollable or controllable causes. Results showed that the more attributions of controllability, the more

anger and the less pity was evoked. There was a positive link between pity and help behaviours. This finding emerged for all stigmas. Rush's (1998) study with Oklahoma university students similarly found that controllability for six stigmas, including obesity, was the most significant predictor of prejudice and affect associated with stigma. Sakalli (2002) tested the attribution value model on the stigma for homosexuality on Turkish technical university students. Findings again suggest that the more controllable the participants viewed the cause of homosexuality to be, the more anger and prejudice they directed towards the stigmatized group. Negative cultural values were also an important predictor of prejudice against gays and lesbians. Lastly, a study exploring cultural difference in beliefs about overcoming psychological problems, including obesity, indicated that Japanese students, as opposed to British students, believed that obesity had to do with control and could, therefore, easily be overcome via behaviour therapy and other therapeutic techniques (Furnham, Ota & Tatsuro, 2000).

Dixey, Sahota, Atwal and Turner (2000) conducted a qualitative study with 9 to11 year old children regarding their perceptions of obese children. Findings indicated that if children perceived the obese to be naturally fat, then sympathy was expressed for them, as opposed to those who were said to have caused their overweight status. The children's concept of causality was that eating too many sweets and too much fat in one's diet leads to obesity. All the children verbalised that there are dire consequences for children who are perceived as fat, and they described these consequences to be teasing, bullying and ostracism. A study by Teachman, Gapinski, Brownell, Rawlins and Jeyaram (2003) has also explored whether the manipulation of information about causality of obesity can influence the expression of biases. The participants were informed that the primary cause of the obesity was genetics, overeating and lack of exercise, or alternatively there was no prime cause provided. Findings indicated that by promoting personally controlled attributions of cause, the expression of bias can be made more negative, but that even without this information, bias is still expressed, as it is difficult to convince the general public that obesity is due to genetic factors. Most people tend automatically to attribute blame and responsibility. Teachman *et al.* (2003) conducted an additional study in which participants were given different stories to read. One story was primed at evoking empathy for an obese person; another

evoked empathy for a person with another stigma (being confined to a wheelchair), and a third story did not evoke any empathy. The participants were then given a short questionnaire to rate their feelings for the character in the story. Findings indicated that participants who themselves were overweight showed less bias if they had read the discrimination primes, but those who were not overweight were no less empathic even after reading both discrimination stories.

Studies regarding overweight and obese peoples' lay perceptions of their own condition have additionally been conducted (Crandall & Biernat, 1990; Barker & Cooke, 1992; Crocker, Cornwell & Major, 1993; Quinn & Crocker, 1999). Generally, studies show that when stigmatized groups attribute personal controllability to their conditions, they suffer from reduced self-esteem and low mood. This has important implications for therapy and weight loss programs, as the likely entry point may involve helping the clients to learn more adaptive attributional strategies.

An experiment involving a male evaluator providing either positive or negative social feedback to normal weight versus overweight college women indicated that relative to normal weight women, the overweight women who received negative feedback attributed this to their overweight status, but did not blame the evaluator. This attributional style resulted in lower mood for the overweight women as opposed to the normal weight women (Crocker *et al.*, 1993). Quinn and Crocker (1999) conducted a study exploring the Protestant Ethic (PE) on the psychological well-being of women. They identified PE as a belief in the notion that hard work leads to success, whereas a lack of success is the result of moral failings owing to self-indulgence and lack of willpower/discipline. Findings indicated that for very overweight women, strong PE beliefs are related to reduced psychological well-being, whereas for normal weight women a strong belief in PE leads to an increase in psychological wellbeing. Therefore, PE ideology appears to be a vulnerability factor for low mood in overweight women. The relationship between strong PE beliefs and attributions of causality was not identified and this area of research needs to be explored. The above finding, that for women, being fat, and at the same time disliking fatness, seems to have negative consequences for self-esteem, was confirmed by an additional study conducted by Crandall and Biernat

(1990) on over 1000 graduate students. They confirmed that an anti-fat bias seems to be based on ideology, and not on one's own weight status.

Research conducted by Barker and Cooke (1992) with mixed weight groups indicated that the majority of participants, including the overweight and obese participants, believe that being overweight or obese is a direct result of their own creation. They attribute the cause of obesity largely to lack of exercise and to overeating. They also expressed the feeling of powerlessness to change their situation, as they perceive lack of willpower, circumstances and daily life events as barriers to weight loss. In terms of obese peoples' perceptions of others perceptions of them, they stated that they were aware that people view them as lacking in self-control, as well as in intelligence.

The above studies reflect on the origins of weight stigma. Stigma and discrimination are facets of life for the obese. Discrimination occurs in the adult working world and in schools, as well as colleges (Puhl & Brownell, 2003). In addition, no-one is exempt from holding negative views of the obese, as even care specialists and health workers have been reported to evidence bias and prejudice with regards this stigmatized group (Puhl & Brownell, 2003). Puhl and Brownell (2003) state that if obese people do not initially hold negative attributions regarding their weight status, as a product of being confronted with ongoing societal blame and stigma, it is likely that they will develop such views and internalize such messages over time. In addition, Puhl and Brownell (2003) explain that obese people may express negative stereotypes towards obesity in order to feel a part of valued society. Thus, obese people internalize the feelings and attitudes of others and accept discrimination against obese people as appropriate.

3.5 Obesity and eating disorders

Of all the eating disorders, binge eating, or what is otherwise termed compulsive eating, is the one most commonly associated with obesity. Stunkard and Wadden (1993) estimate that as many as 25% to 45% of people seeking treatment for obesity moreover suffer from binge eating.

efficacy is related to poor behavioural treatment outcomes. Therefore, if programmes are to be effective in the treatment of obese participants with concomitant BED, they will need to address the issue of self-efficacy or behaviour change will prove unlikely. Beliefs regarding self-efficacy can be explored via the analysis of obese persons' attributional styles. If obese persons believe they are unable to effect change in relation to their eating habits, they may feel helpless and unable to eradicate their binge eating cycles.

3.6 Obesity and gender

Obesity is stigmatized among men, but to a larger degree among women (Yuker & Allison, 1994 in Alexander-Mott & Lumsden, 1994). Orbach (1978) argues that fat is a 'feminist issue' and women's bodies are relegated to the jurisdiction of men and for this reason men are less penalised for their own imperfect bodies. Despite the prejudice and discrimination that are strongly directed at women, there is little evidence that women themselves hold more positive attitudes towards obese persons.

Dixey (1996) explores women's complex relationship with food and explains it by looking at the different socialization processes for girls and boys regarding food. Girls are socialized into buying, preparing and serving food. Traditionally, food has always been in the female arena, while the job of the male has been that of the breadwinner. Men are encouraged to enjoy food, but for women it is more complex as they are encouraged to enjoy being around food and preparing it, but not to consume too much, lest they become fat. Thus, traditionally women have been set up to deprive themselves of food. The contradiction women face, that of expecting to work with food and make it their speciality, yet also of taking responsibility for their figure and appearance, leaves many women with concerns about their weight and body shape. These concerns are played out in relation to food. It is therefore no surprise that women are left feeling out of control about food.

Both young and adult women state that their reasons for dieting have little to do with health and relate mostly to body image (Barker & Cooke, 1992). Generally,

it is women who suffer from eating disorders. Garner and Garfinkel (1980) found that test scores on eating disordered attitudes, especially those of anorexic attitudes, are high for groups of women who do not meet diagnostic criteria for such an eating disorder. They argue these women might form a sub-clinical group that are at risk of the development of a full blown eating disorder. It is a widespread phenomenon that women's attitudes are becoming more disordered and women are becoming more distressed regarding food and their weight, despite the latest trend in Western society towards health (Dixey, 1996).

3.7 Culture and obesity: culture bound syndrome?

The question that arises is whether the term 'obesity' is universal or specific to Western culture, and whether the negative associations regarding obesity are upheld universally. If it is culture bound then by definition it cannot be understood apart from its cultural context, and its diagnosis relies on culture-specific technology and ideology (Ritenbaugh, 1982). Ritenbaugh (1982) argues that obesity is prominent in the Western medical world because of its intensely intimate connection with societal values of the West. It is Western knowledge and thinking that determines biological and medical research and literature on obesity. She argues that universally the negative associations of obesity are not upheld, and additionally what might be termed 'obese' in the Western world might not be labelled 'obese' in a non-Western part of the world. To assume that the term 'obese' is universal, she argues is Western arrogance (Ritenbaugh, 1982).

Brown (1993, in Stunkard & Wadden, 1993) reasons that the symbolic meanings attributed to fatness are different in different areas. He declares that for some pre-industrial countries thinness is stigmatized as it may symbolize sickness or poverty, whereas fatness symbolizes wealth, health and fertility. He argues that in dominant American society, being overweight or obese is understood to be symbolic of lack of willpower, with the obese individual subsequently being judged as morally weak. Brown (1993, in Stunkard & Wadden, 1993) therefore believes that there are definite cultural beliefs that confer predisposition onto obesity depending where in the world a person resides.

Nasser (1997) supports the belief that the body-thin ideal is spreading across cultures owing to the globalization process. Thus, the dissemination of the body-thin ideal through the media, as well as through mass globalization processes, is unifying people such that there may no longer be separate cultures, but rather a uniform culture. This explains why there has been an increase in eating pathology in societies/cultures that for a long time were presumed immune to eating disorders. Nasser (1997) believes that it is societies linking with each other and subsequent identification with Western cultural norms in relation to weight and body shape that has resulted in a global acceptance of the thinner figure as ideal.

Mukai, Crago and Shisslak (1994) examined the influence of family and friends on the eating disorder tendencies of female high school students in Japan. Findings showed that contemporary Japanese society shares similar values with Western society, including the thin body ideal considered attractive in women. However, Mukai *et al.* (1994) indicated that the thin body ideal for Japanese women is not necessarily the result of Western influences, but may itself be a tradition in Japan. Another study reviews both case reports and surveys of eating disorders in Asian girls. Findings reflect that, contrary to the belief that eating disorders are confined to Caucasian women from Western societies, there is increasing evidence to the contrary, especially in the eastern countries of the world (Rayar & Davies, 1996). Lastly, a paper produced by Lee (1999) demonstrates that traditional ideas regarding beauty in the East have given way to a Western pattern of body disparagement among many young women in Hong Kong. Lee (1999) argues that for many in Hong Kong being slim is also emblematic of being attractive, feminine, marketable on the marriage market and, additionally, implies traits of self-control and discipline. Women classically have led subjugated lives based on eastern principles that support male patriarchal practices. Lee (1999) believes women are susceptible to messages from the West and are now subscribing to new images of womanhood, as these images represent the women's only possibility of assuming control over the one thing they seemingly have power over, their bodies and eating practices. In this way women are attempting to live more powerful lives as females in a traditionally patriarchal society.

However, several studies have found that a larger body size is considered acceptable in non-Western cultures and the ideal body size is not necessarily an extremely slim one. A focus-group-based-study involving 18 Black and Latino women produced findings that indicated the participants reject ideas promulgated by the mass media about body size. The women resisted identifying a uniform African-American or Latino body ideal. They argued that they accept diverse body types and endorsed a beauty ideal that supports personal style, spirituality and self-care. They argue that good looks reflect self-respect for one's body and one's appearance. They additionally state that good looks do not necessarily translate into thinness and norms that are typically considered attractive according to white standards. The Latino's indicated that their motivation for beauty is driven by health and not by desires to control body shape or size. Generally, the women reflected attitudes of self-acceptance and self-care and they devalued societal messages regarding the body-thin ideal. Flynn and Fitzgibbon (1996) also conducted a study that supports this view. This study examined the body image ideals of low-income African-American mothers and their pre-adolescent daughters. Findings indicate that among the sample the ideal body images were within normal weight ranges. Additionally, daughters and mothers did not provide divergent images of themselves, and the ideals that mothers had for their daughters were similar to those held by the daughters for themselves.

The relationship between obesity and culture is evidently very complex. Research points to perspectives that both endorse the possibility of culture bound notions regarding obesity, as well as reflect a proliferation of eating disorders world-wide and the universal endorsement of the body-thin ideal which is a traditionally Caucasian and Western ideal.

3.8 The South African context: risk factors

Obesity is not a problem that falls outside the parameters of South Africa. Many individuals in this country are obese and the statistics of this seem to be on the increase (Verwey, 2001). However, whether South Africans endorse and internalize Western notions regarding ideal body shape and size needs to be determined.

Research conducted by Senekal, Steyn and Mashego (2001) attempted to establish whether a fit between Western cultural norms regarding body size and Black South African's ideas about ideal body size exists. Senekal *et al.* (2001) found that Black female students at the University of the North evidenced more dissatisfaction with a larger ideal body size than was hypothesized. The notion that Black women, as compared with White women, prefer a larger body size owing to cultural differences is being questioned as there appears to be an assimilation of Western cultural norms as a result of the urbanization process in South Africa (Senekal *et al.*, 2001). According to Szabo (2002) significant numbers of adolescent females of all ethnic groups in South Africa demonstrate disturbed eating attitudes, behaviours, and body shape concerns that place them at risk for psychopathology. In addition, Szabo (1998) postulates that criteria used to measure eating disorders are culture bound and if culture specific instruments were utilised, the prevalence of eating related disturbances in non-Western South African populations would be greater and more representative. Obesity is therefore a reality in this country. No longer can obesity be understood as the problem of industrialised countries.

