LIVING THE STRUGGLE AGAINST OBESITY: COMMON THREADS IN THE LIFE-NARRATIVES OF WOMEN WHO HAVE REGAINED WEIGHT

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Abstract

This research aims to identify any patterns in participants’ biographical narratives that might enable therapy to be more effectively directed to help with the growing challenge of obesity. Existing approaches to obesity treatment have largely focused on weight loss (and maintenance) as a discrete problem, isolated from the individual’s wider psychological condition and from their individual history, and there has been some suggestion in the literature that many patients feel that this approach fails to address ‘deeper’ problems influencing their eating and lifestyle behaviours.

Six female participants who had previously experienced significant weight loss and regain were recruited to take part in this research. A narrative methodology was chosen as it was felt that this would most effectively enable access to the participants’ understanding of their weight journey, as well as being in keeping with the researcher’s professional practice.

The transcribed interviews were coded and analysed and the main themes were divided into six categories or dimensions: childhood experiences, adulthood experiences, eating and dieting history, attitude to weight and obesity, attitude towards self and attitudes towards food and eating. Within the final category it was striking how the subjective reports placed remarkably little emphasis on taste or on the pleasures of taste – consumption apparently had an alternative motivation.

The work affirms the importance of early experience in influencing long-term outcomes. A key finding of the study implicates two distinct patterns of thought and behaviour, each originating in early parent-child experiences: one pattern begins by identifying the self as unworthy of affection and as requiring severe discipline, and goes on to impose, through a bifurcation of self-concept, unrealistic and unyielding restrictions on eating behaviour, with both the ensuing self-defiance and the consequent self-punishment contributing to weight regain; a second pattern begins with the child taking on premature responsibilities and self-identifying as the giver, not receiver, of care, and
develops into self-neglect in adulthood. Both patterns of behaviour may have been formed within the problematic childhoods reported by all six of the participants. Identifying these patterns and their early development is an original contribution of the thesis, though their explanation is rooted in existing literature. More broadly, the study draws attention to commonalities within life-histories of weight-cycling women, and particularly their connection to childhood experiences, while also recognising that adult obesity may be the destination of more than one pathway.

The study suggests future research through longitudinal studies, following participants through different phases of the weight loss/regain cycle, as well as studies of participants drawn from different social and gender groups may further clarify key factors for therapeutic intervention. Findings from this research may also be used to guide and target larger-scale, survey-based studies.

Suggestions are made about how these current findings may help to inform practical interventions. However, despite the many commonalities identified, there were also striking differences between individuals, therefore the emphasis must be on the importance of tailoring therapeutic interventions sensitively to the personal narratives of individual clients, rather than on imposing an unduly universalised ‘one size fits all’ form of treatment.
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Candidate’s Declaration

I declare that the research contained in this thesis, unless otherwise formally indicated within the text, is the original work of the author. The thesis has not been previously submitted to this or any other university for a degree, and does not incorporate any material already submitted for a degree.

Signed

Dated
Introduction

The Purpose of this Research
The world has a problem with weight. Obesity rates are rising rapidly, and bringing with them a raft of health problems, economic problems, and psychological problems. Society has become acutely aware of the dangers of this epidemic – national and international governmental authorities have invested heavily in public education programmes, with the voluble assistance of the independent media. There is a global campaign to prevent obesity.

Less is said, however, about the other side of the problem: treatment of existing obesity. The very fervour with which public bodies seek to prevent individuals from becoming obese displays a fear that, once obese, individuals will be unable to return to a healthy weight. So far, that fear seems justified: although there is no shortage of diets and exercise plans offered to the public, their long-term efficacy appears very low. In particular, although impressive – even spectacular – weight loss can be achieved, that weight loss is almost never maintained, with formerly obese individuals regaining weight rapidly after interventions, often more rapidly than when they originally became obese. Indeed, for most obese patients, it seems that weight is never lost – only temporarily mislaid.

It should surprise no-one that weight loss maintenance is much more difficult than weight loss itself. Weight loss can be achieved in the short-term, requires only temporary obedience to simple, rigid rules, and produces clear and immediate effects; weight maintenance requires a regime that is sustainable – practically, financially, and psychologically – in the long-run, and it must do so even though its immediate benefits are harder to discern. Operating with less intensity than weight loss, and over a longer period of time, weight maintenance is more vulnerable to the disruptive effects of the biological, sociological and psychological systems in which weight is enmeshed, and which often lie beyond the awareness of the individual.
As a practicing counselling psychologist working at the interface between psychological theory and public expectation I have long been aware of a deficit in the understanding and skills of most practitioners when faced with the increasing numbers of clients presenting with disordered eating and its consequences, and particularly in the area of weight loss and weight loss maintenance.

This research looks at the histories of six women who have struggled to maintain weight loss and, while fully acknowledging the contribution to our knowledge about weight gain processes from a broad array of disciplines, strives to understand the problem from the psychological perspective. The hope is to improve clinical practice through practice-informed research.

**The Problem of Weight loss maintenance**

It is hard to deny that obesity is a widespread issue in the modern world – the number of overweight and obese people worldwide increased from 857 million in 1980 to 2.1 billion in 2013 (Ng et al., 2014). Some individuals may be happy with their obesity, despite its medical implications, while some others who would like to lose weight have not yet attempted, and may never attempt, to do so to any substantial degree, perhaps contenting themselves with restricting their rate of weight gain, or seeking to maintain a stable though high weight. Yet clearly many individuals do attempt significant weight loss – and a great many succeed, at least in the short term. The weight loss industry, increasingly visible in modern society, is to some extent built upon success – whether in the form of demonstrated weight loss statistics, or celebrity testimonials, or simply the success achieved by individuals and communicated to their friends, and spread beyond their immediate circle by word-of-mouth. But underneath this well-advertised success there is a less discussed failure: even among those who achieve weight loss, almost all regain their entire pre-intervention weight within a few years, or even months, as documented by French et al. (1994) and Klesges et al. (1992). More and more people are becoming obese – and we have yet to develop any effective long-term treatment for obesity.
Nor is obesity inconsequential. Society is not worried about obesity purely for aesthetic or ideological reasons: obesity has been linked to serious medical and psychological problems (Darnton-Hill et al., 2004). In my clinical practice as a counselling psychologist, I have observed how issues around weight have complicated and exacerbated other problems even when they have not caused them; due to the difficulty of maintenance, attempts at weight loss often seem to only further amplify these problems, rather than relieving them.

The difficulties of weight loss maintenance are therefore a pressing problem, and a problem that will only grow in significance as the current obesity pandemic continues to develop; yet, while many studies have addressed weight loss itself, and others have addressed long-term weight gain, surprisingly few have dealt specifically with weight maintenance and weight regain. What is more, studies and interventions to date have largely focused on the problem as a self-contained issue, something that can be addressed more or less without reference to broader psychological or sociological contexts.

As a counselling psychologist, this approach did not satisfy me. It was my experience that for many of my overweight patients their issues around weight, weight loss, and weight regain were indissolubly entangled with other aspects of their life experience – rather than obesity being the same problem for each client and in each case a distinct problem from their other issues, I found that obesity was for many clients part of a larger problem, not easily separable from their other issues, and that obesity in one individual was not always equatable with obesity in another.

My clients, similarly, appeared to hold this view; this concern – this sense that the problem of weight loss could not be satisfactorily addressed in isolation – appeared to contribute to a widespread sense of frustration and disenchantment with existing intervention options, and a general pessimism regarding their own long-term weight prospects. This sense of their unaddressed issues underlying or being intertwined with weight problems, and the fear that current weight interventions do not address these problems, has
also been demonstrated through academic studies of patient views, such as that by Thompson and Thomas (2000).

I chose therefore to concentrate my own research directly on this perceived deficit. Individuals struggling with their weight, in feeling that their problems are not adequately being addressed by existing interventions, appear to understand their situation in a way that differs from the understanding of most researchers. I wanted to investigate how the experience of obesity, of weight loss, and of weight regain, feels from, as it were, the inside – from the perspective of the individual themselves. In doing this, I hoped to shed light on what it was that might be missing from existing interventions, and perhaps thereby to help explain the long-term ineffectiveness of existing interventions. Moreover, as a practising counselling psychologist, I hoped that this exploration of the lived experiences of obese individuals would yield valuable insights both for myself and for other counselling professionals, to improve our treatment of obese clients in a clinical setting.

**Existing Approaches**

Obesity is a large problem, and a substantial literature has developed to address that problem from a number of different directions. In order to fully appreciate the complex influences acting upon my clients, I began by reviewing the existing literature. This required a multidisciplinary approach, incorporating insights from sociology, socioeconomics, and psychology – including the psychological study of childhood influences, of the influence of experiences in adulthood, and of the role of evolutionary psychology and biopsychology – as well as from ‘soft’, or ‘alternative’ literature on obesity, which has often been more closely focused on the experiences of the individual. I also chose to review literature from the study of addictive behaviours, as this discipline has much in common with the nascent study of obesity, while being rather more developed in certain areas. From these sources, I hoped to gain an understanding of the individual threads, the commonalities, that have in different ways been woven into the underlying material, the cloth of my participants’ experiences; and through understanding
the common threads I hoped to come closer to understanding the particular distinctiveness of the experience of obesity.

Although this research has been oriented toward the subjective experience of obesity, it is necessary to also bear in mind the realities underlying those experiences. Obesity and weight regain are not wholly psychological phenomena, although I believe that psychology must play a critical role in understanding and treating them – nonetheless, there are almost certainly other factors at play that are not directly treatable by the therapist. These factors help to provide the raw material for the experiences of the patient, the ground base above which the patient may construct variations, and they also set the limits of the psychologist’s ambit; therefore, for me it was important to gain at least an elementary understanding of the role of physics and of biology, in such areas as energy balance, metabolism, neurobiology, genetics, and epidemiology.

**Research perspective**

Having reflected on my philosophical journey to date I find that my stance is most aligned with that of the ‘Process Philosophy’ of Alfred North Whitehead (1861-1947), which he described as the “ontology of becoming” (Whitehead, 2008). He proposed that change is the cornerstone of reality. This philosophical approach dovetails with my foundation psychological approach which is based on the work of George Kelly [1905-1966], who developed the field of Personal Construct Psychology. He saw the individual as a constructor of meaning and that there was always a choice of meanings available – leading him to refer to his stance as one of ‘constructive alternativism’. These different meanings give rise to the theories within which people understand their lives. To enter their world it is therefore necessary to explore the nature of their theories. This stance in turn lends further support to my choice of a narrative methodology.
The structure of this thesis

The remainder of the body of this thesis is arranged in five chapters under the following headings: Literature Review; Methodology; Findings; Discussion; Conclusion. These five chapters are then followed by References and Appendices.

The Literature Review explores the extent of the obesity problem and endeavours to raise awareness about the wide range of influences – each worthy of individual theses in their own right – that both play out their own roles and also interact with other factors, adding to the complexity of the challenge faced by individuals struggling to maintain a stable weight.

The Methodology chapter explores in more detail my stance as a researcher, issues around participant selection, data collection and analysis, and also issues of rigour and reflexivity. It explains and defends my choice of a narrative methodology, in which I condense life-histories elicited through interviews into succinct ‘biopics’, told in the participants’ own words and faithful to their own perception of the course and direction of their lives, with a particular emphasis on issues around weight. By analysing recurring themes throughout each biopic, and by comparing and contrasting the narratives of the six individuals, I then seek to describe patterns of thoughts and behaviours that seem to recur within each narrative.

Because this study is entirely qualitative and relies on the researcher’s interpretation of the elicited narratives, I felt it would be counterproductive and misleading to attempt to strictly isolate my findings from my discussion of those findings: rather than a strict dichotomy, the Findings and Discussion chapters should therefore be considered as presenting a process of analysis that moves from the practical toward the theoretical. The chapter discussing Findings therefore begins by examining each narrative in turn, with extensive and specific quotation from the elicited life-stories. The Discussion chapter, by attempting to draw parallels and dissimilarities between the narratives takes those themes and patterns and attempts to form overarching narratives, making sense of the complexes of thought and behaviour by showing, drawing
on existing psychological literature, how the presentation of these themes may reflect underlying coherent psychological processes in which these six individuals to differing degrees participate.

Finally, the Conclusion brings together the findings of the preceding chapters, distilling from them what I believe to be the most significant results, as well as considering the potential significance of this study both for research and for clinical practice, while bearing in mind also its limitations. On the basis of this, some suggestions are made for potential future research to refine, build on and further explore the perspectives gained from this research.
Literature Review

To inform my research, I have reviewed the existing literature on obesity with particular attention paid to the broad areas of: defining the problem itself; the range of interventions currently available; the wider factors that contribute to weight gain; and the contribution from outside the dominant dialectic on obesity.

The Problem of Obesity, and the Difficulty of Weight Maintenance

There is currently perceived to be a global epidemic of increasing weight gain. By 2015 the World Health Organization (WHO) (2000) estimate that there will be 2.3 billion overweight adults, world-wide, of whom 700 million will be obese. To talk of epidemics implies that obesity is a disease – indeed the government often describe it as such – but, as Heshka and Allison (2001) argue, it should be seen not as a disease but as a health-related problem. This might suggest that as a society we need to retreat from the approach we are currently espousing, which views individual weight as a legitimate topic for public discussion (Bonfiglioli et al., 2007). Should society be involved in what is fundamentally a private issue?

In America, six of the ten main causes of death are associated with excess weight and with unhealthy food choices (Merrill & Shields, 2003). Darnton-Hill et al. (2004) report that improving diet and lifestyles could prevent up to 80% of incidences of coronary heart disease (CHD) and up to 90% of type II diabetes, and could stem the rising levels of obesity now seen at increasingly younger ages. Obesity is consistently associated with diminished health-related quality of life (Kolotkin et al., 2006; Song et al., 2006; Zeller & Modi, 2006; Kolotkin et al., 2004; Tsai et al., 2004; Seidell & Tijhuis, 2002; Fontaine & Barofsky, 2001; Kolotkin et al., 2001a, 2001b; Mannucci et al., 1999). There appear to be few areas of life that are not negatively affected by weight gain.
In the UK, the Chief Medical Officer reported in 2002 that 21% of men and 24% of women were obese (Chief Medical Officer (UK), 2002). The National Audit Office (National Audit Office, 2001) estimated that in 1998 obesity cost the country £2.5 billion. As obesity has consequences for both the individual and society, it does appear to be an appropriate topic for public debate.

The obvious focus for future intervention might seem to be to prevent further cases of obesity. Müller et al. (2001) addressed this question, but found that, while different approaches to prevention have been tried, there is an absence of evidence of sustained effectiveness. They point out that over the last thirty years, despite an increasing understanding of the molecular basis of obesity, the prevalence of obesity is still rising. They also looked at various community and childhood obesity interventions from around the world, without any definitive way forward emerging, other than the need for further appropriate research. This lack of progress may be because, although obesity is a topic which is high on the political agenda, the focus seems to be on simple weight loss, with little understanding of how to convert those weight loss skills into weight loss maintenance. The general approach seems to be to deal with the physical symptoms of obesity rather than exploring the indirect causes, particularly the contribution from psychological factors.

The theory of weight loss is simple. There are many controlled trials demonstrating that it can be achieved. The High Street boasts a range of apparently successful slimming approaches. Given the above why do people not lose weight, or, having lost it, why do they regain it (Greene et al., 2006)?

Dieting is not the same as long-term life-style change. Few people talk of permanently weighing less; for most, weight loss and dieting seem to be goals in their own right. The title of Sarlio-Lahteenkorva’s paper looking at successful weight loss maintenance captures the problem – “The battle is not over after weight loss” (Sarlio-Lahteenkorva, 2000). Weight loss maintenance was found to be an “ongoing battle”—an unstable state requiring a range of skills. In my opinion, winning that ‘battle’ will require the identification of what function the weight, or food, fulfills for the individual, and whether or not it has
an emotional component. Without this understanding people cannot be guided to put in place appropriate alternative coping mechanisms, and therefore they appear to inevitably return to food to meet their unidentified, and unsatisfied, needs (Goodspeed Grant & Boersma, 2005). My concern was echoed in a 2005 edition of the journal “Counselling and Psychotherapy Research”:

Obesity has scarcely begun to be recognised as having any psychological involvement at all. Government documents urge us to eat less and exercise more and say not one word about how there may be psychological issues involved …

(Buckroyd, 2005, p. 187)

It seems clear to me then that obesity is a legitimate area for investigation. Obesity is widespread, obesity is increasing, and obesity appears to have significant negative consequences for the individual and for society. And yet there is more to understanding the problem of obesity than simply being aware of its prevalence. Obesity is not just a common condition – it appears to be an intransigent condition. Obesity seems easy to develop – yet very difficult to cure, at least in the long term. Short-term weight loss is quite achievable, but weight maintenance is altogether more challenging.

In a brief paper Heo et al. (2002) studied weight patterns in a sample of 5209 male and female participants over a thirty-year period. Using a combination of regression and correlation techniques, they demonstrated that body weight is resistant to reduction: i.e. irrespective of the type of intervention, weight tends to rebound over time. They do not offer any explanation for this effect, other than to call it “baffling”, in view of the associated health risks. Sarlio-Lähteenkorva et al. (2000) in a Finnish study, using six- and fifteen-year follow-up, found that weight loss maintenance was rare. Foster (2002) reports that weight losses of 10% can be achieved through six months of behavioural therapy but that, in the absence of further interventions, one third of this weight will be regained within a year, with total regain within five years. Perhaps most damningly, Brownell and Rodin (1994) estimated the failure rates of traditional weight reduction programmes to be 90-95%.
Various attempts have been made to identify reliable psychosocial factors that could be used as predictors of successful weight loss. Womble et al. (2001) found that perceived hunger, i.e. a feeling of hunger all of the time, was the most reliable predictor of long term weight loss. They also report that people with high trait anxiety, which is often associated with emotional eating, were less likely to lose weight.

Westerterp-Plantenga et al. (1998) identified that the levels of cognitive restraint and disinhibition were good predictors of successful maintenance. This is confirmed by the findings of Vogels et al. (2005). The use of pre-weight loss motivational discussion groups was found to help people set realistic goals, thereby limiting disappointment and enhancing adherence to required changes (Goldberg & Kiernan, 2005). O'Neil et al. (2004) report that obese people generally wish to be much lighter than they actually are – usually in the range 20-30% lighter. This high expectation may be one of the causes of failure. Byrne et al. (2003) discovered that discontent with initial weight loss and an unwillingness to remain vigilant around food and weight marked out those in their research who were unlikely to maintain weight loss. These women also reported stronger links between their sense of self-worth and their body shape. For those who lose weight there can appear to be a withdrawal of social support and encouragement once the goal is achieved. This absence of reinforcement can leave people vulnerable to relapse. Perhaps relatedly, studies on child behaviour show that even negative attention is better than no attention (Craig, 2007).

Jeffery et al. (2006) proposed that the change behaviours necessary for weight loss are different to those necessary for weight loss maintenance. Although they failed to prove their hypothesis that initial weight loss would be helped by a future-focused intervention while maintenance would benefit from enhancing satisfaction with achieved loss, the approach appears intuitively sound and further development of the idea may prove promising.

Latner et al. (2000) identified that maintenance is closely associated with length of intervention and trialled a programme which potentially could be
delivered indefinitely, at very low cost. It did, however, exclude the severely obese (more than 100 lb over weight). In a further paper Latner (2001) points to the growing realisation that while there are a diverse range of interventions capable of delivering initial weight loss, there is not, as yet, a method of sustaining that loss once treatment finishes. Latner therefore advocates the need to develop a ‘stepped-care’ model of continuing support, similar to that provided for other chronic health conditions such as diabetes and hypertension. To help minimise the financial burden of this approach, the use of “lay therapists” and self-help is advocated. In another study, Latner et al. (2006) confirmed the importance of on-going support groups. Lowe et al. (2001) studied Weight Watcher clients and concluded that the pessimistic reports about maintenance apply to clinical trials and not to those who become lifetime members of this commercial programme. It seems that maintaining weight loss often requires maintaining the weight loss intervention.

By focussing on those who do successfully maintain weight loss, Ogden (2000) identified the need to focus interventions on attitude change and relapse-prevention skills. Phelan et al. (2006) reported on the behaviours of members of the National Weight Control Registry (NWCR). This is an American group whose members have lost a minimum of 30 lb and have maintained that loss for at least one year. Since 1994 the consistently successful behaviours include maintaining a low-calorie, low-fat diet, eating regular meals – including breakfast – frequent self-weighing, and high levels of physical activity. These behaviours were also endorsed by the findings of McGuire et al. (1998) who looked at maintenance strategies following different weight loss methods, and again by Greene et al. (2006), who identified low-calorie intake as the cornerstone of weight-maintenance at two-year follow-up. However, Woolhouse et al. (2012) note how ‘healthy weight’ is often achieved and maintained through very unhealthy practices – e.g. purging, excessive exercise, and so forth.

If all the approaches are as good as they seem to be, why is no one asking the question, “Why is the problem of obesity still getting worse?” Do the
established sciences, individually or collectively, provide a solution to the problem of obesity? “The proof of the pudding is in the eating” and the answer is visibly, “No”. The established approach does not produce weight loss maintenance.

Both in order to understand the experience of obesity itself, and to understand the narratives of the obese, many of whom have experience of trying to lose weight, it is therefore necessary to examine the level of knowledge regarding existing treatments for obesity. In turn, it is to be hoped that greater attention to the lived experiences of those who have undergone treatment may shed light on the “baffling” failure of existing interventions.

**Interventions**

I chose to briefly explore some of the interventions commonly used to achieve weight loss, in part to see why they may not be useful in ensuring weight loss maintenance and in part to understand how they may actively be contributing to weight regain. In doing this I am trying to understand how the inefficacy of the interventions that people may have tried (or the discouraging reports that they have heard), has shaped their experiences of dealing with obesity. Does the nature of the failure of a particular intervention reveal anything about the nature of the condition it is designed to treat? And are there aspects of this inquiry that should shift the focus of our attention on to areas that I may otherwise have ignored, but which may have implications for successful therapeutic outcomes? Both as a practising psychologist and as a researcher, being aware of the commonalities of general experience, as revealed through studies, can hopefully guide me in identifying critical moments in the narratives of my patients.

**Dieting**

If weight gain is caused by too much eating relative to too little energy expenditure, it would seem obvious, and simple enough, to reverse the problem by eating less – a reduction in the energy input level to equal the output level ought to result in a stable weight, while a further reduction should
result in weight loss. No matter how great the obesity, a temporary reduction in food consumption of sufficient magnitude or duration will return the individual to a healthy weight – and compared to such a drastic intervention, the smaller alterations required to maintain a healthy diet should then, one might think, be relatively easy to implement. This concept of the temporary dieting regime is simple, easily understandable, and beguiling in its suggestion that weight loss can be as rapid and as large as the individual wishes.

Unsurprisingly, then, the struggle to adhere to a health-promoting diet is longstanding. The first diet book was written in 1863 by Banting and was called “Letter on Corpulence” (Banting, 1864); a century and a half later, dieting is the most common form of intervention for obesity, and yet the problem of obesity remains.

Within the field of diet restriction, many different regimes have been proposed since Banting. Research on meal composition (Rothert et al., 2006; Byrne et al., 2006; Moran et al., 2006; Adam-Perrot et al., 2006; Howard et al., 2006; Bray, 2002; Latner, 2001) and frequency (Ruidavets et al., 2002; Drummond et al., 1998), has shown that no one diet or regime is ideal. When developing healthy-eating interventions, it may be helpful to be aware that researchers such as Mata et al. (2010) have demonstrated that the likelihood of long term adherence to any healthy eating plan or diet is influenced by perceptions about the complexity of the ‘rules’ of any regime.

This may help explain the findings of Martin et al. (2006) who reported that commercial, very-low-calorie diets (VLCDs) appear to be easier to adhere to, and produce a greater decrease in food cravings than low-calorie diets (LCDs). In part this may also be because VLCDs, and their associated meal replacements, are the closest humans can get to food abstinence (and still survive), with all the advantages of being removed from food shopping, cooking and similar cues. Unfortunately, Tsai and Wadden (2006) showed that VLCDs do not generate greater loss in the long term – a finding that we will see echoed with intervention after intervention. Specifically, weight loss, no matter how ‘successful’, is not the same as successful weight loss.
maintenance. However, Kaukua et al. (2002) reported that while the weight loss using a VLCD was not sustained, the associated health benefits were. Nonetheless, as VLCDs are biologically extreme, it is possible that their long-term use may be associated with unwanted side effects, and it is also probable that their very extremism may exacerbate any existing psychological issues. While VLCDs therefore represent a promising line of research, I believe caution should still be exercised regarding them, until much more understanding has been reached of their long-term consequences.

Another potentially interesting approach to dieting is suggested by Buchholz and Schoeller’s (2004a, 2004b) finding that not all calories are equal. In particular, it appears that low-energy, high-protein, diets are more effective than diets providing the same level of energy from other nutrients. This observation is explained by Feinman and Fine (2004a, 2004b), who demonstrated that different metabolic pathways vary in efficiency. Krieger et al. (2006) used meta-regression techniques to demonstrate that this type of diet can have benefits independently of calorie restriction. It is significant that while the energy gained from food may depend on its content, its value in sating hunger seemingly does not – Kirkmeyer and Mattes (2000) demonstrated that the energy density of consumed food, rather than the source of the energy, is significant in assuaging hunger. This may have important consequences for future diet programmes, though there are concerns, so far not fully substantiated, that long-term use of high-protein diets may carry health risks (Adam-Perrot et al., 2006). In any case, these studies, amongst others, show the importance of being aware of the interdisciplinary dimensions to obesity research – they show the importance of biological and physiological studies in informing the psychological practitioner. This topic will be returned to later.

More generally, however, the evidence so far suggests that dieting interventions are almost always ineffective in the long term. Tsai and Wadden (2005) conducted a systematic review of the effectiveness of the major commercial American diets available and found, with the exception of Weight Watchers, an absence of sufficient appropriate data to recommend their use.
This point is reinforced by authors such as van Dale et al. (1990), Garner and Wooley (1991), Williamson et al. (1992), and Robinson (1997). It is perhaps worth re-iterating this once more, as it is a critical finding on which my research is based: dieting alone is very unlikely to result in long-term weight loss. Worse – dieting may even result in weight gain. French et al. (1994) and Klesges et al. (1992) both report that involvement in a formal weight programme is a predictor of weight gain in the following year. An essential question therefore – and central to understanding the experience of dieters – is why attempts at dieting are not successful in the longer term, and the literature offers several suggestions.

One common complaint from dieters is that the rules of their chosen diet are too complex or rigid to easily comply with in the long term – as reported in Mata et al. (2010), mentioned above.

Another complaint, raised for instance by Bidgood and Buckroyd (2005), is that diets – particularly those that are more restrictive – can demand behaviour that is seen as dull, or as antisocial. This is particularly so for those for whom eating is often a group event: declining to share a meal, or ordering only a salad, carries more costs than simply hunger.

It is also possible that dieters simply lack the information to abide by their diets – which may also help to explain rising obesity in the modern world. An awareness of the level of fat in a meal can alter an individual’s consumption, both at that meal and subsequently, as demonstrated by Viskaal-van Dongen et al. (2009) – this has implications for the modern diet, where much of the food consumed is pre-processed and can contain high levels of hidden fats, and therefore calories. Neither instinct nor conscious determination can control calorific intake if the dieter is not aware of the calorific content of their own food – and meticulous checking of labels may be a difficult habit to maintain in the long run.

An issue that also needs to be acknowledged is that permanent changes to dietary habits are not desired by many dieters, whose goal is often very short-
term and specific. This can mean that many dieters are not motivated to engage in the change strategies advocated by Behavioural Psychology.

Of even greater concern is the possibility that the process of dieting itself can change the individual, psychologically and biologically, in ways unhelpful for sustained weight loss. Dieters seem to be different to non-dieters in their responses to, for example, stress, depression and alcohol disinhibition, in that all of these generally trigger the non-dieter to eat less and the dieter to eat more (Polivy & Herman, 1985); similarly, Cools et al. (1992), amongst others, found that emotional arousal can cause food consumption to rise in dieters. Polivy and Herman suggest that while the idea of this being a physiological defence to a state of on-going hunger has validity, it is not the only explanation. They suggest that the main effect of the dieter's chronic hunger is exerted at the cognitive level, proposing that once dieters become aware that they have broken their diet they are more likely to respond by overeating than by ‘getting back on the wagon’, as though there were no longer any point in attempting restraint. This is an example of ‘Black and White’ thinking, a form of cognitive error identified by Beck (1976) as predisposing to, and also maintaining, an individual’s mental distress. Byrne et al. (2004) showed that a tendency toward such dichotomous thinking significantly predicted weight regain after a period of dieting – a finding we may relate to Teasdale et al.’s (2001) conclusion that dichotomous thinking similarly predicted relapse in clients suffering from depression, although as the causal nature of the correlation between obesity and depression is not yet clear.

Because the initial decision to limit food intake was a cognitive activity, Polivy and Herman (1985) argue that it is not inconsistent to understand the overeating of dieters in the same terms. In this light, it is interesting to note the findings of Byrne et al. (2003) that those who met their original goals when dieting were far more likely to successfully maintain their weight after the end of the diet than those who failed to reach their goals. This demonstrates one way in which the literature can inform my practice both professionally and as a researcher, by leading me to pay stronger attention to the goal-setting and goal-attaining of my clients – and it also shows how clinical experience can aid
the understanding of obesity, by exploring whether those clients who fail to achieve their goals have simply lost less weight, or have mistakenly set overly-high goals, or whether perhaps they show an underlying pattern of holding themselves to over-ambitious standards.

These factors may also be related to the apparently strong tendency towards negative self-judgement and low self-esteem amongst overweight and obese women. Ruderman and Besbeas (1992), when exploring the psychological characteristics of dieters and bulimics, identified a tendency to negative self-description. This may be a consequence of repeated failed attempts at weight loss maintenance; alternatively, a predisposition to self-doubt may be a contributor to that failure. The way in which dieters react to ‘failure’ is significant particularly in light of the physics of weight loss – as a ‘healthy’ weight is approached, the same diet gives increasingly small returns of weight loss, meaning that eventually dieters are likely to find their methods becoming less effective, which may be interpreted as failure on the part of the dieter.

This may in turn be connected to Schifter and Ajzen’s (1985) finding that ‘perceived control’ was a reliable predictor of the amount of weight that a dieter lost, so that a history of failed attempts and increasing self-doubt actually predisposes to the next failure. Participants may not feel that they are capable of success, and/or they may not feel that they deserve success. Likewise, Jeffrey et al. (1984) and Gormally et al. (1980) found that ‘self-efficacy’ was an important predictor of dieting success. Related to this may be the problem of rebellion against control: the forbidding – even if it is self-forbidding – of favourite foods can lead to their increased consumption (Soetens et al., 2008).

These considerations raise the question of whether weight gain can be reversed, and weight regain prevented, without addressing the reasons for the original weight gain. While some weight gain may be wholly ‘accidental’, a product of ignorance and easily corrected, it seems likely that in at least some cases there are underlying reasons for the aberrant eating behaviours of obese individuals. That, at least, is the impression I have gained from dealing
with obese clients in my clinical practice, and that is also a sentiment often raised by dieters themselves – for example, Bidgood and Buckroyd (2005) report that most of their subjects believed that the roots of their obesity lay in their childhood and adolescence, while Thompson and Thomas’s (2000) study of obese patients attending a dietetic clinic found that 56% agreed with the statement “nobody looks into why I am overweight they just put me on diets”. Such sentiments may be a reflection of the consequences of the health economy’s focus on the government’s message that obesity is simply a result of too much food and not enough exercise, but they do suggest that many clients feel there is more to their condition than simple over-eating. It seems reasonable to wonder whether they might be right – and even if they are not, it is doubtless important from a clinical perspective to understand what they themselves believe to underlie their behaviour; yet as the clients’ complaint suggests, there is relatively little research done, at least within the mainstream obesity debate, that takes seriously these concerns. I hope that through my emphasis on the self-reported experiences of those who have struggled with obesity I will be able to shed some light on these distal and less easily measurable reasons for obesity.

Dieters are not only unusual psychologically; dieting also has a physical effect on the body. Good evolutionary survival design requires humans to carry enough adipose tissue to ensure at least one month’s survival, in the absence of food (Colmers, 2006). To assist this, the body is designed to lower its metabolic rate as weight drops and to preferentially store resumed food supplies as fat to replenish lost deposits. This suggests that a potential unintended consequence of rapid dieting may be that weight loss maintenance becomes more difficult, as the body defends itself against starvation; in turn, if dieters do not understand this process they may become discouraged, or even self-critical, ascribing the reduced effectiveness of their diet to their own weaknesses or failings; this may in turn lower their mood and lead to ‘emotional’ eating, thus further increasing the problem of weight gain. What is more, there is evidence that physiologically the body may reset its ‘set point’ for weight at a slightly higher point each time it experiences significant weight loss, to compensate for the loss of adipose tissue and to prepare for
the next famine – in other words, the old adage that “dieting makes you fat” appears to be true, and each successive diet predisposes the individual to be fatter. This disadvantage of dieting has been explored by Klesges et al. (1992). They and many others have shown that, in women, dietary restraint is linked to weight gain; a similar consequence of dieting – an increased risk of binge eating as the body attempts to restore its set weight – has been demonstrated in animal studies. Nonetheless, a recent study by Chernyak and Lowe (2010) appears to challenge these negative views of dieting. They suggest that, in a non-clinical population, dieting, if successful, may help prevent weight gain and if unsuccessful will merely fail to produce weight loss, and no more.

Behaviourally at the very least, and most likely physiologically and psychologically, dieting is a deviation from typical experience, and it is important to understand the issues around the transition from this exceptional behaviour back to normal life. Tapper et al. (2008) explored, amongst other things, the relationship between dieting and food-related processing bias. Starting with ideas drawn from the study of addictions they propose that when an individual is addicted to a substance they exhibit a processing bias for information about that substance. While food is not physically addictive, some people’s relationship with it follows a similar pattern to that displayed in addictive behaviours. A suggestion was that preoccupation with a particular diet or regime may replace the focus on food. Ending a diet returns the full focus to food with the consequence of weight loss regain – for others, perhaps, an addictive relationship with the control and discipline of rapid weight loss may even necessitate weight regain to enable another cycle of dieting.

Lowe et al. (1991), in research exploring whether dieting and restrained eating were the same thing, highlight a range of important differences: a preference for sweet food is enhanced by dieting, but not by restraint; salivary output lessens in dieting but increases in restraint. Importantly they also found that there appear to be fundamental differences in the eating behaviours of dieters relative to restrained eaters, in that dieters seemed to better regulate their
food intake following a ‘forced’ diet break (a preload); however, they do suggest that this counterintuitive behaviour may be a consequence of the restrained eaters’ dieting histories which may predispose them to overindulge, as their ability to recognise ‘fullness’ may be impaired.

Although, as Ball et al. (2001) propose, dieters appear to become expert in the rules of energy balance, it is possible that what they actually become expert in is dieting, and that they know little about how to eat healthily. One reason that dieting is less effective in the long-run may be that in switching to an externally-imposed special diet, the individual does not develop the skills and knowledge to adjust their own diet appropriately once the loss-phase is over. They may have returned to an ordinary diet that is maladapted and they may lack sufficient knowledge to adjust it. Likewise, Woods et al. (2000) highlight that restricted food intake leads to bigger meal consumption in the end as it reduces sensitivity to ‘meal-ending’ signals – the skills undeveloped or even eroded by dieting may not merely be social and behavioural skills, they may even include biological faculties.

In practice, dieters may abandon their endeavours, consciously or unconsciously, if their diet fails to deliver what they need from it – if the benefits are found to be outweighed by the costs. In particular, this point is raised by Polivy and Herman (2006) who highlight that though women report wanting to lose weight so that they will be more attractive to men, men report preferring women who are fatter than the size idealised by women. Similarly, it seems that participants are most keen on losing weight when they have a particular social pressure to be thin – social changes that then remove that pressure (a break-up, a change of occupation, the death of a parent) may remove the immediate motivation to remain slim. In either case, these ideas seem to find support in the findings of Byrne et al. (2004) that those who maintain their weight after a diet are not only likely to have met their goals for weight loss, but are also more likely to have accomplished the changes (social, physical and psychological) that they hoped their weight loss would facilitate – the pain of restraint becomes endurable only when clear benefits
can be seen. It seems that diets are often seen as the key to success and happiness, and that when they fail to deliver these they are abandoned totally.

Finally, perhaps even the rare successes produced by dieting should be questioned. When Green and Buckroyd (2008) examined a selection of slimming competition winners, they found individuals who had not only successfully lost a considerable amount of weight, but who had generally managed to maintain those loses – all had remained below the weight they had had when they began dieting, and almost a third reported not having put on any weight since their diet ended, with those who had finished dieting more than two years prior still remaining at only around two-thirds their original pre-diet weight – even those who were four or more years post diet had still maintained a mean of 82% of their initial weight loss; and yet these individuals continued to show excessive concern over their weight, shape and eating habits. Perhaps most critically, 71% reported binge-eating within the last three months – a higher level than among a random sample of Weight Watchers members. Although to some extent the inherent extremism of “competition winners” may be distorting these results, they do suggest that for many even when the surface phenomenon of obesity appears to be under control, this remains an unstable equilibrium, in which the drive to overeat may be muzzled, but has not been silenced. It also warns us that ‘successful’ dieting may either cause, or be the result of, broader psychological problems.

What should we conclude from the literature on dieting interventions? Most critically it must be realised how ineffective they are, at least if used outside the context of a broader intervention. And yet, because dieting so directly, straightforwardly and unambiguously addresses the proximal causes of obesity – excess food consumption – it should lead us to wonder what distal factors are causing these interventions to fail. Naïve portrayals of dieting sometimes suggest that obesity is a simple mistake – that once people have dieted, they just need to avoid making their mistake a second time. That should be easy. Instead, the research shows that people make the same “mistakes” repeatedly, to such an extent that we must think there is some unaddressed reason for their behaviour that dieting does not address. Excess
food consumption is not the beginning of the story, but the middle – like a narrow point in a river. We can block the flow of water at that point, but if we do the water will build up and up until the dam is burst. One question is how we can design a better dam; but another question is where the water is coming from. What is the wellspring of the behaviours that lead to obesity? An additional question is whether having passed through the dam/dieting once, it of itself alters the dynamics of the situation and makes it more likely that food consumption/weight gain will be more difficult to control in the future. This is particularly important as most obese people have regularly, and ‘successfully’, dieted.

**Exercise**

If restricting food intake does not seem an effective intervention for obesity, the next step must be to look at energetic output – exercise. Exercise, like dieting, can be tackled by the individual with minimal support, and indeed there is a considerable emphasis on the importance of exercise in government health information. The establishment message is:

Food minus exercise = fat

(Gibb, 2004, p. 1246)

The progress of science and technology has resulted in people generally needing to expend less energy in their everyday lives than their forefathers did. Exercise has now become a choice option rather than a natural consequence of existence, and doubtless this has played a role in the spread of obesity. Sustainable weight loss requires a commitment to energy expenditure through exercise (Muller et al., 2001). Ball et al. (2001) in an Australian study reported gender-specific effects of leisure-time physical activity on weight: i.e. for women, more exercise was inversely associated with BMI, though this was not the case for men.

However, though people may become overweight through lack of exercise, they may also be (or feel) unable to exercise due to their excess weight. This sets up a vicious cycle of cause and effect. Mortensen et al. (2006) utilised a prospective observational design over a 14 year period and found that a high
BMI is a determinant of a sedentary lifestyle but that the reverse hypothesis was not supported. This vicious cycle may be further entrenched by the complex associations between both weight gain and exercise and depression.

A study by Penninx et al. (2002), comparing the physical and psychological benefits of aerobic and resistance exercise programmes, showed that, while both forms of exercise produced equal physical improvements, aerobic exercise was more psychologically significant, producing a marked improvement in depressive symptoms. This could make it a useful adjunct to weight loss programmes where negative mood can act as a de-motivator.

This may help to explain why exercise appears to be more effective in treating obesity than might be expected. Anyone looking at the average energy consumption of common exercise activities, compared to the calorific content of food, would imagine that small increases in exercise would have a negligible effect on weight – and indeed Bouchard et al. (1993) contend that a sedentary, moderately obese individual would have to have maintained an exercise regime for at least two years before it became an effective treatment. Ballor and Keesey (1991) in a meta-analytic study similarly found that pure exercise interventions produced unimpressive returns, particularly for women – approximately 0.3kg of weight loss after 16 weeks. Donnelly et al. (2000) tested two interventions for an 18-month period, including monitoring to prevent over-reporting – half an hour of intense exercise three days a week, or two quarter-hour periods of moderate intensity exercise five days a week – with moderately obese patients. Both groups showed significant improvements in aerobic capacity, cholesterol and insulin, and after nine months both showed improvements in body weight and body fat percentage – but in neither case was this improvement of the desired magnitude (1-2%, compared to the 5-10% improvement that had been recommended for health benefits), and the lower-intensity group returned to baseline by 18 months. Nonetheless, Donnelly et al. observe that while this exercise intervention was of low efficacy in reducing weight, it did appear to prevent weight gain in a study group statistically expected to have gained weight over that period, perhaps showing a role for exercise in weight maintenance. Also interesting in
their study was the conclusion that the high-intensity exercise group showed more improvement, despite both a lower overall energy expenditure and less time spent exercising than the low-intensity group. Clearly there is more to exercise than the number of calories burnt – although whether the effect of exercise intensity is physiological or psychological is not yet clear.

The underlying message that I take from this research, however, is that exercise, in purely physical terms, has little efficacy in treating obesity. In light of the common narrative that weight gain is simply an excess of eating or an absence of exercise – a narrative that drives obese individuals to attempt exercise – this is an important finding in understanding the experience of the struggle against obesity. Obese individuals are pressurised to be more active – often their obesity is taken as proof of their inactivity – yet activity has little direct impact on their weight. This is likely to create a degree of anger and confusion, and perhaps self-recrimination. On the other hand, the fact that exercise can sometimes help to yield weight losses beyond what would be expected from a purely biophysical perspective reiterates the importance of the psychological aspect of weight loss.

**Medical Interventions**

Dieting and exercise are the two most commonly employed self-treatments for weight (see, for example, Thompson and Thomas (2000)). This is not surprising – they are the most immediately understandable, and the easiest to pursue without assistance. But if the effects of dieting are transient, and if the effects of exercise are so small and gradual as to yield minimal visible effect, it is no surprise that many obese individuals feel driven to medical interventions, whether surgical or pharmacological – especially as medical intervention can promise dramatic improvement with minimal effort or suffering.

An increasing range of 'weight controlling' drugs has become available. They generally act either by increasing energy output or by decreasing energy input – the former act by increasing the resting metabolic rate, the latter by either reducing appetite or by reducing nutrient absorption. However, perhaps due to the more passive nature of these treatments, and to the absence of self-
initiated behavioural changes, none of them appear to produce long-term results. It is likely that if an individual eats for reasons other than hunger, simply reducing their hunger, while perhaps resulting in improvement, is unlikely to be a comprehensive long-term solution – similarly, an increased metabolic rate will increase the amount of food a person can consume without becoming obese, but it will always be possible to eat even more than the pills can cope with. Additionally, if used as a long-term treatment, heightening the metabolic rate may have unforeseen side-effects. Nonetheless, Wittert et al. (2007) do report that pharmacological interventions can have a role when combined with dietary and behavioural programmes. Foster et al. (2005) cited trials using the same level of sibutramine with different levels of behavioural therapy and found that increasing the duration of the therapy consistently improved weight loss and weight loss maintenance. This result is not unexpected, as the longer the therapeutic intervention the greater the chance that the behavioural change becomes the new norm and that the likelihood of maintenance is enhanced.

The ultimate medical intervention is surgery. Among the benefits reported by Adami (2001), in a long term follow-up study of post-billiopancreatic diversion patients, are the ability to achieve a socially acceptable weight and to abandon a preoccupation with weight and eating restrictions. This is deceptive, however, as surgery requires a lifetime change in eating habits and restriction of food intake, though as the element of personal choice is removed compliance seems easier. Whether surgery can be regarded as a solution may depend to some degree on the causes of an individual’s obesity: if they continue to suffer from chronic hunger, or some other drive to over-eat, but are unable to indulge, their weight problem may have been addressed, but at the cost of ignoring or even exacerbating their underlying suffering.

Even more dramatically than dieting and exercise, surgical and pharmacological interventions ignore the psychological aspects of obesity. This may be effective as a treatment in the short-term – perhaps even in the long-term if the interventions are sufficiently drastic – but it does not address any associated problems, and it does not tell us anything about treating
obesity at an earlier stage. Surgical interventions in particular seem to be a final effort to deal with a problem that surely would be better dealt with before it became so severe.

**Therapy**

As a counselling psychologist, I believe that when working with clients it is important to understand the power – and the limitations – of therapy to address weight issues. Therapy remains for many a last resort, and yet compared to other interventions it has shown promising results. Understanding the relative successes, and failures, of therapy can perhaps make it easier to share in the experiences of those it treats – and vice-versa.

The first form of therapeutic intervention advocated by Wadden and Stunkard (2002) is behavioural therapy. Based on the principles of classical conditioning, it assumes that obesity is simply the consequence of maladaptive eating and exercise patterns. As currently delivered it usually also includes elements of cognitive therapy, which proposes that thoughts directly drive feelings and behaviour (Beck, 1976). An Italian study by Marchesini et al. (2002) identified that the benefits of cognitive behavioural interventions extend beyond immediate weight loss to self-perceived health status, which may have beneficial implications for maintenance. However, much of the evidence supporting behavioural approaches comes from clinical trials, rather than people in community settings (Foster et al., 2005) where the results appear to be less positive.

As the benefits only appear to be sustained while therapy continues, there is a need to find ways of providing on-going behavioural therapy in the community. These long-term interventions could be seen as creating a supportive culture which through habituation may rewrite the individual’s relationship ‘script’, allowing them to abandon their ‘comfort blanket’ of food. Latner (2001) studied a range of self-help delivery systems including bibliotherapy, computer-assisted interventions, and commercial and non-commercial self-help groups, and found that these interventions provided evidence of weight loss at varying
levels of cost-effectiveness. However no evidence was found that these systems could deliver weight loss maintenance in the long-term.

A study conducted in Thailand, by Waleekhachonloet et al. (2007), demonstrated that group behavioural therapy was as effective as individual, in rural communities. However, their follow-up period was short at just 12 months. Beutel et al. (2001) conducted a comparative study of behavioural and psychodynamic interventions in an in-patient setting and found no difference in outcomes in the short term. The former intervention would be assumed to produce more sustained improvements in the longer term, but there was no follow-up study.

As with other interventions, then, therapeutic interventions aimed directly at weight loss do not appear to be effective – the river resumes flowing once the dam has been removed. This is problematic for me in my role as a practising psychologist. My hope, however, is that there is something to be learned from studying not only the practical maladaptations of thought and behaviour that lead to excess food consumption, but also the deeper psychological factors that drive not only the adoption of these thoughts and behaviours but, critically, their re-adoption even after therapeutic treatment appears to have dealt with them. Even those interventions that succeed in helping individuals to lose weight are less successful in helping them to avoid regaining it later, while maintenance is mostly seen when the intervention itself has been maintained by researchers/therapists.

I conclude my review of interventions at this point. The studies I have touched on no doubt are useful in highlighting the strengths and limitations of treatments for obesity, and shed light on the experiences of those who have struggled through these treatments. But beyond this, it remains necessary to review the state of knowledge about the underlying causes of obesity. This surely will be critical to interpreting the narratives of my patients, both clinically and in my role as a researcher.
Factors contributing to obesity

Many areas of the quantitative sciences have focused on improving our understanding of the nature of weight gain. Although my research is predominantly focused on the individual’s personal experience of weight loss maintenance, I think it is important to include an acknowledgement and brief discussion of these interdisciplinary findings, as I believe that these other areas form the backdrop to the drama that my participants daily enact with food and weight. Different stage settings can influence how the drama unfolds. The studies I will review fall roughly into three categories: the ‘hard sciences’ – Biology, Chemistry and Physics; socioeconomic factors; and psychological factors. I will also briefly touch on what may be learnt from a parallel field, the study of addiction – itself an interdisciplinary field, and one which finds itself in a similar position to the study of obesity, but perhaps at a more advanced, or at least more established, stage, and the insights of which may provide an interesting external perspective on my debate.

Biology

In a way, obesity is all about biology – obesity is the consequence that biological laws impose upon our behaviour, and may to some extent even influence our behaviour itself. From this vast area of knowledge I have chosen to address just four subfields: the basic facts of energy balance; the relevance of neurobiology and of genetics; and the insights of the evolutionary perspective. I have included these because I believe that at least an awareness of these topics is necessary to widen our understanding of the challenge dieters face.

Despite the increase in clarity of the scientific understanding of obesity, there has not yet been a corresponding increase in success in dealing with the problem. Science and scientists do not have the power to command life-style change. Indeed, on occasions it can seem as though the scientific focus on a precise mechanistic explanation of a phenomenon such as obesity can appear to alienate those who experience the actual phenomenon, by obscuring the relevance of the apparently abstract theory to everyday life.
**Energy balance**

As outlined by Bray (2002), the scientific study of weight gain began at the end of the 17th century when Santorio Santorio, now known as the “father of obesity”, developed methods of measuring changes in human weight and studied metabolism. At the end of the 18th century Antoine-Laurent de Lavoisier measured the thermal effect of food. By the end of the 19th century Wilbur Atwater and Edward Rosa showed that the laws of the conservation of energy applied to humans. This set the scene for the perception of food consumption and weight gain as the legitimate territory of the ‘hard’ sciences.

A minor imbalance between energy intake and energy expenditure may lead to severe obesity: if energy intake exceeds energy expenditure by 5% every day, this results in a gain of 5kg fat mass over one year, and to morbid obesity over several years.

(Jéquier, 2002, p. S12)

Obesity can be seen as an energy balance regulation dysfunction (Richard & Boisvert, 2006). This results in excess fat storage and increased co-morbidities. However, though obesity is always the consequence of an imbalance between the input and output of energy over a period of time, many factors influence that imbalance, including neurobiology, genetics, the consequences of evolution, and so forth. Viewing obesity in terms of energy imbalance alone does not address the causes of that imbalance.

**Neurobiology**

It is outside the scope of this review to address in depth the neurobiology of how it is proposed that the brain regulates weight; however, a few areas are highlighted to capture the significance of the contributions from this area.

Several biological systems contribute to the regulation of food consumption and weight gain (Colmers, 2006). These mechanisms are dependent on both peripheral feedbacks, such as circulating hormones and nutrient levels in the blood, and on a centralised system utilising neurotransmitters and so forth. Björntorp (2001, 2002), argues that the accumulation of visceral fat may be the result of an abnormality in the neuro-endocrine system, and that biological
stressors may predispose to abdominal fat. This is significant as it is now known that adipose tissue secretes a range of bioactive molecules which have auto-, para-, and endocrine functions (Prentice & Jebb, 2001).

Reward centres in the brain and the intestine also play a role in the energy balance equation which can alter eating habits and drive weight gain (Leibowitz, 2002). This may have implications for the apparent readiness of the body to regain weight. So excess weight may lead to an increase in visceral fat, which in turn generates hormones that drive the cravings for sugar and high fat foods; this then leads to a further increase in visceral fat, and so the cycle continues. This can have consequences for subsequent attempts at weight loss.

Brain scanning using positron emission tomography (PET) has shown lower levels of dopamine receptors in obese individuals. Whether this is the cause, or the result, of obesity, is not yet clear (Nasser, 2001). As weight gain is known to follow the use of dopamine receptor-inhibiting antipsychotic drugs it is likely that dopamine has at least a partial role in the cause of obesity. Dopamine appears to control appetite levels, lower motivation, and impair problem solving skills. Sevy et al. (2006) suggest that emotion-based decision-making is impaired when dopaminergic activity is decreased and that addiction is associated with this activity. Kishi and Elmquist (2005) provide an account of the link between emotion and food through the action of varying levels of different neurotransmitters. There appears to be an increased consumption of carbohydrate during depressive episodes, perhaps due to its role in facilitating the uptake of tryptophan, a precursor to serotonin, by the brain. This and the observation that low-fat diets are associated with negative effects on mood are reported by Hakkarainen et al. (2004). If low-fat diets literally make people depressed, it may help explain why they return to high-fat diets as soon as possible.

An interesting paper by Sclafani (2001) reports that, given a free choice, laboratory rats chose high fat / high sugar food in preference to their nutritionally balanced diet, and significantly altered their energy intake. The
role of food preference may need to be more acknowledged when designing restrictive diets in order to encourage compliance.

However, the neurobiological approach can only go so far. While it can inform our understanding of human choice, it seems unduly mechanistic to try to reduce human choice – including harmful human choice – simply to neurobiology. Regarding individuals as complicated biological machines may certainly provide a clearer understanding of the limitations and influences on an individual’s choices, but it does not help the understanding of how patients are feeling.

**Genetics**

The role of genetic factors in causing obesity is not yet clear. The 2005 Update to the Human Obesity Gene Map (Rankinen et al., 2006) revealed that there are currently 127 genes implicated in obesity. The heritability of obesity phenotypes has not been quantified precisely but Rössner (2002) suggests that it may be up to 50%.

Studies on animals and humans leave many questions unanswered concerning the clinical significance of the genetics of obesity (Hebebrand et al., 2001). Research on monozygotic twins shows that, when other variables are controlled for, weight variation is influenced by genotype, i.e. adoptees’ BMI correlates with their biological families not their adopted families (Rössner, 2002). A study involving Danish adoptees, by Sørensen et al. (1998), looked at the ability of the environment to alter genetic influences on BMI and found no effect. However, while it could be that the variation among children of obese parents is simply due to random chance, it is also possible that we will later discover that if the environment is not providing some protective factors, something else is, as not all children of obese parents become obese. Magnusson and Rasmussen (2002) conducted a familial study in Sweden and found that the strength of BMI correlation increased with genetic relatedness. The risk of having a BMI > 45 is nearly eight times higher in families of extremely obese subjects. However, this is not just a genetic effect, as spouses are also vulnerable to extreme obesity (Bouchard, 2002). It
would be helpful to explore whether this was an environmental effect, e.g.,
shared diet, or whether a predisposition to obesity was a choice criterion in
selecting a mate.

There appears to be some evidence for certain genetic factors leading to
thinness in the face of the nutritional, social, and technological advances
predisposing to obesity (Bulik & Allison, 2001). Also, Racine et al. (2011),
through the use of twin studies, have proposed that there may be genetic
factors that protect against the development of binge eating disorders.

An awareness of the effect of genetics in influencing what an individual’s
‘natural’ weight might be is important as, in the absence of this knowledge, an
individual and the wider societal audience may ascribe weight gain to ‘moral’
weakness, or ignorance/stupidity, leading to further lowering of self-esteem
and self-efficacy. It is also possible that the converse could be true and that a
knowledge of the genetic role may cause people to downplay their own self-
efficacy, e.g. “I was born like this, there’s nothing I can do to change”. A good
example of this is Gimlin’s (2002) analysis of the portrayal of genetic evidence
by the National Association to Advance Fat Acceptance (NAAFA), an
organisation that seeks to reassure and motivate overweight women and
argue against discrimination. NAAFA cites medical evidence on the role of
genetics in obesity to argue that “it’s not your fault that you’re fat” (NAAFA
Workbook Committee, 1993; cited in Gimlin (2008), p. 124) and argues
against the idea of personal responsibility for one’s weight, holding that:

... members are not fat because of their eating behaviours but
as a result of genetic propensities to overweight and low
metabolism resulting from a lifetime of restrictive dieting.
Members of NAAFA, therefore, are not themselves responsible
for being fat ...

(Gimlin, 2008, p. 130)

This may boost the morale of members, but may also risk discouraging them
from taking achievable steps to improve their health.
However, although the evidence seems clear that there are combinations of genes that predispose humans to weight gain, the WHO (2000) judges the current explosion in obesity to have happened too rapidly to be solely the consequence of genetic influences; nor is it impossible to be obese without having such unfortunate genes. Genetics may be relevant for the individual’s situation, but without both individual gene-testing and far more extensive study of the precise effects of various genes, we have no way to apply this potentially illuminating knowledge to the individual case. Perhaps most of all, genetics should serve to remind us of our limitations – as we try to peer into the black box of causation, we should be aware that for each individual there is at least one set of factors and predispositions, tendencies and probabilities that will remain beyond our sight. From my perspective as a counselling psychologist, this only helps to demonstrate the irreducibility of the individual, and the importance of understanding the experiences of the client on an individual level.

**Evolution**

As mentioned in the discussion on the side-effects of dieting, the human body has not evolved to lose weight easily, and ‘famine’ can trigger metabolic changes to preserve weight. Evolutionary factors may also influence the way an individual responds to food cues. Unfortunately these innate systems were designed for a world where food may have been intermittently available and may have had low palatability. This evolutionary pre-priming predisposes humans to grab food when it is available in case there is a famine around the corner, and to a craving for palatable food (Pinel et al., 2000). As a result humans seem very vulnerable both to the famine induced by dieting and to modern food production and sales techniques.

The evolutionary perspective is a valid way of understanding human behaviour – but it cannot address the particular problems of the individual. We all share, after all, the same evolution, so evolutionary studies alone cannot tell us why some are obese and others not, or why some maintain weight loss while others do not. Instead, evolutionary studies help us to understand the background, the setting, for our narratives – the limits within which our
narratives must operate. It tells us, so to speak, what certain levers, knobs and switches do inside an aeroplane, just as neurobiology tells us how those controls actually work, and genetics tells us how aeroplanes are made and what differences there are between models – and yet all this knowledge, useful though it may be, does not, by itself, teach us how to fly.

I hope that from this brief overview of some of the more dominant biological effects, it is clear that whether it is genetic predisposition, evolutionary design or chemical action, weight is constantly influenced by factors outside our deliberate control. These factors form part of the backdrop against which the individual engages in their personal battle with weight.

**Sociology**

It seems to me that though weight gain is a very private struggle it is also a very public issue that appears to invite debate / challenge / solution within society. It costs money through ill-health and employment, yet it also generates and sustains whole industries – sociologists studying the problem, a food industry fostering the problem, a sliming industry solving the problem, exercise gurus preventing the problem.

The repeated message (WHO, 2000) is that the driving forces behind the rise in global weight are societal changes. The availability of energy-dense, readily available cheap food, the growth of the ready-meals industry, and of fast-food outlets, all conspire to create an overweight society. Swinburn et al. (2004) and Jéquier (2002) argue that the most significant risk factor for obesity is diet (in its wider sense), particularly the passive over-consumption of high fat, energy-dense, diets. However, Togo et al. (2001) analysed 30 studies looking at food intake and anthropometric measurements and found inconsistent support for the current dietary advice to eat more fruit and vegetables and decrease the intake of alcohol and fat. This inconsistency in reported evidence, and consequently perceived inconsistency in advice – not uncommon in any of the health messages proclaimed by the establishment – is often used by overweight people as a reason to do nothing until a ‘final’ decision is made about what is the optimum diet to follow. It can also be
discouraging – “oh, even the experts don’t know what I should be doing, what chance do I have?”

In addition to these influences it seems probable that sociological influences may also be enacted through psychological pressures. For women there appears to be a pervasive sense that they need to ‘correct’ what they might naturally be, to fit society’s ideal:

Since women are taught to see themselves from the outside as candidates for men, they become prey to the huge fashion and diet industries that from the first set up the ideal images and then exhort women to meet them. The message is loud and clear – the woman’s body is not her own. The woman’s body is not satisfactory as it is.