Many South Africans are at risk of obesity. Lack of resources owing to poverty results in the majority of the country's working class population obtaining basic affordable foods, which tend to be primarily carbohydrates, such as bread and mielie pup, with little protein, as proteins tend to be more expensive. At the same time South Africa is fast becoming westernized and modernized in terms of fast food franchises developing in shopping centres across the country. The privileged minority who can afford such luxuries do. However, in addition, with the increase in modernization, the middle class is increasing, resulting in a larger group of people currently possessing disposable income which can be spent on luxuries, such as fast food and other more indulgent goods.

These food franchises provide affordable foods, as well as quick and easy access to sustenance. This appeals to people as it precludes the necessity of cooking after a strenuous day at work. However, these outlets provide fatty and cholesterol rich foods, which if eaten in excess, will result in weight gain. In addition to a rich carbohydrate diet, or an exceedingly fatty diet, most South Africans expend less

energy than ever before, as transport is widely available at minimal costs. Furthermore, many lead sedentary lifestyles, with the youth engaging in less physical activity and more time spent watching television or playing computer games. This is the direct result of the greater amount of available income and the growing affordability of modern conveniences, such as personal computers and televisions (Yuker & Allison, 1994 in Alexander-Mott & Lumsden, 1994).

In addition, the increased number of Black youth becoming more westernized and the disparity between their belief systems and those of their families of origin may result in an increase in disordered eating practices, as well as the risk of psychopathology (Szabo, 1998).

South Africa as a whole is becoming exceedingly popular as a destination and this brings with it exposure to Western trends, such as media and fashion trends from abroad. The youth are particularly susceptible to messages about ideal body image, fashion, and beauty. They tend to model themselves on this westernized lifestyle. It is for these reasons that South Africans tend to be at risk of obesity.

3.9 Conclusion

The current study takes place within the ambit of the above literature and studies. It attempts to build on and extend previous research through an in-depth exploration of obese women's experiences within a South African context. The research ultimately provides recommendations aimed at assisting the Sports Science Institute in their ongoing efforts to ensure that their services continue to meet the needs of their clientele.

The following chapter describes the methodological approach and framework of the current study and delineates the methodology employed to explore the experiences of the participants.

CHAPTER FOUR
METHODOLOGY

4.1 Introduction

This chapter describes and explores the methodological perspective underpinning this study. A qualitative approach to research is primarily adopted in order to explore the experiences of the participants in the study. The subsequent reasons for adopting this methodological framework are further highlighted. In addition, the chapter presents the feminist research methodological framework that informs the study. This is followed by an exposition of the key aims and objectives, as well as a description of the participants in the study. The method of data collection and analysis will thereafter be delineated, as well as the procedural aspects of the study. Prior to concluding the chapter, an overview of researcher self-reflexive issues, as well as ethical issues, will be considered.

4.2 A qualitative approach to research

Traditionally, research has been of a quantitative nature that is primarily informed by a positivist epistemology that attempts to explain phenomena rather than understand or describe them (Becvar & Becvar, 1996). Quantitative research is based on the natural sciences that hold that the world consists of objective facts that are causally related to one another. Therefore, the research aims to measure, often via research tools such as statistics and frequency counts, what is objectively available for analysis. This methodology is concerned with notions such as generalizability, replicability, reliability and validity. This form of research reflects a nomethetic approach, as the aim is to determine general findings which hold over time and place (Bryman, 1988). In summary, this methodology argues that reality is stable and the focus of research is on causal relationships. These causal relations are measured in terms of quantities, amounts or frequencies and the final research product is deemed value-free and objective (Denzin & Lincoln, 1994).

In contrast, qualitative research is based on the human sciences that hold that all research can never be absolutely accurate, as there is no stable truth independent of reality. Therefore, the research tools, such as interviews and case studies, aim to understand and explore meaning and discover what is possible to know (Henwood & Pidgeon, 1993 in Hammersley, 1993). The qualitative approach argues for multiple truths and the inquirer's values are understood to enter into the research process. In summary, the qualitative research methodology argues that reality is of a social nature and the focus of research is the acquisition of meaning. These meanings when obtained are measured via a process of exploration and the final research product is always deemed value laden and subjective (Denzin & Lincoln, 1994).

Marshall and Rossman (1999) state that qualitative research is subjective, interpretative and grounded in the experience of the participants. As the current study is underpinned by interpretative assumptions, inasmuch as the aim is to understand the respondent's perceptions, motivations and beliefs, the use of a qualitative design is apt and the quantitative approach is thus precluded (Kidder, 1981).

From the above it is evident that multiple comparisons are provided such that the differences between quantitative and qualitative research approaches become evident. In essence these differences emerge from opposing epistemologies. In addition, many definitions elucidate what is understood by qualitative research. Aside from these definitions it is useful to explore in greater detail the characteristics of such an approach. For example, Sofaer (2002) states that data from qualitative research is typically suggestive and never conclusive. The character of the research is discovery-orientated and accordingly different researchers will make manifold discoveries, as multiple truths are possible. Bryman (1988) provides several important characteristics of the qualitative approach, namely its commitment to understanding phenomena from the participants' perspectives, as the aim is to use informants' own understanding of events in analysing social settings; as well as the fact that all knowledge is context and person specific and thus will change with time and will differ according to each person's unique experience. Moreover, the researcher must be flexible when

data in order to generate themes and categories, which are then merged when groups of similar patterns appear across interviews (Aronson, 1994). The aim is the linking of common themes from the different stories to form a thorough picture of the participants' collective experiences. In addition, idiosyncratic experiences are identified and explored in detail (Aronson, 1994). According to Washkansky (2000) and Miles and Huberman (1984) the result of this type of analytic tool is the generation of common salient themes across the different interviews such that an unambiguous joint vision of the meaning of the data is presented.

Notwithstanding the choice of the qualitative methodological approach for this study, this type of research has been criticized as having numerous shortcomings. The qualitative approach has been said to be non-systematic as researchers are accused of focusing on those instances when the data fits the theory. Therefore, it is important for the researcher to be mindful and research all instances of the phenomenon under study (Miles & Huberman, 1984). In addition, the issue of lack of replicability is seen as a shortcoming. Seale (1999) defends this issue and states that studies based on qualitative knowledge can be replicable in terms of purpose and procedures. Seale (1999) asserts that although two qualitative studies are never exactly the same, they can study the same range of phenomena and produce analyses which can help to inform others and which can generate new studies that only serve to broaden the knowledge base regarding the phenomena under study.

Seale (1999) also defends arguments that state research should not be conducted if not generalizable and of benefit to others. Seale (1999) regards qualitative data as being generalizable or transferable to other contexts and/or samples if thick description is provided regarding the context or group of participants in the qualitative study. In this way, Seale (1999) argues that the reader will be able to judge if the findings might be relevant to another context and/or to another sample. However, this process involves a large measure of subjectivity and is therefore deemed unscientific by many researchers.

Lastly, qualitative research is criticized as being too time consuming and too biased by the researchers' own theoretical position. However, this latter shortcoming can be viewed as a benefit to the qualitative research approach if the quality of the data collection, based on flexible methods used, allows for far greater reflexivity about the theoretical and conceptual assumptions that underpin the study (Seale, 1999).

Despite the above criticisms of the qualitative approach it is the approach of choice for the current study given that the select purpose of this study is to understand each participant's unique experiences of obesity, and not primarily to generalize beyond the sample to the broader population (Simon, 1969).

4.3 Methodological framework of this study: feminist research

The study takes place within a feminist research methodological framework. Feminist research adheres to the political agenda of promotion of change for women. This is observed by empowering women via the research process and thereby providing them with an experience of authority in an attempt to reduce their oppressive position in society at large (Burman, 1998). According to Maher (1999, in Kopala & Suzuki, 1999) the qualities of feminist research include: exploring the social context in which each subject is embedded; allowing for subjects to help interpret the data and be active players in the research process; always accounting for the researcher's position within the research and how this might impact on both the subjects and the overall findings of the study; and continuously being aware that the research product is a representation of an original presentation.

Fonow and Cook (1991) take up the issue of accountability that Maher (1999, in Kopala & Suzuki, 1999) presents as an essential quality of feminist qualitative research. They expand this concept and state that accountability is not merely about reflecting upon the nature of the entire research process, but involves using the reflections to draw insights about gender relations that underlie all research processes.

Fonow and Cook (1991) state that this reflective position is to be shared in the research process. This is achieved when the researcher actively raises these gender issues with the participants in an attempt to raise awareness regarding women's oppression. They assert that part of this consciousness-raising process occurs in the attempt to reduce power imbalances between the researcher and participants. This reduction is successfully achieved by a conscious seeking to share power by drawing participants into the research in order that they become active players in the research process. It is this orientation towards action that Fonow and Cook (1991) understand to be a central feature of the feminist research process. The uses of egalitarian research tools that generate trust help to reduce the power distance between researcher and researched. It is for this reason that Fonow and Cook (1991) support the use of open, in-depth interviews in order to provide the researched with active voices. Maher (1999, in Kopala & Suzuki, 1999) argues that the feminist approach always credits the participants with the power and the capacity to narrate their experiences and have their stories acknowledged. Therefore, the aim of the process is female liberation and to provide the participants with a sense of personhood.

Another feature of feminist epistemology is its focus on the affective dimensions of research (Fonow & Cook, 1991). Feminist researchers argue that the research process should provide therapeutic value to the participants. The feminist researcher values the expression of both positive and negative emotions, as with this expression often come insight and personal growth. In addition, the researcher supports the expression of negative reactions to the researcher or research process if these feelings should emerge. Owens (1996) believes that this particular approach allows for the establishment of rapport so that respondents are able to discuss painful emotions without feeling embarrassed or judged.

Most feminist researchers choose qualitative methods of data collection as these techniques help in understanding women's experiences and narratives. The researcher strives to take the time to do quality research by collecting rich and descriptive data. Finally, the aim of the research is to make an attempt to help women and thus the research is always in the service of women.

In conclusion, the current study employs a qualitative research approach. This approach is apt given the interpretative assumptions that underpin this study, as well as the study's attempt to explore in-depth experiences of each participant. The study takes place within the context of a feminist research methodological framework and also attempts to provide recommendations for a programme that is currently under evaluation at the Sports Science Institute. What follows is an outline of the aims and objectives of this study, as well as a detailed description of the participants of the study.

4.4 Aims and objectives of this study

4.4.1 Aims

The primary aim of the study is to explore in-depth how obese women form causal judgements (attributions) about their weight status while living in a society that extols the body-thin ideal. A further aim is the development of recommendations intended to improve the services offered to obese women by the Sports Science Institute and thereby improve the lives of these women.

4.4.2 Objectives

The study has the following objectives:

- To examine what factors obese women believe cause their overweight status
- To explore what coping mechanisms the participants use as a buffer against difficulties that may arise as a result of their overweight status
- To identify whether these women have experienced or do experience incidences of prejudice, discrimination and/or stigmatization owing to their body size
- To explore what impact the overweight status has on their psychological wellbeing; and,
- To provide recommendations to the Sports Science Institute based on how women experience their weight status such that interventions can be improved to meet the needs and expectations of female clients

provide coherent experiences regarding the weight programme and their obese weight status.

The researcher then contacted prospective participants and made the logistical arrangements regarding the individual interviews. All interviews were conducted at the Sports Science Institute.

4.5.2 Description of participants

The study involved eight participants. All participants were either current or previous clients of the Sports Science Institute and all had been participants of the Healthy Weight Programme. Three of the participants were doing the Healthy Weight Programme at the time of interviewing. Three participants that were interviewed had finished the programme one to two months prior to the interviews, but within the same year as the interview (2004), and two participants had completed the programme between October – December of 2003.

An overview of the demographic profile of the participants is presented below. The table describes variables such as age range, marital status, educational level and employment status, to name but a few. Following this table is additional information regarding weight status and health status of the participants.

Table 4.1: Demographic variables

Variable	Participant							
	1	2	3	4	5	6	7	8
Age								
20–29 years						X		
30-39 years		X	X					X
40-49 years				X	X			
50-59 years	X						X	
Home language								
English	X	X	X	X	X	X	X	X

Marital status								
Single			X		X			
Divorced				X			X	
Married	X	X				X		X
Dependants								
Yes	X (1)					X (1)	X (1)	X (2)
No		X	X	X	X			
Educational level								
Tertiary	X	X			X	X	X	X
Matric			X	X				
Employment status								
Employed	X	X	X	X	X	X	X	X
Monthly household income								
(Specify)	>R7501	R5001 – R7500	R3501 – R5000	>R7501	>R7501	R3501 – R5000	R5001 – R7500	R5001 – R7500
Religion								
Muslim						X		
Christian	X	X		X	X		X	X
Jewish			X					

All the participants resided in the Cape Town Metropolitan area, specifically the Southern suburbs. One of the participants was aged between 20-29 years, three were aged between 30-39 years, two were aged between 40-49 years, and two were aged between 50-59 years. It is interesting to observe that five of the participants were in the 30-49 year age range. The home language of all the participants was English. Two of the participants were single, two were divorced, and four were married. Half of the participants had no dependants and the other half had dependants, namely children. Six of the participants had a tertiary educational level, and two had an educational level of matric. All the participants were employed and their incomes ranged from R3501 to sums of more than

R7501 per month. As far as religion is concerned, six of the participants were Christian, one was Jewish, and one was Muslim.