(Orbach, 1998, p. 17)

Silverstein et al. (1986) looked at overeating and also connected it to the increasingly ‘slim standard of bodily attractiveness for women’, arguing that the associated increase in dietary restraint results in disordered eating, including compulsive eating and obesity. They suggest that obesity may not just be the expression of an individual’s psychopathology, but a consequence of wider social expectations. Gimlin (2002), however, by exploring several situations related to female body image (hairdressers, cosmetic surgeries, aerobics groups, and the NAAFA), questions the powerlessness of modern women before the onslaught of social ideals of beauty, finding instead that they time and again sought to “create space for personal liberation within those very activities that often appear socially and personally destructive” through a critical and negotiated relationship with perceived social demands. Moreover, Gimlin finds it “implausible” that the millions of women engaged in efforts to alter their bodies or appearance are doing so simply to further their own subordination.

Keel and Heatherton (2010) demonstrated that higher levels of weight suppression were predictive of the development of Bulimia Nervosa, at 10 year follow-up, in those that had not previously exhibited the condition at baseline. This ‘perverse’ relationship seems destined to maintain the cycle of
loss and gain that some women seem trapped in. Bulimia initially allows the gross over-consumption of food without weight gain, but over time it takes its toll on health, and practitioners generally are left just with the over-eating element.

There is a widely held view (Migliore, 1998; Roth, 2003) that the provision of food is a direct expression of love and care, and that this is engendered from birth in the helpless newborn, and reinforced later when the presence of illness elicits attention and the tendering of ‘tasty morsels’ as a way of showing concern. Even as adults it is the cultural norm to bring food offerings when visiting the sick or even going to dinner, to demonstrate our good intent and to objectify our caring emotions. The use of food as a treat has clear echoes in adult life, where most major life events – from birth to death – and social occasions are celebrated and those celebrations revolve around food:

Eating is a primal act, and social activities have centred around gathering, preparing and eating food since the beginning of human history. Cultural, social and symbolic meanings are embedded in rituals involving food and eating

(Goodspeed Grant, 2008, p. 121)

According to Goodspeed Grant (2008), research suggests that there are gender differences in the nature of the foods chosen for ‘comfort eating’. Men appear to choose meal-related foods while women choose snacks such as chocolate to cope with stress. Osman and Sobal (2006), looking at gender differences in chocolate craving, suggest that this probably has a cultural basis, citing, for example how women are given gifts of chocolate for birthdays and special occasions. They also found, however, that the strong gender distinction regarding chocolate craving found in young Americans was not found in young Spaniards, once degree of involvement in Spanish culture was controlled for: notably, chocolate was reported as the most craved food for Spanish men and women, and for American women, but not for American men. This suggests that as well as encouraging certain cravings, cultural factors may perhaps protect against the development of particular cravings also.
However, while the offering of food is socially valued, the consequences of over-eating are not socially acceptable. Research shows that overweight and obese people experience extensive stigma (Puhl & Brownell, 2006; Fabricatore & Wadden, 2003; Teachman & Brownell, 2001; Bacon et al., 2001), Even among obese people there is an anti-fat bias, where negative attributes such as ‘bad’ and ‘lazy’, were assigned to overweight people (Schwartz et al., 2006). Many authors, among them Fabricatore and Wadden (2003) and Bray (2002) suggest that this is the last, acceptable form of prejudice:

... the stigmatization of obesity is bad for the overweight individual, bad for the science of obesity, and bad for its practitioners. The idea that gluttony and sloth, two of the “deadly sins”, are the cause of obesity is, sadly, a widely held view. This viewpoint hampers every aspect of the problem, producing real obstacles to research and treatment.

( Bray, 2002, p. 386)

Yet all this societal stigma does not drive obese people to be slim. Instinctively this might be explained by assuming that obese individuals had a distorted self-image and saw themselves as slim; however, Wardle and Johnson (2002) found that most overweight and obese women, though not men, had a realistic view of their weight, and yet persisted in behaviours that maintained it despite the current negative societal view of obesity. Perhaps if eating and weight were to be seen as effective emotional survival tools for certain vulnerable people, these overweight individuals might feel empowered; however, this may at the same time have the unwanted side-effect of reducing people’s determination to challenge their obesity.

Phillips and Hill (1998) report that, contrary to the assumptions of professionals and public alike, obesity in children and adolescents does not always affect their self-esteem. Children appear to distinguish between popularity, which does not seem to be affected, and attractiveness, which does seem to be lowered. This may provide a useful insight into the narratives of my clients – are obese individuals conscious of a change in their attitudes toward weight over the course of adolescence? If so, and if this can be
associated with a pattern of increasing obesity at that age, it would lend considerable weight to the idea that the negative attitudes of overweight individuals toward their own weight may in fact be driving further weight gain—and in light of the negative attitudes toward weight throughout society, would go some way to supplying a fuller conception of the causes for obesity in modern society. If, on the other hand, narratives show a changing attitude toward weight but no change in weight-trajectory, it would suggest that attitudes do not have this negative role. This is just one way in which understanding the broader context of obesity, as shown through interdisciplinary scientific studies, can inform the practice of the psychologist—and at the same time how the study of individual narratives can help supply interpretation to general statistical findings.

Swinburn et al. (2004) reported that obesity was more prevalent in higher-income groups in poorer countries, and that the situation appeared to be reversed in affluent countries, suggesting perhaps that different mechanisms are responsible for obesity in the two situations. In particular, the higher prevalence of obesity in lower-income groups in affluent countries defies the easy characterisation of obesity as a disease of abundance—if obesity is increasing simply because food is more available, we would expect the wealthiest, who have the most food available and the least need for daily physical activity, to be the most obese. Golay (2000) argues that obesity is still seen as a sign of opulence rather than as a disease and that this undermines attempts to treat it—which would explain the income-obesity correlation in poorer countries, and to some extent the behaviour of aspirational lower-income groups in richer countries, though not perhaps the lower obesity among the higher income groups. Against these conclusions, a Dutch study looking at a range of socio-demographic factors over a 6 year period did not find a causal relationship between socio-economic status and BMI (van Lenthe et al., 2000). However, this may be a culturally specific finding, in that the Netherlands strive for a socioeconomic system marked by relatively low financial inequality and a culture of egalitarianism.
From America, on the other hand, comes evidence of an inverse relationship between level of education and obesity among blue-collar women workers (Daniel et al., 2006), supporting the conclusions of Swinburn et al. (as education is also correlated to income), and perhaps of Golay (as lower education may lead to more anachronistic interpretations of weight-as-wealth that do not fully incorporate its health effects). They also report that higher BMI is associated with chronic stress.

Delahanty et al. (2002) identified that African-American groups exhibited less anxiety about obesity than other ethnic groups. This effect may possibly be explained by a greater preoccupation with the effects of poverty rather than with social judgement about body shape – African-Americans in the USA have historically been, and to a large extent remain, relatively poor, and it may be that the ostentatious effect of weight as an indicator of relative luxury may be more important among the less affluent, while racial barriers downplay the social importance of emulating the ideals and practices of the affluent white middle classes. It is also worth bearing in mind that African-Americans have significantly higher rates of obesity than white Americans – though it is not clear whether more widespread obesity is a result of lowered anxiety about weight, or whether instead anxiety about an individual’s own weight is lower when the typical weight within the community around them is higher. It is also commonly believed that obesity among African-American women is at least in part related to different, more weight-positive, standards of female attractiveness within African-American culture; however, it is not clear whether these standards drive obesity or are merely the product of a more obese society, nor whether standards of attractiveness can be regarded as an independent factor or are instead themselves the result of broader socioeconomic realities.

A large population based study in Canada, involving over 73,000 adults, reported that workforce participation decreased with increasing obesity (Klarenbach et al., 2006), which may suggest causation in either direction, and perhaps links to depression and to socioeconomic groupings. However, a Finnish study by Laaksonen et al. (2005) on 8947 working adults, found that
while there was a clear, inverse, relationship between physical health and BMI, this was not the case for mental health, and that the situation was not influenced by socioeconomic factors.

Individual behaviour does not exist within a vacuum. In examining the society-wide problem of prevalent and proliferating obesity, it seems reasonable to consider features of society itself that might lead to obesity. Even though it is clear that sociology on its own can offer no solution to the general question, it is still illuminating to consider the role of social factors in shaping the narratives of obese clients. Social factors provide much of the material from which these narratives are drawn, and understanding the narrative requires us to be aware of this background.

I have hardly scratched the surface of the research on the sociological factors involved in the global rise of obesity. This is partly because it is outside my area of expertise but mainly because I aimed to select those areas which could more easily be seen to be directly impacting on people’s experience of obesity.

**Psychology**

I am, for now, primarily interested in the impact of psychological factors and how these may be used to understand how the individual makes sense of their experience of obesity. I have touched on sociological and other factors just to remind myself that there are many currents driving the torrent of influences that inform any individual’s voyage. As a practising psychologist I was particularly curious to explore what psychological research could contribute to my understanding of weight loss maintenance. Several researchers, prominently including Byrne (Byrne et al., 2004; Byrne et al., 2003; Byrne, 2002) have investigated the psychological factors involved in weight regain, but they have predominantly done this by exploring the reasons why individuals failed to continue to implement the behaviour changes that had led to their original successful weight loss. I do not believe that this is quite the same as the psychological reason why, on any particular occasion, an individual chooses to eat any particular food – although of course the two
questions are closely related. For many authors weight regain seems to be a behavioural problem which has at its core compliance failure (Fairburn 2008; Cooper et al., 2004; Perri and Corsica, 2004; Fairburn and Carter, 1997; Wilson et al., 1997; Perri, 2002). An individual who returns to their old habits after weight loss is returning to making the same decisions about their lifestyle that they have always made before – and studying the reasons why an individual has returned to their old lifestyle does not by itself help us to understand why that lifestyle in particular was chosen in the first place, nor how the nature of that lifestyle may influence the rapidity of the return.

In any case, the conclusions of this research have been discussed above in the context of interventions, as the reasons and circumstances of an intervention’s failure are distinct from (though may illuminate) the original causes of obesity, and the sources of the narratives displayed by individual clients.

There are several strains of psychological research that may have more direct bearing on my research question, though there may appear to be little in the way of an overarching theme – I view these different approaches more as spokes of a wheel leading to a central axle. To begin with, as my research is to focus on individuals’ own experiences, feelings and narratives, it was important to review the literature on meta-cognition. Meta-cognition is directly relevant to any research that relies on self-reporting, as it addresses questions of self-knowledge, but it is particularly significant in obesity, as often the obese, particularly when regaining weight, exhibit behaviours and even thought-patterns that differ from those that they claim to wish to have – a failure, in other words, of meta-cognitive regulation. Mental self-regulation is also significant from the perspective of mental illness – a common correlate of obesity. Similarly, even in the absence of clear mental illness, high levels of mental stress have been shown to have some connection to eating behaviour. Self-regulation returns again in discussions of powerlessness and perceptions of control, which directly relate to an individual’s ability to effect lasting self-change, and may also help to explain the mentality underlying obesity in many cases. These discourses lead us to consider their potential origins, and the
potential origins of overeating behaviours more generally, within childhood – specifically, I am interested in the parallels between the development of obesity-promoting behaviours and the models based on Bowlby’s Attachment Theory. Finally, I chose also to examine obesity through the lens of addictive behaviour, drawing on research from other addictions.

So why, out of all the potential areas of psychological theory did I choose these particular ‘spokes’ for consideration? This research has arisen from my clinical practice and that has influenced my selection. Like an improvised recipe I feel that a more helpful outcome requires a ‘bit of this and a bit of that’ – I’m just not yet quite sure of the proportions or what the mystery ingredient will prove to be.

**Meta-cognition**

Meta-cognition is a complex construct, describing the domains of ‘meta-cognitive knowledge’ – knowledge individuals hold about their own cognitions – and ‘meta-cognitive regulation’, which concerns the executive functions such as monitoring and planning (Forrest-Pressley et al., 1985). Research has drawn on meta-cognitive theory in explaining smoking (Spada et al., 2007) as well as alcohol abuse (Wells, 2000) and drug abuse (Toneatto, 1999). It seems plausible that it may also provide a significant contribution to the understanding of food abuse. Of particular interest are the ideas about intrusive thoughts, and their role in cravings and avoidant behaviour, which can exacerbate negative perceptions of the self (Spada et al., 2007). This may provide another explanation for the apparent phenomenon of dieting seemingly contributing to weight regain. The over-investment in attention to food and its regulation may hypersensitise dieters to thoughts of food and eating, training them to regard these things as extremely important and therefore the individuals maintain the cycle by assuming that food and its control require extreme attention.

Several studies (Brüne, 2006; Wells and Carter, 2002; Vallacher et al., 2002; Wells and Papageorgiou, 1998) have looked at the relationship between emotion, behaviour, and maladaptive meta-cognitions. Van Overwalle and
Jordens (2002) looked at cognitive dissonance, which arises when there is a mismatch between knowledge of self and one’s behaviour. Weber et al. (2004) suggest that when faced with a choice, people ask themselves the question, “What does a person like me do in a situation like this?” This emphasises the importance of self-identity, self-image and perception in promoting weight loss maintenance.

Other areas of interest are the roles of self-control and deferment of gratification, which do not generally characterise the human relationship with food (van den Bos and de Ridder, 2006; Polivy and Herman, 2006). This is significant because Davis et al. (2010), using the ideas of self-regulation through the ability to delay gratification, found that poor self-regulation underpinned all types of over-eating. This work is particularly relevant as the ability to delay gratification is a trait that is detectable in early life and appears to be stable throughout life. In an environment where food temptations abound, this may prove to be an essential asset in determining who will or can resist and therefore who will or can maintain a healthy diet.

Studies of meta-cognition do not provide any easy answers to explain the behaviour of individuals, but their insights into the ways in which – and the occasions on which – individuals may show distorted self-knowledge or ineffective self-regulation are an important lens through which to view and interpret the sometimes surprising decisions that individuals may make.

**Mental health and obesity**

Although there has been extensive research into the physical consequences of excess weight there is less understanding about the role of the psychological effects of obesity. These effects are important because they appear to contribute to depressed mood and low self-esteem, which themselves are associated with inappropriate food use and weight regain. Similarly, learned helplessness, poor decision making, and an inability to stick to decisions made all seem connected both to mental illness and to obesity.
Increased weight status has been associated with a decrease in psychological well-being (Stunkard and Wadden, 1992; Brown et al., 1998). Rydén et al. (2003) state that while obese people are a heterogeneous group with regard to their psychological status, as a group, they are all more distressed than their non-obese counterparts. Becker et al. (2001), using the Dresden Study of Mental Health, found that obese women had the highest rates of mental disorders. Fabricatore and Wadden (2003) report studies showing that for obese men, there is no increased prevalence of depression and associated conditions, whereas obese women were 37% more likely to have experienced major depression in the past year. Wadden et al. (2006) found that more women with Class III obesity reported depressive symptoms than women with Class I or II obesity and that the former group also reported histories of physical and sexual abuse and other stressful life events. This finding may be influenced by general view that obesity is a ‘bad thing’ and obese people may thus be inclined to proffer explanations or excuses for their obesity: these might include depression, stressful life events and histories of abuse. It is even possible that, consciously or unconsciously, they exaggerate experiences that those with less perceived need to justify their actions may remain silent about.

The Adverse Childhood Experiences study by Felitti et al. (1998), which drew on survey responses from nearly 10,000 individuals, demonstrated a relationship between reported exposure to abusive, disruptive or dysfunctional childhood environments and major health problems in adult life, including with obesity; the findings are supported by those of Williamson et al. (2002) who also found a relationship between adult obesity and abuse in childhood.

Numerous researchers have explored the relationship between physical and emotional quality of life and obesity (Doll et al., 2000; Laferrere et al., 2002), and while the general clinical view seems to be that excess weight correlates with negative emotions and low self-esteem, there seems to be an absence of research addressing the question of which comes first: over-eating or psychological factors. Friedman and Brownell (2002) suggest that the research evidence needs to be explored using a different approach, as they
feel it is not capturing the true picture. The general clinical view seems to be that excess weight correlates with negative emotions and low self-esteem. Against this, Barefoot et al. (1998) argue that the presence of depression simply enhances existing tendencies, i.e. the thin get thinner and the fat get fatter.

There is a widespread assumption that weight loss will promote mental well-being. Williams et al. (2006) highlighted that this is not always the case. In a study of over seven thousand women, aged 45 to 50, they reported that while larger weight losses were associated with greater improvements in physical health, they were also associated with the poorest mental health outcome. This, yet again, suggests that there is more involved than the practical issue of the physical consequences of weight. It would, perhaps, have been interesting if, in the above study, the researchers had explored whether those who had achieved the greater weight loss were those with the worse prognoses for obesity, as these may be the people more likely to have had issues around depression and self-worth in any case. Alternatively, it is possible that in order to so dramatically overcome their tendencies toward obesity, those who achieved the most drastic weight loss may have been driven by stronger, not necessarily healthy, compulsions.

As it stands, the literature on mental health and obesity is enough to suggest deep connections between weight gain and mental well-being, particularly depression – connections that may help me as a researcher, and as a psychologist, to analyse the narratives of my clients. However, there is not yet sufficient evidence on the exact nature of these connections, particularly in terms of causality, to arrive at any firm conclusions. The literature remains suggestive, but not conclusive. It must also be kept in mind that many obese individuals may have no discernible issues with their broader mental health, and that it is important not to allow over-generalisations to lead us into viewing individual narratives through an excessively predetermined perspective.
Stress and associated food use

In keeping with the commonly held view that stress gives rise to food consumption, Epel et al. (2001) have shown, in the laboratory situation at least, that the psycho-physiological reaction to stress can affect subsequent eating behaviour. As all bodily systems are influenced by stress – through the effects of cortisol – so there may be many pathways that contribute to this observed effect. Rosmond (2005) and Gluck et al. (2004) provide a non-psychological perspective on the relationship between weight and stress by proposing that persistent stress results in excess cortisol, which in turn promotes visceral obesity, which can in turn stimulate appetite. Freeman and Gil (2004) and Schoemaker et al. (2002) both reported that stress could trigger binge-eating. Epel et al. (2001) showed that artificially-induced stress encouraged the consumption of comfort foods – which are more likely to be fattening.

Davis et al. (2004) report that sweet foods can produce analgesic effects, just like many addictive drugs, and that many of the physiological effects caused by those drugs can also be induced by excessive eating. In their research looking at possible links between BMI and immediate versus longer-term decision processes, they found a significant link between higher BMI and overeating under stress.

Hepworth et al. (2010) found that subjective appetite and attentional bias for food cues were increased during episodes of negative mood. This may in part be explained by the hypothesis that suggests that negative mood increases the reward value of food. This idea is in line with the work of Yeomans and Coughlan (2009), who report that greater food intake occurred when a group exhibiting high restraint and high dis-inhibition were exposed to negative affect inducing material. However, unexpectedly, they reported that they also found that women rated as exhibiting low restraint, high disinhibition characteristics consumed more when exposed to positive-affect-inducing material.

While Greeno and Wing (1994) argue that the role of stress in inducing overeating is best explored using the ‘individual differences model’, it does
appear that female vulnerability to stress-induced eating is increased by restrained eating. Hay and Finlayson (2011) propose that those restrained eaters who are already at risk of disinhibited eating are more vulnerable to negative-affect-induced food consumption. Popkess-Vawter et al. (1998) compared overweight and obese weight-cycling women (those who had a history of losing and regaining weight) to normal-weight women, and discovered that while normal-weight women tended to overeat as an expression of positive emotions, weight-cyclers tended to report experiencing episodes of anger, depression, stress, anxiety, boredom, loneliness or similar negative emotions when they overate. Across all categories, subjects tended to report reduced negative emotions during overeating, though often with partial or total return of those emotions after the binge had ended.

Survey results (Oliver and Wardle, 1999; Wallis & Hetherington, 2009) suggest that high fat snacking is associated with stress but laboratory results do not always confirm this (Wallis & Hetherington, 2009). However, using more naturalistic research where food was offered as an apparent reward for participating in other research, Habhab et al. (2009) reported that participants ate more food when subjected to higher levels of stress and that there appeared to be a preference for sweeter food, which, following from other work on babies, may actually be an innate response.

Many obese individuals may, of course, not report any raised level of stress, or of negative mood – at least, not beyond the prevalence in the general population. Though stress and negative mood may encourage over-eating, it remains the case that some individuals over-eat greatly when confronted by these stimuli while others do not over-eat at all. It would surely be foolish to conclude that the obese have simply been exposed to more stress than the underweight, or those of a healthy weight. But that does not mean that this literature has no validity, or relevance to my research: instead, we can frame these general findings within the context of the individual narrative. The literature suggests that stress can act as a trigger for over-eating – but what stored energy does the trigger release, and what mechanism does it set into motion? This literature, again, guides us to places and times when something
important may be happening in the histories of the obese, and helps us to understand why those times are significant – but it does not itself tell us what is happening, or why. This is, I believe, where closer attention to the reported experiences of the individuals themselves can bring a new perspective to the debate.

**Powerlessness**

As a therapist I am aware that an individual's perception of their level of power – and its converse, helplessness – plays a major role in determining whether they can engage in making the changes necessary to break the cyclic patterns of unhelpful behaviours and thoughts that otherwise maintain their problems. One reason why people persist with eating behaviours that result in outcomes which, intellectually, they don’t want, might be explained by Seligman’s (1992) theory of learned helplessness. This proposes that having learned, as a young child, that they are powerless to keep themselves safe and influence their destiny, they persist with that mind-set, even when circumstances change. This idea is echoed in the ‘meaning maintenance model’ proposed by Heine et al. (2006).

An alternative interpretation of helplessness is in terms of locus of control (Rogers, 1977). People who feel they control their own fates have an internal locus of control, while those who feel their fate is decided by others have an external locus of control. This latter is associated with a sense of powerlessness. Polivy (2001) illustrates this through the contradictory explanations given by many people attempting self-change: when they are successful they ascribe it to the change programme, but when they fail they blame themselves. A factor that may contribute to dieters’ sense of powerlessness is that although appetite regulation is assumed to follow the principles of homeostasis, experience demonstrates that it is easier for people to gain weight rather than to lose it, i.e. weight control is not symmetrical (Blundell, 2002). Weight loss naturally becomes more difficult as one approaches an ideal weight – the speed of weight loss is proportional to the amount of weight one needs to lose. As a result, people can become demoralised as the same diet delivers diminishing returns. This probable
demoralisation is important, because in a paper exploring the factors associated with weight regain, Elfhag and Rössner (2005) identified “internal motivation” and “self-efficacy” as relevant characteristics. Popkess-Vawter et al. (1998) report that 73% of their normal-weight subjects reported feeling in control during episodes of over-eating, compared to only 20% of obese weight-cyclers – just as significantly, obese weight-cyclers were less likely to feel in control after overeating, while more normal-weight subjects reported feeling in control after overeating than before. Twenge et al. (2004) have shown an increasing externality in locus of control, in society, over the last forty years – it is tempting to wonder whether this socio-psychological change may have had a role in the increasing levels of obesity within our society. It may even be that the higher levels of obesity found (in richer countries) among the less affluent portions of the population may be related to justified differences in perceived locus of control.

These issues of control and efficacy are an illuminating tool with which to analyse the narratives put forward by obese individuals, as they relate not only to events in their lives but also to the way their narratives themselves are formed. Yet questions remain: why do some feel helpless, or externally controlled, while others do not? And why does powerlessness so often manifest itself in over-eating?

**Attachment Theory**

Among the psychological theories that help provide an understanding of the emotional mechanisms involved are those that have their roots in Attachment Theory. As a baby grows, its ability to trust the ‘process of care’ is captured by Bowlby’s attachment theory (Bowlby, 1982). If, however, the child ‘anxiously attaches’ (Ainsworth et al., 1978), the child learns not to trust others to recognise and meet its needs, and then turns to alternatives, e.g., food, to fulfil that role. The extent to which these childhood attachment styles affect adult attachment patterns is not yet quantified, but Fraley (2002) proposes that they are stable into adulthood. It seems clear that infants who anxiously attach are vulnerable as adults to low self-worth and relationship insecurity. Buckroyd and Rother (2008) discuss the connection between attachment history, affect
regulation and food misuse, and propose that there may be a link between overeating and insecure attachment. Likewise, Schore (2000, 2001a, 2001b, 2002, 2003) has developed a model in which attachment history is connected to an individual’s ability to regulate affect (and similarly Raynes et al. (1989) and Zimmerman (1999)).

People turn to food for many reasons other than hunger. They may, for example, have distorted cognitions about the ability of food to meet their core needs. These beliefs may have their origins in early life experiences when food would generally have been associated with nurturance, comfort, love, acceptance, acknowledgement, validation of existence, and security and its absence with pain and fear. Bowden (2001) suggests that this represents a form of Pavlovian conditioning which is activated throughout life whenever stressful events are encountered. De Panfilis et al. (2003) proposed that poor parental bonding affects the ability to distinguish bodily needs from emotional needs. This may have implications for inappropriate food consumption.

Psychophysiology of adult attachment (Diamond, 2001) also shows that one of the main purposes of attachment is distress alleviation. Ideally people learn to provide the functions of the attachment figure for themselves, by internalising the care-giver. Links between insecure anxious attachment and substance use (alcohol, drugs and smoking) have been demonstrated by Kassel et al. (2007), who attribute them to negative-affect reduction, driven by dysfunctional attitudes and vulnerable self-esteem. It seems likely to me that food abuse will follow the same pattern, and indeed Ward et al. (2000) conclude that that insecure attachment is common in eating-disordered populations, Troisi et al. (2005) comment that insecure attachment has been considered a risk factor for eating disorders, Tasca et al. (2006) report that attachment anxiety and attachment avoidance are related to worse outcomes in treating binge eating disorder, Vila et al. (2004) looking at obese children identify disturbance in their families, and Trombini et al. (2003) observe a significant prevalence of insecure attachment between obese children and their mothers. Ciechanowski et al. (2004) meanwhile found an association between avoidant attachment and poorer self-management for patients with diabetes, a disease strongly associated with obesity. Other studies (e.g. Grilo
and Masheb (2001), Grilo et al. (2005), Power and Parsons (2000), Rowston et al. (1992) and Jia et al. (2004) have connected obesity and binge eating to childhood sexual abuse, maltreatment and emotional deprivation, although of course unverified self-reporting of childhood experiences inherently raises questions of accuracy, and the possibility that recollection may itself be shaped by later experiences; nonetheless, it seems reasonable that reports of maltreatment can at least be admitted to stand as indicative of some form of seriously troubled relationship between individual and care-giver.

The findings of Popkess-Vawter et al. (1998) do not directly invoke attachment theories, but do uncover an important role for relationships in overeating: although, they found, obese weight-cyclers tended to overeat in solitude or with small children, while normal-weight subjects tended to overeat with or around loved ones, nonetheless the weight-cyclers reported far lower levels of ‘putting themselves first’ before, during and after overeating, instead reporting that they were thinking of others and the needs of others first – most strikingly, 60% of normal-weight subjects reported putting themselves first before an episode of over-eating, compared to 0% (overweight) and 10% (obese) of weight-cyclers. These two findings at the very least (whether the self-reporting is accurate or distorted) suggest that the individual’s orientation toward others is strikingly different in certain obese patients, particularly around over-eating – “normal” individuals seem to over-eat while surrounded by visible relationships but while self-focused, while “problematic” eaters seem to over-eat while isolated (or with only dependants) but while thinking about others.

Perhaps relatedly, the same study found that, beyond the general tendency for weight-cyclers to be triggered by negative emotions, there were sharp differences regarding what we might call “under-stimulated” emotions: 50% of obese and 40% of overweight weight-cyclers reported being tired, bored or lonely before overeating, compared to a relatively tiny 7% of normal-weight subjects. The cumulative picture of weight-cyclers as isolated, lonely, bored women preoccupied with thinking about the requirements of other people is a powerful one, and one that fits well alongside theories that call attention to anxious or insecure attachment, whether as a pattern set in childhood or
indeed as a representation of on-going adult relationships. Therapeutically this work is of significance in helping me understand the context which may be informing the individual’s narrative.

It is likely that no single psychological theory can capture the richness of the lived experiences of the whole of the obese population; and indeed, we must be careful not to assume a single “reason” or “cause” for all cases of obesity. The life-patterns and weight trajectories of the obese vary considerably, and even between two individuals with a similar ‘type’ of obesity and eating behaviour, there may well be very different causes. We should always be alert to the individual distinctness of individual narratives, and not attempt to fit them too closely into a single mould. In particular, Bowlby’s theories, and those based on his work, have not been entirely without their critics. Nonetheless, it seems to me as a therapist that the window of childhood attachment patterns is a powerful entrance-point into addressing the underlying issues that may be the ultimate causes of overeating behaviours in adulthood.

**Obesity as an Addiction**

Many overweight people have a relationship with food similar to that of addiction, but one of the difficulties faced by people trying to reduce their food intake is that unlike those living with other ‘addictions’ they cannot abstain or withdraw from food. Despite this, it seems likely that the successful, long-term, treatment of obesity will benefit from drawing on the experience of workers in parallel fields.

Recently, Davis and Carter (2009) argued, based on the biological mechanisms involved and on their similar clinical presentation, and drawing on a broad range of existing literature, that some forms of compulsive overeating, particularly binge eating, have clear similarities to conventional drug addiction. They also draw attention to Leshner’s use (1997) of the term “chronic relapsing disorder” to describe addiction – a name that would seem to fit the experience of weight-cycling just as well as it fits conventional pharmacological addictions. The literature cited by Davis and Carter (e.g.
Grigson, 2002) particularly highlights the neurochemical similarities between the effects of addictive drugs and the effects of high consumption of highly-palatable foods; this may suggest that ‘addictive’ over-eating may be related not to general over-consumption of foodstuffs, but specifically to the consumption of these highly-palatable options.

Research by LaRowe et al. (2007) on nicotine cues suggests that it is likely that dieters remain very vulnerable to food cues and associated cravings, which may sabotage their good intentions. Research in the neighbouring field of gambling-addiction therapy suggests that a higher tolerance of the initial distress of abstinence and the parallel psychological stressors is predictive of longer-term abstinence (Daughters et al., 2005). Goldbeck et al. (1997) looked at the concept of self-efficacy and how indicative it is of abstinence in smoking and alcohol cessation. It is proposed that patients with high self-efficacy can use alternative coping strategies when under stress. This acknowledges the need for alternative life-coping strategies amongst those who rely on substances as their primary coping mechanism because, since the abused substance is meeting a need, in times of stress, and in the absence of an alternative, ‘users’ will revert to their established support strategies.