Aside from the health problem of obesity only three participants had additional health problems. Two of the participants suffered from asthma and one from arthritis in the spine. One participant indicated suffering from a mental health problem, namely Bipolar Disorder. This participant indicated that she has had to be on chronic medication, which is known to have the side effects of weight gain and water retention. The weight of the participants ranged from 80 kilograms to 127 kilograms, with an average of 106,5 kilograms. Seven of the participants were exercising at the time of the interview. Some of this exercise was said to take place sporadically and the type of exercise most commonly engaged in was walking outdoors. One participant indicated she did no exercise at the time of the interview and doubted whether she would ever start to exercise. All the participants were following the individualised eating plans set out for them at the Sports Science Institute.

4.6 Research instrument

The researcher herself was the primary research instrument. However, interviewing was the primary mechanism for collecting data. A brief questionnaire was administered at the beginning of each interview in order to capture the biographical details of the participants, as well as any medical/health conditions of the participants (see Appendix A). Following the questionnaire, in-depth semi-structured interviews were conducted. Each of the eight interviews was both face-to-face and one-on-one. The interview schedule tapped the following areas: attributions regarding weight status, coping strategies used for weight status, stigmatization owing to body size, as well as psychological health and wellbeing. In addition, questions regarding the Healthy Weight Programme were provided.

Semi-structured interviews, as opposed to other methods of data collection, were chosen as this specific method is principally used when interest exists in eliciting subjective meanings from respondents (Burman, 1994). The aim was to explore

each woman's experience of her weight status, and, therefore, less structured interviewing was understood to be appropriate. In addition, this study allowed for an intensive study into the respondents' insights (Kidder, 1981).

During the interviewing process, the interviewer was flexible with the interview schedule and thus responded to numerous content areas introduced by the participants, aside from the ones outlined on the schedule. The interviewer was at all times aware of her position within the research process and attempted to provide responses to the respondents when deemed necessary in order to raise the participants' awareness regarding the gendered aspects of the discussions. However, concurrently, the researcher attempted to allow the participants to share their experiences and stories from their own perspectives in order to share power with the respondents. The approach involved some psychoeducation from a feminist perspective, but was flexible enough to elicit the rich information from the participants' perspectives.

In addition to the interview schedule, all interviews were recorded verbatim to capture the exact responses of the participants. The recording occurred only after informed consent was received as to the confidentiality of the interviewees' responses. Recording of responses allowed for less bias to enter into the analysis of the results.

4.7 Procedure

The manager of the Healthy Weight Programme initially contacted prospective participants. The names and numbers were then forwarded to the researcher. Once permission had been secured, the researcher telephonically contacted potential participants for the study. The aims and nature of the research, as well as the requirements from the participants, were explained to prospective participants who then agreed to participate in the study. Telephonically the interviews were set up at convenient times and dates for the respondents. All interviews were to be conducted at the Sports Science Institute. On meeting, participants immediately signed informed consent forms, which detailed their agreement to participate in the study. The forms assured participants of their confidentiality and anonymity,

as well as their right to withdraw from the study at any point in time (see Appendix C). Following the informed consent form, the participants completed the biographical questionnaire.

At this point the semi-structured interviews took place. Aside from audiotaping the interviews, the researcher took notes at the end of each interview regarding the non-verbal communication and behaviour of the participants during the interviews. Dependent on each interviewee, interviews varied in length. The shortest interview was approximately 45 minutes in length and the longest interview was close to 90 minutes. Interviews were terminated when sufficient information had been elicited regarding interviewees' experiences and when information and interview content reached its ceiling limit.

Owing to the sensitive nature of the research it was necessary to receive input from the respondents regarding their experience of having been interviewed. Therefore, after each interview, each respondent gave feedback on the interview process and debriefing sessions were offered. Some time was spent with each interviewee to ensure closure on topics discussed and on feelings aroused within the interview sessions. The researcher made it known that referrals to health professionals were available if the additional need for counselling was deemed necessary. Before leaving, each respondent was thanked for her time and contribution.

4.7.1 Ethical considerations

The Healthy Weight Programme manager at the Sports Science Institute was contacted with regards her involvement in the study. The manager was interested in the research topic as it was understood that a psychological focus on issues pertaining to obesity were less well researched with reference to the weight programme. Following a meeting in which the topic was proposed, the manager of the programme then provided her consent in accordance with the head of the Sports Science Institute.

4.8 Data analysis

Following the interviews the audio recordings were transcribed for the purpose of data analysis. Following their transcription a thematic analysis was conducted in order to identify salient issues. This process involved reading and rereading transcripts in an attempt to identify emerging patterns, themes and categories. Miles and Huberman (1984) state that in order to group similar data together, codes must be generated. Therefore, codes were given names that were closest to the concept they were describing. After initial codes were generated, revision took place to refine and simplify the initial descriptive codes. Codes were then grouped together under several themes.

The codes and subsequent themes that emerged were in line with the aims and objectives of the study. Sentences and phrases from the interview transcripts relating to the same theme were then grouped together. In addition, idiosyncratic experiences were highlighted so as to portray unconditionally all aspects of all the participants experiences. Quotations from the transcripts are presented in the study in order to illuminate these themes.

This approach to data analysis is subjective as the researcher followed her own process in developing codes and subsequent themes. Such a reliance on subjectivity is suitable given the nature of this study. At the very core of the qualitative research approach lies the notion of subjectivity. However, it is of note that these themes and their relevant codes were checked by a second researcher for inter-rater reliability. This refers to a process in which two researchers examine the same data and determine if there are discordant codes. A major disagreement between the codes and their definitions shows that there is a need for amendment or expansion. This process results in the eventual, unambiguous joint vision of the meaning of the data. As such, the process provides for somewhat of a reliability test (Miles & Huberman, 1984).

A brief overview of each participant is provided below prior to the analysis of the themes.

Table 5.1: Demographic overview

Participant	Age	Marital Status	Dependants	Onset of Obesity
P1	50 – 59	Married	2 Children	Adulthood
P2	30 – 39	Married	None	Adolescence
P3	30 – 39	Single	None	Childhood
P4	40 – 49	Twice divorced	1 Child	Adulthood
P5	40 – 49	Single	None	Early Childhood
P6	20 – 29	Married	1 Child	Childhood
P7	50 – 59	Divorced	2 Children	Adulthood
P8	30 – 39	Married	2 Children	Childhood

5.2 Motivation to lose weight

All participants, in varying degrees, reported joining the Healthy Weight Programme in order to lose weight. The extent to which participants were aware of their overweight status is illustrated by the following quotations:

P2: … and I've just been overweight and must try and lose weight…

P3: … I was at the most heavy that I've ever been when I started the programme

P6: … I just don't want to know how much I weigh, but em that's why I joined because I knew I was grossly overweight. I was definitely overweight

One participant recounts that an event related to obesity acted as the catalyst to committing to the Healthy Weight Programme:

P1: … stupid thing that I was on an aeroplane and I couldn't do up the seat belt, and I sat and I thought, I can't believe it, I mean I know I should have you know, there are other reasons, but that actually decided it

Apart from the motivation to join the programme to lose excess weight, some participants mentioned having desired becoming fit and wanted to start exercising. This desire is reflected in the following quotations:

P2: … I just needed to start doing exercise… to try to get myself fit, because I can't bear being unfit, yeah…

P3: … and also I've wanted for a long time to just start doing some form of exercise…

P7: … I've got more time for myself, so now I've got to get fit, and get rid of all the extra kilos

Another participant stated that her decision was informed by recently learning that she has both high blood pressure and high cholesterol and is beginning to face health problems owing to her overweight status:

P5: … I always said if there was a health problem that was it… so now I reckon if there is a health issue then it's time to do something about it, before it was never a health issue…

Participants reflected on easily becoming fatigued and being unable to physically keep up with the activities they perform in conjunction with family members. This seems to be an underlying incentive regarding the decision to exercise and thus begin the Healthy Weight Programme. This is apparent in the following quotations:

P7: … I enjoy doing things and going around weekends taking my little son around, and I got to the stage where you know for instance, we go to the

Waterfront by the time I get from the car into the centre I'm now too tired to walk around. So my reasons were twofold, to lose weight and to become fitter

P1: … and also you know a friend was out last year too, beginning of the year, and I couldn't do well in the walks for… most of the walks I couldn't do at all

Young, Gittelsohn, Charleston, Felix-Aaron and Appel (2001) explore motivations for exercise and weight loss among African-American women. Particular results from their study overlap with this study's findings, namely, the desire to either control or lose weight, as well as the desire to improve health owing to concerns about conditions of health.

Other motivations described by the African-American participants were the desires to exercise as a stress reduction technique, as well as the result of insistence by others that they lose weight (Young *et al.*, 2001). These motivational factors were not particularly prevalent for the participants in the current study. The difference in findings may be attributed to the different racial and contextual backgrounds, as the participants in the current study were predominantly Caucasian and all were South African. The study therefore may not be entirely relevant to the South African context.

Improvement in physical health is often cited as a primary reason obese subjects engage in exercise and weight loss programs (Rothblum, 1999). This motivation is evident in the current study from a review of comments made regarding the need to increase fitness level and improve overall health.

5.3 Coping with weight status

All participants discussed how they have coped with their overweight status prior to joining the programme. Some participants were completing the program at the time of interviews, whereas others had completed the program and could reflect on new coping strategies they have implemented subsequent to leaving the Sports Science Institute. Thus, the theme of coping has been broken into two subthemes, namely:

5.3.1 Coping strategies pre healthy weight programme

5.3.2 Coping strategies post healthy weight programme

The coping strategies of those who were participating in the programme at the time of interviews will be discussed under the second subtheme, as these strategies will be regarded as having been learnt subsequent to joining the Healthy Weight Programme.

5.3.1 Coping strategies pre healthy weight programme

The participants acknowledge that their weight status falls outside the margins of acceptable weight, both for themselves and others in society at large. They reflected that coping with being both marginalized and stigmatized as a result of weight status has never been effortless. At various times they have all employed different strategies to cope with the undesirable weight, as well as with people's attitudes towards obesity. The term 'coping' is defined in this study as any efforts employed to manage situations that are appraised as possibly harmful or potentially stressful. Some participants were embarrassed about mechanisms they used to cope, and consistent with the feminist researcher's standpoint was the acknowledgement of this shame, but an attempt to view behaviour in terms of coping rather than pathology was encouraged.

Many of the women have previously coped with their weight gains by implementing behavioural changes. Solution-based action plans have been implemented in an attempt to lose weight in order to conform to a more socially acceptable body size. This action has been in the form of different weight loss or exercise programs, food diets or research on weight loss techniques and healthy eating blueprints. It is likely that the women employed problem-focused coping strategies as they felt they could challenge their weight problem in a direct manner. The above strategy is evident from the following quotations:

P2: … I'm actually doing Weighless at the moment… I could probably write a book on diet and nutrition because I know it all. I know all about carbohydrates, you know, and about keeping your blood sugar level up and about all those kinds of things

P3: … yes, and I've also tried walking on my own and Weighless and Walk for Life and… Yeah I've done it all really

P4: … I went to Weight Watchers and then about two and a half years ago I went on a blood group diet which is more really just a different way of eating …so I've done quite a lot of reading and that sort of thing

P5: … I've been to Stellenbosch Health Hydro a couple of times, I've been to em (pause) I've been to Weighless, I've been to Weight Watchers, you name it and the drinking man's diet

P6: …Oh there was an exercise programme that we went on, my mother and I went on. Also, when I was in standard seven, that was 1989, and I was fourteen years old, it was this exercise programme it was a local place and we went for a while…

P7: …when I look at the dietician and the diet sheet given to me and I look at it I think, I know all those things, its not telling me something I don't already know

P8: … I've been on Weighless about two or three times and I've just tried Sureslim earlier this year

It is of note that seven of the eight participants have attempted to control and reduce their weight status through the acquisition of knowledge and behaviour change. There exists in obesity literature widespread assumptions regarding successful treatment techniques for obesity, namely that behaviour change via self-monitoring processes, as well as the acquisition of knowledge, can result in a reduction of weight and long-term success in terms of weight loss and health (Yuker & Allison, 1994 in Alexander-Mott & Lumsden, 1994). However, the current participants state that most attempts at behaviour change have been unsuccessful. In addition, many mentioned that they have a wealth of knowledge regarding food types and healthy eating, but that knowledge does not seem to translate into deeds or action. They all expressed frustration at their inability to succeed in their weight loss endeavours. It appears that some participants are

questioning the value of weight loss programmes and products. One woman refers to them as a sham and sees the mass hype regarding weight loss as a moneymaking business. This is evident in:

P2: Whenever I see these like adverts for Bioslim and all these fat burners and I could almost smack somebody you know. Wake up and smell the coffee, it's all like a sham, you know… none of these products work

This participant is commenting on society's investment in the diet industry. She argues that it bolsters women's obsession with weight. By using the word 'sham' she implies the media is both fraudulent and immoral in portraying messages that are flagrantly untrue. In this way she is appealing to women to stop succumbing to such messages that are not constructed to advantage consumer society. This view is highly consistent with a feminist standpoint that too argues that both women's bodies and women's appearances are marketable economic assets (Tebbel, 2000).

Another important coping mechanism employed by half the participants was that of avoidance. Avoidance is defined in the current study as not implementing efforts to cope when efforts should be made. Avoidance helped participants cope in terms of not dealing with the weight, as well as by not acknowledging the extent of the weight gain problem. This is illustrated by the following comments:

P1: … didn't want to acknowledge the weight so ignored it really

P3: … well there was a long period of time when I just sat back and where I hadn't done anything

P4: … up until now I have never actually admitted that I have a problem … that is to myself… but if I didn't you know what I mean if I didn't talk about it I didn't have to deal with it

P7: … okay so don't look in mirrors, you know, so I just avoid looking in mirrors

A study on obesity stigmatization and coping mechanisms examined the relationship between coping strategies and mental health symptoms, body image and self-esteem. The results confirmed that maladaptive coping strategies, such as avoidance, resulted in increased rates of body dissatisfaction among the sample (Myers & Rosen, 1999). Certain of the current study's participants who utilised these maladaptive coping mechanisms confirm these findings:

P3: … I am overweight and I am uncomfortable, it's the truth

P4: … I just wasn't feeling good, but physically unwell

Avoidance is a maladaptive coping mechanism in that it reduces anxiety in the short-term, but in the long-term the anxiety persists, if not escalates. This is not a proficient strategy when the goal is the confrontation of long-standing problems. In addition, the use of avoidance reduces the possibility of an experience of self-efficacy in that participants lose faith in their ability to ensure change through personal efforts.

Myers and Rosen (1999) deem disclosure/transparency regarding overweight status, as well as self-acceptance, to be positive coping strategies. Half the participants related that coping involved the process of openly discussing their weight problem with others. This mechanism of disclosure was habitually used in an attempt to reduce embarrassment about being overweight and is evident in the following quotations:

P1: … I'm verbal about it or I let people know I don't try and hide it… I bruised myself one day squeezing between the tables, but I had let everybody know oh sherbert I'm not going to get between the table and here

P3: … I've always been open about my weight even though if I was upset about it I would go yes, but I don't have anything to wear or in other words I've never not been able to express how unhappy I am about my weight. I wouldn't just keep it to myself because I am an open person anyway and that helped

P5: ... my first talk to them in the morning is I say you can see I'm different to you.... I made them aware; I made them aware immediately that I know why we are different. And I said you know what everyone must try to do put your arms around me and you see you can touch me on the back here, so I'm not that fat...

P7: ... I'll chat to friends about it

In relation to disclosing their weight status, two of the participants additionally used humour to cope with being overweight (P1 and P3). A third participant (P2) also discussed using humour as a coping mechanism, but was not as verbal when it came to seriously discussing with friends or family her struggles regarding weight. The following quotations reflect the use of humour:

P1: ... Yeah, I made a joke of it with the people I was with... I'd made a joke probably of my fatness

P2: ... I can make jokes and stuff about it yeah

P3: ... I laugh a lot about it and I think that's how I dealt with the situation by laughing

Only two participants made attempts to accept their weight status prior to joining the Healthy Weight Programme. One participant (P8) stated she tried to affirm herself irrespective of her weight by repeating positive self-affirmations and by reminding herself of alternate features she values about herself. Another participant (P4) disclosed that she was accepting of her overweight status and proclaimed that she coped via acknowledging that, until the time when she would become emotionally prepared to change her weight status, she would need to accept herself and love herself irrespective of body size. She deconstructed the stigma around fatness and by doing so invariably supported feminist thinking regarding weight. It is evident that for this participant beliefs about the world are not couched in terms of weight. This is apparent from the following quotation:

P4: I don't believe that women have to be thin in order to be beautiful or to be fit or to you know what I'm saying. Because I know a lot of people who are very thin and they're not healthy and they don't have good self-esteem

5.3.2 Coping strategies post healthy weight programme

All the participants that admitted to using humour as a coping strategy prior to starting the Healthy Weight Programme continue to use it after completion of the programme. It appears that humour forms part of the participants' resiliency. It is as if without the ability to laugh about one's condition, irrespective of the severity of the condition, one would become despondent and give up all hope for change. Dixon (1980, in Sarason & Spielberger, 1980) regards humour as the cognitive alternative to stress and argues that the more playful one's perspective is, the healthier are the emotional consequences.

Martin (1996) has done extensive research on humour and its effect on stress. He believes that humour can contribute positively to people's mental health and wellbeing. Studies using humour measures, such as humour scales, produce evidence that people with a greater sense of humour appear to be less affected by stressful life events. In addition, low scores on humour scales have been associated with increased levels of disturbed mood (Martin, 1996).

A study involving students that had completed the Coping Humour Scale (CHS) explored the relationship between scores on this scale and appraisals of examinations at university. Findings indicated that those with an increased sense of humour had appraised exams to be challenging as opposed to threatening. Thus, this study supports the hypothesis that concomitant with an increase in sense of humour is the ability to appraise potentially stressful situations as positively challenging, as opposed to negative and threatening (Martin 1996).

However, despite findings that suggest humour is an adaptive coping mechanism it can also serve as a maladaptive mechanism in that it can be used to avoid dealing constructively with one's problems. The participants of this study used this coping mechanism at different times and its impact was both helpful and

harmful, dependent on whether it was used as a means of avoidance or of building self-esteem.

Most of the participants are also managing their weight by shifting their mindset. These women believe that if weight loss and exercise are to persist, they must follow a healthy plan that can be lifelong. In other words, they refer to a change in lifestyle. This plan is to become a part of daily living and does not involve dieting. This is apparent in:

P4: And so what I'm really aiming at is getting it to be a lifestyle because I think that's terribly important. So that you know that this is not something you're doing for eight weeks or now for another ten weeks, but this actually becomes the way that you do it

P5: I know that I have to change my whole way of life now, which is going to be very hard. Because it's not something I'm used to doing. I've used that as a philosophy, so if I'm used to having a chocolate I now have half a chocolate (laughs)

P6: I'm just trying to improve my diet em to you know in a realistic way... I'm trying to change it to the healthy eating plan in the most realistic way possible. I'm cutting out and cutting down on my food, trying to cut down on the cooldrinks and the fizzy drinks, drinking more water em...

P8: It's a, maybe a shift in thinking

It is evident from the above remarks that the participants are positively reappraising their stressful situation such that they arrive at a plan that helps them to feel optimistic, confident and less anxious about their overweight status. In this way they are using an adaptive mechanism for coping.

Some of the participants are currently managing their overweight status via a process of greater self-acceptance and less self-blame and criticism. It is as if these participants use their weight battle as an opportunity for personal growth:

P3: You know, I think I'm learning to accept where I am with it (the weight), still frustrated. I'm frustrated, but I'm learning to accept me for who I am

P7: I think I'm here with people who accept me and so I'm going to learn to do the same

P8: No, I think I've just come to the point where I realise I need to be happy with who I am. If you're happy with who you are then don't sort of allow other people to make you feel that you're not good enough

This need for personal acceptance and growth is expressed by one participant (P3) in her frankness about being in therapy in order to deal with emotional issues that have impacted on her weight status. She says of the therapy process:

P3: I think that about covers why there's been a lot of growth, yeah. Yeah, it has been awesome… very scary too

Another participant viewed the weight as a wall protecting her and stated that her ability to cope differently nowadays is as a result of breaking down this strong defensive wall. This is evident from the following quotation:

P4: I think now that I'm at the place now where I'm ready to let it go. I'm ready to let that protection go because in a way that is what it (the weight) is and I do recognise that

Lastly, the help of friends and family in terms of remaining motivated to lose weight is acknowledged as beneficial. One participant utilises social support as a means of coping and staying motivated to lose excess weight:

P1: Some of my friends are very good, they, if we do go there they'll make sure that its all healthy food. Em, I don't want to say it's nice, it actually makes you, makes you almost feel special…

This focus on social support is important, as it is a particular theme that emerged from the data analysis process and one to which the reader is now directed.

5.4 Support

Underpinning the supportive experience of majority participants was the perception of social support and feelings of reduced isolation. Social isolation is a common experience of obese populations, both as a result of shame feelings, as well as owing to stigma and prejudice pervasive in Western society. Weight status does influence social interactions. Findings from a study on weight stigma confirm that people believe there is a stereotype against obese people that makes it difficult for this group to socialise (Cossrow *et al.*, 2001). The participants in the current study all recognised feelings of isolation in relation to their overweight status. This is evident in:

P3: It's lonely. It's a lonely feeling. It's a feeling of helplessness because it's like a continuous battle, so it's lonely

Central to participants' experiences of increased support and reduced isolation was the ongoing contact they had with other's participating in the Healthy Weight Programme. Furthermore, the support of both family members, such as husbands or partners, as well as friends was deemed necessary to the success of the participants' attempts at healthy living. For this reason the thematic category of support will be divided into two subthemes, namely

5.4.1 Family and close friends

5.4.2 Other social network support

5.4.1 Family and close friends

Schaefer, Coyne and Lazarus (1981, in Oakley, 1992) describe social support in terms of emotional, informational and tangible support. Tangible support includes direct aid and services. By informational support is meant advice regarding problem solving, and emotional support refers to having a confidante and someone to rely on who can provide comfort, reassurance and intimacy. A study

undertaken by Gottlieb (1978, in Oakley, 1992) revealed that participants identified the most valued form of social support to be emotional support. It is this type of support that is being described in reference to support from family and friends.

One participant (P1) spoke of how her son and husband are very encouraging and always attempting to motivate her to become healthier. She also speaks of friends in her swimming group who care for her and are willing to help her whenever necessary. Other participants specifically reflect on support they receive from their husbands or partners. This is evident in the following quotations:

P2: I like moan to him I'm really unhappy, or I cry I'm sick of looking like this and then he says to me, well what can I do to help you? He's never; he's never said to me ugh you're overweight…

P3: You know, I have a man in my life that's been in and out of my life for the last ten years who does try and support me. You know he's the most positive out of everyone that I can say…

P8: If I speak of my husband he would be the type of man who would rather go for your personality, who you are instead of what you look like. And that helps a lot because there are times when I am just fed up with the way I look and I tell him and he would tell me but you know that is not what I see when I look at you

Chatting with a friend who is also obese and who is dealing with her own weight problem was also deemed helpful. This is apparent in the following quotation:

P4: I chat to my friend and you know as I say I've been through her processes with her, you know, her sort of agonising…

The ability to share the struggle and receive support from others is central to the survival of these women. In particular, being able to share in the battle with others who are in similar situations regarding their own weight is helpful. This is reviewed in the ensuing subtheme.

5.4.2 Other social network support

More important than the value placed on tangible and informational support that is provided in the Healthy Weight Programme at the Sports Science Institute, is the emotional support and value that the participants receive from one other. Almost all participants expressed feeling like a member of a group with shared experiences.

Yalom (1985) stresses the importance of group cohesiveness as a therapeutic factor. His understanding of group cohesiveness is in terms of the attractiveness of the group to its members. A highly cohesive group is one where its members feel supported, trusted and accepted. It emerges that participants found the experience of being together and sharing in their similar struggles highly therapeutic. It appears that many women in the exercise groups on the programme took on roles of friend or advisor, thereby helping each other during their struggle to lose weight and become fit. The fact that the women spent time in interactive groups was positive, as it appeared to be an effective technique with regard to reducing isolation.

The participants emphasized the importance of making friends and the value they attach to exercising physically with other women. This is evident in:

P8: … meeting here with a group of other ladies and just enjoying it really, I think that has made a difference… and one of my colleague's has actually joined me on the programme as well, so that has been nice as well, and you know getting back to the office and just having someone ask, did you have a good workout? You know that is nice and yeah and just getting support really

They all felt that being part of a group would provide much needed social support. The need for an experience with others who share similar goals, struggles and feelings is evident from these quotations:

P2: … and everybody that's in the group is kind of like in the similar sort of boat you know

P3: So the idea was to (pause) come and get the support with others. That there were other people doing it that were in the same position as myself

P7: It was the fact that somebody here with me was also going to do it

One participant described receiving a great deal of encouragement and tolerance from another female friend in the group:

P6: There was another lady who also missed out on a couple of weeks and we started back together and she told me the other day I can't believe how you've improved since that day…

5.5 Causal attributions regarding overweight status

The aetiology of obesity is heterogeneous. Research points to biological, emotional and social factors as all contributing to the origins of this condition (Mela & Rogers, 1998). It is important to understand what causal factors obese populations themselves believe contribute to their overweight status, as this will probably guide treatment decisions and whether the obese believe they can control their condition (Forsterling, 2001). For the purpose of this research paper aetiological factors will be grouped in terms of either health factors or intrinsic factors related to the self. Antaki (1982, in Antaki & Brewin, 1982) states that a person's behaviour is interpreted as being caused by either external or internal factors. In this paper the two subthemes which are:

5.5.1 Factors assigned to self

5.5.2 Other health factors

indicate the chosen terms used to describe these factors to which Antaki (1982, in Antaki & Brewin, 1982) refers.

5.5.1 Factors assigned to self

Literature supports the notion that patterns of eating and relationships to food are most likely a direct consequence of dynamics that exist in the family and often are linked to parenting styles (Mela & Rogers, 1998; Stouffer & Dorman, 1999). In

fact, specific styles are said to be directly linked to particular types of eating disorders. According to Kaplan and Sadock (1998) children who grow up in an enmeshed relationship with a parental figure, owing to overprotective and overinvolved parental styles, are at risk of difficulties when attempting to psychologically separate from their parent. As such they often present later in life with the particular eating disorder, Anorexia Nervosa. The psychoanalytic school of thought formulates that an unempathic and overinvolved parent (often mother) symbolically inhabits the body and by starving the body the young woman attempts to unconsciously destroy the overintrusive parent and thereby separate (Kaplan & Sadock, 1998).