Psychological factors such as personality and expectations about quality of life were found to be important influences when looking at discontinuing benzodiazepines (O'Connor et al., 1999). Different temperaments amongst smokers were mirrored in different withdrawal patterns and Leventhal et al. (2007) suggest that these styles should be included in personalising withdrawal treatments. Perhaps if similar research on the effect of personality and so forth were conducted in the field of obesity this could be used to inform diet selection and maintenance promotion?

A case can be made for the interaction of these topics, within the field of psychology that I have chosen to explore, and for their combined effect in the interpretation of an individual’s obesity journey. It is possible that one’s attachment style may trigger a sense of powerlessness and that the associated meta-cognitions may predispose to addictive behaviour and that
this exacerbates existing mental health issues with the resulting increased stress drives the hunt for security and love, exhibited, as in childhood, through the consumption of food. However, at this point I believe that there is a value in holding them as a collection of interesting but separate ideas that may, individually or collectively, later provide useful tools to discern the core of the individual's narrative.

**Contributions from outside the dominant dialectic on obesity**

All the above theories help inform, and may even dominate the debate surrounding the question “Why is it so easy to regain weight and so hard to maintain weight loss?” Yet within the dominant discourse there seems to be little report of how weight-gainers, and regainers, make sense of their own experience. What is their own understanding and explanation of their behaviour? In the domain of counselling, however, others are beginning to address similar research questions to my own: i.e. trying to gain an insight into the experience of weight from the individual’s perspective (Bidgood & Buckroyd, 2005; Goodspeed Grant & Boersma, 2005).

In the general view, obesity is seen as ‘the problem’ and overeating is seen as the cause of ‘the problem’. However, there is a growing view amongst a branch of the therapeutic community (Roth, 1991; Buckroyd, 1996) that obesity and overeating are often the consequence or symptoms of a much more pervasive problem. This means that many of the efforts and strategies utilised to solve and remove ‘the problem’ are misdirected. This deflection of the focus of our attention and problem solving skills, away from the real issues and on to food and weight may have had a protective role initially. Perhaps unconsciously, some individuals choose to address issues around weight because they feel empowered to act in that arena, allowing them to ‘block’ the initiating cause, which they may feel helpless to challenge. Buckroyd (1996) proposes that concern with weight has a role in “protecting ourselves from what we suspect about ourselves”, and that the relationship with food and weight allows emotions to be expressed as behaviour.
There is a growing ‘alternative’ literature on the themes of food and weight, the very titles of which capture its essence: e.g. “The Hunger Within” (Migliore, 2001) and “When Food is Love” (Roth, 2003). Accessing this, generally non-scientific, literature was very interesting as it often strongly echoed the themes that I had heard during therapy sessions. These ideas were also found in the writings of Orbach (2006). Originally written over 30 years ago, her message remains relevant – there has to be more to obesity than diet and exercise. Telling people to diet does not address the question: “Why do people, who are not hungry, eat, even to the point of ill-health?” Practical guides for the inner journey are provided by Leach (2006) and Roth (2004) amongst others. This alternative approach focuses on the function of weight – perhaps it provides robustness, distance, de-sexualisation, excuse, defiance. As Buckroyd (1994) puts it:

The failure to achieve or maintain weight loss is, of course, put down to lack of persistence, lack of will power, lack of moral fibre, and so on. What feminists have done is to turn this on its head and say that maybe women don’t want to be thin, that maybe their continuing failure with diets and weight loss, and the way they maintain their fat with compulsive eating, is in some way intentional. Maybe fat serves a purpose for women. And maybe that purpose is to protect against the way women’s bodies are objectified and abused, and to protest against the powerless role in society to which women have been relegated (Buckroyd, 1994, p. 32)

From my first curiosity about this subject I have been interested in how the personal significance of both the act of eating food, and the role of the consequent weight gain, interfere with weight loss maintenance. The general view seems to focus on the former aspect, i.e. the role of eating, and little attention appears to be paid to the latter. Perhaps because of this, I was reassured to see that Orbach (2006) addresses the role of weight directly. This sense that weight is useful as a distraction from having to address other, more feared issues is voiced by other authors, among them Gabriel (2009) who also discusses the role of obesity in allowing people to feel safe in certain situations and at certain points in their lives. He proposes that if the weight is
meeting a survival need then even if the weight is lost the body will work to
restore it, as it needs it.

More generally, Gimlin (2008) from a symbolic interactionist perspective
proposes that we see the body as the point where the social meets the
individual, and hence that just as society draws conclusions about the
individual from their body, so too the body is the arena through which the
individual can most directly portray themselves to society. This should draw
our attention to the ways in which obese women may be using their weight to
shape their identities in society, and suggests one reason why those who
have come to identify with a certain body shape may act in a way that
maintains and restores that body shape, and through it that identity – from this
perspective, weight loss may be not only a practical challenge but an
existential one. Regardless of the original reasons for her weight, the process
of changing it may be frightening for the individual, as it challenges and
endangers their existing social identity; much of the conflict within an
individual’s behaviour, between weight-losing and weight regaining
behaviours, may perhaps be seen as a crisis of identity, in which the individual
wishes to create a new self-identity, yet lacks the confidence to discard the
old, particularly in threatening or unfamiliar environments.

Weight can of itself often allow women to feel stronger, more robust, more
able to stand their ground and thus less vulnerable to the very influences that
‘drove’ them to eat in the first place. Unfortunately, self-criticism and loathing
often kick in and force women to diet again.

Weight, as body mass, can also help provide a safety zone – a physical
distance – around the real, vulnerable, ‘inner self’, who lives within the
‘protective outer shell’. The weight keeps others from invading our physical
space and can also keep others emotionally at bay. Gabriel (2009) and
Orbach (2006) both talk about the weight providing a physical distance from
‘danger’, about it providing a place to hide within, about it removing people
from ‘competition’ and about it removing sexual vulnerability by hiding
attractiveness.
On the other hand, many obese women clearly view reduced attractiveness as something to be feared rather than welcomed. Gimlin’s investigation of the National Association to Advance Fat Acceptance (Gimlin, 2002) is particularly striking. Not only did Gimlin discover institutionalised attempts to redefine obesity not only positively but specifically in sexualised terms, and a general subversion of what is theoretically a civil rights group into a sexually-charged forum for dating events and lingerie displays, but she also shows how ingrained the worries about attractiveness are for some women. So deep were the fears of the (almost entirely female) membership concerning the loss of attractiveness that a member explained to Gimlin that her presence, as a normal-weight woman, at an NAAFA social event would likely be unwelcome to many, as she would be seen as dangerous competition for the attention of normal-weight male attendees: a reasonable concern perhaps, given prevailing social attitudes toward weight, until it is remembered that the male attendees, so-called “Fat Admirers”, have come to the event specifically to meet obese women, for whom they have a sexual preference. Even in such a ‘safe’ environment, in which the obese woman was actually considered the more sexually desirable, the presence of a thinner woman still acted to inflame long-standing fears of unattractiveness.

**Summary**

Knowledge about obesity seems to focus on the symptoms of excess energy consumption rather than on why that consumption occurs, and how to prevent it in the future. There is significant investment, political and financial, in controlled interventions, including restrictive diets, physical activity and medical interventions (Swinburn et al., 2004), yet little effort seems to be directed at making this weight loss sustainable, particularly in the primary care setting where most overweight and obese people present.

The reasons that an individual may experience repeated failure to maintain their weight loss are indeed complex. Even if the original problem was triggered by stress, low self-esteem or ‘moral weakness’ it is likely to be maintained by factors as diverse as biology, genetics, and world economics.
There is a need to integrate the multiple understandings of the different areas of knowledge, and in so doing create a more helpful understanding of the significance of weight for the individual. That insight might allow the development of more effective weight loss maintenance interventions; however, some authors, among them Green et al. (2009), make the point that we need to understand the experience of obesity and dieting from the individual’s perspective, if we are to progress with the challenge of addressing the problem.

In practical terms, the goal for me is gaining an understanding of why a person can successfully lose weight – often considerable amounts – yet despite the effort involved in losing it, and often reported positive feelings accompanying the loss, will steadily replace it. It is as though it had been meeting a need, and that, in the absence of an alternative coping strategy being developed, the person is obliged to return to the previously trusted method of coping should the original triggering conditions re-occur – and that method of coping is food consumption. For me there is a great relevance and insight to this topic in the following quote from Orbach (2006):

Fat is a social disease, and fat is a feminist issue. Fat is not about lack of self-control or lack of will power. Fat is about protection, sex, nurturance, strength, boundaries, mothering, substance, assertion and rage

(Orbach, 2006, p. 15)

While, as a researcher, I must be careful to make my starting point the evidence, and not begin from a presumption – and while Orbach’s particular theories may or may not prove to be borne out by the narratives I elicited from my patients – there is something important in what Orbach says. Whether fat is about rage or about mothering, or both, or something else entirely, the viewpoint that I hope to bring to my research is that fat is at least about something. It may not be the same thing for all people, but fat is for many people not simply the absence of thin – overeating is not simply the absence of restraint. There is, I think, something under the surface of the obvious phenomenon of excess consumption – a problem in sometimes self-destructive search of a solution. Many individuals do not just not choose to
control themselves, but positively choose – albeit often only intermittently – to eat. The reasons for that choice can only be understood, I think, from understanding the context in which it is made – and that means understanding the lives of obese individuals, not only as they appear to external observers, but as they appear to the individuals themselves. Only when we understand the situations in which individuals believe themselves to be can we understand why they have made the choices they have made.
Methodology

Ontological and epistemological stance

As seen in the previous chapter, weight loss maintenance appears to be an ‘ongoing battle’ – an unstable state requiring a range of skills. Experience has shown me that therapy can be a very powerful tool to help individuals achieve the changes they desire, but only if the interventions used are appropriate. To know what would constitute ‘a helpful intervention’ when working with an overweight individual struggling to maintain weight loss, there needs to be more understanding of what that experience is like for them and what the weight-maintaining factors are – what function does the weight or food or consumption fulfil for that person, and is there an emotional component? Without understanding this we cannot guide people to put in place appropriate alternative coping mechanisms, and therefore they return to food to meet their unidentified, and unsatisfied, needs (Goodspeed Grant & Boersma, 2005).

While a desire to understand this need has generated my research question, I was initially unsure how to approach its solution. On reflection I realised that ‘who one is’ affects not just the questions one asks but also how one asks them, and, eventually, how one answers them. This led me to an exploration of my ontological and epistemological position.

Initially I felt invited to decide between two, apparently, absolute and irreconcilable stances, Realism and Relativism. The latter held an initial appeal, though I soon came to feel that many of its advocates had become so absolute in their views, and knowledge of their truths, that they seemed to have become inadvertently ‘realist’ in their stance. I felt that Pragmatism might be my natural home, but that too, often felt too prescriptive. How could one take a stance without, in the act of taking that stance, undermining one’s pragmatic, constructionist and relativist credentials?

Psychologically/constitutionally I am drawn to approaches that offer containment and certainty. I am attracted to precision and predictability. I am
at ease with laws and verification. I understand confounding variables, hypotheses, statistics, validity, and objectivism. Mechanistic approaches which rely on statistical manipulation and interpretation sit well with my prior academic training. This way of exploring the world matches that of the conventional sciences and has its origins in the Age of Enlightenment in 17th century England, which gave rise to the development of Positivism (Crotty, 2003). It holds that there is an absolute reality/truth that can be known through the examination of empirical evidence, and that this knowledge is objective and independent of human beings (Woolgar, 1996). Instinctively and as a professional therapist I feel that the traditional scientific view marginalises a wealth of subjective data that can be of equal, if not of more, importance for the individual. On reflection, my ontological position is not compatible with realism. Much as it is sometimes helpful, particularly for comparative purposes, to act ‘as if’ data were objective, I do fundamentally believe that numbers are just social constructions, formed within a context of the individuality of meaning or significance.

Postpositivism would seem to modify some of the issues I have with Positivism. It moves the focus from a belief in certainty to a belief in probability, e.g. from the absolute predictability of Newtonian physics to the uncertainty of Heisenberg and quantum mechanics. Hypotheses are about the probability that certain events may have occurred by chance. Un-observables are accepted as having existence and as having the capacity to explain the functioning of observable phenomena. Meaning and truth are no longer confined to that which can be directly perceived. Research is conducted in natural settings, collects situational information, and is concerned with the meaning and purpose that people assign to their actions (Denzin & Lincoln, 2000). This is echoed in the work of Cupchik (2001), with ideas about things being ‘real enough’; however, I do not feel it goes sufficiently far.

My professional journey from academic MSc to the decision to complete my Chartership qualifications (the practitioner aspect of my training) reflected the transition and the dilemmas so aptly captured by Schön (1983):
In the varied topography of professional practice, there is a high, hard ground where practitioners can make effective use of research-based theory and technique, and there is a swampy lowland where situations are confusing “messes” incapable of technical solution. The difficulty is that the problems of the high ground, however great their technical interest, are often relatively unimportant to clients or to the larger society, while in the swamp are the problems of the greatest human concern.

(Schön, 1983, p.42)

This observation, often paraphrased as “the academic high ground versus the quagmire of practice” also reflects the dilemma of my research. The need to stay grounded in the swamp was particularly important for me as I have developed a sense of professional responsibility towards its inhabitants. I find the interpersonal interaction fascinating and very humbling. I have come to enjoy being a practitioner, with all the implications of uncertainty and not knowing, and even more importantly not needing to know. Along my journey I had shifted, without ever naming it, from being a Positivist to my current stance, which aligns with many aspect of Pragmatism, but which philosophically is probably more attuned to A.N. Whitehead’s (1861-1947) “process ontology”.

Traditionally, philosophers have held that reality is independent of the passage of time and is based on permanent substances and also that change is accidental and not important. Against this, Process Philosophy, or the “ontology of becoming”, as advocated by Whitehead (1920, 2011), holds that change is the cornerstone of reality. He talks of “an actual occasion of experience” (2011, p. 196), which he describes as follows:

We observe nature as extended in an immediate present which is simultaneous but not instantaneous, and therefore the whole which is immediately discerned or signified as an inter-related system forms a stratification of nature which is a physical fact.

(Whitehead, 1920, p. 187)

These ‘actual occasions’ are transitory; they arise and pass, and become the potential for other ‘actual occasions’. Stenner (2008) elaborates, “...an actual
occasion is always a fusion of subject and object in the unified event of an experience.” (p. 94).

I was attracted to these ideas in part, because, as a cognitive therapist, I draw heavily, in my clinical work, on the guiding principles of George Kelly’s [1905-1966], Personal Construct Psychology (PCP). Kelly (1963) stated that “...the universe is continually changing with respect to itself... the universe exists by happening.” (p. 7). For me, this is consistent with Whitehead’s “process ontology”.

This transitory view of ‘reality’ sits well with my personal sense of any experience being the result of the unique coming together of a set of events, in the moment, then moving on, and reforming differently; of life-events being a series of unique ‘snap-shots’. Yet these ‘stills’ can be put together to tell a story of chronologically related occasions, which echoes Whitehead’s “society of occasions”. At any particular time the order we assemble these occasions in is determined by the construction we choose to put on events and produces the ‘motion picture’ or script of our life that we ‘project’ or run – a wide selection of alternative ‘orderings’ is available and may be chosen at different times. Kelly declared that:

We take the stand that there are always some alternative constructions available to choose among in dealing with the world. No one needs to paint himself into a corner; no one needs to be the victim of his biography. We call this philosophical position constructive alternativism.

(Kelly, 1963, p. 15)

This view of the person as a conceiver or constructor of meaning, rather than as a perceiver of events, shifted the focus of PCP research away from the individuals’ perception of their ‘lived experience’, as in Phenomenology, to their construction of the meaning of it.

Kelly proposed that each person creates theories within which the events of their life are understandable. These theories are hierarchical and encompass everything, even the more personal happenings of everyday life. To
understand the individual it is therefore necessary to explore the nature of their theories, and their consequences. Kelly valued personal accounts as a way of eliciting personal constructs (Kelly, 1963).

I admire Kelly because of his open admission about his own work:

... it is a construction and not a discovery. I must make it clear at the outset; I did not find this theory lurking among the data of an experiment nor was it disclosed to me on a mountain top or in a laboratory, I have, in my own clumsy way, been making it up.

(Kelly, 1961, p.1)

Historically this is not a commonly admitted view within psychology. With its empirical tradition, it has long held that there are underlying certainties to be discovered, predominantly through quantitative methods, with qualitative methods treated as a radical alternative (Woolgar, 1996). As Henwood (1996), says:

To some extent all discussions of methodology in the human and social sciences, not just in psychology, are influenced by the esteem afforded to detachment, objectivity and rationality – the guiding principles of Western science – in industrialised democracies.

(Henwood, 1996, p. 27)

Ironically, the highly prized scientific respectability of psychology has, more recently, begun to cause the relevance of much of its traditional research to be questioned (Henwood & Pidgeon, 1992). There is a growing awareness of the need for field research rather than just laboratory experimentation, though this is still often assumed to take a quantitative form (Robson, 1999). This may be due to the historical view that qualitative research cannot be generalised, is probably non-reproducible, and is therefore of little use in the ‘real world’ of clinical practice. Against this, Sandelowski and Barroso (2003) argue that:

The paradox is that qualitative research is conducted in the “real world” – that is, not in artificially controlled and / or manipulated conditions – yet is seen as not applicable to that world.”

(Sandelowski & Barroso, 2003, p. 784)
It is against the backdrop of the dominant approach, my personal style, and the respectability of quantitative methods that I have wrestled with the dilemma of how to approach the issues I wish to explore. My clinical experience encourages me to embrace the idea that there is more to the experience of weight and food than that which a quantitative approach would reveal. On reflection I have become aware that, over my years as a practitioner, I have espoused a Constructionist epistemology:

There is no objective truth waiting to be discovered… Meaning is not discovered but constructed.

(Crotty, 2003, p. 8)

Having named it, what is it? What do I mean by the term ‘Constructionism’? Potter (1996) cautions against falling into the trap of defining Constructionism, as this implies, in line with a Realist approach, that it can be objectively described, when it is, itself, actually a construction. While I accept Potter’s concern about defining Constructionism, in order to enable a shared understanding I offer the following: Constructionism proposes, in opposition to the Positivist tradition, that there is no external reality whose existence is independent of the thoughts and meanings of those experiencing it. Individuals construct their reality through their interactions within a particular context (Gergen, 1985). The same phenomenon will be experienced differently both by different individuals and by the same individual on different occasions, depending on the individual’s current context. There is no unitary perspective – no ‘right way’ to make sense of, interpret or report events. This highlights why the choice of research approach is so important. I am interested in how a person’s understanding of their past experience of food and weight, of gain-loss-regain, may be influencing their future experience of it. There appears to be a societal expectation that weight-maintenance will follow weight loss: that the expected reward of “happiness” will sustain the change. However, the evidence does not appear to support this assumption. The image of the ‘self’ in the future – fat or thin – does not seem to be powerful enough to counteract the historical, or embedded, emotional associations of food and weight, which then affect the current emotional state and behaviour. Insight into this individualised emotional significance of food
and weight, created through multiple constructions of meanings over time by
the individual, would be lost if a purely empirical approach was chosen, and
thus a less comprehensive picture of the problem would emerge.

The term ‘Constructionism’ is itself the subject of some discussion. There are
many differences in usage, in part because the term is used to cover a
number of traditions deriving independently from psychology, sociology,
education theory and elsewhere. Often, a distinction is drawn between
‘Constructivism’, cognitive and/or social, and ‘Social Constructionism’ proper;
where this distinction is made, this signifies not so much a definitive difference
in theory as a difference in focus and priorities. ‘Constructivist’ approaches
revolve around the individual’s struggle to find meaning in their experiences,
and the individual’s construction of knowledge; ‘Social Constructionist’
approaches in contrast centre on the construction of knowledge within society,
rooted in a common language. Social Constructionism emphasises the degree
to which:

We are all born into a world of meaning... We inherit a 'system of
significant symbols'.

(Crotty, 2003, p. 54)

This difference in emphasis can have important consequences for the
approaches of researchers. Beyond shifting the focus to the individual or to
the social group, the different schools can as a consequence lead us to adopt
different positions as regards the individual’s beliefs and behaviours:

Constructivism... suggests that each one’s way of making sense
of the world is as valid and as worthy of respect of any other... on
the other hand, social constructionism emphasises the hold
our culture has on us: it shapes the way we see things... On
these terms it can be said that constructivism tends to resist the
critical spirit, while constructionism tends to foster it.

(Crotty, 2003, p. 58)

The two approaches do, however, have a great deal in common: both schools
reject the idea that knowledge and meaning are ever transferred from source
to observer, instead holding that knowledge is created by human observers, individually and/or in concert. Given that in practice psychological and sociological influences are often difficult to disentangle, many researchers have found precise philosophical differentiation between the two approaches unnecessary for the purposes of their work, and have instead treated the two terms as synonymous (e.g. Lynch, 1998). Within the context of my own research, I have generally leaned toward a ‘Constructivist’ approach, with its emphasis on individual psychology and concomitant respect for the individual experience, without dismissing the role that social constructions may also play; yet I do not believe that this philosophical distinction is something my research need directly address. My research has chosen to examine the existing narratives of my participants, and the meanings they employ in understand themselves and their world: the question of how exactly those meanings have been constructed, to what degree through individual acts and to what degree through collective determination, is therefore beyond the scope of this thesis, and I did not feel it necessary to pre-judge the areas of interest raised by the participants’ narratives by affiliating myself to either school specifically. I have thus chosen to follow the advice of Gergen (1985), and simply use the term ‘Constructionist’, allowing this to stand for any of Constructivism, Social Constructivism, Social Constructionism, and related schools of thought.

Though I espouse a Constructionist epistemology I am aware of the challenges to it. These arise mainly from what is perceived to be the privileging of the role of language in the construction of meaning. Cromby and Nightingale (1999) argue that this is at the expense of issues of embodiment, power and materiality. Slezak (2000) dismissively likens the relationship between meaning and context to that of Behaviourism’s stimulus-response theory. This seems to ignore the theoretically endless possible constructions that individuals can generate. In practice, however, there does appear to be a ‘socio-cultural’ limit on the number of different constructions that we can put on a phenomenon, as explained by Stenner et al. (2000) and echoed below:
For we simply cannot construct the world any old way we choose, and if we persistently attempt to do so we are ultimately more likely to come to the attention of psychiatric services than to gain academic approval. Moreover, realising that our world is socially constructed need not force us to adopt a promiscuous and unbridled relativism.

(Cromby and Nightingale, 1999, p. 9)

Silverman (2005) challenges the widespread use of the Constructionist model, which he says focuses on behaviour, rather than, as he believes is often intended, the emotionalist model which focuses on emotion and meaning. I found this argument initially attractive, but further reading, and Silverman himself (2006), convinced me that there can be no direct access to another’s subjective experience. Access must always be through a process of construing, be that personal or mutual, and ‘lived experience’ itself is the result of that process of construing. To quote Kitzinger (2005), “experience is never ‘raw’, but is embedded in a social web of interpretation and re-interpretation.” (p. 128).

Following that thought, Crotty (2003) argues that contrary to the claims of Constructionists we are born into, and taught, meaning, and that this permanently colours our future constructions. It appears to me that these ideas, as all other ideas, are themselves constructions. If, on any occasion they are helpful in explaining ourselves, they should be used, and if not, other constructions should be developed.

**Methodological considerations**

Researchers of all sorts turn away from the sharply delineated concepts and types set off from one another by empty spaces and turn toward overlapping concepts and types slipping and sliding Escher-like into one another. Categories collapse, borders open, disciplines intermingle, theories blend, authority disperses, voices multiply, and hodgepodge seems the order of the day.

(van Maanen, 1998, p. v)
This quote captured my thoughts, having surveyed the literature on a variety of different methodological approaches in my quest to find the most appropriate one to allow me to explore my question with integrity. In my opinion, a fundamental requirement for ensuring the richness of the proposed research will be the ability to create a space for my collaborators’ stories to be heard, and to convey respect for their experiences and their perspectives on their experiences. The core conditions for most forms of therapy – empathy, non-judgemental acceptance, and congruence seem ideal skills to equip me to hear individuals’ experiences of attempted weight loss maintenance. However, congruence applies not only to how I interact with others, but also to my relationship with myself, and any chosen method must reflect this. The involvement of “me” in the research process is in contrast to the traditional scientific approach, where such inclusion would appear inappropriately self-centred, and raise concerns about impartiality and bias.

Initially all the above encouraged me to consider a mixed-methods approach to my research question. Henwood and Pidgeon (1992) argue that both quantitative and qualitative methods aim to “re-represent” the raw data and that the choice of either or both should be driven by the ability of the methods to answer any particular research question. I was encouraged by authors such as Silverman (2007) and Cupchik (2001) who make the case that qualitative and quantitative methods provide complementary views of the same social world, and that there can be a reciprocity and interplay between the approaches, each enhancing the other. For me, and my view of the world, different approaches provide access to different aspects of the area under review. If life is a construction, then the more varied the tools, and the materials that we bring to that construction, the richer the construction will be. There is not just one construction available and there is value to be gained from all, but the tools we chose to use at any point, dictate what we construct at that point. However, the constraints of resources, particularly time, have led me to defer this wider approach to a later stage in my studies.

For now I have decided to focus on a methodology that will allow me to gain access to the sense that my participants have made of their experiences, as I
feel that a major contribution to the solution to my research question is held, perhaps subconsciously, by the individuals themselves. I hope to develop that knowledge and bring it into awareness, by listening to my participants’ subjective experience of their struggles with food and weight. I also hope to capture the thick description of the social context available from qualitative work (Ponterotto, 2006), and to optimise the interpretation of the data generated by this complex phenomenon (Onwuegbuzie & Leech, 2006). I have chosen to use the approach of Narrative Psychology, which is qualitative in nature and claims to have a constructionist epistemology, which resonates with me as I approach my clinical work from a constructionist stance. That said, I am aware of the conflict, perhaps inherent in research, generated by referring to experience, subjective or otherwise, as some realist commodity that can be captured, shared, dissected and explored. It feels that while I can / must acknowledge my unease, it is unavoidable for the purpose of formal study. This dilemma is reflected in this quote from Davies and Davies (2007) below:

Once having abandoned realist paradigms, we can no longer take experience to be something we can straightforwardly have and then make a transparent account of. When we turn to look back, like Orpheus looking back at Eurydice, experience ceases to become the thing it was before we looked. Experience, like Eurydice, cannot be captured with our gaze.

(Davies and Davies, 2007, p. 1141)

Yet, for practical, research, purposes I need to treat experience as ‘real enough’, whilst understanding that there is a vast array of possible versions, perspectives, or constructions of the experience.

**Choosing a Narrative Methodology**

Narrative approaches are applicable in many fields (Riessman, 1993). I believe that narrative lies at the heart of being human. It:
... is concerned with the human means of making sense of an ever-changing world. It is through narrative that we bring a sense of order to the seeming disorder in our world, and it is through narrative that we begin to define ourselves as having some sense of temporal continuity and as being distinct from others.

(Murray, 2008, p. 111)

Narratives are not catalogues or factual reports of events: instead, they are constructions, stories. They seek to represent how individuals have interpreted events in their life in order to make sense of their experiences, within the context of their world (Crotty, 2003). Our narratives represent our constructions of ourselves, others and the world, and therefore, according to Murray (2008) they have ontological status. They are both formed by us and simultaneously forming us. I found the following quote from Winterson (2004) very re-assuring:

You don’t need to know everything. There is no everything. The stories themselves make the meaning. The continuous narrative of existence is a lie. There is no continuous narrative, there are lit-up moments and the rest is dark.

(Winterson, 2004, p. 134)

Narrative is the ‘stuff’ of my clinical encounters with individuals. It is fundamental to how we make sense of events (Giles, 2003). The nature of narratives creates many questions – do people really ‘rehearse’ narratives or, perhaps, are they latent until consciously addressed? This assumes that each person has ‘A Narrative’ that they ‘access’ when they talk to others or to themselves. The challenge to these ideas is signalled by the verbs we use to describe the action of story-telling – e.g, "wove", "spun", "constructed", or simply "made up". Professionally I have observed that the telling of our narrative to another allows us to hear it in ways that do not appear to happen when we rehearse it internally. An alternative view might be that the narrative is conjured up, created, through talking. This approach could explain how the listener has an essential part in the shape of the narrative. This process can make us aware of the choice of the alternative stories, or scripts that can be created by us. This process is identified by Speedy (2008):
Our work as therapy practitioners (of whichever ‘school’) commits us to a daily practice of multiple listening: a practice of listening to what is being said, to what is not being said, and to what is being referred and deferred to. It is within the gaps and cracks that exist between these different stories that the liminal or threshold spaces in the conversations, the points of entry to ‘other’ sites and identity performances, begin to appear.

(Speedy, 2008, p. 32)

I see the value of selecting a narrative methodology as being two-fold: I want to hear what sense individuals make of food and weight in the context of their lives; and I would like to explore whether some scripts are more helpful for weight loss maintenance than others.

Modern narrative theory draws on the hermeneutic philosophy of Paul Ricoeur (1913-2005) who wrote extensively on the essential role of narrative in creating meaning (Atkinson, 1998). Ricoeur also addresses the idea that our narratives not only distinguish us from others, but also allow us to construct multiple, different, context-appropriate, versions of ourselves – i.e. create different life-scripts (Murray, 2008). Ricoeur proposed that, although we tell our own story, we are not the sole creators of it – our context co-constructs the meaning of our experience (Hollway & Jefferson, 2007), and so the narrative for the researcher may be different to the narrative for partner or GP, and so on. The identity and role of the interlocutor may shape the form and content of the narrative offered up by the participant, through conscious calculation or subconscious influence: the individual may enter the interview with different goals from those they have in their encounters with non-researchers, and may find themselves seeking to fulfill a different role. As a result, they will to some extent likely display a different side of themselves. The researcher needs to consider that the narrator is not a “unitary self”, and that at any point the story-teller can access many selves and many stories. Fraser (2004) writes about narrative research allowing a “plurality of truths” (p. 181) to be revealed.

Another aspect of narrative attributed to Ricoeur is ‘emplotment’ (Lawler, 2003). In summary, emplotment encompasses the concepts of the passage of
time, and of one story incorporating disparate events. There is a widespread acknowledgement that people need to tell their stories, but equally they also need to be heard, and for their stories not to be judged as either healthy or maladaptive (Andrews et al., 2005).

According to Creswell (2007), this type of research takes many forms. For the purposes of my research I intend to use a biographical narrative, to focus on the individual’s chronologically organised experience of food and weight, and the emotion and meaning that they associate with them. I feel that capturing the emotional content of events and relationships, i.e. the emotional significance of the chosen script, will help me gain an understanding of some of the factors that may be making weight loss maintenance so challenging. I hope to identify, through the analysis of the narratives – i.e. the scripts that individuals have created to explain how their journey has arrived where it has – some shared themes, perhaps around the attribution of agency and causation. I hope that if I am successful I will be able to use such themes to focus my therapeutic work more effectively in the future.

Within therapeutic settings, narrative analysis seems particularly relevant and important (Henwood, 1996). This approach has clear parallels with my therapeutic work, where at any point a client can create whatever ‘version’ of themselves and their story they feel is relevant at the time.

There are however many challenges associated with narrative analysis. One concern for me is that the final presentation of how I have made sense of the collected narratives – the ‘results’ – will be only my own narrative of how my participants formed their narratives, and will represent my own biases and perspectives, as well as, hopefully, also theirs. The researcher, themselves, becomes a narrator. Speedy (2008) addresses this as follows:
Displays of position and reflexivity become more troublesome within narrative inquiries that include representations of the voices of ‘others’. The ghost voice (Langellier, 2001) of the principal researcher is still constructing the text, so how do we pay due honour to the voices of our participants? How do we describe and theorise and give space to the life stories of others and, given that we are creating the whole book or paper or thesis in any case, how much attention should we give to declaring personal positions?

(Speedy, 2008, p. 39)

Another concern is the sheer volume of material gathered, and how it can obscure the focal threads of the narrative. It sometimes seems that, in an attempt to deal with the volume of material, narrative analysis consists of severe editing of texts and the presentation of ‘sound-bites’ out of context (Riessman, 1993) – a process, it seems to me, that is not dissimilar to the process that my participants are involved in when creating, or weaving, their own narratives.

Because there is such severe editing and the elimination of natural context, the researcher becomes more powerful – they have more input (and hence chance to be biased) and the reader has less chance to see the bias because the source material is pushed away into the darkest corners of the appendices, and is in any case not immediately transparent due to its size and unedited form.

While narrative interviewing is freer than structured and semi-structured interviewing, it must be acknowledged that the narrative constructed in the research setting is different from other narratives that the individual may be part of. However, while it is a co-construction, and not a neutral event, the narrator chooses the pace and language of the session and it is the responsibility of the narrator to clarify their intended meaning. This highlights issues to be considered around the ownership of ‘the story’ (Creswell, 2007).
Another inherent challenge with the narrative approach is ‘inconsistencies’. If one of the functions of narrative is to create a consistent story of our lives for ourselves, what happens to the inconsistent events of our lives – do we just ignore or forget them? This has importance if I am looking for patterns and causal associations between life events and weight. Is my assumption of the existence of inconsistencies just the imposition of my own narrative on the situation? As narratives are not dictated in formal logical terms any ‘inconsistency’ could merely be my failure to interpret/comprehend correctly.

An alternative approach might have been to utilise my presumptions about the topic to generate questions for a very structured interview, almost in the manner of a survey, which could be more briefly administered and to a larger target population. This approach would allow an overview of group behaviour and the production of predictions based on that overview (Robson, 1999). It relies on the idea that there are general statistical patterns in human behaviour, and on the assumption that there will be no need to think about what thought processes led to the answers that the participants gave, therefore avoiding the need to have interpretative or hermeneutic analyses of the behaviour.

One advantage of highly structured interviews is that there is a level of transparency for the participants regarding the interpretation of their responses. The burden of interpretation is placed on the participant. This requires the researcher to trust that the participant can analyse themselves, and also an assumption that each participant processes data in meaningfully similar ways to the other participants.

The question of how much to trust each participant to perform their own analysis reaches to the heart of a fundamental distinction between conflicting philosophical views of human nature. On the one hand, a unitary view of the person – associated for instance with Immanuel Kant (1724-1804), the Enlightenment, and with much of modern Analytic philosophy – portrays the individual as possessing a single will and character, and as a result is optimistic regarding the individual’s ability to know themselves and their own
mind. In this view, the mind that makes decisions and the mind that explains those decisions are one and the same, and so the latter should have access to the reasoning of the former – to the extent that decisions are made consciously at all (West, 1996). On the other hand, an alternative view – prominently promoted by Friedrich Nietzsche (1844-1900) and more recently championed by many Continental philosophers, sees the individual as a bundle of conflicting drives, a fractious group of selves, perhaps even a colloquy of competing internal voices. Those who take this approach are likely to be far less sanguine about self-analysis, question to what extent these fragments of the individual will have access to, or even are able to understand, the reasons motivating other parts of the self. In this view, the individual and their motivations may sometimes be almost as opaque to themselves as to others.

The further one moves towards the unitary view, the more one can trust the individual to self-interpret. In practice people appear to be consistent in their stories when asked to respond to questions about behaviours. Problems are more likely to arise when asking questions about feelings. This may be because ‘feelings’ are internal and hence the individual knows they cannot be held to an external standard, or because their own interpretations are drawn from their own external behaviour – i.e. they are opaque to themselves. To enhance the effectiveness of highly structured interviews and to avoid the above problem we would need to be alert to the significance of the question wording, to avoid open questions, to check that the questions focus on aspects of behaviour rather than of attitude, and to ensure that a representative sample is selected (Hollway & Jefferson, 2007).

The disadvantages of this methodology are that the data can often be seen to have breadth at the expense of depth, and that outcomes may reveal population behavioural trends but not information about the individual or how to change things. This can minimise the benefits of any findings for individual application, as in therapeutic work. However, it seems to me the most important problem with this approach is that, particularly if the researcher directs the questions more precisely to avoid reporting-issues, the researcher still has a great deal of power. They may (apparently) give up the power of
interpreting the answers, although they will still have to do this to some extent, but they gain the equally-great power of deciding which questions to ask and in which order. If their subject is unsure about their own feelings and reasons, this directed and structured questioning can elicit all sorts of answers that reveal more about the researcher than about the subject.

I discarded structured interviewing as it seemed to me to impose the researcher so strongly into the research, as the constructor of the structured interview, that it was not an appropriate path for research that wished to penetrate far into the subjective experience of the participants. Such an approach abandons many of the safeguards of a more quantitative methodology, but does not gain much additional scope in return. While this may be an appropriate methodology for research that only needs to concern itself with broad, surface experience, particularly with larger numbers of participants, it seems to me to lack the flexibility and sensitivity required for a more in-depth study of a small number of individuals, such as my own.

I considered the methodologies of phenomenology, as its epistemology is Constructionist and it is concerned with exploring the lived experience of the participant (Smith, 2008). Within phenomenology there is no reality outside of experience. By working with the individual’s first person account of their experience of a phenomenon, phenomenology strives to be transparent and to accurately reflect the individual’s experience (Giorgi & Giorgi, 2008). Of particular importance to me was the need to set aside current understandings of phenomena and focus instead on the experience of them (Crotty, 2003).

There are several strands of phenomenology, and I was initially struck by the similarities between some forms of phenomenological approach and the work of Kelly – indeed, Kelly is often still associated with phenomenology, though it appears a rift developed between the two approaches (Ashworth, 2008). In particular, I was drawn toward Interpretative Phenomenological Analysis (IPA), which draws on Kelly’s ideas regarding the analysis of data, and specifically the method of comparing and contrasting elements as a way to handle the large amounts of data generated by this form of research.
IPA is a phenomenological approach that endeavours to understand the individual’s perspective – to stand, as it were, where the individual stands. The focus of IPA is to explore in depth how individuals interpret, or make sense of, their experience of their personal and social world (Smith, 2008) – that is, to explore the meanings that particular experiences, events and emotional states may hold for participants (Smith & Osborn, 2008). "Interpretation" in this sense is the means by which:

... something foreign, strange, separated in time, or experience, is made familiar, present, comprehensible; something requiring representation, explanation or translation is somehow ‘brought to understanding’ – is ‘interpreted’


In exploring interpretation, IPA assumes that there is a connexion between the individual's cognitive, affective and linguistic processes – that what is spoken provides access to what is thought and felt (Smith & Osborn, 2008). To 'enter into' the individual's personal world requires a 'double hermeneutic' – the researcher seeks to interpret the efforts of the participant to interpret their world. It does this through combining “an empathic hermeneutics with a questioning hermeneutics” (Smith & Osborn, 2008, p. 53). This double hermeneutic is required as the aim is to enter the individual's personal world, though this is obstructed by, amongst other things, the researcher's own personal world.

Among the challenges surrounding the use of IPA is that it appears to privilege the researcher’s position over the participants’, as the researcher is allowed, indeed required, to provide interpretations which are assumed not to be available to the originator of the thought. Creswell (2007) stresses that it is the researcher who provides the interpretation and clarification of the meaning that the individual has made of ‘the experience’. The adoption of a critical, analytical, stance seems to assume that the researcher has access to the participant’s understanding of the phenomenon more accurately than the participant has. As I wanted my collaborators to inform me, not me to interpret their meanings – conscious or unconscious – this felt like an imbalance of power that was not compatible with the therapeutic principals I strive to adhere to. IPA, for me, had echoes of Freud and psychoanalysis, which would not be
a therapeutic approach that I would subscribe to. I wanted to take the participants’ stories at face value, as much as possible, whilst being aware of the trap of assuming transparency of language.

I discarded phenomenological approaches as a potential methodology, though I acknowledge they offer a highly flexible and powerful framework – perhaps too powerful for my needs. All research is shaped both by the participant and by the researcher – and yet I was concerned that a phenomenological approach would grant me too much freedom of interpretation, too great a role in shaping my own findings. Again, it is important to emphasise that my research did not aim to draw on the experience of individuals to confirm or refute some existing theory of my own – instead, it aimed precisely to reflect, to extract, to capture, those subjective experiences themselves. In my objectives for my research, the participant was entirely central – and phenomenology appeared not to be faithful to this centrality. Although I was quite aware that I could not exorcise myself entirely from the research process, for the purposes of this particular research I felt that a methodology was needed that would as much as possible marginalise me – I wanted as much as possible to be based on the individual’s own experiences, rather than on my own experiences as a researcher. Phenomenology, I felt, would not be robust enough in restricting me.

For these reasons, these methodologies seem inappropriate, and as a result I concluded that a narrative methodology would be most suited to my research project.

**Selection and Recruitment of Participants**

As my research goal is to gain an understanding of the subjective experience of struggling against obesity, I have chosen to utilise a non-random, purposeful sample, where individuals are selected because they have experience of the phenomenon that is being researched (Creswell, 2007; Onwuegbaru & Collins, 2007).
My participants for this study were six female volunteers from the general population, aged 25 and upwards, selected on the basis that they had lost at least 3st through deliberate dieting, and had subsequently failed to wholly maintain that weight loss. In the event, all the participants had experienced a repeated cycle of weight loss and weight regain.

I chose to work only with women, as it is possible that the issues underlying male obesity may be different, and that to combine male and female participants may risk masking possible gender-specific factors. I also believed that there would be a more readily available pool of female participants. I elected to work with the over-25-year-old section of the population as I wished to avoid my observations being distorted by issues related to adolescent eating disorders.

Factors other than gender may also be at work in shaping the experience of individuals, including religion, race, sexuality, class, and income level; I did not explicitly consider these or other factors in the selection of participants, but through chance all participants shared the same nationality and ethnicity, and had similar professional status. Although further studies comparing the experiences of individuals of differing backgrounds may be valuable, in this case I feel that the common origin and largely shared culture of the participants was beneficial, allowing me to focus on the experience of weight common specifically to white British professional women, without the common themes being clouded by subsidiary differences arising from the participants’ backgrounds.

In common with much other research, this research excludes those with learning disabilities. The Participant Information Sheets (PIS) assume at least an average level of reading ability, and the time-constraints of the doctoral programme do not allow for the extra individual attention and time that would be required to help others to access the PIS data. The effects of learning disabilities on eating behaviours may be a fruitful line of enquiry to pursue in the future. Furthermore, I am aware that there may be other confounding variables involved when exploring obesity in groups of people with learning
disabilities, such as the ‘ownership’ of food availability, the physical effects of various syndromes and so forth.

The literature advises that:

... sample size in qualitative research should not be too large that it is difficult to extract thick, rich data. At the same time … the sample should not be too small that it is difficult to achieve data saturation.

(Onwuegbuzie & Leech, 2007, p. 242)

Initially I had anticipated recruiting participants from my clinical population, but on further reflection I decided against this. This was mainly for two reasons: firstly, because of the time-investment required in each participant, I wished to avoid the inappropriate use of NHS resources, particularly given the current financially difficult times; and, secondly, in order to avoid biasing the outcomes of my research by selecting only from within a population experiencing mental health problems – it was clear that had I taken this approach, any commonalities observed between participants' reported stories, constructs or attitudes may have been due to a common experience of mental health problems rather than their shared experience of weight-change.

Instead, I decided to recruit participants via word-of-mouth, using a Participant Recruitment Leaflet (Appendix 1), in the local dieting community. I then arranged to see potential participants to provide a more detailed explanation about the nature of the research. I did not anticipate a problem recruiting participants as there is a very large pool of potential respondents. One consequence of selecting my participants from the general public is that I only needed to acquire ethical and governance approval from the University’s own Faculty Research and Ethics Governance Committee.

**Ethical considerations and the process of approval**

As a chartered psychologist I am bound by the ethical principles of my professional body, the British Psychological Society (BPS), for conducting research with human participants. These state that:
In all circumstances, investigators must consider the ethical implications and psychological consequences for the participants in their research. The essential principle is that the investigation should be considered from the standpoint of all participants.

(British Psychological Society, 2000, p. 6)

The guidance also emphasises the need to be attentive to issues such as consent, deception, debriefing, confidentiality, protection of privacy, anonymity, and harm or benefit to participants, together with the consequences of withdrawal from the research. The role of the researcher and their biases also need to be acknowledged, as do issues of power imbalance (Bowers & Plummer, 2007). The guidelines of the BPS, combined with the ethical requirements of the University of Brighton, informed the ethical standards to which my research adhered. In accordance with these principles, I sought, and gained, ethical approval for this research from the University of Brighton, Faculty of Health and Social Science, Research Ethics & Governance Committee, FREGC Application No: 09/15.

There is a duty upon researchers, in all their interactions with participants, whatever the setting, to acquire the consent of participants for all interventions that impact on them. This is a basic way of displaying our respect for others, and for their civil and human rights. It was therefore important to be very clear with my participants about the purpose of the research and what it hoped to achieve, so as not to raise false expectations in a population that is often quite desperate for help. Each participant was given a Participant Information Sheet (PIS) (Appendix 2), to read at least two weeks prior to being asked to sign the Participant Consent Form (Appendix 3).

The PIS clearly stated the possible disadvantages of taking part in the study and what support was available to participants. This was to ensure that potential participants understood the precise nature and extent of their participation and about the support and follow-up that would be available, should they agree to take part. Once the consent form had been signed by both parties the participant received a copy of the signed and dated participant consent form. A second copy of the signed and dated consent form was
placed in the project’s main record, e.g. a site file, which was stored in a secure location.

In the process of the research, participants gave biographical interviews detailing their experiences with weight loss and regain. It was not intended that the experience should cause distress, but asking people to provide biographies can lead to the disclosure of sensitive information, and retelling life-stories can provoke a range of, sometimes strong, emotions. It was possible that participants might later regret that they had revealed sensitive information or discussed distressing events. They were reminded that if they became distressed during the interview, they could stop the recording of the interview at anytime, that they would be offered the option to edit interviews that they felt were too exposing, and that they were also free to withdraw their consent at any time. No participants exercised this option. One value of face-to-face interviews is that by being present the researcher can see the context of the discourse, can monitor the responses of the participant for signs of discomfort, and can observe the body language of the participant for early indications of distress.

In-depth interviewing can potentially pose risks to both participants and researchers. Interviews have the potential to be voyeuristic, exploitative, or even harmful. I am aware that narratives may be painful to tell and to hear. However, as they are the individuals’ stories, I take the therapeutic stance that as they choose to tell them, they can bear to hear them, and that what is required of me is to be able to witness them. As an experienced Counselling Psychologist I am accustomed to hearing difficult life-stories and was aware of the need to ensure that I sought support for myself as necessary. I was confident that I could provide any appropriate containment during the interview, should it be necessary; however, it was also important for the validity of the research for me to remain in the researcher role and resist the instinct to provide therapeutic interventions. Notwithstanding this, I would have been happy to discuss appropriate alternative forms of on-going support, and how these may be accessed, with any participants who felt a need for them. These would have included resources such as self-help material, public sector
support such as counselling or psychology via their GP, private sector therapy accessed through the professional bodies’ registers, or third-sector therapy provision via the registered specialist charities in the area – I maintained a list of such resources in my role as a psychological therapist working in the geographical area concerned.

The anonymity and confidentiality of all participants was ensured through the assignment of pseudonyms and codes to participants in the field notes and final report. All transcripts and written resources are held on a password-protected personal computer, and/or kept in a locked filing cabinet. The narrative interviews were audio-recorded and these recordings will be destroyed within 8 years. The participants were informed that this would happen and that anonymised quotations from this data would be used in this final report. Care was taken to ensure the security of the data, and the anonymity of the participants.

I anticipated that my therapeutic skills would facilitate the interviews (McLeod, 1994), as it is important to gain trust and establish rapport in order to allow participants to share their stories, particularly around issues that may provoke shame and embarrassment. As Speedy (2008) highlights, therapists / researchers should be skilled at:

… listening to the ‘talk that sings, the unsaid, the unsayable and the absent but implicit meanings in conversations. The open or liminal space in people’s talk suggests possible entry points towards alternative meanings or traces of forgotten, or unacknowledged, stories.

(Speedy, 2008, p. 20)

Rapport is essential for generating rich data and it can also reduce risks to the participants (Denzin & Lincoln, 1998). This is because rapport involves creating a shared perspective of the situation (Smith & Osborn, 2008); this in turn allows participants to trust that their needs will be respected and honoured.
However, I need to be mindful that this asset of creating good rapport is also a potential problem. That is, building a rapport enables the researcher to influence the participants. While that is important in therapy, it can be dangerous in research, where the intent is to, as much as possible, learn about the subject, which is difficult to do if the subject is being influenced by the researcher – a shared perspective is not the participant’s own perspective. This hazard is compounded when the subject wants to please the researcher by giving the ‘right’ answers. The risk is that if there is too much rapport, the researcher can get the participants to give whatever data they want to hear. Likewise, trust is a potential problem, not just a solution. A participant trusting that their needs will be respected lets their guard is down, and it is easier for the researcher to take advantage of them.

To help convey respect, where I provided the interview room I ensured that it was quiet, with a minimal level of disruption and a high level of confidentiality. When using participants’ homes, I discussed how we could ensure confidentiality and how we would handle any interruptions. Though the risks associated with working with this participant group were assessed as low, I was mindful of ‘good practice’ procedures for lone workers throughout this project. I also wore neutral clothes to put participants at ease and minimise the overt power imbalance between those doing the research and those being researched (Mishler, 1991).

While research, professional, and clinical interviews are clearly different, there are many skills that can be transferred between them (Taylor, 2005). As both a manager and a clinician, I have extensive experience of conducting interviews in a supportive, boundaried, and respectful manner, and I endeavoured to bring these skills to my research interviews.

**Methods of Data Collection, Analysis and Interpretation**

I audio-recorded six narratives, collected using one-to-one, face-to-face, interviews, conducted between October 2009 and January 2010, under
conditions already outlined in the earlier discussion of the ethics of my research. The sessions generally lasted between 100 and 120 minutes. Graphs of the participants’ self-reported weight changes were generated from their recollections about their weight / dress size at various points in their life. These provide a visual record of those changes and these are reproduced in Appendix 4.

Riessman (1993) proposes that narrative analysis should consist of three steps: telling; transcribing; and analysing; and I will use this schema to describe the details of the procedure I followed.

**Telling**
The ‘Telling’ stage took the form of interviews, as previously described. To facilitate this step the participants were given a copy of the Participant Preparation Sheet (Appendix 5) prior to conducting the interviews. This was intended to lower their anxiety by informing them about the focus for the session. It was also intended to activate their thoughts ready for the interview and orientate them towards identifying the emotions associated with the recalled events. Participants were encouraged to speak in their own words, drawing on their own vocabulary and referring to whatever topics they felt relevant.

**Transcribing**
I then transcribed the recordings verbatim – which was a slow process as I am not a skilled typist. I was required to repeatedly replay segments of the recording in order to transcribe accurately what had been said; although I initially found this frustrating, I found that through this process I was able to become more closely acquainted with the material, and to start to get to recognise both the individuality and the commonality of the different stories. The transcription of one of the interviews is presented in Appendix 6 and the others are available if required.
**Analysing**

The transcriptions were then used as the basis for the analysis of the participants’ stories. This was not a straightforward procedure, as there are different schools of thought about how it should be approached. Riessman (1993) suggests that it is useful to complete an initial rough transcription followed by the identification of sections for re-transcription and in-depth analysis. This selection is helped by remembering that even in qualitative interviews much of the conversation is not narrative. However, narratives may often involve, among other things, digressions and rhetorical questions that form an integral part of the story and alter its significance. The surrounding discourse can be removed from the detailed analysis, but, in doing so, it is important that care is taken with “the sequential and structural features that characterise narrative accounts” (Riessman, 1993 p. 3)

The residual conversation must still be retained as it provides the context for the narrative. Removing that contextual information totally could result in the remaining text being read in a different light to that in which it was given. This would result in a loss or corruption of the speaker’s initial meaning.

When I had transcribed the stories and re-read them several times, I set about identifying themes, both those within individual narratives and those I felt had been repeated clearly through the stories, I did this by going through each text, and marking different themes in different colours, according to a specific code (Appendix 7). An example of the analysis of one transcription is included in Appendix 8.

Next, I collected all the quotes on any one theme, from all the participants, under one heading. I effectively quantified them: I then attempted to discuss these themes in the light of the literature, influenced by the quantity of each category and heavily supported by lists of – for me – gripping, relevant quotes.

But it didn’t work.
I came to realise that I had been waylaid by generality and quantity. I had lost the very thing that had led me to do this type of research: I had lost the individuals themselves. Their stories had been decomposed into sound-bites, almost like pieces of quantitative data, to be manipulated in the absence of their source. I had been seduced by the certainty of quantity. I had silenced myself as surely as I had silenced my participants.

I took some time to take stock. I knew their stories intimately and I wanted others to share in the simple power of them. I decided to draw on the work of Riessman (1993) and create what I later came to call ‘biopics’. These are entirely in the participants’ original words, but re-ordered and condensed in order to provide a coherence that allows the passing visitor to still experience the essence of their stories. I hope to have smoothed the access to these stories by removing the noise of general daily intercourse and leaving the narratives to stand in their own right – and there are many narratives for each individual. I have come to believe that this may have been what Riessman (1993) had meant when she spoke of narratives within conversations. These ‘biopics’ are presented in Appendices 9 to 14 inclusive and an example of the colour coding of these biopics, utilising the same colour coding system, is presented in Appendix 15.

I am conscious that these new stories are the product of my choices, and to counterbalance this I had these biopics assessed against the original transcripts by a colleague, to ensure that I had not omitted any points of significance or, by rearranging the order of the original transcripts, added undue emphasis, or implied unsupported causal factors. I then struggled with the analysis of these biopics. As the analysis of the participants’ narratives proceeded I had to consider another form of ethics – one which Speedy (2008) refers to as ‘narrative ethics’:

> ... what happens when the principles involved in writing a good story bump up against the principles of caring for people or not betraying communities we have had access to.

(Speedy, 2008, p. 48)
For me this expressed itself as a dilemma which I initially experienced as an inability/reluctance to critically analyse the stories that people offered me. I became aware that my dilemma echoed the apparent conflict between my role as a researcher and my role as a therapist: the former requires me to look at the evidence and weigh its relative merits, while the latter requires me to take a stance of non-judgmental acceptance. After much consideration and conversation with others, I became aware that, for a while, I had fallen into a trap in which many people find themselves – thinking that they are their stories. I remembered that my respect and non-judgemental acceptance are for the people, not for the content of their stories. On reflection I realised that I could honour both roles, and that it was possible that the participants may not like some of my interpretations of their stories because they might challenge their self-view, but that within a therapy session I would also be exploring alternative interpretations and perspectives of presented events – indeed formulation, interpretation and challenge are among the fundamentals of therapy. I eventually rationalised my dilemma by acknowledging that as a researcher my analysis is just one such alternative interpretation of my participants’ stories.

The detailed transcription of selected narrative sections is the starting point for the analysis of the data. I again set about identifying themes, both those within individual narratives and those I felt had been repeated clearly through the stories. I found that the same themes emerged as before, but in a more manageable – and I think in a more meaningful – way. I then used individual biopics to explore some of the ideas that had arisen in my literature review. I also attempted to understand how other perspectives and interpretations might be applied to the narratives and speculated what the therapeutic consequences of these re-workings might be.

When analysing the research data, I also tried to be mindful of the wider social narrative and how it may have interacted with both my research narrative and with the personal narrative of the individuals. I also bore in mind the function of social narratives which can have the effect of providing a group identity for the individual, but which also overwrite or permit the individual’s narrative.
This editing may arise for many reasons – social acceptability, memory problems, or limited access to alternative stories, among other possibilities. It seems that while experiences are never raw, some are even less so than others.

**Rigour and Validity**

Judging the ‘validity’ of narrative analysis, and indeed all qualitative research, is a challenging topic. Riessman (1993) dismisses the ‘truth’ of the product of analysis as irrelevant, but talks instead of the ‘trustworthiness’ of the process of analysis. This can be ensured by being transparent about what, and why, decisions were made. This is best evidenced by providing a clear audit trail. Sandelowski and Barroso (2003), following Maxwell (1992) and Kvale (1995), also suggest that there are at least three distinct aspects of validity:

Descriptive validity refers to the “factual accuracy” (Maxwell, 1992, p. 285) of our detailing of each of the studies making-up the data for this project, for example, entering the correct sample size and characteristics, setting, and data collection techniques. Descriptive validity is about representing the “facts of the case” accurately and typically involves low-inference data, about which it is most easy to obtain consensus. Theoretical validity refers to researchers’ “constructions” (p. 291) or interpretations of these facts: for example, our evaluations of the studies, the interpretive syntheses we produce, and the procedures we used to produce them. Theoretical validity is about making the case for the analytic and representational techniques developed in the study. Pragmatic validity refers to the utility and applicability of knowledge: for example, whether the techniques and protocol we develop can be easily used.

(Sandelowski & Barroso, 2003, p. 806)

Descriptive validity – sometimes called communication validity – is commonly sought in qualitative work. It often relies on checking that the participants agree with the interpretation of their interviews. This created a dilemma for me because of my views of ‘reality’ happening in the moment and then moving on, As previously stated, I believe that we only ever have access to ‘snap-shots’ of people’s lives. What I collected from each participant, through the use of
narratives, was a series of snapshots – of still pictures following on from each other so that they appeared to be a movie. The depiction of the past takes place over time – corrections and additions and re-imaginings and re-contextualisations can develop over the course of the story, and can represent not only a complicated situation told by a simple, static, momentary teller, but also a simple situation told by a complicated, changing-as-they-speak narrator. Research does not provide a video that we can pause and replay at will. Life moves on, and with it, our, and our participants’ constructions.

Because of my sense that meaning occurs in a context and that the context constantly changes, it seemed inappropriate to rely on returning to my storytellers to check their ‘meaning’, as I assumed that as the moment had passed and the context changed, so might their ‘meaning’ have. They could tell another story – indeed influenced by telling the first one – but it would not be the same story. An ancient Greek, Heraclitus, said that no man may cross the same river twice. Indeed his countryman Cratylus went further, saying that no man may cross the same river once, as the river changes in the crossing.

I reflected on whether, by giving the authority to check the narratives solely to myself, I was suggesting that somehow I was to be more trusted as a guardian of the narratives than the participants who produced them. I decided that this was an irrelevance. The issue was that they had given me an object – a story – that now existed in its own right. Their use for it had now finished, and in its place they had a new story about giving me a story.

**Reflexivity**

I am aware that ‘who’ and ‘how’ I am was an influence on the participants and I have used personal reflection as one way of assessing my personal impact on the research process. There are many articles, such as Watt (2007), emphasising the need to be reflective when doing qualitative research, and Etherington (2004) describes reflexivity in this way:
The capacity of the researcher to acknowledge how their own experiences and contexts (which might be fluid and changing) inform the process and outcomes of inquiry. If we can be aware of how our own thoughts, feelings, culture, environment and social and personal history inform us as we dialogue with participants, transcribe their conversations with us and write our representations of the work, then perhaps we can become closer to the rigour that is required of good qualitative research.”

(Etherington, 2004, pp. 31-32)

While much of my reflection is included as part of the unfolding of my ideas about my research, I would like to note the following: writing this chapter has helped me to realise that I had a naïve view of what my research could achieve. I had wanted to know how individuals made sense of their struggle with food and weight, not just what professionals (psychologists / theorisers) think is happening. On reflection, however, I realise that this is not possible, as I too am a professional and a theoriser and all I will know, at the end of this quest, is my interpretation of what is happening, hopefully well-informed by established theory and participant accounts. This realisation has been salutary as I had drifted into thinking that I would discover what was ‘really’ happening to weight regainers. This stands in stark contrast to my professed understanding of the nature of truth – that there is no ‘reality’ to be found, only my own constructions of it.