Those suffering from the eating disorder, Bulimia Nervosa, have presumably also had difficulty with the task of separating from caregivers. Often these caregivers are inconsistent in their parenting style and unreliable. Kaplan and Sadock (1998) state the following, "the struggle for separation from a maternal figure is played out in the ambivalence toward food" (p. 727). The ambivalence is expressed in the behaviours of bingeing and purging which symbolise both the need to fuse with the parent (expressed unconsciously in the bingeing act) and the need to simultaneously separate from the parent (expressed unconsciously in the purging act). Both these eating disorders, particularly the binge eating which is characteristic of Bulimia Nervosa, are linked to obesity. As such it is necessary to explore the issue of parenting styles and that of broader family dynamics.

Some participants have made reference to parenting styles, which they insinuate, have influenced eating practices and their relationship to food. It appears the parenting styles outlined in the current study are the overinvolved parent (particularly the mother), as well as the critical disciplinarian parent. The participants were unable to describe in what manner these styles have directly impacted on their eating patterns and weight gains, but it appears they link the emotional sequelae of these styles to their relationship to food. It is as if the participants have used food as a coping mechanism in response to these specific types of parenting, or as a covert communication mechanism when growing up. These styles come to life in the following quotations:

P3: I'm just always, it's always just been the case of not being good enough, scared of failure you know, it comes from my father, it's always issues with my father. It has affected my way of emotional being. You know it (the weight) has always been a bargaining issue with him

P5: My emotions influence my weight in that when I am frustrated, em, which I am often unfortunately because I've never had a very good relationship with my mother… obviously interfering because she's very concerned and I understand that, but to the extent that she interferes that she even went for my first job interview first before I even went for the interview. Yes and still, every time she phones (pause) every time she phones, when are you going to do something about your weight?

P6: … but my mother would tell me you know you are really picking up weight you need to do something about it… and em, you look really (laughs) you know you look overweight you can't wear the things you're wearing if you look like that

Two participants directly link their weight struggles to family dynamics that involved their parents comparing them to a sister. This is evident in:

P6: She was the pretty one, she was the clever one, she was the thin one, she was yeah, basically that's what she was, it was all those things that I was not according to everyone else, and I think that really affected me, I think that could actually be the cause of everything, that being compared to somebody your whole life…

P8: And I think I used to be envious a lot of the time you know that she always looked so nice and whenever we had to go and shop and my mom would dress us alike you know. We needed the same dresses in the same colour and it was never a big deal for her to find something that could fit, but it was always a problem for me because I needed the bigger size, even though I was younger than what she was, and that's how we grew up

One participant relates coming from an extremely dysfunctional family background. She does not speculate how this relates to her excess weight, but states she believes she made faulty decisions as a result of her upbringing as she was searching for love and comfort in the wrong ways and from the wrong people. She says:

P4: I can't say I grew up feeling that I wasn't loved, but I think that there must have obviously been something there because it wasn't really healthy. When I was about five or six before I started school my father opened up the case against my mother because my mom was never really there and doing all kinds of stuff. And then he won custody of me and then I went over and I had to go live with his mother who was raising my sister. We saw her (mother) occasionally, but she was a drug addict so she was very unstable and so when I was with her she would be there or she wouldn't be there

The above experience supports literature that claims there is a link between early childhood trauma experiences, such as living with a substance abuser, and obesity (Stouffer & Dorman, 1999). Although literature links early trauma experiences to the risk of obesity, negative experience of two participants (P4 and P6) indicates they attribute their overweight status to unhappiness later in life owing to abusive marriages. Both participants refer to emotional abuse in terms of having extremely jealous and controlling husbands who control their movements. It therefore appears that abuse either in childhood or later in life can result in a turn to food as a coping mechanism. This is evident in:

P4: … using affection to control me. And it was only then as time went by I began to see and feel the oppression of all of this. I mean, if I spoke to anybody there would be a problem, with any man there would be a problem

This participant continues in the next quotation to describe how she gained weight in the hopes that it would reduce her husband's jealousy when she spoke with other men. She thought that if she gained weight then she would appear unattractive to these other men and therefore husband would not worry about other men pursuing her. She says this in:

P4: … and I only figured this out way later that if I was not thin, if I was maybe plumper then he wouldn't be jealous. Just maybe if I wasn't sort of slender maybe that would help. And so then it started and that's when… because I mean I've never been fat or overweight

The other participant describes her experience with her controlling husband in:

P6: I just feel like he wants to control me. You know when he sees me going out and doing things and being more confident and dressing up and doing my hair and makeup, then he gets I don't know, he like just gets into this mood. It drives me insane, and that's what drives me to eat. I mean let me give you an example, I did join the gym for a while and you know the one machine where you sit with your legs up over it, and he freaked out. Because my legs are opening and closing in front of other men. So I told him, we are in a gym and we are doing exercise, men are not going to sit there and look at my private parts in a gym, I'm wearing a tracksuit pants, so he yeah tells me my tracksuit pants are too tight… It's things like that drives me insane, and that's what drives me to eat

These experiences highlight the feminist viewpoint regarding obesity which argues that men control and manage the female form (Orbach, 1978; Gordon, 1990; Wolf, 1990; Tebbel, 2000). The feminists argue that patriarchal society is oppressive and this is evident in these cases, as the women are viewed as possessions and their freedom of movement is controlled. In these cases the men did not want their women to be too attractive lest they draw attention from other males.

The above experiences support the 'psychosomatic theory of obesity' that links eating and weight gain to emotions (Mela & Rogers, 1998). For these women anxiety states and mood states resulted in the response of excess eating. It appears the overeating was a coping response. It emerges that emotional factors can play a substantial role in the aetiology of obesity. This is furthermore apparent from the following quotations:

P2: … when I get depressed I want to eat. I'm like, if I'm unhappy then I want to eat or when I'm stressed or if I'm running around or I'm like feeling pressure then I eat. I grab whatever I can find…

P3: Pain, hurt, anger, you know relationships that have gone wrong. Not being fulfilled, it all makes me eat

P5: But I do know that unfortunately when I am frustrated or I'm nervous all the emotional issues, or when I've had a fight with my mother or whatever, I will go and hit the fridge or the cupboard. If need be I will even get in my car and go and buy something if there's nothing in the house

Another participant in attempting to understand her struggles with weight and where they originate, had the following to say on the matter:

P8: When I think back my mom used to, I think at times try to lose weight, she would use these slimming mixtures and things. I also remember that when she used to go and shop for clothing for herself, how frustrated she would get because she'd have to go for the bigger sizes… yeah, and that is where I found myself for a while

This quotation raises the possibility of body dissatisfaction being transmitted from mother to daughter transgenerationally. This is flagged by the feminist, Orbach (1978) who argues that daughters via the process of gender identification internalize specific patterns from their mothers and in this way issues regarding body size, body confidence and body dissatisfaction are passed down the generations along gender lines. It is for this reason that often daughters of eating disordered mothers eventually too become eating disordered.

Participants also link their overweight status to original family eating practices. By this is meant eating practices they adopted or learnt in childhood. Some argue that the abundance of food in the home, as well as the requirement of finishing one's food on one's plate, led to the internalizing of behavioural eating patterns which are currently perceived as maladaptive, but habitual, and therefore difficult

to change. The participants believe that early behavioural patterns are thus entrenched in their very makeup. The following quotations reflect the above:

P1: … but we always had to finish all and I've still got that thing. I always clean my plate. It's actually, if we're out for dinner or something, I always look at other and then I think now why have I cleaned my plate and somebody's left, I just find it criminal to leave three or four peas, why not finish them?

P2: … but we all enjoy food and I mean I remember as a child us having these huge plates of food, massive plates of food and my mom comes from German origin so it was all stews. Very rich food, very nice food em, and we never kind of wanted for food, you know… and yeah, my mom used to put a lot of food on our plates and we were expected to finish the entire plate

P3: I mean it all starts in childhood. It's interesting to see how many are prepared to give their children the junk food to keep them quiet and I mean that's how it all start. To see how they get to start eating junk food at such an early age in their lives. That is what was with me

P5: … but I grew up where we had dessert every night. There was always an abundance of food, there was always an abundance of cakes. Now my mother says she feels she is to blame, which I do give her a certain amount because you do control what your child eats

Three of the above participants (P1, P2 and P5) additionally attribute weight gain to having attended boarding school. They all stated having gained weight while at boarding school. They did so because they were either given extra money for the tuck shop facility, in addition to the three meals served a day, or the type of foods provided were unhealthy, as they were extremely fatty and mainly starches. It is possible to hypothesize that when young adults leave home and start to cook for themselves or go to live on university campuses, the change in diet and cooking technique results in the ingestion of more unhealthy foods and thus possible weight gain. Consequently, change of environment can play a large factor in terms of body weight transformations.

Overeating was also identified as a causal factor. Some participants mentioned eating beyond the point of hunger and satiation. This is evident in:

P1: It's just overeating coupled with lack of exercise

P4: … just eating way more than you needed to

One participant states that the overeating was done in secret and she describes binge like episodes. This confirms literature that associates obesity with Binge Eating Disorder (BED) (Wilson, 1993 in Kaplan & Garfinkel, 1993). According to Stunkard and Wadden (1993) almost half the people seeking treatment for obesity also suffer from binge eating. It is possible that the overeating described above could be binge eating. Nevertheless, the next participant actually used the term 'binge eating'. This is evident from the following:

P3: Secret eating, yeah. You see I didn't even know how to put it. But I know I used to eat yeah, secret eating because I didn't want anyone to see me eating. I know I did a lot of that and then really eat. I did that for quite a number of years. Binges yeah, I guess it was binges

Literature argues that the obese are accorded a variety of negative characteristics based on their weight status, such as lazy, lacking in discipline and self-indulgent, to name but a few (Bender & Brookes, 1987; Jackson, 1992; DeJong, 1993). Studies also provide evidence that suggests obese people attribute their overweight status to these exact negative characteristics (Crandall & Biernat, 1990; Quinn & Crocker, 1999). It appears that participants from the current study confirm the findings of previous research, as some participants indicated they are obese because they are lazy, and lack discipline, as well as routine and structure in their lives. This is seen in the following quotations:

P1: Yeah, laziness. It's easier to make a peanut butter sandwich than a nice salad … you see that's where I say I'm lazy cos I'd rather sit and do crossword puzzles at home, than go and walk the dogs, any excuse

P2: I'm lazy to cook you know, I mean I like cooking, but I don't want to do it every day (laughs)

P3: And yet I can have discipline in other areas, but not for my weight, not for my exercise that I struggle with very very much

P5: I put it down to lack of routine and lack of discipline

P7: I'm not a creature of habit and I don't like routine so I cannot follow through on diets or exercising

5.5.2 Other health factors

Aside from the above factors described regarding the self, some participants believe that their overweight status is as a result of mental illness. Three participants (P3, P6 and P8) were diagnosed with the mental illnesses, Major Depressive Disorder, Post Natal Depression and Bipolar Two Disorder. They believe that the symptomatology of the illnesses has resulted in overeating and demotivation, which precludes them from exercising owing to lack of energy and lethargy. As such they believe their overweight status may partially be out of their control. In what follows they all describe this link:

P3: I mean Bipolar Mood Disorder goes hand in hand with depression. What I found was the problem was the lack of energy to do anything. Also with lithium, the medication, you put on a lot of weight. Yeah, it's going to be affecting your way of eating and your way of life

P6: I suffered from a bit of Post Natal Depression (PND) because I was feeling very depressed after my daughter was born for about three months. I just ate and ate the time and didn't want to do anything

P8: I've had a major thing that I've been suffering from depression for a long time. I was on Prozac and was very down for a long while and there was just never really any motivation to really go and do something about it

5.6.5 Positive attributes assigned to slimness

Anti-fat bias appears to be based on ideology rather than weight status (Crandall & Biernat, 1990). Thus, consistent with the above research on the negative attitudes held by the obese regarding fatness, are beliefs that thinness is normal and people who are thin are attributed more positive characteristics than those who are obese:

P1: It (thinness) just looks healthy and you appear normal

P2: A thin person being slim is seen as exactly the opposite, you know, healthy, fit, you eat properly, looking after yourself, you take pride…

Despite stating that thinner people appear happier and healthier, many participants support the feminist perspective that attempts to deconstruct the stigma around fatness (Gordon, 1990). Therefore, it is a complex matter as it is clear that some of the participants in this study have internalized the stigma around fatness, but at the same time, question their own beliefs and the so-called truth that thin equals better. This ambivalence is evident in:

P4: I think if you see somebody who is tall, slender, beautifully dressed you look at that person and you think, wow they must be successful, you know what I mean, they must have it together. They must have a good life, you know. But I mean it does not necessarily mean that. And I think we've been conditioned through the movies, through the media, through everything… that thinnest is not the most important thing

P6: I think it (thinness) just looks better, not to see those bulges and curves, but I think we have been brainwashed into thinking it looks better. Women definitely buy into it

Despite awareness that there exists a strong anti-fat bias in society at large, it seems that participants currently struggle to accept their weight status. Few are

'fat-acceptance' activists by virtue of their participation in the weight reduction programme at the Sports Science Institute.