I have also become aware that, as the researcher is the primary instrument in qualitative research, who I see myself to be, and how I express that understanding, will not only totally colour how I report what I see, but will also determine where I look.

**Summary**

There is little new about the subject matter of my research, in broad terms: obesity is a health issue of considerable public and academic concern, and a great many studies have been conducted on a great many aspects of the topic. The core of my research – its distinctiveness, its fresh contribution – must therefore lie to some extent not in what I have researched but in how I
have researched it. This has been my challenge in deciding on a methodology: to find a method of approach that can illuminate to the heart of the individual’s own subjective experience of weight, weight loss, and weight regain.

It was clear from the start that traditional quantitative methodology would not be appropriate to this ambition. The data I wished to acquire was primarily qualitative, not quantitative, and subjective rather than objective – contestable and personal, rather than public and easily-definable. In order to pursue a suitable methodology, I had to strike out into more difficult territory, away from my own prior expertise and inclination.

Leaving the protective scaffold of quantity brought with it several challenges. Quantitative studies limit the scope of a researcher’s inquiry to things that are easily quantified; but at the same time, in resting so heavily on the objective and the public, they help to protect the researcher from intentionally or inadvertently contaminating their findings with their own prejudices; without these limitations, it is harder for the facts to call the researcher to account. This danger was particularly intimidating for a research project that was founded upon the personal experience of the participants – if I failed to be faithful to those experiences, I would not merely be clouding my results but entirely invalidating them. In particular, I needed a methodology that would be appropriate for the primary collection of detailed data from a few participants, on which perhaps a hypothesis could be formed, rather than an approach that might be more suited for testing an existing hypothesis on a wider scale.

A second challenge of unorthodox methodology is that it requires a considerable theoretical framework. Every researcher must – and will – adopt a certain theoretical stance, a certain framework of assumptions; but in quantitative studies founded on objective and external data, much of this work has already been done. It is easy enough for a researcher simply to accept a certain – broadly positivist – epistemological, and ontological, approach, and move on with their study. These methodologies have already been justified in
the work of many well-known theorists; the defences have all been constructed.

In the case of less traditional methodology, the matter is not so straightforward. In trying to select among these methodologies, it was necessary for me to think more critically about my own beliefs, and to come to understand my methodology from inside, and from the foundations up. My methodology would have to conform not only to my practical requirements, but also to my own beliefs: in branching out into more disputed waters, I needed to feel more secure in the integrity of my vessel.

As detailed above, this investigation led me to a broadly constructivist viewpoint, and in particular one influenced strongly by process philosophy. This perspective seeks to move away from essentialist, object-oriented descriptions of the world, and instead to emphasise the role of process, change and impermanence: to see the world, in other words, not as a collection of entities enduring a series of happenings, but as an interweaving of many streams of events, with 'entities', including individuals, being abstracted from those events, those patterns of change, rather than the reverse. In such a framework, talk about entities ceases to be an attempt to have true knowledge of 'real' objects, and instead becomes an abstract and constructed language through which we can attempt to describe patterns of change that have no internal or objective boundaries.

From this theoretical viewpoint, a model of how the individual comes to understand the world, and their own identity, emerges. In this model, the individual's self-concept, like all the individual's concepts, is a construction, built out of material drawn from the flow of their lives. For the purposes of a psychological theory, one way of proceeding is to assume that these materials take the form of remembered moments, snap-shots, from the individual's lives. The individual selects among these snap-shots, and orders them into a chronology – a narrative – that enables them to explain themselves to themselves. These narratives have a dual psychological function – they are what we know about ourselves, and represent our own theories about
ourselves, and yet at the same time, because we act on these theories, they come to shape who we are and who we will be in the future.

This is the basis of narrative analysis, and it is narrative analysis that I finally settled upon for my methodology. This approach resonates with me personally, and is a framework that I feel to be secure, reliable, and that I understand both intellectually and intuitively. Fortuitously, it is also a methodology particularly suited to my own research. I set out with the ambition – in admittedly vague terms – of capturing and exploring the essence of how individuals experience weight, weight loss, and weight regain; narrative analysis can operationalise this desire by framing that experience in terms of a narrative. Like phenomenology, it is a powerful approach that can reach far into subjective experience; and yet, in redefining the object of enquiry away from isolated experiences, so easily shorn of context and appropriated, inadvertently or otherwise, to suit the needs of the researcher, and toward holistic narratives, which incorporate not only the individual’s momentary subjective experiences, but the individual’s own perceptions of context and connexion, the individual’s interpretations and the individual’s perceptions and interpretations of those interpretations, it more fully embeds itself in the personal experience of the participant.

In accordance with the theory of narrative analysis, and with the ethical guidelines laid down by the university and my professional body, I chose to conduct a series of audio-recorded interviews aimed at eliciting the personal life-narratives of a small number of individuals who had experienced weight loss and weight regain. For the sake of usability and to concentrate on relevant details, I then abstracted shorter, more manageable, ‘biopics’, still in the participants’ own words, which I believed were faithful representations of the more complete interviews. These summaries I then used as the material for cross-comparison and contrast, highlighting apparent themes running through the narratives of the individuals as individuals, and that appeared common to multiple narratives.
In pursuing this methodology, however, doubts and fears began to resurface. I came to realise that, however firmly my theoretical approach founded itself on the experience of the individual, once I began to depart from the elicited text, I was introducing my own theories, my own voice – more than that, everything that seemed to be *their* voice was in fact only ever spoken *through* my voice, was only my interpretation of their voice. Even the process of elicitation was not free of this contamination, as I as the researcher inevitably influenced the direction of the participant’s thoughts through my questions, and through their very participation in a piece of research. I had striven to understand the experience of the individual, but my understanding was underpinned, overlain, and inexorably entangled by my own assumptions and prejudices.

This being so, the purpose of my attempts at rigour became less clear to me; indeed, the entire concept of understanding personal experience began to seem problematic. If all research is an unavoidable co-mingling of the experience of researcher and participant, and if the researcher, as the final and editing speaker, cannot avoid speaking in their own voice, and not the voice of the participant, what does it even mean to be more or less true to the participant’s experiences? If capturing the subjective experience is impossible, does that not invalidate the attempt to do just that? What is the significance of one way of interpreting rather than another, if all are false? There was, it seemed to me, no ‘real truth’ of the matter, only a variety of constructions, and how could one construction be better than another?

And yet this too is a mirage. I set out by trying to understand the experiences of these individuals – and if ‘understanding’ is defined in one particular way, as the ‘capturing’ of some abstract truth, or as the attainment of a perfect fidelity of depiction to an intangible, ‘real’ way that people think, perhaps that understanding is impossible, and meaningless. But that is not the only way to define understanding. Indeed, if it is meaningless and impossible, it is probably not what people really mean by ‘understanding’ after all.

Understanding need not be defined in a vacuum, as an abstract property; understanding can also be defined, for example, through what it enables those
who have it to accomplish. To achieve understanding, in this sense, would be to gain a capability; one way to conceive of understanding particularly appropriate, perhaps, for scientific purposes, is to see understanding as the basis for change.

This is how qualitative research into subjective experiences can be valid: though all the results I generate will be nothing more than constructions, some of those constructions may enable change. Change, after all, is what science, and therapy, is aiming at. To understand a phenomenon is to be able to predict the effects of various actions, which is important to us because this enables us to enact change. If, therefore, exploring the individual’s own experience of a phenomenon can help us to effect change – if this or similar research can be of assistance in coming to terms with the global crisis of obesity, then we can truly say that some understanding has been attained. That is how we must define understanding – and define the success of subjective research – not as the acquisition of some abstract, intangible ‘real truth’, but in the concrete terms of usefulness and outcome. It may not be possible, of course, to judge an individual contribution in these terms – no single paper will end the obesity crisis, and if any progress is made it will be difficult, most likely impossible, to partition out credit to each researcher individually. But by keeping in sight this end, this source of validation, we can find our way through the dismaying mist of nihilism that may seem to beset us once we have strayed from the path of quantitative and objective research. My methodology cannot – but does not have to – allow me to attain a ‘true’, objective knowledge of the individual’s experience, but I should instead judge it by how likely it is to increase my real, practical understanding of my participants, and through them of the problems of obesity and weight regain. I believe that my methodology can do exactly that – and that by approaching these problems from this, less common, direction, it will enable me to make a novel and distinctive – albeit small – contribution to the literature on this subject.
Findings

This chapter provides both my findings and my primary discussion of the individual themes. Having reduced the transcribed interviews to the biopics as described in the previous chapter I then examined each narrative in turn to identify the dominant themes – highlighted in bold. These themes are presented in Appendix 16 in the form of a list per participant.

The following individual-orientated analysis is then drawn together by identifying commonalities across the participants and these are presented in the form of a table in Appendix 17. This is then further abstracted – see Appendix 18 – for ease of identifying recurrent patterns and groupings and forms the basis of the next chapter, Discussion, which attempts to identify overarching narratives elicited from the participants.

First, however, I began by analysing each of the six narratives in turn, and this analysis forms the remainder of the current chapter. I begin with Rachel’s story.

Rachel

Rachel is a bright, bubbly and apparently confident, 45 year old. She reports an unhappy childhood, and upon becoming adult immediately entered a series of abusive relationships. She has struggled with her weight from an early age, and this struggle has culminated in surgery to implant a gastric band. Her story displays a number of prominent themes.

Most obviously, Rachel’s childhood experiences were of family dysfunction:

“I think of my background as extremely dysfunctional in the modern sense of what we call dysfunctional but I think we knew our parents loved us – our parents were devoted to us. Well my father was devoted to alcohol – well that always had to come first – but Mum bridged the gap. I always knew that there were times when my mum would have to
go and meet my Dad, to collect the salary before he blew it, or gambled it."

“I always felt kind of very loved, but equally I’m aware that I was from a very troubled home.”

Her father was an alcoholic, and it is briefly implied that her mother may have shared her problems with weight: and been her role model for her inappropriate use of food:

“Two days after he (Father) died and people were coming in the flat, me and my sisters and my Mum, we knew what we had to do, we had to go off and eat because that is what we did.”

It is evident from Rachel’s story that she won praise for her appetite and this may have allowed her to feel more secure and so she may have repeated these behaviours over the years, and each time they were reinforced they became more entrenched but also more distanced from the initiating event.

“I’d get lots of praise for eating more roast potatoes than my brother or my father, so I’d get more roast potatoes”

One way to interpret this behaviour might be to propose that initially she could see that she won praise for eating more food than her brother or father. This generated a ‘good’ feeling and so she endeavoured to eat extra portions on other occasions, to repeat the ‘good’ feeling, until, eventually, the element of praise was redundant, and the association was a direct link between ‘eat lots’ and ‘feel good’. This link also appears evident in other participant’s stories.

In any case, between family values and the moral pressure of the nuns, she seems to have been put under strong pressures to consume:

“I spent endless afternoons in the dining room of my primary school because if I didn’t finish my dinner, the nuns couldn’t send it to the poor
black babies in Africa, and how selfish was I, so I had to eat it. I was encouraged to eat at home because they always thought I was too thin.”

Perhaps in part because of her dysfunctional home life, Rachel reports an extremely unhappy childhood:

“I think if I was a child growing up now I’d probably be sent to CAMHS [Child and Adolescent Mental Health Service] or somewhere because I was always depressed. I’d go to school and would fantasise about if a car hit me … I absolutely hated school. The nuns were so cruel, they hated us … [but] no matter what, we all did ok, and [the nuns] didn’t like it. So I hated school, and home life was probably a bit traumatic really, so I don’t think I had much happiness.”

This unhappiness, in turn, has led her to have negative associations with slimness, which she herself expresses quite directly:

“I have thought back on it from time to time, and I think actually the reason I don’t want to go back to my slim days really, is because they weren’t very happy.”

These negative associations are exacerbated by the realisation that slimness, in adulthood, did not lessen the pain she experienced for being ‘her’:

“I remember being disappointed that despite being slim that [being out-spoken] was still painful”

Part of Rachel’s underlying fears about being slim is that not only might she return to the unhappiness of her youth but that she would lose not only the weight but also the qualities that she defines herself by.
“That’s part of this fantasy about, if I was satisfied with myself, would all those things go away, that drive, and that perfectionist, and that torment.”

That said, her attitudes toward slimness are not all so negative. For example, when lamenting how noticeable she is due to her size, and how this amplifies what she considers her excessive volume and ‘demandingness’, she comments:

“It’s one thing to be over talkative, or attention seeking, or demanding, but to be big, for me, just makes it worse. I just think that I could get away with things better if I was smaller.”

The literature makes several references to the role of weight in creating a sense of strength and robustness for women and Rachel talks about her desire to be strong and heard and her fear of not being heard if she was thin.

“This is my tension, I want to be that strong woman, but I don’t want to be Hattie Jakes – a formidable character … And I would just like to be able to be the formidable character without being big … I have to be heard at all times, you know, bloody hell, I have to be heard, but maybe I don’t want to be seen … I want to be noticed on my terms.”

Put together, these comments seem to add up to a deeply ambiguous ambition regarding weight loss. On the one hand, she repeats that she wishes to lose weight, and yet she clearly sees something positive in remaining overweight, both in terms of appearing ‘formidable’ and more simply, on a deeper level, because she associates slimness with unhappiness. Indeed, she questions her level of commitment herself:

“Part of me can’t believe that I’ll [lose weight], and then the other thinks ‘Do I really want to do it, because if I really wanted to do it, wouldn’t I have done it?’”

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However, while Rachel may be unclear on whether she wants to become slim, it seems that anxiety over her size has been with her for a long time as she was an overweight adolescent:

“I was always kind of size 10 to 12 but the issue is, as I look back now, I was always 5 foot 8 and my friends were 5 foot 2 so they were size 6 to 8, so I immediately felt fatter or I just felt – I realise now that what I felt was obvious, I seemed to stick out, I was taller with red hair and I was more noticeable and I interpreted that as being too big, I always thought that I was too big. When I was about, 15 or 16 I really noticed it, going through puberty, I noticed that I was that much taller than everybody else, and I just felt too big … I went through this wanting to change myself so completely, wanting to just shrink myself …”

For her, this feeling of being too large is not only a matter of physical size, and seems connected to very deep issues of self-worth and negative self-perception:

“I just felt too big, and I don’t think that it was just the physical form, I think it was my whole being, I talked too much, and that thing of being too big was part of being too loud, too noticed, taking up too much space, too much time … every negative thing that has ever been said to me is in my brain fresh like it’s said today … I feel so insecure … I am a perfectionist – just never satisfied. I guess never satisfied … I feel a failure when I can’t [be thin] all the time, I blame myself when I can’t do it. I still feel a bit of a failure that I haven’t lost more weight … What I regret is that it [surgery] can’t sort everything out. I feel like I’ve lost it … so that means this is as good as it gets. Bloody hell.”

Similar feelings are projected onto the public at large in their supposed opinions of her:

“If you want a gastric bypass you are a greedy fat bastard and you should know better.”
The strength of this feeling is surprising, particularly given her belief that people have no negative attitudes toward smokers or drinkers who need NHS attention, and that “everyone looks after them”.

Rachel has a fear that her, and her family’s, behaviour is somehow ‘non-standard’ and that this will leave them open to the negative judgment which she still painfully remembers from her convent days. She has learnt to try and avoid or pre-empt social judgement by, at a basic level not being seen eating.

“We all drove to a Harvester a million miles away so we wouldn’t see anyone, because we knew that if people saw us eating a 3 course meal while bereft and in bereavement what would they think about us? But that is what we do.”

If secrecy is not possible and she is seen eating, Rachel tries to be the first to make the comment and in that way to dis-empower others before they have a chance to speak. This may also have the effect of giving others the impression that Rachel does not really care and is impervious to comments – which is clearly not the case.

“If I’m eating I draw attention to the fact I’m eating before anyone else notices. Ordinary people eat all the bloody time, all day everyday, everybody has to eat, but its about that never feeling allowed to eat, or feeling I have the right to eat.”

The degree of Rachel’s self-doubt is striking in itself, but particularly disconcerting is Rachel’s refrain of worthlessness, of almost having no right to exist – as a child she ‘takes up too much space’, is ‘too noticed’, wants to ‘shrink’ away; regarding food she feels she has no ‘right to eat’. This lack of self-worth may be connected to her early history of abusive relationships:

“I was 17 when I met a boy who was quite abusive. I stayed with him ’til I was 21 … [By 22] I was in a very, very unhappy marriage … he did
humiliating things sometimes … it was an unhappy relationship, it was an abusive relationship”

It’s hard not to connect these early abusive relationships to her unhappy schooldays and her experience of an alcoholic father: from birth to the age of thirty, she seems to have been (at first through bad fortune, later through her own choice) in situations of powerlessness. She herself seems to acknowledge the suggestive co-incidence of her decision to finally leave her husband within days of her father’s death.

That powerlessness is a theme that runs through not only the material facts of Rachel’s life but also, continuously, her own attitudes. Repeatedly, Rachel interprets her own behaviour as the result of factors beyond her control – often far back in time. Her over-eating can, it seems, be explained through genes:

“I come from a family of addicts, my father was an alcoholic, my mother’s mother was an alcoholic, we are probably chromosomally addictive.”

Or, if not through genes, no doubt through cultural inheritance – particularly striking is the apparent obviousness to her of this implication:

“We’re second generation Irish, so when the men would go out to drink we would sit in and eat.”

Her early childhood must also, she believes, bear the blame for her later behaviour, even if she is not entirely clear as to how:

“I’ve always got to be putting something in my mouth. I have no doubt it’s linked to … all that Freudian stuff, and not being breast-fed, and all of that malarkey. I’m sure there’s lots of truth to it, you know, my early needs, my unmet needs.”
As a result, she appears to believe that even in adulthood her desire to lose weight is being undermined not merely by bodily cravings, but by her own mind or brain, which in her story plays the role of an enemy:

“What it is showing me is that actually I could have done with a (gastric) band around my brain really … what I decided was ‘I can’t sort my mind out. My brain will not do what I want it to do in terms of controlling my emotions, so I’ve got to bypass that physically’.”

Throughout her story there is an ‘I’ that desires weight loss, but that ‘I’ seems to include neither her body nor her mind, both of which are working against her. It doesn’t even necessarily include the ‘me’:

“The essence is I’m always looking for a new me.”

Ultimately, however, it seems as though the real power lies with the food itself:

“I remember [an obese man] saying food was his best friend and his worst enemy. And I thought: ‘absolutely, absolutely, yes friend, worst enemy’, because it can do all those things to you. It’s the thing you use when you can’t meet your need with anything else, and then it makes you just ruin everything.”

Food, for Rachel, is not an inanimate thing that she eats – it is an active agent, doing things to her against her will, even forcing her to do things.

Rachel’s attitudes toward the world and her own actions seem to go beyond a passive feeling of powerlessness, to an active ascription of power to other agencies. Her stories show an external locus of control – her life is governed by external forces, and even when she may seem to be in control, she avoids depicting herself in this way by re-describing the decisive part of her, her mind, as an exterior enemy, or by ascribing responsibility for her actions to exterior forces (genes, culture, food). Nor is this confined to her own
actions. When explaining her ex-husband’s abusive behaviour toward her, she uses the same sort of explanation:

“[My ex-husband] was someone who grew up without food, without love, and without nurturing.”

And yet, notwithstanding her apparent victimhood simply as the puppet of forces beyond her control, this does not rescue her from self-blame and therefore self-punishment – I have quoted above several of her expressions of feelings of guilt and inadequacy stemming from her failure to lose weight. She is not responsible – yet she bears the blame. This seems similar to the behaviour she ascribes to her ex-husband, who also blamed her for things she could not control:

“My [ex-]husband used to give me a good feed and then be very disappointed when I gained weight.”

Rachel’s response to her sense of failure is self-punishment:

“I’ve given myself plenty of punishment. It’s all self-pressure”

All through her life, she reports having been blamed for things beyond her control and now she herself is ‘punishing’ herself for things she seems not to take responsibility for. She even blames herself for things that do not really happen:

“You see, that is the crazy thing. I don’t actually overeat anymore, yet I feel as though I do. Yes, I feel as if every morsel of food that goes in my mouth feels like an overeating expedition.”

There is always a price to pay for whatever choice we make in life, no matter how healthy. Rachel describes her sense of deprivation and guilt following her gastric band surgery.
“I’m healthy but that means I miss out … But I feel as bad about a chunk of chocolate as I used to about 3 bars of chocolate.”

The punishment she recognises explicitly is mental punishment – blaming herself, feeling a failure; yet she also inflicts physical suffering upon herself through food, and even enjoys it:

“I just love food and I love the feeling of being bursting. Being full-up, with a little gap is not good enough. I need to be completely zonked-out on food, that’s my high. I love it – to feel uncomfortable, to feel slightly sick. I feel so happy with myself because I am physically so full up that I would get a pain if I ate any more. I feel sick, I’m full up, but I am going to carry on eating.”

Yet this is only one part of what food offers her. Food brings a welcome feeling of discomfort, but it also provides a desired physical sensation:

“it’s the putting it in your mouth and feeling it in your stomach.”

Rachel’s behaviour must be seen in the broader context of the addictive behaviour which she describes.

“The only time I haven’t had an appetite at any time is in acute bouts of gastric illness and when I’m shopping at Blue Water. It’s the truth, when I’m spending money on things … The only thing that over-rides wanting to eat a meal is shopping, buying things, and once I’ve bought it it’s a done deal. It’s the looking at it and the buying it.”

This inter-changeability of eating and shopping seems to imply that the same need may be being met by both activities, and that need seems to be connected to choosing what she wants, and getting it, and in Rachel’s case, with her acquisitions just as with food, she can forget about it once it has been obtained.
Rachel is also an ex-smoker, with histories of alcoholism on both sides of her family, and as quoted above she believes herself to be ‘chromosomally addictive’, and views both her eating and her dieting in light of this:

“So then you eat everything you want, you desire, and then you’re ready to deprive yourself again. So I know I’m very in this kind of binge and fast thing. That’s life – work hard play hard. I’m not moderate. But that’s what I do – it’s all or nothing. I find moderation is out of my remit.”

Alcohol also seems to play a role for her, as a second-rate substitute for food:

“And if we were going out and there was no meal, I’d want to drink lots of alcohol. Alcohol could replace food but it is not as good. It’s not even the mind altering state, it’s the putting it in your mouth and feeling it in your stomach.”

In keeping with her general feelings of powerlessness, Rachel proposes an unusual benefit of over-eating:

“I know if I wasn’t over indulging in food it could be alcohol, it was cigarettes, it’s always something, it’s always been something. And when I am being kind to myself I think, ‘Well actually food is the least of the evils, it is not the end of the world’.”

Over-eating, she suggests, is saving her from worse behaviours; although in her case, she almost seems to regret this salvation, since in one way at least her life would have been better had she not used food to avoid a worse addiction, her comparison seems to express a sense of injustice:

“If you’re an alcoholic, or a sex addict, or a druggie, you can go to work you can hide it, but when you bloody overeat it’s written all over you, isn’t it? … Actually what’s the difference between me [having surgery] and some old bugger that needs a heart by-pass because of his lifestyle choices – been smoking, drinking and too much stress?”
Closely related to her addiction is her obsession – with food, she says, but perhaps to be more accurate she seems obsessed with eating:

“And I know in all those fat times, particularly the fatter I am, the more important that food is. If we’re going out to an event, if we were going to a wedding, I wouldn’t be thinking what to wear, I’d be thinking ‘What’s the meal, what will I have to eat?’… First thought in the morning and last thought at night, [it] absolutely preoccupies everything, everyday. And actually what I really want, what I really want is actually, thinking about it, what I really want is to be able to eat and not be constantly thinking about what I am eating, why I’m eating, and why I should and shouldn’t be.”

More concretely, food seems to play a role in controlling mood, particularly in providing comfort and alleviating stress and anxiety. I have already mentioned how Rachel, her mother and her sisters all reacted to her father’s death by going out for a three-course meal, and a similar pattern can be seen in her marriage, and beyond:

“It was an abusive relationship, and food was my comfort. And I have always envied people who can’t eat when they’re stressed – I don’t know what that is all about … Stress is related to everything I eat.”

Food also acts as a reward for Rachel:

“It was our reward, so we loved to eat, my Mum, my sisters, and myself, and that was fine.”

Whereas now, after surgery:

“I think I do feel I miss out on the fun, and the gastric band has stopped me from having those rewarding binges.”
Molly

Molly was a big baby who through the indulgence of post rationing days thrived on her mother’s “solid home country cooking”. Like Rachel Molly learned that she could win adult praise for her appetite through consuming second helpings of food.

“As a child I would always go back for second helpings and I was always encouraged to, with comments like “Well done, that's a healthy appetite there, you'll grow strong”. I was probably 11-12 mark when I started to become a little tubbier. But of course that was always termed as puppy fat; “Don't worry you'll grow out of it’.”

It seems that Molly did not ‘grow out of it’ and she became an overweight adolescent.

“I just kept getting taller and taller and bigger and bigger I remember doing a science experiment at school. I was one of two girls in the class full of boys, and inevitably I was the heaviest at 12½ stone at the age of 15 … I recollect being very aware that actually I was fatter than everybody else and couldn’t wear fashionable clothes and things.”

From adolescence Molly’s recollections of the consequences of obesity become more negative. Particularly striking are her accounts of two traumatic events where she experienced rejection, abandonment and childhood unhappiness, initially as a child:

“. I remember … sitting on the floor and screaming, and screaming, and screaming, and people leaving me there, and feeling very unloved … it's very much how my parents put me back into that situation, and I remember that intensely, really do. I have real trust issues particularly with men since then.”

And again as an adolescent:
“So that was a nasty spell, and then in my teenage years, I was probably 14, I was a fairly large girl, I remember being at the school dance and feeling a little bit out of place. One of those social situations where I don’t feel hugely comfortable, I am quite shy in many respects. I was very aware of my size and didn’t have the prettiest frocks. I didn’t have great legs so couldn’t wear short skirts or anything like that. I remember all these other people looking very pretty and prim with their nice new clothes, and I felt very fat and awkward, and some girls that I had been friends with since I was eleven, decided they didn't want to be friends with me any more. No reason given to me at all. Just in the middle of this, with everybody round, and I felt awful. I felt completely abandoned. At that stage I skulked away into a corner, as you do, and it still upsets me now. And I then went home.”

Although she recalls no reason for this betrayal, her account suggests that she seems to associate the loss of friendship with the general ‘out of place’-ness and ‘awkward’-ness that she attributed to her unusual weight. It seems almost as though she thinks that her friends left her because she was overweight. That association – being overweight and the loss of loved ones – can be seen again later in her life with the breakup of her marriage. Her unhappiness was compounded by bullying:

“I remember being bullied because my father was a policeman.”

Molly’s **maternal role model** was of some one who could not control her weight, struggled with near unbearable domestic stress and comfort ate.

“My mother has never been small. [She’s] 5”5/6” [and] did get up to about 20 stone … And so my mother, again around those times, would comfort eat, and I would see her comfort eating.”

The dominance of Molly’s father combined with the caring pressures which overloaded her mother point to a theme of **family dysfunction**:
“I didn’t like to rock the boat, particularly where my father was concerned, ‘cos I knew he had a temper – I had a childhood of that from time to time.”

Molly’s response to her father’s anger may have been the start of her need for perfectionism:

“I felt a tremendous responsibility (since childhood) that I had to toe the line and be squeaky clean, and squeaky good, and beyond criticism, and of course now in my working life I hate it if I put a foot wrong.”

Her relationship with her father may also be the root of her sense of powerlessness in the world. Molly reports that her powerlessness over food was exacerbated by her childhood messages to eat up:

“I find it difficult now, when I'm hungry, to know when I'm full because I learnt to override the messages my body gives me, to tell me when I'm full. Even now, even with the education and awareness and the knowledge I've got around this, I still struggle when it comes to portion size, and knowing when to stop … Whilst I'm still intelligent enough to know about what my mind is doing, that's what my mind is saying, stopping that behaviour is really hard. Sometimes I've managed to do it, but sometimes I haven't. Well often I haven't.”

This theme is seen throughout her story but particularly where men are concerned and seen later in her abusive relationship within her marriage

“His behaviour towards me for the previous couple of years hadn't been good. He did put me down a lot. Did ridicule me in front of people and he constantly criticised me over my size.”

Because of the pressure on her from her father, the local policeman, to set an example to others Molly developed a clear sense that she must obey the
‘rules’ and not challenge authority specifically the rules and authority of her father, in order to be accepted by him as a ‘good girl’.

“I was always fairly good, fairly quiet at school. The goody-two-shoes I suppose, but I didn’t like to rock the boat … I remember my father saying that as he’s the local bobby he was respected in the local community. And saying to me that, “You need to be good. You’ve got to show other people how to behave. You’ve got to set an example to people.” So I liked to toe the line. I didn’t like to push the boundaries too much.”

Pleasing her father seems to have led inevitably to becoming a ‘people pleaser’ in general and Molly graphically describes the consequences of any failure to live up to her standard.

“I think some of my skills are actually around my agreeability, agreeableness perhaps. I felt a tremendous responsibility (since childhood) that I had to toe the line and be squeaky clean, and squeaky good, and beyond criticism, and of course now in my working life I hate it if I put a foot wrong. And I think that comes down to wanting to please, and being adaptable”

Food is very important in Molly’s family life and she has many positive associations with it. These seem to have their roots in Molly’s upbringing but are active in her adult life and sometimes work to undermine her attempts at weight loss maintenance. One of the roles she describes is food as celebration:

“If there was something to celebrate, ‘We’ll go down to the local cafe and have lunch out’, so celebrating around food … Even growing up and going out for tea, or going out for a meal in a café, was very much a treat in those days. Today it happens every day, so I’m not satisfied with just going out ‘cos that’s not a treat. I’ve got to have the chocolate cake, with the whipped cream and the chocolate sauce … You got
used to that, but that's not a treat, so you’ve got to go bigger, bigger, better every single time. … The other week I lost 5 pounds and was thrilled by the fact that I lost 5 pounds that week. But then I didn’t stick to it did I? 'Cos at the end of the week I thought ‘Molly you've done really well have a celebration.'”

Interestingly Molly explicitly differentiates between food as celebration and food for mood control e.g., for comfort and stress control. The former is actual food while the latter is chocolate. Yet in adult life, her ‘celebration’ takes the form of her childhood ‘commiseration’ – she isn’t celebrating her diet by going and having a balanced meal at the local café, perhaps, more than celebration, she is actually comforting herself for deprivation. Molly illustrates her use of food as comfort:

“Ooh ooh absolutely. If I was upset (as a child) “Have a chocolate biscuit you'll feel better. …. My marriage split up. … I was devastated. It all came out very publicly, which was quite shocking. I'd just lost my dog, work wasn’t going very well, my whole world crumpled. I'm afraid I dived into the chocolate mountain, and just consumed, and consumed.”

Molly is clearly aware of how she uses food as comfort and how quickly the relief will pass:

“I do comfort eat. I know if anything upsets me at work, or I think if anybody’s spoken to me harshly or whatever, I immediately turn to food, and just the mere act of putting a caramel on my tongue, or a bit of chocolate, even a bit of cheese, just instantly, even if in that moment I know two minutes later you feel awful, but that moment it makes you feel so good.”

There is a recurring theme for Molly, as with Rachel, and as apparently with Molly’s mother, of using food, particularly chocolate and similar sugary foods, to control mood, and in particular, to combat stress, which she distinguishes from the role of food to comfort.
“At work if I was dealing with stressful things. I did go home, and I would tuck in to a whole tiramisu, or a whole chocolate cake.”

As mentioned earlier an area where childhood messages are affecting Molly’s adult choices is the message she carries about the food on her plate and the pressure to consume.

“I think another factor actually is at school. I was never allowed to leave the dining room until I’d eaten all my food … I had to, I wasn’t allowed to play … but I have got better in the fact that I won’t scrape the plate clean. I will, if I feel full, leave something. I have this message in my head, from my mother, from seeing the African children on the TV, “Don’t leave anything on your plate you’re lucky to get it. Look at those children they’ve got nothing”, and that still plays in my head. It’s “waste not want not”, and all these other sayings, that sort of come through.”

This message was probably universal to children reluctant to eat the food that they had been given, so cannot of itself explain later obesity in only some, but it is interesting as all my participants mention it. It is possible that certain children were particularly sensitive to this message, and characteristics identified here such as negative self-perception and powerlessness would certainly empower this message, or it may be that obese people look to their past to try and explain their current behaviour, or even to excuse it. Molly’s adult choices are not being pushed toward overeating by her sense that she should empty the plate – this would only be true if she was not in control of her own portion size. So in terms of leading to childhood overweight, quite probably it was important but as an adult, she is only consistently eating too much because she is consistently giving herself too large a portion.

Weight loss, particularly the dramatic weight loss of dieting, requires self-control. Molly is aware of this, and even suggests that the dieting may have been a way to exert control, rather than control merely being a way to diet:
“I've had four episodes now where I've lost a lot of weight … I lost a lot of weight. I think that was something about trying to get a bit of control in my life.”

That desire to exert control seems closely connected to her own sometimes negative self-perception, as a weak and, as previously mentioned, over-agreeable woman:

“I hate it if I put a foot wrong … I really berate myself if I say something wrong, or do something wrong, or something's misunderstood etc., and of course immediately that happens I want to go and dive in the chocolate cake … I just felt hugely guilty afterwards, and be unhappy with myself, and angry with myself, I suppose for being weak … I still see myself as very weak, and give in easily … You know I just felt unhappy with myself, and angry with myself, I suppose for being weak. I think there's been a theme throughout my life that I see myself as weak. I think I should stand up for myself a bit more.”

A very similar attitude is expressed toward her mother, who also worked in a care-giving position, though in her case in her private life – first for her MS-suffering wheelchair-bound suicidal mother-in-law, and then for her own foster mother when she developed senile dementia:

“She had a bit of a tough time. I've got a huge amount of respect for her, but I also think that she's put up with far more than she should have done, and sometimes I berate her for that.”

Molly berates both her mother and herself for their ‘weakness’, to quite an extreme degree, to the point of self-punishment – and nor is this self-criticism limited to the theme of weakness:

“What I was doing there was berating myself for not having better judgement. “You should have known that”. I'm very good at beating myself up like that … Actually I think I'm an okay person … I can’t be
that bad … I berate myself because I think “I should”. I know I'm very good at doing that beating myself up with a cane because I think I should … I really berate myself if I say something wrong, or do something wrong, or something's misunderstood.”

She even implies her self-punishment may extend beyond the metaphorical ‘cane’:

“If I’ve got a friend coming then I will stop, and I will take time to prepare a meal, but by myself I can’t be bothered. So it’s almost disrespecting myself because I’m saying I’m not worth it.”

This self-punishment causes stress and suffering that Molly copes with through indulgence – after saying that she berates herself for her failures, she comments casually that:

“Of course immediately that happens I want to go and dive in the chocolate cake.”

In common with Rachel, Molly compares her struggles with food to alcoholism, seeing over-eating as an addiction:

“I feel as though I'm a food-aholic, a bit like an alcoholic, and the trouble is with alcohol you can actually get rid of the alcohol, but you can’t with food because you need food. You need food to exist.”

And, like Rachel, Molly is far from wholly positive in her associations with weight, co-incidentally using the exact same example:

“I lost this weight because I wanted to be seen as a more successful person. And I wanted people to look at me and see that I was an intelligent, assured, successful individual. It's very, very subtle but when you are bigger people do think of you more as the jolly, happy, Hattie
Jakes type character, and they don’t think of you as being necessarily clever, but more stupid, and fat, and silly.”

Like several participants, for Molly, being ‘bigger’ has an additional connotation with invisibility, and this connotation is one she sees as both positive and negative:

“[Weight] certainly gives invisibility and I know that after my relationship broke down, I wasn't in a rush to lose weight because if I lost weight then would men want to pay me attention and I know that. It’s certainly played a protective role because even though people were telling me “You need to lose weight to be healthy.” I knew that people wouldn’t look twice at me, and I didn’t want to go there. As far as a relationship was concerned forget it. I didn’t want any of that at all. I didn’t lose this weight to make myself more attractive.”

However, while weight may have appealed to Molly at certain times, this has not been a constant for her. Her early association between weight gain and childhood loss of friends shows that this ‘invisibility’ has not always been welcome, and the fight against invisibility (which we may also see in her comments about popular sentiments toward the obese – to be ‘silly’, after all, is to be beneath notice) can also be seen in her stories of her marriage. When she becomes engaged, she loses weight:

“It was only a couple of stone but again I'd got down to around 14/14½ stone so I could have a nice wedding dress. I still felt fat but was pleased with the fact that I could get into nicer clothes.”

Later, when having difficulty in her marriage, she again loses weight, which she ascribes to a desire for control in difficult times, but which could also be seen as an attempt to increase her own visibility or attractiveness. Interestingly, she accuses her husband of being critical of her weight, and seems to implicate this in their divorce – just as she seems to blame her weight gain for her loss of friends as a child – yet by the time they divorced
she was no heavier than she had been when they had met. In any case, she maintained a relatively low weight after the divorce, through a second long-term relationship, and only regained weight after that too had broken down, again suggesting that at certain times in her life, she has avoided weight-gain in order to enhance her attractiveness to men.

Finally, like Rachel, Molly enjoys the physical sensation of having eaten, though Molly does not explicitly mention its discomfort. In a further contrast, Molly notes that she enjoys the taste of food:

“I don’t think I’m ever gonna lose that feel-good factor from purely putting something on my tongue, and tasting it, and the action of chewing it, and that full feeling that you get, and that is actually a very satisfying thing. I’m one of these people that needs to have a feeling of fullness at the end of a meal. Because without that, I don’t feel I’ve eaten, and I just want to continue eating.”
Sandy

Sandy’s story reminds us of the role of external circumstances in crafting a life-story. Like the other participants Sandy’s family life was very far from ideal. Her parents argued, her mother repeatedly abandoned her children and Sandy, as the eldest child, had to adopt a parenting role from a young age. There appears to have been a high level of family dysfunction:

“It wasn’t (a) normal childhood by any means, no. I was the oldest of three. My parents had a very stormy relationship … There’d be lots of times when we’d be out in the garden and become aware that our parents were arguing in the house and stay out in the garden just to keep out of the way. I can remember being out there ‘till quite late at night sometimes just because we were terrified of going indoors. Their arguments got quite violent sometimes … But it was just normal life to us I suppose. We didn’t really know a lot different.”

The level of family dysfunction is perhaps best seen in the sub-themes of emotionally and physically absent mother, emotionally absent father and emotionally available gran.

Sandy describes an emotionally and physically absent mother who was clearly very troubled and the consequences of this maternal stress on all the family were widespread but particularly on Sandy as she had to adopt an adult role as a child to the potential detriment of her schooling and her own happiness.

“My parents would end up having a huge row and my mum would go. The first time I remember her leaving I was probably about eight or nine … My mother was constantly leaving and then coming back. She’d be back for six months and then she’d go again … My dad was constantly trying to persuade her to come back when she was away. Her family lived in Luton, and he used to take us up there in the car and spend hours trying to persuade her to come home. It just became a nightmare.
… I wouldn't like to describe my mother as a manic depressive because she's never actually been diagnosed and I don't know whether she actually is. But she certainly had horrendous mood swings and she was paranoid, absolutely paranoid about the most ridiculous things … My mum's still alive, as far as I know. I haven't had any contact with my mother since the divorce. I did feel angry … My mother was not a warm person at all. She very rarely showed us affection. I don't doubt that she cared about us, but we very rarely were given any physical or emotional show of affection.”

Sandy’s **emotionally absent father** played an inconsistent role in the family. He appears to have been dominant to his children, perhaps because he failed to control his wife. He seems to have prioritised his emotional needs over the practical and emotional needs of his family, allowing himself to escape his emotions through the use of alcohol, in a way that would later be echoed by Sandy’s use of food.

“If my mother was away he drank quite heavily. He was never violent or anything to us. He would just completely withdraw into himself, and numb himself with drink. So that was quite hard … my dad was quite a dominating sort of person. I wouldn't say we were scared of him but we certainly had a lot of respect for him. You know if he said something you did it. That was just the way it was.”

In the absence of reliable parenting Sandy was fortunate to have developed a supportive relationship with her **emotionally available Gran**. This relationship may have provided the necessary role model for how to trust and care for others and also given her an experience of unconditional love and acceptance.

“[My gran] was my best friend. She was also very influential in my life in teaching me to stand up for myself and be more independent … I … used to go and spend a week with her, just me, and we'd go off and do things, and go shopping, and I remember my gran taking me to buy the
first clothes that I'd ever bought for myself … We were certainly very
close. She used to make me laugh. She was just amazing, absolutely
amazing.”

In contrast to both Rachel and Molly, Sandy from a young age adopts a
position of **responsibility** and even of power, if only over her siblings. While
this may have been an inappropriate role to invite a nine year old into, taking it
may have helped protect her from the alternative stance of powerlessness,
which is seen in the other two participants, to their disadvantage.

“In contrast to both Rachel and Molly, Sandy from a young age adopts a
position of **responsibility** and even of power, if only over her siblings. While
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which is seen in the other two participants, to their disadvantage.

“From about 12/13 … I was often left to look after my two younger
siblings … I can remember bunking off of school at lunchtime, and
buying shopping, and taking it back to school, and taking it home and
things like that. I did the washing and the ironing. My dad tended to
look on me as the one who needed to do it because I was the oldest.
Everything was always my responsibility. Even when my sisters were
little if one of them got into trouble it was my fault.”

This childhood assumption of responsibility for others has continued into later
life:

“I've always put others first, whether it was my husband, my son, my
dad, more recently my sister. If any of my family came to me and said
they'd got a problem, I'd be there like a shot, regardless of what I was
doing. I just put other people first all the time.”

Although her childhood was unhappy – her mother unpredictable and often
absent, her father demanding, withdrawn and undemonstrative – she had no
weight problems at this time. It is striking to note the contrast in her perception
of her childhood – “I'm not aware that I was particularly unhappy at the time”
and “I would go to bed at night sometimes and cry and think ‘I just can't do
this. I can't carry on.’” By many standards a clearly **unhappy childhood:**
“It was hard. I guess I didn’t really share it with anyone. I felt somehow that I needed to keep it a secret. I’m not aware that I was particularly unhappy at the time – other than just the turmoil of my father always took things very badly … But as I said it just became normal really. I would go to bed at night sometimes and cry and think “I just can’t do this. I can’t carry on”, but I’d get up the next morning and carry on. Yeah, I definitely got to that point several times, but as I say, I never actually said it to anybody that needed to hear it.”

Sandy seems to have a **negative self perception** underlain by a lack of parental praise and affection:

“I've never actually felt that I'm good … Nothing I've ever done has ever been good enough for my dad. You know he's always pushed me to do more, which I can understand in a way, he's always wanted me to achieve, but I've never found that anything I've done has been recognised.”

Her negative self-perception also led her to hide when she became overweight

“I didn’t want to go out. I didn’t want to be seen, I didn’t feel attractive. I felt that I didn't want people to see me as I was”

In contrast to the experiences of Molly and Rachel, Sandy did not have an overweight mother explicitly or implicitly imparting unhealthy attitudes toward eating; instead, her family had a prosaic, unremarkable attitude to the **role of food**:

“As far as my mother was concerned (food) was just a necessity … .”There were regular meals but there probably wasn't a great deal of money and some of our meals were sparse. Not huge amount of food but enough, and I am not aware that we ever had things between meals. I don't think food was an issue as a child. It was something that
you needed to have but it wasn't used as a reward. We always ate as a family. I can't remember breakfast time at all. But we always sat down to an evening meal together as a family. “

As with other participants the clear sense that there was pressure to consume what was on their plates is recalled and even now her compulsion to not waste food is ascribed to it.

“Yeah we had to eat what was on our plate. If there was something on there that we really didn’t like, as long as we tried it we were allowed to leave it. But other than that, you eat what was on your plate. I can remember even at primary school being made to sit and carry on until you'd had what was on your plate. I can remember having something at school … and just feeling totally revolted by it, and being made to sit there and eat it because it was on my plate … I think because my father was a very authoritative figure, and what he said went, and if my mother said “I've cooked it you'll eat it”, he was there to reinforce that, and so we did it. I still eat it. There's been some classic examples recently (when) it has really been not worth eating, and I've just eaten it anyway 'cos it's there. Yeah absolutely. Yeah, I very rarely throw food away.”

In common with others Sandy makes several references to her sense that food is linked to caring, and in general terms seeing food as love. Initially she describes how her Gran used food to show caring:

“She certainly did see food as a way of showing caring for people, definitely. She would go to huge amounts of trouble to prepare food for us when we went there for the day. We'd always have tea as well, with cakes that she'd made … so yeah, but I guess from her point of view, definitely it was her way of making you feel special.”

Sandy continues to strongly associate the preparation of meals with a demonstration of affection,
“I couldn't see the point in spending time preparing a meal just for me, and I guess it's just occurred to me, that probably I saw preparing food to feed other people as some sort of way of showing them how much I cared about them.”

In this next exert Sandy is almost painfully clear about her need for “Feeling that somebody cares”, which suggests a link to a childhood where that feeling may have been absent.

“If somebody offered me food I'd be there like a shot whether I needed it or not. [It represents] feeling that somebody cares, that they've taken the trouble.”

As with some other participants Sandy is aware on occasions, of feeling obsessed by food:

“If I'm at home on my own I've just got food on my mind constantly. I can't get it out of my head and I will just eat ridiculous things, not even things that I like. I just eat and eat and eat until eventually I would think, “this is stupid, stop!” … I don’t know why I do it. I don’t know what I get out of it. It's very hard to understand why I do it.”

Sandy reports a positive attitude to exercise in her life and it is her changing relationship with exercise that determines her weight trajectory. Sandy was extremely active both in the home and at school:

“I do feel uncomfortable with not actually doing something … We were always busy at home … did a lot of sport at school, was in various school sports teams … whatever I was eating I was burning off with exercise.”

It is only when this lifestyle changed, during her college years and, later, during her first experiences with employment, when she could not or did not maintain her high level of exercise, that she put on weight.
“I guess I first became aware of a weight problem in my early twenties ... so I can't say I was really aware of eating habits up until that point ... While I was at college I met my then future husband, and started work so didn't have a lot of time and then gradually I suppose just gradually over a period of two or three years I put on probably about a stone. After we got married – I was 24/25 I think my weight was fairly stable.”

Nor does Sandy appear to have been greatly troubled by her modest weight gain. Once she had become aware of her growing weight, she soon had it under control, using a very simple method:

“I went back into doing exercise. I was going to aerobics classes and things like that and I managed to get my weight back down to what it had been in my early twenties.”

Sandy’s history to this point has shown a woman with generally healthy habits who is able to recognise minor imbalances in her lifestyle and rectify them by changing her behaviour.

Her relationship with exercise in particular is interesting. Where Molly and Rachel speak of their fluctuating weight solely in terms of changes in diet, Sandy emphasises the role of exercise instead. When she was at school she controlled her weight through sport when she stopped her sport, she put on weight. She took the weight off again by going back into exercise, taking up aerobics classes.

The story of Sandy’s troubled weight history begins when, having lost weight, she became pregnant. During her pregnancy, when her activity was no doubt limited by both physical and cultural constraints, she gained a considerable amount of weight. She attempted to lose weight again, but this time she chose drastic dieting:

“[I] got pregnant. And that was really the start of the problem, because I did put on an awful lot of weight when I was pregnant ... and I
struggled with my weight ever since. I never really lost that weight. I would lose half a stone and then put on a stone, and go through that cycle that you hear so often, of people losing a little bit and gaining a bit more. Probably some of it was because I was dieting too strictly when I was dieting and then sort of binging on things that I was missing."

At the peak of her obesity, even a trip to the shops became too much exercise:

“Even going shopping – somebody stops in front of you you've got to make the effort to go round them and that's just too much effort.”

When finally she decided to change her life, she immediately thought of exercise:

“And then when I would have been 42 I decided that I just couldn't carry on any longer like as I was and I had to do something about my weight and I started to try and get more exercise. I decided that trying what I perceived as diet wasn't really gonna work. All I needed to do was cut down on what I was eating and get more exercise.”

She gained weight. Her life became less happy: her husband temporarily left her; she had a miscarriage. Her description is clearly recognisable as depression:

“I was 16 stone, size 24, and really just totally withdrawn from the world and everything. I felt awful; I had no energy; I couldn't move. Everything was an effort and I suppose I was probably at my lowest then because I just wanted to hide away and not do anything.”

It was while trying to exercise by walking that a chance meeting led her to join Weight Watchers and follow a formal diet programme – and while she found the organisation helpful, it was not the only thing that helped her change her life around:
“I started going Weight Watchers and it just changed my life completely. I lost almost 6 stone in just under two years. Felt hugely better, had all my energy back, just wanted to get on with life … As I lost weight, and I regained my confidence, I started doing things again. One of the biggest things was the sailing. I also went and did ballroom dancing lessons which I'd always liked … I was aware once I started losing weight that I had stopped doing lots of things that I used to do. As I lost weight and I regained my confidence I started doing those things again.”

After the end of her marriage her weight rose again, but this time she intervened more quickly:

“I got up to just over 13 stone and then again decided that I had to do something about it and I went back to a Weight Watchers meeting … But at that point I was totally off the rails. I hadn't got a clue what I was doing, or why I was doing what I was doing, and I needed somebody else to tell me … Initially it was definitely the fact that I was going to have somebody else weigh me each week, somebody else keeping an eye on what I was doing, somebody else to support and encourage me – to offer encouragement, yeah.”

In Sandy’s story, then, we seem to see a form of obesity controlled not (except during her unsuccessful post-pregnancy dieting phase) through fluctuations in consumption, but by fluctuations in output. Sandy appears to have the eating habits of a highly active woman, but only intermittently is she actually highly active. We even see the role of activity not only in how much she eats but also in when she eats and why:

“I am aware that the times I tend to eat are the times when I'm relaxing. … If I'm tired … So it does tend to be the times when I'm sat with nothing else to do … I do feel guilty about sitting doing nothing for some reason, which I don't understand. But I do feel uncomfortable with not actually doing something.”
She feels uncomfortable when she is not active, and sees eating as a substitute activity – understandable in a woman whose body developed expecting a high level of activity. Similarly, she eats when she is tired or to relax – entirely healthy and normal when that relaxation follows energetic sports, or ballroom dancing, or sailing or some other energy-burning activity, but a habit that, once the energy-intensive activities have gone, is liable to lead to weight gain.
**Annabel**

Annabel’s story begins with a crisis, a major *childhood illness* – a moment of profound change in her young life. Her early life, so far as she recalls, is unremarkable; but then:

“*When I was seven years old I got diagnosed with congenital heart disease. (I) had to go in and out of hospital. I think it was a very positive experience for me 'cos I got a lot of attention. I remember having lots of time off school, and being with my mum … ”*

This serious illness necessarily altered her lifestyle, and the change in lifestyle brought about a change in weight. An immediate effect was upon the behaviour of her parents, who began to apply *pressure to consume*

“*I didn't have much of an appetite after that, and I remember my mum trying to get me to eat chocolate coco pops, ‘till I started getting fat!”*

This parental response to the illness was part of a general family ethos that mirrors the reports of many of the other participants

“*In my house, you have your portion and you eat it all, and you never don't not eat it all. Whether it's a big portion or a small portion, you eat it all, and that's it, and this whole notion of leaving food on your plate never, never, never. I mainly had school dinners in secondary school, which weren't very nice.”*

This pressure to eat may have had an impact upon Annabel’s weight, but she places much of the blame upon the longer-term consequences of her illness, and the restrictions it imposed upon her *exercise*

“*I remember doing exercise [before the illness] – used to love swimming. [But after the illness] I remember that I couldn't do any exercise, so I started getting bigger, and bigger, and bigger … and*
because I spent seven years not doing any exercise after the surgery, I was so unfit. I never enjoyed exercise, I was always bad at it."

Between consumption and restricted exercise, Annabel put on weight rapidly, developing childhood overweight, treated, under parental pressure, by dieting:

“Even before I was a teenager, even before I stated secondary school, I was on a diet. At ten/eleven years old it’s quite [hard]. I was really being withdrawn from food.”

Unsurprisingly, the abrupt change in parental pressure from encouraging consumption to enforcing dieting was met by resistance and defiance from the young Annabel:

“I think I was aware of being larger but I didn't see myself as fat. I remember my mum making me healthy lunches and I remember not liking them, and throwing them away, and then losing weight and getting quite good feedback about that. But then of course it was almost like, because I was being denied that, I would go out and buy my own chocolate.”

This led to further weight gain, which in turn led to further spells of dieting and an unsuccessful weight loss history:

“I think that got me into a bit of an unhealthy cycle where I was binge eating and of course I was putting on a lot of weight … I remember joining Weight Watchers before I went into the Sixth Form, when I was 15 … I lost all that weight up until I was 17, and I was 11 stone and then, after that, I was doing my A-levels, and I was very stressed, and I remember I got my first car, and I remember just driving to the local Tesco’s, and buying loads of food … Even at university I was very big, it seems such a shame … what a waste of those years in a way. I stayed big and got bigger. There were times at university when I did
lose weight. I remember in the second year I probably got down to about 12½ stone again, and that was quite successful for a time, but it was the maintaining it. Weight Watchers had worked in terms of losing the weight, but not maintaining it."

“I’m 26 I have been trying to lose weight for as long as I can remember. … I lost a lot of weight, I never maintained it. I either lost weight or put on weight … you get so fed up.”

In this cycle of weight gain and diet, Annabel was not alone: as with several other participants, she followed the course of her role model an overweight mother:

“My mum was being slimmed as well. She’s always been big. She’s got cardiac problems. So she and me are the big ones … She’s still trying to lose weight, and she has lost a lot of weight, but she’s still quite overweight.”

In describing her mother as someone, not who is slimming, but who is ‘being slimmed’, Annabel continues to show a defiant, resentful, attitude, portraying slimming as an external imposition, perhaps a punishment. She herself is conscious of this dynamic, and explicit in explaining it:

“I think a lot of food is around control. My mum still, I think, wants to control what I eat, says ‘you need to have this low fat version’ or ‘you need…’ – not always but a lot of the time …”

“[she and her mother] were always the ones having to be denied stuff … and that's something that still exists now … The one thing I've learnt is the more I deny myself, the more I resent it, the more I eat.”

“So I suppose if you're in a family where some people get to have the nice food, one could pick up a message that you [were] 'punished',

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having the slim version, or the small version – the less tasty version. I imagine I was compensating myself."

Annabel having currently been losing weight for several years, reports many changes from early cycles of weight loss and regain, and appears optimistic about her chances for weight maintenance. It seems as though one part of what has changed is an expanded conception of social pressures, from her childhood experience of pressure to diet, to a broader discontent with society's conflicting messages around food:

“I do think it’s hard. In our society there's all this food everywhere. There's all these mixed messages – eating and dieting and what you should look like. I think it's fine for someone like me who's very educated. It's easy for me to become aware of this, but if you're not educated how would you, it's such a minefield really isn't it?”

“If you think about it in terms of sort of a capitalist western society, it’s in our interest to have this, because the diet industry costs so much money, and the food is so cheap now, so in some ways it's in our Society's interests, but at the same time it's not – it's a very complex issue.”

Here, Annabel's anger has broadened, and she now seems to see not only dieting but the entire conflict between dieting and consumption as being, in a way, an external pressure upon her, which she seeks to reject. For Annabel, this attitude is part of a broader moral and political perspective that she has developed, in large part due to her experiences of life alongside the poor, which has lead her to reject the vanity of Western life:

“If you're thin, or you aspire to be very thin, you get all these things, you get a nice car, and a nice man. God is that it? Is that all I've got to aspire to? God you know it's so empty, isn't it? Oh God, what are we doing to ourselves? A lot of us are unaware how lucky we are. That's the problem isn't it?”

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“India was strange because you'd literally have the slum where I worked, and there was a dirt track, and then there was a five star hotel. You'd walk into the five star hotel and there'd be all these fat American businessmen, stuffing their faces on buffets. That's what you couldn't handle, it wasn't just the poverty, you expect the poverty, you see that on the TV, but the extremes of wealth they have there as well, it was just, how do you even process that this goes on? How can you even cope knowing that exists? Obviously you feel guilty as a westerner, because you live a life of absolute privilege.”

“I feel like I've been very lucky in the opportunities I've had – I'm 26, I'm about to have a Masters, have a career.”

The realisation of her own good fortune, which perhaps her weight might ‘waste’ as it wasted her university years, and the association her experiences have led her to make between selfishness and people ‘stuffing their faces’, seem to have played an important part changing the way she views her own weight.

However, there was more to Annabel’s obesity than a defiant determination to resist externally-imposed slimming, just as there is likely more to her current weight loss than resistance against externally-imposed paradoxes of diet and consumption, or rejection of ‘Western’ greed. For a start, Annabel experienced, and continues to experience, obsession regarding food:

“I still struggle now. I think about [food] often, what am I going to eat, am I gonna be good or bad, always those awful words. I think I’m going to struggle with my weight for the rest of my life.”

In particular, like many of the participants, Annabel seems to have utilised food as a tool for mood control, which she expresses with typical clarity:

“I had a boyfriend around that time briefly, when we broke up that upset me, so I’d eat … I think definitely I used food as a way to deal with
emotions … definitely that's a way to make emotions go away. I think it drowns them out and it numbs them. I think perhaps I've seen my mother do that. I'm sure she binge eats too, bread and things, so she doesn't have to worry. It stops the anxiety. Interesting isn't it? … It's awful 'cos you feel bad about something, so you eat food, but then in the end you feel so guilty, it's actually worse, 'cos you feel so bad about yourself … I think another reason why I'm a success with my weight at the moment is 'cos I'm so very happy, and I think that makes it easier.”

Numbing negative emotions may or may not be related to the role she ascribes to food as symbolic of love, particularly nurturing, comforting, parental love:

“Food is love isn't it? Mum always cooks and I always cook. We're both good cooks. So slaving over food, giving it to someone, that is love isn't it? That's taking time, caring for someone isn't it?”

If eating does act to quell anxiety, it is perhaps relevant that Annabel, like many of the participants, reports a childhood of (probably stressful) isolation:

“I think in some ways I was always a little bit socially isolated. I think in some ways I was quite a lonely teenager. I wasn't necessarily that included in things as a teenager. It was a mixed school. (I was) one of the heaviest definitely,”

It is also worrying in this regard that Annabel continues to express anxiety regarding weight gain:

“That's the fear isn't it – I might get fat again – 'cos once you're thin then you have to maintain it. That's quite a scary prospect. The worst thought is, I'm throwing away all these clothes that are size 20, size 18, and it's like what happens if I – I always needed them again before and I suppose I'm a bit like every time I've ever lose weight I've put it back on again, and more,”
However, Annabel does report considerable change in her attitudes, and she now seems less concerned about weight gain than previously. Her current period of weight loss has been slower, steadier, and she no longer imposes the same restrictions upon herself as once she did. She appears less frightened of weight gain than before:

“Why has it worked for me now, and it's not in other situations … I think I'm aware now that I can eat, and I realise what the consequence of doing that is, so now I can make an informed choice whether I eat that or not, whereas before I don't think I really took that on board.

“I'm normal and I'm not denying myself anything as long as I keep it within certain limits. There is a risk I could lose control, but it's a risk I'm willing to take ‘cos I'm not that bad that I need to punish myself that much.”

“Mum's very pleased, lots of affirmation definitely, but she's like “if you don't have [a piece of cake] you'll lose weight quicker" and I'm like “yeah but it's not the point any more, ‘cos I'm not in any rush anymore". I've lost 3 stone now, which is the most I've ever lost and kept off at any one time. I'm doing really well so what's the speed about? I'm much more likely to maintain it if I have that piece of cake, and yes I loose a bit slower, but then does it matter?”