5.7 Perceptions pertaining to weight status

This thematic category explores the perceptions participants hold about themselves, how they believe others view them, as well as their perceptions of other cultural groupings. The subthemes are:

5.7.1 Beliefs about perceptions of others

5.7.2 Self perception: Body image and Self description

5.7.3 Perception of self at start of programme

5.7.4 Perceptions of other cultural groupings

5.7.1 Beliefs about perceptions of others

The participants hypothesized a great deal about how others must perceive them. Mostly they believe others are looking at them and making judgements based on their overweight status. The following quotations illustrate the notion of being observed:

P1: I often wonder if people look into my trolley and see all the chips I've bought and all the unhealthy food and things like that. What they must be thinking of me

P2: My husband doesn't say anything, but I'm sure it (the excess weight) bothers him… I must be unattractive to my husband and people around me who say oh they don't notice it, but they do…

P3: I think there's nothing worse than for somebody to be overweight or have weight issues at a young age because people are cruel and your self image is so fragile and it stays with you…

P5: Maybe people look at me and say, gosh she's so fat

P6: I know they are looking at me and thinking oh my god she looks this, she looks hideous you know and em yeah, just don't want to do anything when I feel like that. I feel embarrassed to go to my in-laws because I know they're looking at me and thinking oh my god my son has a fat ass wife (laughs) you know, and people think that, people they do think that

P8: I actually in my mind used to think whenever I went for an interview I wonder how the person perceived me, you know. When I walked in and they saw me, did they actually see my size first before they noticed me and my skills and all the things I have to offer?

Questions asked by the participants as to how others in society perceive them is consistent with research that explores obese people's perceptions of others' perceptions of them. Obese persons are found to consider others as viewing them as lacking in willpower, as well as in intelligence (Barker & Cooke, 1992). It appears that this is consistent with the last participant's self-talk (P8) in which she questions whether others will see beyond her outward appearance. She is additionally conscious of discrimination that occurs in the adult working world (Puhl & Brownell, 2003).

Multiple feminists view the experience of overweight women as one in which they are constantly being scrutinised. They describe this as being under the watchful eye of the male gaze (Orbach, 1978; Wolf, 1990). One such feminist, Wolf (1990), argues that women's bodies are objectified and no longer their own. It appears the women in the current study identify this experience too as being one of body scrutiny.

5.7.2 Self perception

This subtheme is further divided into the participants' self-perceptions of their own body image, as well as the way in which they describe themselves.

5.7.2.1 Body image

Five of the eight participants experience themselves as being overweight. This is apparent in the following quotations:

P2: I hate myself and I need to lose weight and stop eating. And I kind of talk to myself and hate myself you know and I need to lose weight. I'm overweight and I can't stand up and I'm unhappy about how I feel

P3: I am overweight and I'm uncomfortable

P6: I always felt I was fat. I always knew I was fat. I had this major fat issue, complex…

P7: I hate being over fat, I mean overweight

P8: I think I've always been chubby

Literature states that women who are highly conscious of their overweight status and who simultaneously dislike and devalue fatness are more likely to suffer from negative self-esteem than those who either accept their overweight status or do not acknowledge the extent of their weight problem (Crandall & Biernat, 1990). This appears to be the case with the current participants as they all have rejected fatness and, by virtue of their being fat, thereby devalued themselves.

On the other hand three participants (P1, P4 and P5) have stated not always feeling fat or not always being cognisant of the degree of their overweight status. For these women, their opinion of themselves appears to be more positive and less critical. The disparity between their weight status and their perception of their bodies is evident in these quotations:

P1: I mean I'm the first one to look at people, like sherbet she's fat. Then I think, but I'm probably fatter than her, but I don't see my self as fat you know… I don't feel like a fat person

P4: I don't see myself as fat and I don't know that my body image is linked to my own sense of worth so much

P5: The funny thing is I sometimes don't actually see myself as fat

These participants describe not always being conscious of their overweight status. This lack of awareness may be a coping mechanism in order to survive and preserve self-esteem.

5.7.2.2 Self description

The majority of participants describe themselves as being extremely friendly to others and believe they are outgoing types. This is apparent in:

P5: I think I give out a fairly positive attitude. I think I'm friendly and I'm kind and people see that. I think you do, I do believe you carry an aura around you, and people sense that immediately you walk into a room…
In fact, two participants (P1 and P2) describe themselves as being fat and jolly:

P1: I'm a pretty jolly person and all that, fat and jolly. I'm just thinking of this, you know a lot of people in the swimming team they're all fat and jolly. The fat one's usually are the jolly ones … yeah they are always joking and not moody and get on with things

P2: I kind of talk to people and I'm friendly and I'm happy and I can make jokes and stuff… Some days I'm full of beans and energetic and happy…

The participants mostly described themselves as extroverts and some stated they compensate for their inadequate physicality by portraying themselves as friendly and possessing other important inner qualities. It therefore appears that, like the humour that is described in this study as a coping strategy, so too is the focus on being friendly and outgoing, a mechanism used to cope with stigma regarding fatness. These are mechanisms that are implemented in order to survive in a society that discriminates based on weight status. In fact, research by Wilson

(1996) indicates that the proverbial belief that fat people are simple and jolly people is unsubstantiated. Wilson (1996) argues that overweight people often suffer from multiple mental disorders, particularly from depressive symptomatology.

5.7.3 Perception of self at start of programme

This subtheme appears to be linked to the above ones in that the more one perceives oneself to be fat and unattractive, the less positive one would have perceived oneself to be at the start of the Healthy Weight Programme. Thus, for the three participants (P1, P4 and P5) who did not always feel fat or perceive themselves to be overweight, it should hold that they were the least self-critical at the time of starting the programme. This is true and evident from the following comments:

P1: I wasn't really too worried about my weight. No I'm not depressed about it (the weight) in fact I think I'm pretty happy overall. I mean I know I need to lose weight, but I don't fret about it…

P4: I was feeling very unfit and very… but again I say I don't think I have ever felt my sense of worth is linked to my body image so much…

P5: I didn't hate myself because I knew I can handle who I am in this body

These statements are in contrast to the following ones that were made by participants who did perceive themselves to be grossly overweight:

P2: I felt overweight, unhappy and I can't breathe properly… I hate the way I look

P6: Terrible, very depressed, very poor image. I had no confidence in myself. I was feeling awkward…

P8: Em (pause) I've always you know hated being overweight. It's always sort of in the back of my mind. There are times when I tell myself it's okay, I'm okay I

can live like this you know, but then there's just some times where I actually feel its not good enough… Yeah I think I also felt helpless and hopeless…

5.7.4 Perceptions of other cultural groupings

Three participants reflected on conceivable differences people might experience in relation to being overweight based on belonging to different cultural groupings. One participant (P1) insinuated that Black people in South Africa are less likely to worry about being obese as the Black culture is more tolerant of fatness. This is evident in:

P1: Let me tell you I don't know about the black people, what they feel like, if they like to be good and podgy you know, but I think so…

P5: I do think that people do look at us, but then again I don't think so, because our Africans have always been large, em maybe… it could be more acceptable cos of this…

P6: I might be wrong but I just have this opinion, I know its going to sound a bit racial or whatever, but I just think that White people are generally healthier than Indian people

This last participant also argues that body shape and size is determined by cultural origins:

P6: … you have to look at your genes, you have to look at what racial group you are in because that affects your body shape. And em, if you have a body shape where your bum is going to be larger, you cannot be a skinny woman

These participants' lay perceptions seem to link non-Western cultural groupings, such as the African people mentioned by one participant (P1) above, with greater acceptance of a larger female body size. However, these participants' findings are not consistent with the literature being produced worldwide that argues the South Africans and other traditionally non-Western groupings are increasingly endorsing

the body-thin ideal of traditional European Western societies (Szabo, 1998; Lee, 1999; Senekal *et al.*, 2001). It appears that societies are showing a trend towards embracing the body-thin ideal and thus view thinness as desirable.

It is problematic to note that people are still labelled as being 'other' and, as such, differences exist based on these 'other' groupings. Perhaps this need to separate and group is a coping mechanism. One participant (P6) felt the need to stress that she perceives White people as different to Indian people, and this belief might reflect the participant's need to justify, as well as cope with her position. Thus, perceptions of cultural groupings in and of themselves may serve as coping mechanisms in attempts to defend one's own position. Further research on the South African context is necessary, particularly on current perceptions of other cultures' adherence to the body-thin ideal.

5.8 Psychological mindedness

Psychological mindedness is the name given to the seventh theme that explores central psychological interpretations that the participants have made in relation to their overweight status, as well as in relation to women and their complex relationship with food. The three subthemes are given the following names:

5.8.1 Purpose attached to weight

5.8.2 Psychological insight

5.8.3 Relationship to food

5.8.1 Purpose attached to weight

Some of the participants identified that the weight is meaningful and has always served a purpose. For a few participants the purpose is negative as the weight acted as an inhibitor whereas, for others, the weight has acted as a weapon of revenge or a tool of manipulation, and therefore, as a protection mechanism. These participants all identified the need to define what function the weight serves and, thereafter, the need to abandon the need for such a function, or to find more adaptive mechanisms for serving such functions. The following quotes reflect the way in which weight has been inhibiting their expression:

P2: … and the weight just represents everything that I'm not, because I enjoy being active and I enjoy being outdoors and I enjoy…. I mean I used to love hiking and you know I've got a mountain bike, and I won't (pause) … I have this vision of myself as being quite sort of fairly active sporty person, and my weight represents me not being that. I can't be that because of my weight, you know what I mean?

For this participant the weight inhibits physical activity. For another participant (P7) the weight additionally seems to inhibit freedom of movement as she spoke of not being able to join her son around the Waterfront shopping centre as she is easily fatigued and cannot physically keep abreast. An additional participant also expresses how weight from early on in life held her back from participating in physical activities and sports, but, furthermore, emphasizes how the weight served to lower her self-confidence and reduced her to shyness when in the company of others. This is apparent in:

P6: I wouldn't participate in things because I felt fat, but I wouldn't want to participate in sports because I was fat because you know, just now you jump up and down, you know I had big breasts and its embarrassing… I couldn't participate it held me back

She expands on the idea of being held back in:

P6: It's held me back definitely. It stopped me from participating in things and being friendly towards people. I would be shy, keep more to myself. If people didn't come up and speak to me I would not go up. I wouldn't feel confident enough to walk into a room and just go up and speak to anyone… it's definitely weight related…

One participant acknowledged that the weight has helped her to manipulate others, in that she has used it as an excuse for not doing activities when, in fact, she did not desire to do them. This is apparent in this next quotation:

P1: Yeah, I'm a great one for saying I'm too tired and then I use my weight as an excuse I suppose. I use it as a reason to try to not go out tonight

The attempt to use the weight in relation to other people, either as a weapon of anger or in an attempt to protect oneself from others, is evident from the following quotations:

P3: … he will always say, you know if you lose weight, then you'll get this. You know, it's always been a bargaining issue… so I have learnt to use the weight in this way because I know the weight infuriates him

P4: You know I gained the weight so that I wouldn't be attractive potentially. Maybe that's the reason I just haven't actually done anything about it. It's because I still see it as a protection… I think that for me the last hurdle is maybe just being in a space where I am prepared to possibly trust. I mean I actually, I'm quite happy being single, I don't have a problem with that, but I think that, you know, if I found the right person or you know somebody, then I think I will be open to that possibility… But I'm ready to let it (the weight) go and begin exploring

P5: So while I'm actually eating every biscuit I'm pressing my mother for it… it's my attack on her

In accordance with the feminist perspective is the endeavour made by these participants to deconstruct, from a therapeutic standpoint, meaning attached to fatness (Gordon, 1990). One participant (P4) above initially describes gaining weight in an attempt to protect herself from the wrath of her husband. The feminist, Shilling, (1993) would argue that this is a lucid example of the way in which patriarchal forces can disrupt natural female body sizes. This participant deliberately gained weight as she was convinced men despise fat women and find these women unattractive. Thus, this participant believes strongly that patriarchal society renounces fatness. In accordance with the repression imposed on her by her husband, she too began to learn to repress aspects of herself in order to satisfy him. The weight took on a life of its own and became her protection, as she feared the power of potentially being thin and strong and a sexually attractive woman. It

is positive to note that this participant is taking back power by letting the protection go and identifying she is doing it for herself, irrespective of whether a man is present in her life.

5.8.2 Psychological insight

This particular subtheme explores some understandings that women in the current study have reached regarding their issues with weight. The term 'insight' refers to a level of maturity in terms of understanding the origin of their weight status, as well as assuming responsibility for weight gain. This is evident in the following quotations:

P2: … there's no point blaming anybody, its you, I think it's your body. I mean, yeah, I know if that's kind of what you want because I mean, you know you can blame genetics, you can blame the way you grew up, you can blame emotional stuff, but in the end its you. It's done, its your body, nobody else has forced you to eat the food. Nobody else has made you make the decisions you've made

P5: I am this weight because I know I made myself this weight

From the above comments it is apparent that judgements of responsibility are being made. Self-attributions outlined above are important as they are linked to self-concept (Forsterling, 2001). These two participants are assigning self-blame and this tends to reduce self-efficacy and often leads to learned helplessness. Although it is mature and insightful to explore their role in their weight gain process, it is also necessary to help them realistically explore attributional styles, prior to behaviour modification.

Several of the participants link their weight status to emotional wellbeing. They believe that many women tend to express their emotions via the act of eating and in relation to food. This is evident from the following quotations:

P3: … the important thing is to understand the symptom of why we eat. Why is it that we're eating the food? The idea is to get to the core of that. I think that that's

important for women with weight issues to understand that… find out what those symptoms are, whether it be from child molesting or whatever the incidence, it could be anything. I mean it could be a bad relationship, it just goes back so far. I think it's important to find out what it is, it could be loneliness, and it could be anything

P4: I'm not sure how to re-program the psychological you know. So that's really where I am right now is sort of saying I recognise this, but how am I going to break this

The need to cope with emotional pain by turning to food is additionally highlighted in the next quotation:

P8: … I've had some problems in my marriage as well you know, and those were just all, I don't know, I can't maybe quite express myself, but em (pause) it was just maybe my way of not seeing anywhere else to go. Like I didn't quite know how to get out of that cycle, I just knew it (the eating) made me feel better … there were emotional problems and the food would be the immediate comfort

The above insights can be linked to feminist thinking in that feminists too argue that social pressures are internalized and find their expression in eating (Orbach, 1988 in Shilling, 1993). It is these pressures that the women above describe. This subtheme also relates to the next one, to which the focus now shifts, that of relationship to food.

5.8.3 Relationship to food

The majority of participants utilise food as a comfort, and value food in that it provides joy, which is identified as lacking elsewhere in their lives. They therefore assign life-like qualities to the food and use food as a substitute for human affection and the acquisition of basic needs from others. This need for comfort is evident in the following quotations:

P3: It was comfort, comfort eating

P4: It's sort of a comfort type thing

P5: It is pure comfort eating, now I, this is where I know psychologically and this is why I've often thought, maybe I do need a psycho, because it is actually training my mind to say to myself don't eat that, but tear pages rather or don't eat that, go for a walk and take your frustrations out. But because it's always been easier to eat and its immediate satisfaction… I would say its comfort eating and makes me feel better…

One participant (P7) actually describes eating foods that her deceased son used to enjoy in order to be comforted and feel connected to him:

P7: I know with my son, I've been eating the wrong foods, and that was specifically because I just used to eat the food he enjoyed… you know he was dead, but I think I just wanted to keep things going

Consequently the food was a means of keeping his memory alive and provided solace. Two other participants (P2 and P6) describe gaining immense pleasure from food. They state how much they value food owing to its ability to gratify:

P2: I mean I enjoy the taste of food I mean I really enjoy it

P6: I love these high carbohydrates and junk foods and I don't know. I love food, I don't know if I've always loved food so much or if I've developed this love for food…

This participant, later in the interview, goes on to say of food:

P6: So the only thing that's in the house that I can have some joy out of is food

It is evident from this statement that the love of food is a substitute for what is lacking in her life. The very language used above in describing her love of food is animated and could be the precise language used to describe an animate object, such as one's life partner. It is of relevance that Wilson (1996) makes reference to

airbrushed off you don't see that, but they all have stretch marks. They all have cellulite. Everyone has it

P8: … I mean we all see these articles especially lately in the newspaper about dieting and (pause). I mean the other day there was a big write up about women and their size and gym and all of that. So I guess you know, looking at those things you constantly compare yourself and think you know what are they writing, what they're saying? Should I be the perfect size, whatever

The participants point to the socially constructed female form and view the role of the media as a powerful force in shaping women's identities. However, they do not attempt to scrutinise and analyse to whom the term 'media' refers.

5.10.2 Fashion-world

Few participants linked the stigma regarding obesity to the fashion-world. Although one participant (P2) had discussed how larger women's clothing is never very attractive or sexy and is often placed in the section next to maternity wear, generally there was little thought as to how female clothing might contribute to the advent of the body-thin ideal.

In fact, two participants (P2 and P3) mentioned they believe the fashion-world is progressing and making greater accommodations for the larger woman. Both women refer to the Donna Claire fashion brand and describe how big, beautiful women model these clothes. Although initially conceptualising this brand as progressive, it appears that one participant did add that the possibility this brand exists purely in relation to a niche in the market for people who are larger sized. The following quotations reflect the above:

P2: … they're kind of starting now, Donna Claire has got models and things, they have this model of the year whatever, but generally you know … whereas you put that same person that's overweight on a page, they're not going to look at that, its still not going to sell the product

P7: … men can be terrible creatures… then they would come to me and they're looking for a secretary or somebody and, we don't want this and we don't want this and she must be blonde and she must be this size and she must have boobs and she must have… I used to get very, very angry with that, I'd actually very often say you know what about the capabilities of the person?

Two participants (P3 and P8) felt differently about men. They argued that there would always be men who only look at slim, gorgeous women, but that there exists a large group of men who are open to larger female shapes. This is evident in the following quotations:

P3: But generally men and that whole string of women, it's kind of changing for me … I always thought the men they like their women thin, it's the blonde and blue eyes and da da. But that somehow, that impression has changed for me. It's your image type person who I feel you know goes for your women, your thin women and who doesn't take into consideration what else there is for the women that's overweight. But there are other men who do date bigger women

P8: … so it varies some men you know are interested in a sort of ideal woman, the sexy look, who's thin and blonde and whatever, but others would look further and would be more open

In terms of the perceptions of which gender is more critical of a larger female body size, two participants stated it is the female gender. This is apparent in the following extracts:

P6: I think more women look at other women and judge them on how they look than men do… a woman will look at another woman and judge her by her weight, and think oh she probably eats overeats and that's why she looks like that

P8: I think women are maybe a bit more critical, men may not be that critical

It is interesting to note that these participants who judge women more harshly admit to constantly judging other women and therefore expect that other women

naturally do the same. The participants do not provide additional hypotheses as to why women may be the most critical. Some feminists would argue that women are threatened by each other, as a large number of women are competing for a limited number of men (Orbach, 1978; Tebbel, 2000). Others would suggest that men have played a part in setting women against one another in an attempt to divide female power in society (Orbach, 1978; Bovey, 1989; Burstow, 1992).

Of relevance is the fact that the majority of participants view fatness as a personal struggle. They identified gender relations as important in the understanding of women's struggles with weight, but did not consider gender power dynamics.

5.11 Conclusion

The results of analysis reveal nine thematic categories:

1. Motivation to lose weight
2. Coping with weight status
3. Support
4. Causal attributions regarding overweight status
5. Perceptions pertaining to weight status
6. Cognitive representations pertaining to weight status
7. Psychological mindedness
8. Discriminatory experiences
9. Impact of agencies in society regarding weight status

Participants differ in their experiences of weight status. Most are willing to assume responsibility for their body size and attribute self-blame to their overweight status. This has the effect of reducing self-esteem, as well as self-efficacy. Many of them therefore attribute negative characteristics both to themselves and obese others and positive characteristics to slimness. It appears that anti-fat messages are largely internalized. However, they tend not to strive for the body-thin ideal that society extols, as they believe this to be an unrealistic goal, as well as an unhealthy one. Nevertheless, they do acknowledge the need to slim down and lose weight and most identified this as a primary reason for joining the Healthy Weight Programme.

The majority learnt new strategies for coping with their current weight status and valued the focus that the programme places on healthy eating and healthy weight loss. They added that the support from other women on the programme was not only helpful and motivating, but also therapeutic. They identified needing a great deal of social support as many have experienced poor treatment as a result of obesity stigma. The women tended to show insight regarding their relationship to food and their body size. They were able to acknowledge certain agencies in society that play a role in extolling the body-thin ideal, namely the media, fashion-world and gender relations.

The following chapter summarises these findings, presents recommendations both from the participants' viewpoints, and from the researcher's, considers limitations of the study and makes suggestions for future research. It this to this final chapter that the reader's attention is now directed.

CHAPTER SIX
CONCLUSION

6.1 Introduction

This chapter summarises the central findings of this study and lists participants' recommendations for the Healthy Weight Programme. In addition, the researcher provides recommendations, which aim to both assist the manager of the Healthy Weight Programme in ensuring that services best suit clientele, and to aid in supporting those that continue with future research on this subject matter. Furthermore, limitations of the current study are highlighted. Finally, a conclusion is provided.

6.2 Summary of findings and recommendations from these findings

The study aimed to explore women's experiences regarding their weight status. There were nine central thematic categories that emerged from the data analysis. These thematic categories are; motivations for joining the Healthy Weight Programme, coping strategies utilised prior to and following the Healthy Weight Programme, support structures both within the programme and beyond it, causal attributions identified by participants regarding their overweight status, cognition, perceptions, and psychological mindedness regarding weight status, discriminatory experiences owing to weight status and the impact of social agencies regarding weight status.

With regard to the first theme, namely participants' motivations for joining the programme, reasons centred primarily on the need to lose weight, as well as to exercise to become more fit and healthy. One participant (P1) stated that an event related to obesity, specifically not being able to sit in an aeroplane seat, acted as the catalyst regarding her decision. Another participant (P5) related being informed by her doctor to lose weight, as she had recently developed high blood pressure and elevated cholesterol levels. In general, participants felt they had become very heavy and needed to lose weight in order to keep abreast with others and to lead more active lifestyles.

In terms of coping with their overweight status, participants identified having utilised certain coping strategies prior to joining the programme. They stated that certain of these mechanisms were very different to the skills they acquired from the programme. Chiefly, prior to joining the programme, participants had tried to lose weight by going on weight loss programmes, such as Weighless and Sureslim, and had read about healthy eating practices and other weight loss techniques. Additionally, some had used the mechanism of avoidance and decided to ignore their weight difficulties by refusing to deal with these issues until deemed absolutely necessary. Others had dismissed their weight concerns or else used humour to dull the emotional pain experienced as a result of prejudice regarding their overweight status.

However, following the programme, many participants stated having made a mindshift in terms of realising that what was necessary for long lasting results would be a lifestyle change that involved ongoing exercise and healthy eating plans. Some also spoke about needing to realise that weight loss was not the most important end product, but rather healthy living was the key goal. Participants therefore recommend that for future programmes more information be disseminated regarding techniques for healthy living, and that the focus on healthy attitude with regard to the process of weight loss be especially encouraged.

Learning to love and respect oneself irrespective of body size was another lesson that a few participants paid credence to. Feminists motivate for this focus on self-acceptance as they encourage women to learn to accept themselves and not succumb to unreasonable societal expectations regarding weight status (Gordon, 1990; Wolf, 1990; Tebbel, 2000). Many of the women admitted to self-blame and to suffering from low self-esteem. These women recognised that self-devaluing is part of their primary problem and felt the programme's focus on healthy living and de-emphasis on excessive weight loss was helpful in building esteem. Humour was also found to be useful. The participants that following the completion of the Healthy Weight Programme continue to use humour as a coping strategy, argue that this coping mechanism helps them to be kinder to themselves in their weight struggles and aids with the renewal of hope in their ongoing battle against weight.

Consistent with research findings, participants have experienced social isolation and rejection owing to their overweight status. As such, the necessity for a discussion and theme relating to social support emerged. Participants reflected on their receipt of support both from friends and family, as well as in relation to participating in the weight programme at the Sports Science Institute. In terms of family support, many expressed feeling valued by their partners or husbands. In this way, their experiences do not confirm feminist assertions that all men subscribe to standards that their women be ultra slim and conventionally sexy (Orbach, 1978; Chernin, 1983). In fact, the converse emerged in that some of the interviewees reflected that their partners accept them irrespective of body size. These women proclaim that they are more intolerant of their overweight status than are their partners.

All the participants reported having had a supportive experience at the Sports Science Institute. Central to this was a feeling of being understood, accepted and respected during the exercise sessions. Most importantly, the ability to share weight struggles with other women in similar situations was deemed not only useful, but also therapeutic. The group exercise programme played a significant role in terms of helping participants to realise they were not alone or unique in their weight battle. In fact, several participants proposed that more group workout sessions be offered, as well as a support group. They recommended this group be led by a trained counsellor or psychologist who could facilitate discussions regarding weight issues. The participants stated having made friends on the programme and therefore also suggested that a reunion group be held several months after completion of the programme in order to renew contact and to provide a check on how participants are coping with the challenges of healthy living.

In the current study the participants' lay causal attributions with regards to obesity were expressed as either self-induced causal factors or factors perceived to be somewhat beyond their control. Some self-related factors were original family eating practices, as well as family relations. In terms of the latter, participants reflected on either being raised in households where comparisons were made between themselves and a sibling, or being brought up in households where

parents were critical, controlling, strict or unstable. They link their inability to cope with these experiences of parental styles to their weight gain, in that they turned to food as solace or, alternatively, used food as a mechanism of revenge against family members. Thus, food took on life-like qualities to compensate for a lack of adequate parenting and eating was a weapon used to punish others. In terms of original family eating practices, participants' point to being socialised into specific eating patterns, such as eating all the food on one's plate, which has resulted in poor eating habits in adult life. Participants described that often food was in abundance and specific types of unhealthy foods were always available. As such, the participants believe that these original negative behavioural practices became ingrained and currently are difficult to discontinue. They therefore perpetuate these practices in their present lives.

Overeating was also identified as a causal factor regarding weight gain. This factor ties in with the above description of original family eating practices, as well as with having been at boarding school and there both having eaten fatty foods and a large quantity of food. Furthermore, overeating was said to occur in relation to emotional distress. Some participants additionally ascribe their weight gains to personality characteristics, such as a lack of willpower and beliefs about not being disciplined types of people. These participants believe that they struggle with routine and structure and that weight loss involves very strictly monitored plans and, as a result, they fail to adhere to such plans.

Of note, is the fact that three participant's link their unhappy marriages to their overweight status. One clarifies how the link between weight gain and marriage occurred. She (P4) stated that gaining weight was a protective mechanism in that she hoped it would reduce her husband's fears of her being unfaithful. The other women (P6 and P8) explain that the marital problems have led to unhappiness and the unhappiness subsequently led to a great deal of comfort eating. These women felt that it was important to have a counsellor or psychologist involved in the programme in order to help the participants deal with their family dynamics.

Aside from the above causal factors, a few participants stated that their weight gain might to some extent be out of their control in that it may be linked to their

physicality. Most participants identified feeling uncomfortable and extremely overweight, whereas only a few were oblivious of their weight status. For the many conscious of their weight, some identified needing to compensate via the focus on other traits, such as their outgoing and friendly personalities and their hard working natures. Some were extremely honest in admitting that these traits act as survival mechanisms in a society that disrespects obese persons. Those that viewed themselves as obese were disgusted and angry with themselves at the start of the programme. They linked feelings of shame and anger to helplessness in the face of their weight loss struggle.

Some participants believe that in South Africa traditional cultural groups adhere less to the belief that thinner is better. They argued that these groups are more accepting of fatness and resultantly obese persons. However, these beliefs are not consistent with current literature that provides evidence that non-Western groups are interested in and, increasingly, strive for the body-thin ideal (Szabo, 1998; Lee, 1999; Senekal *et al.*, 2001). In relation to discussions regarding culture, one participant requested that the programme be more respectful of different cultural practices by making provision for the unique eating practices of the multiple religious and cultural groups. This participant felt the dietary list provided at the start of the Healthy Weight Programme did not attend to the needs of all groups, including her own, and, as such she felt marginalized.

On the whole, the participants appeared to be fairly psychologically minded in that they were mindful of probable psychological reasons for overeating and their weight status. Some argued that the weight originally served a profound purpose even though eventually it became maladaptive. Many of the participants are aware of the struggles women have in relation to food and as such requested the support group as a means of expressing these shared experiences.

In terms of discriminatory experiences, participants expressed having endured poor treatment owing to their overweight status, and argued that the effects of this are visible in their current lives. Despite having been victims of discrimination, some express the difficulty in trying to defend their status when they, too, struggle to accept it. They subsequently live shame-faced and experience guilt feelings.

This ambivalence results from having internalized the message of the abuser, and renders them powerless in the face of change. Some stated they want to fight for fat-acceptance, but questioned how to start this process when they, too, have internalized aspects of the anti-fat bias and are therefore not inherently comfortable and accepting of their weight status.

Lastly, participants identify agencies in society that both extol the body-thin ideal and perpetuate its existence. These agencies were identified as being the media, the fashion-world and gender relationships. The majority believe the media has constructed the notion that thinner is better and people in society subscribe to this trend unquestionably. Participants use the terms 'brainwashed' and 'conform' to refer to others' adherence to this thin ideal. Some argue that fashion labels are expanding and thus are more accepting of the larger figured woman. But even these participants question whether this expansion is in relation to progressive and forward thinking ideas regarding weight status or, merely, in relation to an increased niche in the market for larger sized clothing.

A few participants argue that men are instigators and perpetuators of the body-thin ideal, whereas others state men are increasingly becoming open-minded and experimental with women of all shapes or sizes. In fact, two participants argue that women are far more critical of other women's sizes than are men. Of note, is the fact that the participants acknowledge gender relations, but provide no hypotheses as to why men in society continue to hold, or previously held, immense power over the female figure. They go so far as to say gender issues exist and society constructs ideas that are adhered to, but they do not question what role they play as part of this broader society that they speak of.

To summarise, participants' recommendations that emerge from this study for the Healthy Weight Programme are:

- Information be disseminated on healthy lifestyle techniques
- Additional optional workout sessions be offered
- Support group be offered and facilitated by trained counsellors or psychologists

- Follow up groups or reunions take place to provide a check on coping strategies
- Relapse prevention strategies be taught in the event of a relapse
- Discussions be provided which address issues pertaining to obesity prejudice
- All facets of the programme make provision for multiculturalism by ensuring all participants' racial and cultural origins are considered

Generally, the participants admitted to obtaining a great deal of value from the programme and said these recommendations are provided to fill small gaps that only a few participants identified.

6.3 Limitations of this study

Although this study reveals important information about women's experiences regarding their overweight status, it is also limited in several respects. The study is exploratory in nature and employed a qualitative methodology and, as such, only a limited number of participants were interviewed in order to arrive at rich and descriptive data. Given the exploratory nature of the study, the small sample size is acceptable, but results only reflect a small number of experiences and thus are not necessarily generalizable to the broader population of obese women in this country. In addition, the study explored the experiences of participants of the Healthy Weight Programme at the Sports Science Institute only and, as a result, the experiences of individuals who seek help at other weight loss agencies were not explored.

Furthermore, given that volunteers are a distinct group prepared to disclose their experiences, it cannot be assumed that other obese women who did not volunteer to be interviewed would probably have similar experiences or be as psychologically minded regarding their weight status. The impact of obesity on women who not only refused to volunteer to be part of this study, but who also refuse to join a weight loss programme, can only be surmised. These women might be more accepting of their overweight status and not feel the need to lose weight or, alternatively, might feel extremely hopeless in the face of weight loss and therefore abandon all attempts at change.

As with any research, the findings of this study are influenced by interviewer effects. The degree to which participants' experiences were explored is reflective of the researcher's interviewing skills. Resulting from a relatively inexperienced researcher with regard to conducting semi-structured, in-depth interviews, it is likely that the information obtained is limited in its quality. Furthermore, the quality of analysis of the interview transcripts could also have been influenced by the lack of researcher experience in the area of thematic data analysis.

Perhaps some of the most important limitations of the study relate to additional interviewer effects, such as the age, language group and race of the interviewer. Respondents are usually willing to engage more honestly with people who they perceive as similar to themselves (Breakwell, 1995). My characteristics as researcher may, in some way or another, have had an impact on the interviewees, resulting in findings biased in ways upon which it is only possible to speculate. I am English-speaking, white and middle-class. Furthermore, participants were aware that I am an academic researcher, as well as a psychology intern. It is possible that all these variables could have impacted on the nature and the quality of the interviews and the information obtained.

All interviews were conducted in English and as such participants needed to be fluent in this language. As a result, it can be hypothesized that a portion of the participants on the Healthy Weight Programme who speak Afrikaans or Xhosa were excluded. Furthermore, although all attempts at sharing the interview space were made, as well as towards the nurturing of an egalitarian relationship between interviewer and interviewee, it cannot be assumed that issues of power were not present in interviews.

It is additionally important to note that the researcher was influenced by each respondent's unique characteristics and also by her own paradigmatic and theoretical inclinations. Research is always carried out from a particular standpoint and is thus always value laden. The reflexive nature of this study is noted.

Lastly, the manager of the Healthy Weight Programme has established relationships with the participants and it is possible that she forwarded the names of participants whom she believed had positive experiences at the Sports Science Institute. This would have impacted on the nature of the data obtained. Furthermore, participants might not have felt free to be more critical of the programme as a result of loyalty to the institute.

6.4 Recommendations

This next section explores recommendations for both the Sports Science Institute, as well as for future research. As such, it will be divided into these two sections respectively.

6.4.1 Recommendations for the Sports Science Institute

Aside from concurrence with the recommendations provided from the participants themselves, an additional suggestion is provided, namely, an exploration of the attributional style of each participant at the time of joining the Healthy Weight Programme. Each attributional style adopted may provide clues as to how to individualise aspects of the programme to be tailored to each participant's unique requirements. If a participant has unrealistic attributions these lead to maladaptive behaviours. Thus, in order for any training to be successful, the individual must be trained to give up unrealistic causal assumptions and to adopt, instead, new and far more realistic causal explanations. It is assumed that unrealistic thoughts lead to emotional upsets and for this reason it is recommended that the programme manager consider questioning each participant about causal theories regarding overweight status.

As a psychology intern I would like to reiterate the importance of shared experiences and the power of social support. For this reason I strongly recommend that a support group be developed in order to provide additional therapeutic benefit to the programme. This group will in all likelihood contribute a psychological element to the intervention, aside from the biological and scientific ones already in place at the Sports Science Institute. In this way the

psychology of weight status can be explored as this facet of weight gain has been highlighted in the current study.

6.4.2 Recommendations for future research

This study contributes to previous research that examines psychological factors related to obesity. It is therefore proposed that a meta-analysis of all the research that has been undertaken be explored as this would be deemed extremely valuable. The meta-analysis would most likely accentuate commonalities of research and highlight areas that require further exploration. The psychological factors that relate to obesity are diverse and important constructs require further study.

It is also proposed that a range of studies involving diverse methodological approaches, aside from qualitative ones, be undertaken to ensure that the Sports Science Institute has a thorough understanding of how its interventions are experienced by clientele. It is also possible that new studies could expand on this current one. For example, these eight women may be interviewed in several years time to determine the impact of the interventions provided at the Sports Science Institute.

This study's focus is on participants' experiences of weight status at the time of participating in a weight reduction programme at the Sports Science Institute. It is proposed that a comparative study be undertaken that explores women's experiences of overweight status, both from the Sports Science Institute, as well as from other agencies that provide weight loss programmes. This would provide insight into the strengths and weaknesses of the different weight loss programmes, which could guide necessary changes to ensure that participants receive the best interventions obtainable.

Researchers' may be interested in adopting a psychodynamic approach to studies of this nature. This perspective might help unpack the nature of the defences and coping strategies that are employed by obese persons. Moreover, this perspective

may help explain other unconscious mechanisms that are at the disposal of such persons, as well as the purposes served by these mechanisms.

In order to explore the impact gender relations may have on women's expression of weight struggles, a study undertaken by a male researcher would be deemed useful. The women in the current study reflected on being more at ease in the presence of another female when having to disclose extremely personal information, as well as experiences perceived to be shameful.

Lastly, it is suggested that a longitudinal comparative study be undertaken that explores the link between duration of obesity and reactions to weight status. This will provide significant information as to whether lengthy experiences of obesity results in the use of more adaptive coping mechanisms. This can provide programme designers with the insights as how best to target intervention.

6.5 Conclusion

This study explored women's experiences of overweight status. It culminated in recommendations aimed at assisting the manager of the Healthy Weight Programme at the Sports Science Institute. These recommendations examined how best to meet the needs of clients. It is clear from the participants' experiences that obese women face many obstacles, including anti-fat prejudice, and therefore require a great deal of support and assistance with regard to addressing their weight status. They internalize societal messages regarding characteristics of obese persons, which serves to reduce self-esteem and creates ambivalence in terms of self-identity.

It is hoped that the complexity of living with obesity has been highlighted and that has helped agencies address the complex layers of obesity. The Healthy Weight Programme clearly adds benefit to the lives of women struggling to manage their weight gain. Thus, the importance of providing support to obese women is foregrounded and consistent interventions that are informed by clients' needs are encouraged.

In terms of the implications of this study, it is necessary to recognise the psychological factors both contributing to overweight status, as well as emerging from overweight status. Therefore, adequate training on psychological factors related to obesity should be undertaken in order to best assist obese persons. Finally, without relevant changes in larger societal agencies, such as the media, the rights of obese persons will not be respected and the challenges that obese persons face will not be sufficiently addressed.

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APPENDIX A
BACKGROUND INFORMATION QUESTIONNAIRE

Participant number: _____ (Please note that all information contained in this questionnaire will solely be used for the purposes of this research project and will remain strictly confidential).

Please tick/complete the box containing the correct answer:

Section A

What is your current age?

20 – 29 years	30 – 39 years	40 – 49 years	50 – 59 years	60 years and older

What is your home language?

English	Afrikaans	Xhosa	Other (please specify):

In which residential area do you live?

Please specify:

What is your relationship status?

Single	Married	Divorced	Widowed	Living with partner	Other (please specify):

Family environment. Do you have dependant children living in your home?

If yes, please specify:	No

What is your highest educational qualification?

Please specify:

What is your current employment status?

Employed	Unemployed

What is your occupation?

Please specify:

What is your average monthly household income?

< R1000	R1001 – R3500	R3501 – R5000	R5001 – R7500	> R7501

What is your religion?

Muslim	Jewish	Christian	Other (please specify);	None

Do you have any existing physical or mental health problems?

Yes (please specify, including medication, if any):	No

Section B

What do you do in your leisure time?

Please specify:

Do you do any exercise?

Yes (Please specify what and how often :)	No

When did you do the Healthy Weight Program?

What was your weight before the Healthy Weight Program?

What is your weight now?

APPENDIX B
SEMI-STRUCTURED INTERVIEW SCHEDULE

Entry into the program

1. What made you decide to join the program?

Psychological Wellbeing

1. How did you feel about yourself at the time of joining the program?
2. How does your weight make you feel about yourself now?
3. Does your weight influence your mood?

Attributions Regarding Weight Status

1. What do you perceive as the cause of your weight status?
2. How has this influenced how you deal with your weight?

Coping Mechanisms

1. How did you cope with your weight status prior to starting the program?
2. How are you coping now?

Stigmatization

1. How does society respond to a woman with a larger body size?
2. Why do you think this is so?
3. Have you ever been treated poorly owing to your body size?
4. How do you cope with other people treating you badly if you have had this experience?

General

1. Is there anything else you would like to tell me about that you think will shed more light in trying to understand women and issues around weight?

APPENDIX C
LETTER OF INFORMED CONSENT

TO WHOM IT MAY CONCERN

I _____, hereby consent to participate in the research project being undertaken by Lauren Jacobs as part of her Mpsych Degree, which she is completing through the Department of Psychology, University of the Western Cape.

The research aims to explore women's experiences regarding their weight status that have participated in the Healthy Weight Management Program at the Sports Science Institute, Cape Town. My participation will be in the form of an interview with the researcher.

I understand that I will remain anonymous at all times and I declare my right to withdraw, at any stage, from the project. Furthermore, I assert that all my biographical details will be treated as confidential.

Yours sincerely,

_____

APPENDIX D
CODING

P1 Participant 1

P2 Participant 2

P3 Participant 3

P4 Participant 4

P5 Participant 5

P6 Participant 6

P7 Participant 7

P8 Participant 8

… starting or ending mid sentence or paragraph