As can be seen, the issues of punishment and of guilt resurface here – the latter in an interesting way, in the juxtaposition of the guilt she feels as a westerner when confronted with poverty with the realisation that while she may be guilty she is still not ‘that bad’ – perhaps because her experiences in India have given her new perspective on her relative degree of guilt. While she may feel guilty as a westerner, she does seem to portray herself as less morally objectionable than the American businessmen of her earlier story.

Control is another issue she raises here, connected with responsibility, and the theme makes other appearances in her story also. A large part of how she
views her recent life, and how it differs from what has gone before, is that she feels she has now taken control:

“I went out to India on my own not knowing anyone. I think that for me that was where my life change was. I took responsibility for my own life. I think that made a big difference to my life … “so why should this time be any different?” But I suppose it's saying well actually I am responsible for that, so yeah I do have that control.”

“It's how I feel about myself. No-one else can do it for me, [and] actually I have to, dare I say it, take control … ”

[about lapses in dieting:] “I suppose it's that fear of losing control isn't it, so it keeps you under control, and I think the key is when you do lose control, is to always go back, ‘cos you get it back under control much quicker.”

“I can say it's my genetics, or I can take responsibility. That's how my whole kind of mindset shifted, but I just wish that in some ways I'd been able to do that sooner.”

Part of this change has also been the adoption of more realistic goals, which admit the possibility of imperfect success; I have already quoted her willingness to even risk her control itself, and she also appears willing to accept that her own emotions need not always be under her control, with particular reference to the role of eating in controlling emotion:

“I just think that now I realise that things are not that bad, that emotions will pass. I am quite sensitive, and I feel things quite acutely, and think well actually I feel awful right this second, but having that insight to realise that actually, if I weigh up what I do now, is it better to eat or not, or just wait for it to pass if I can … if I do put on weight, or I put on a little bit, then I know how to cope with that, and how to deal with that and I don't just start eating again … I'm really aware that you can make
goals for yourself but it doesn't really matter whether you reach the actual goal, but if you're getting towards that goal then you're doing really well, certainly with weight loss.”

In the meantime, however, despite Annabel’s continued weight loss, she does not perceive herself as thin: she continues to maintain her identity as an overweight woman.

“I don't really identify myself as thin … I'll ask questions like “is she thinner or fatter than me?” I can’t think in my head where I am on that spectrum yet … It’s just taking me time to identify with that – that actually I’m not big, I don’t need extra space … and kind of understanding that. I do realise that I’m not bigger than everyone else, but at the same time my first reaction is I’m big.”

“I think even now I'm not thin yet in my mind, that's weird isn't it?”

One part of this identity is a shift in her social experience from one form of attention to another:

“I certainly wouldn't be going around drawing any attention. I find it awful when my mum draws attention to the fact that we’re fat, or trying to lose weight, I just feel like people are laughing at us, ‘cos we're obviously not losing weight, ‘cos we're fat. … I don't like having the spotlight on me. I don't like the idea of being centre of attention. People are so rude.”

“… but [attracting men is] definitely a lot easier when you're slimmer. You realise people are giving you the eye a lot more.”

However, in contrast to many of the participants, it is noteworthy that Annabel expresses a more realistic conception of the power of weight to control her social experiences:
“I suppose I am more attractive. Saying that, even when I was bigger I didn’t have trouble getting men interested in me.”

In any case, though Annabel may, for now, continue to identify as an overweight woman, she does not believe that this is a central, defining part of her identity – she may be an overweight woman, in her eyes, but that is only what she is, not who she is:

“I think I do base a lot of my value system on what I can achieve, what my profession is, my career, things like that, and I think maybe I actually value those sort of things more than my appearance, which is perhaps why my weight’s taken a back-seat for all that time. Because I don’t feel that represents who I am. No.”

In common with Molly and others Annabel is explicit about her view that one role for food is reward

“Me and my mother both enjoy food, so you have food as a reward.”

Annabel is clear that society has a role, which she sees as unhelpful, of putting social pressure on young women about their body image and weight. Interestingly, at 26, she appears to exclude herself from its effects.

“I think it’s very hard in our society. If you turn on music channels, where you see these girls, and they’re skinny, and they’re in these tiny skimpy little things, what is that telling young women today, about what they should be, and what they should achieve?”
Kate

As with many of the participants, Kate comes from a family in which weight was an issue; specifically, she grew up with an overweight mother, although in her case she insists that this led to, at least at first, a healthy and unexceptional diet:

“My mother had always struggled with her weight … when I think about it the food that I was given and had choices between were all actually very, very healthy foods because of my mother’s preoccupation with her weight.”

Also in common with other narratives is the presence of a family history of heavy alcohol use, in this case for her mother:

“Of the two things that my mother was undisciplined about I would say that her drinking had more of an impact.”

Similarly, Kate’s narrative shows a background of family dysfunction, becoming apparent to her around the age of 9, when her parents divorced:

“They didn’t talk at all for the first 3 or so years. They lived next door to each other but did not communicate directly until I was about 12. They didn’t speak except through us.”

Due this combination of alcoholism and dysfunction, combined with her mother’s unemployment and then employment with a catering company, Kate’s childhood was one of markedly irregular food supply:

“From 4 to 9 … my mother’s drinking became more difficult. Then she wasn’t preparing food … It was not infrequent that my sister and I fell asleep and my mother hadn’t prepared a meal so by the time that it was cooked we were woken up to eat and gone to bed again on a full stomach.”
“So yes, there was food available, abundantly available, it was healthy food ... The circumstances changed ... she wasn’t employed so ... the cupboards were bare, I very distinctly remember there not being food and there being a concern and anxiety about there not being food. My Dad was living next door – there was always food but we had to go next door ... I remember there not being food, and that being in some way anxiety provoking, and then I remember there being lots of the same food ... (Mother) started working ... She was a rep so her car always had boxes and boxes of all kinds of ... nice things that were exotic.”

This irregularity in the supply of food led to deep anxieties which Kate herself acknowledges:

“a plan that I had ... do some travelling ... brought up ... that old fear about not having enough money or there won’t be food, because I was on such a basic budget that there was a worry about where my next meal would come from.”

This supply anxiety still plays out for Kate, even as an adult and influences her behaviour even today:

“There was a “It’s my money and I can spend money and I can look after my own needs and I can feed myself”. I think that still persists. There’s something between that background fear that the food is going to run out, to that “I’m earning and I can make sure that won’t happen.””

The separation also led to an increased pressure to consume. Kate’s family had emphasised the importance of food, and there was the ubiquitous encouragement to avoid waste:

“There was a mantra in our family about “other people have religion and we have food” ... it feels ... like there was a culture of some degree of worship, not because the food was elaborate, but just because the
food was a ritual for eating and being healthy and it was something that was emphasised.”

“There was an emphasis on clearing one’s plate and my Dad would famously say things like “if everyone in the world left one grain of rice on their plate it would feed the whole population of China” – so even leaving one grain of rice is waste.”

But after the divorce, a more specific and intense pressure was placed upon her, which she herself recognises as triggering her need to be the ‘good girl’ and as being a major cause for her weight-gain:

“I need to say one other thing about why I think that there was weight gained between 9 and 12 … although mother’s food preparation and availability wasn’t very consistent, actually those years were the start of me eating two meals … ”

“There became a conflict of loyalty, if she did cook I would certainly have to eat there, and then go to my Dad’s in the evening to spend time with him, and have to eat his food. I didn’t have to, but there became “I have to eat both meals in both”, so I was duplicating … definitely was eating two evening meals. I didn’t want to upset Mother by saying “I’m going to eat with Daddy tonight” and didn’t want to upset Daddy by saying “I’ve eaten with Mom” but he’s cooked something too – just eat for both of them. “I’ll be the good girl, I’ll eat for both”. It was unnerving and anxiety provoking to try and avoid conflict. “Let’s not give either one of them reasons to fight or fall out any more than three years of non-speaking could mean”. There was certainly “Don’t want to offend one or other of them”. There was an anxiety there.”

“My sister was seen as a bit challenging whereas I was the golden girl.”

Kate was not the only one under pressure, and not the only one to develop an unhealthy relationship with food. Kate also had experience of an eating
disorder in the family, when her elder sister developed bulimia around the time of her parents’ divorce; Kate remembers being the first to realise what her sister was doing:

“That seems to have been the onset of her bulimia … Nobody realised that she was bulimic. I was watching her binge huge amounts of food, disgusting food, and then I was aware that she would start to vomit a lot of the time.”

In addition to providing a poor role model for Kate, her sister took attention away from Kate, which seems to have encouraged a dormant resentment around food but also a clear sense of food as reward:

“When my sister’s bulimia had been identified … all eyes were on her, and I do remember getting off at the bus stop about 2 stops further than our home knowingly and intentionally because they had a corner shop that sold donuts. It didn’t feel terribly secret, it felt like a treat or a reward, there was something that was liberating where I could indulge.”

“I felt that the food that I was given was different to the other children. It is only as an adult I can actually think that what I was given was better … Oh how I wanted white bread sandwiches with sweet jam on it instead of nice rough brown bread with ham and lettuce and tomato and cucumber or tuna mayonnaise … So obviously my lunchbox was probably superior but at the time it felt like I was eating something different.”

It can be no surprise given all this that Kate experienced childhood overweight, which was quickly and repeatedly treated through childhood dieting.

“Somewhere between 9 and 12 my weight started to go up … I think I was put on my first diet when I was about 11 and the first diet was “The Drinking Man’s Diet” … suddenly there was a concern that now I wasn’t
normal, I was getting fat … After doing the Drinking Man’s Diet, I did a diet, somewhere before High School -12 / 13. It was the equivalent of Weight Watchers and I did it, again very disciplined. I can’t remember what the motivation was for doing it … it was only a short thing and it was successful … I do remember becoming more body conscious about the ages 15 to 17, and lost quite a bit of weight – actually became quite thin.”

Nor was her weight loss confined to commercial programmes – while still a teenager she turned to extreme dieting, including laxatives and diet pills:

“It’s no wonder that I became thin because I abused laxatives. This was 17 before the end of High School … in addition to taking laxatives, my ration was something like half a tomato a day, and some cups of Bovril and hot water. I can’t remember anyone noticing or questioning it.”

“Despite being as thin as I was, at university my own perception of my body size again was “I am bigger or heavier than some of the other girls” and I did at one point at university acquire some very, very high strength diet tablets.”

This childhood pattern of dieting and weight regain has continued through Kate’s adult life:

“I started the Lighter Life about the Summer 2002 and I remember doing it very diligently for the first 3 months … By the end of 2003 it was my friend’s wedding and I was a 16 again. I clearly wasn’t as invested as I ought to have been in being thin … I was compelled to diet again and I did that diligently … Probably again about 3 and a half stone. I hadn’t gone back to a 12 but a 14 and by the end of 2005 I found some 18 clothes again.”
Kate expresses **negative self-perception** and **heightened feelings of guilt** for, amongst other things, her mother’s stress. She describes herself in negative terms from birth onward:

“0 to 1 or 2, the family story was that I wasn’t a good sleeper and would cry all night and implicated in my mother having some kind of a nervous breakdown … So I have this sense, that other people have conveyed, that I was difficult.”

Much of her negative self-image is directly related to her weight, and to characteristics that might be held to blame for that weight.

“You know I wasn’t the thinnest person, but I thought I was terribly, terribly fat for some reason … [I] went on holiday. For that holiday I remember thinking ‘I’m too fat’ … One of the things that I think that I am aware of is that I am lazy and I am greedy and I have a sweet tooth. I am bone idle … again I’ve always been bone idle”

Guilt became more prominent in her twenties. After finding her boyfriend in bed with another woman, she went on holiday, about which she still appears to be morally uncomfortable. At this point Kate reports a clear sense of anxiety and **ambiguity about both weight gain and weight loss**:

“I acted out of character and whether it was in response to finding my boyfriend in bed with somebody or just having a holiday … and again being invisible from my normal expectations, duties and responsibilities, but also being visible and attractive. I have thought often the dangers of being thin are that I am reckless with people’s feelings, behave irresponsibly and that if you are thin you are more attractive to others, actually you get yourself into situations that are not very clever either. … That has been the onset of much more rapid and intense cycling of weight. For me there was a kind of punitive aspect of “you got yourself into trouble by being thin or attractive or sexually active, you’ve now done something irresponsible” – some guilt and shame and
embarrassment about not being little Miss Responsibility, and in control as I believed I was.”

And then by the unexpected death of her mother:

“Whatever guilt I had .... I think just got increased when my mother died. I didn’t take seriously that she was being actually unwell at first – it felt like it was an extension of her drinking. .... there was definitely a sense of guilt that I was selfish, somehow I put my needs first. All the attributes that I had always hoped I would have about caring and altruism and looking after others .... that I didn’t have”

Kate’s negative associations with slimness, are reinforced by these later quotes illustrating her views of what it is to be slim. Being slim, it seems, is tantamount to immorality – it is reckless, selfish, licentious, dangerous:

“But times ... I lost weight [as an adult] I felt more noticeable and nearly started flirtations with others. I never thought that I’d be capable of being unfaithful. I think that also was a sort of brake, ‘This is dangerous, the more attractive you feel, the more confident you feel, the more you are likely to hurt somebody or do something’.”

It is striking that her negative associations with slimness are so centred around the moral and behavioural implications, rather than about any unhappiness she had while slim. Indeed, quite the opposite – slimness is something she seems to idealise, associating happiness with slimness:

“I think those were probably my most active years, so not only had I slimed down just before university, but I had maintained it ... They were happy years. In retrospect now, those were the easy years ... I felt visible, noticeable ... I was at that point enjoying being visible. I was thin but attractive and seemed healthy and was performing fine.”
And Kate also shows a heightened, though not wholly irrational, **fear of attracting sexual attention**, not only for the moralistic reasons discussed above:

"I think it (overweight) did that (keep me safe) on the level of intimate relationships individually, but also the incidence of rape – I didn’t want to be too attractive."

The strongest and most striking reaction, however, comes to the **fear of pregnancy**, at first when a weight loss programme supervisor warns her of the biological effects of weight loss:

"in my ‘weigh-in’ she said “definitely people … become a lot more fertile when they lose weight". I actually could feel the brakes going on to “I can’t be fertile”. So I remember … that was when the wheels came off … it suddenly felt frightening again to be thin. It didn’t feel safe."

Then, when she was in a settled relationship, her weight explicitly reassures her when she reluctantly agrees to try to get pregnant:

“We discussed the possibility to start a family; I thought ‘Ah well, I won’t be fertile because I’m fat.’”

Aside from any self-doubts about her fitness to be a mother, pregnancy is something that brings up Kate’s complicated anxieties around **control**. Being pregnant, and being a mother, have accentuated the degree to which Kate is not in control of her own life and her own body; when pregnant, she felt:

“Whatever sense of being disconnected from my body I’ve had the last 10 years, even more so. I just felt my body wasn’t mine – since then almost not had time to think about me either.”

Control has always been an issue for Kate, which she links to her attitude toward her mother, and particularly her mother’s drinking problem:
“I probably was concerned that I’d end up like her. It was more I need to be in control, or I need to be responsible for myself …. I think even though over eating is being out of control there is a certain amount of control. I could control what I chose to eat when I went travelling, I was ultimately in control of that and even when I got back and they started paying me and I was able to move out of home. There was a real sense of independence and control … There was a ‘It’s my money and I can spend money and I can look after my own needs and I can feed myself’. I think that still persists.”

Kate’s perception that there is a degree of control in overeating ties in with her views on slimness, and calls to mind Rachel’s belief that over-eating is saving her from worse addictions – for Kate, it almost seems as though she is controlling her ‘vices’ (in particular her sexual impulses) by intentionally remaining fat. This perhaps helps to explain a fascinating remark Kate makes about dieting:

“I remember it coming up in one of the group discussions that people were eating in secret and it hadn’t ever occurred to me that you could eat in secret – cheating. I’d always done a diet and never cheated.”

Cheating is achieving your goals without following the rules – so what are Kate’s objectives in dieting? If she is only trying to lose weight, it makes no sense to think of secret eating as ‘cheating’, since the whole point of dieting is eating less to lose weight. If she views this ‘cheating’ as an option – indeed, if she views eating in secret merely as a way to ‘cheat’ on a diet, rather than it being, as it is, the end of the diet, it would strongly suggest that Kate is dieting – or rather, being on a diet – for reasons other than a desire to lose weight. One possibility is that she views dieting as a way to exert control over herself. It is certainly surprising that nowhere in Kate’s story does she mention trying to maintain a healthy level of consumption. Looking back on her youth she clearly felt that her weight was under her control:
“I didn’t perceive that my weight was that much of a problem – if it was it could be brought back down quite quickly.”

Another possibility is that dieting is related to an anxiety over public visibility. Kate may worry about what being slim will do to her, but she also worries about how not being slim effects how others see her. She is self-conscious about the attitudes of others:

“It felt embarrassing to be big again. I just felt uncomfortable, embarrassed and awkward, and visible in a not so good way – not for being attractive but visible for being unattractive … now fat is visible. There’s so much media attention on being fat – before you could be fat and you could be invisible, whereas … now every comedian will say things. It’s on the news … now actually I would be more invisible I think if I was thin, I’d blend in more. I stand out now … everyone has got a position, has got something to say about it. Everybody’s eyes are on the fat people.”

This can be sharply contrasted with an earlier period of weight gain, when she went travelling. At that point, she was still around people, but they were people who did not know her; as a result,

“It was my first experience of being really invisible and anonymous, and it didn’t matter how I looked. I was able to be invisible. Nobody knew me or expected anything of me, and I came back from that travelling fat.”

This concern over how she appears to others may explain her dieting behaviour: perhaps, if she cannot or will not be thin, joining a public dieting programme may be the best way to avoid real or perceived criticism from others – a gesture of intent, as it were. In this context, being part of such a programme while still eating in secret would indeed be ‘cheating’.
In closing, it is worth bringing up some themes that Kate touches on, but does not expound on to the extent that we have seen in some of the other narratives. Firstly, Kate recognises a degree of obsession in her behaviour, and even perhaps addiction. The former we have seen in her discussion of her family’s attitude toward food, as an object of worship, and recurs in later life when she comments:

“I think about how increasingly in recent years I have become almost obsessed with food and felt like – not that I’m worshiping it – but that it is something that is in the forefront of my mind … now, in adult years, this sort of ‘got to eat’ obsession.”

She also wonders whether she is becoming addicted to certain foodstuffs (although it may be worth remembering her earlier comments about her childhood yearning for sugary foodstuffs in place of the healthy fare she received):

“but there’s been a real theme of sugar and sweetness since my own earning potential, because I can have it. I don’t understand about sugar addiction but I do think that the more you’ve had the more you crave. I never was as reliant on sugar or carbohydrates before.”

Finally, Kate also shows some element of using food as a form of mood control. We can see this perhaps in a few suggestions phrased in terms of physical coldness, though in context relating to broader feelings of discontent:

“Coming over here, and again a bit like travelling, I was cold …”

And later, after abandoning Lighter Life:

“I’d done it for 3 months, it was still winter, and it was cold, and I just could not face another packet of miserable soup.”
Nonetheless, it is interesting how much less emphasis Kate places upon the comfort value of food, and indeed upon the experience of eating. There is even less explicit description of food. However, it is unclear what can be drawn from this – a different emphasis may reflect different underlying concerns for Kate, or may simply reflect a difference in the way in which Kate views her experience, or chooses to depict it to others.
Sally

The final story is Sally’s who seems to have been a naturally hungry baby, or at least a baby taught to demand food in place of attention.

“My mother breastfed me but describes me as a very hungry baby (and) an excitable child. She used to use food to manage my demands, so she describes things like “Oh I could never go out without a packet of ginger nuts or something with you as a toddler.” When I was having a tantrum she would use the biscuits.”

“It seemed to me in our family that the food side of it was my comfort. My mother says that they found it very hard to cope with my emotional needs … I think I was just a bit of a strange person in the family. And that they found that really difficult in our family culture – my emotions ruled my head.”

At Sally’s level, the telling of this story seems to potentially serve three functions: explaining her weight through her nature, attributing her weight to her mother’s actions, but then also returning the guilt to her own shoulders.

While this account does not portray obesity as Sally’s responsibility, it is not a positive picture either – she is accusing her mother of teaching her that she had been a naughty child, an uncontrollable and undisciplined child, and stresses how special measures (the biscuits) were needed to control her. This does seem to emphasise the method of control (i.e. ‘my mother used food to control me’ or ‘I could only be controlled through food’),

Sally’s mother seemed only able to give attention to the ill and in doing so may have taught her that nobody would pay attention if she was not ‘poorly’. The fact that Sally mentions it suggests that she may have felt a lack of attention as a child.
“I was ill with pneumonia when I was about five and I was off school for about a year. From my mother’s point of view being poorly actually is when you got a lot of attention.”

Not only was Sally an excitable and hungry child who seems to have been a challenge for her mother, Sally also has yet another sense of failure – she was a girl.

“My dad was a Scout Master, and he had two girls, and so I was like the boy in the family, I would have said I fulfilled that emotionally.”

“My mother describes me as well-built, big boned. “Sally's not the feminine one”. My sister's very petite, she’s quite feminine. With this boy thing, my father used to take me off to men’s hockey matches. I used to watch a lot of rugby with him. I did a lot of sport at school, and my father would always buy clothes for outdoor pursuits. We would go shopping, ad infinitum, to get another mosquito net, or whatever, but if I wanted to go to get a dress, I usually had a very tight time frame, and he had a very short temper – so I never felt any time was spent on getting girly things … I didn’t feel that aspect of my needs being met. So for Christmas, my sister would get a little make-up set and I’d get a huge pair of pants, and some big thick woolly socks … [mother said] “Oh Sally's very boisterous, she loves outdoor things, and she’s not interested in boys. She’s a bit thickset”. I felt a bit like the runt of the litter really.”

Sally – and her family – appears to equate ‘petite’ with ‘feminine’, so if she is not petite she cannot be feminine. Or perhaps conversely if she is not feminine she cannot be petite? Perhaps she overemphasises the degree to which she was brought up as a boy, in order to explain/justify her failure to be petite? Sally does not reflect on whether she innately enjoyed sport and outdoor pursuits or just developed an interest in them in order to be close to her father, or indeed whether she developed a liking for these things because she associated them with unfemininity and hence “unpetiteness”, and is again
trying to explain her ‘failure’. Sport certainly later came to have a role in providing a sense of self worth. Yet she devalues that worth by adding ‘rather than worth for myself’, but what was wrong with the sort of worth that she felt? Why is ‘worth through being good at hockey’ less valuable than worth through being attractive?

“I think I’ve always seen myself as big. I suppose it was my personality, and people liking me for me, rather than my shape, that had got me through, but I wasn’t one of the cool girls that looked cool. I certainly wouldn’t have felt very attractive towards boys, so things like sport, or doing other things around the school, probably gave me some sense of worth, rather than worth for myself.”

Because she does not see herself as attractive, she knows that anyone who likes her, likes her ‘for her’. Also, while she says she was not a cool girl, she does not, unlike some other participants, actually report any unpopularity, any teasing or mocking or rejection.

The other role which Sally feels she played – and continues to play – within her family is in sharp contrast to the normal stereotype for young boys, and to the image of the boyish, boisterous, overlooked child, who we have been told is ruled by emotions, that is the role of mediator and diffuser of family tension. This mediator, is soothing and pleasing to her parents, and is able to calm others intentionally. This seems more like a feminine role. She may have developed the mediator and people pleaser role as a way for an ‘excitable’ child to control environmental stress or as a way of gaining some family attention.

“My role in the family was the mediator – keeping the family happy … I used to sit in the back of the car when my parents used to be arguing, and as soon as they started bickering, or there’d be some tension, then I would be again trying my role in the family to be the mediator, because often I could jolly the pair of them up. Pleasing others has almost been my way of soothing myself, perhaps because of not liking
myself much. So if I get everybody else to be happy then that perhaps … ”

Sally’s need to please people and gain their approval is further illustrated in the following extract – which directly echoes the narratives of Rachel and Molly – where she describes deliberately having an initial smaller portion so that she can have a second helping and please her mother, and in this way ‘connect’ with her.

“With my mother mealtimes are very significant. Her job was catering so her needs were met by us, and again it’s this approval thing with me, to get the family approval. What I am accepted in the family for is about is my eating. “Sally’s got a lovely good appetite. You know she eats all her food up.” I always had seconds. We always had the food laid out in dishes on tables with serving spoons. It was never portioned – plated – and I just had that amount of cabbage, so I could always go back to have more, and I always did. I think it fuelled my mother's need that she was being a good mother to me, because I ate it up, and I realised I could connect with her in that way – her home cooking. And re-validating her, and she could see me heartily tucking in – gave her a lot of pleasure and she did do a lot of cooking. She was a very, very good cook. We had three meals a day. We had coffee and cakes, tea and cakes.”

Sally later re-emphasises her need to please others, the interesting point is probably less whether she really does not let herself make choices for herself, but rather why she chooses to see herself as never making self-choices and only ever filling the needs of others.

“I always make a good job of whatever I do, but I don't actively choose to do it for myself. I seem to be filling other people's needs.”

In illustrating the importance of food in her life Sally details a childhood habit, significant as much for the description as it is for the actual behaviour.
“During that time food was my huge comfort. I used to steal actually, which was awful, from the table. I had this thing that I used to always take whatever was left over and I had a triangular bandage that I always used to pack a little supply. It was like a little comfort – just in case. My sister and I ran away once, and we had our triangular bandages with all our food on. That's perhaps why – so that if it got too bad, we'd always be able to run off, and survive. That carried on – I never go without food. I had this thing about having a little reserve. In the morning when I have breakfast I will be thinking about the next meal, my food, what am I going to take to work?"

What does it mean to steal food from the table? After all, food on the table is surely meant to be taken? It may be ill-disciplined to take food before or after it’s ‘meant’ to be eaten, but most people wouldn't consider it ‘theft’. Yet she goes further – not only is it ‘stealing’, but it’s ‘awful’. That's an incredibly strong word to describe a young child sneaking titbits from the dinner-table. At face value this would suggest that she had incredibly controlling parents who inculcated her with a deep sense of guilt around food – or perhaps this is a later projection? Either way, the current Sally is portraying her upbringing as one that had firm, strict rules around food, and herself as someone out of control, and responsible for ‘awful’ actions.

The strong image that Sally has of food as comfort might explain why, in the absence of reliable maternal comfort, she felt a need to always have a supply readily available. She made the connection at an early age that food could meet her emotional needs.

“There would always be food. I suppose for my comfort, that's what I would do when I got home.”

“I got a lot of comfort from cooking for the group when we were all away from home to start with, that camaraderie to be providing food … When I think about it I seem to be perpetually giving food to people – my way
of saying that I loved them, or that I liked them, or I wanted to be friends. I rarely saw friends without food being involved."

While this latter point is probably true of almost everyone in Western society, where the only common situations for meeting friends are with food and drink, it still highlights the central role of food in developing relationships.

However, from the narrative point of view, it seems that she is trying to set up her obesity as an expression of her moral goodness. She is overweight because she shows love through food and loves everybody so much, so it is her desire to care and love which has lead to her weight – a viewpoint that echoes ideas expressed by others, specifically, Annabel and Rachel.

Of course, the idea that food is love and that she is overweight, implies that she loves herself – which is fine, but not consistent with everything else that she says both implicitly and explicitly about herself, which might suggest that actually she is not that fond of herself after all and that her self-love has become self-punishment.

Closely linked with the idea of food as comforter, is the idea of food as stress controller. Sally repeatedly talks about her uncontrollable emotions – the apparent one Achilles heel in her otherwise flawless control – she suggests that any emotional overeating is now in the past.

“A lot of it now I would have said is habit, so it’s having to make a conscious effort, ‘cos I would come straight in and eat nuts, and again when I go into a high anxiety, or if I’m out on my own. So its recognising when I feel like that, I just immediately would think, right I’m going to go and get food, and I’ll do that, and a lovely hot drink, and eat lots and lots of food that's comforting … But I can recognise it I suppose now, and would have it in check, where perhaps in my previous years I might have a whole six months of buying lots and lots of chocolate bars, and then of course have the self-loathing cycles in six months time. I would have put on loads of weight but I couldn't stop myself doing it, and then
I'd try and get it all back in check, and then be cross with myself. But then you realise it's about you just being yourself, and liking yourself, not the food really. It's just realising that you don't have to keep proving everything. But it's quite hard to do that really I think.”

Like other participants, Sally describes the **pleasure not just of food but of ‘eating’**. My subjects seem not to just be people who eat too much too often, but frequently people who actually indulge in one pleasure so much that it induces a form of suffering.

“It's quite significant in my life. That's always carried on, and I LOVE – I get a lot of comfort from the taste in my mouth, my tummy can be really full, and actually I can almost feel a bit sick, but I still love getting the feeling at the top of my mouth.”

As mentioned in the literature and by other participants Sally makes reference to a feeling of **strength that goes with weight**, but at the high price of loss of femininity.

“I think I did feel strong being weighty, but it didn't make me feel feminine I suppose. I don't think I really ever felt worthy that anybody would fancy me.”

A pervasive thread which runs throughout Sally’s story is about **control** and how food is used to achieve that control – her parents of her, her of her emotions and environment and her husband of her.

“Finishing everything on your plate not leaving anything, even bacon rind I remember.”

In describing the family’s regular restaurant trips she blames herself again as uncontrollable. She seems terrified of doing anything wrong, terrified of upsetting her obsessively strict parents.
“My father was in the restaurant business so we used to go out a lot, and we'd be like the girls on show. But when I got to the meal, 'cos my mum's very hot on etiquette, and us being well-mannered, I used to feel physically sick, I used to think "I don't think I can eat this meat 'cos I can't swallow", 'cos of the anxiety … But because I knew I needed to finish whatever it was, I used to want to retch a lot of the time. I remember I used to giggle uncontrollably. But I always wanted to be well-behaved, and do what they wanted, but it was almost as if my body and my emotions couldn't cope with the constraints.”

Permission to be physically out of control came with pregnancy

“I got really beautifully looked after food wise. So eating (when pregnant) I felt that was a really lovely time and I was quite contained in my pregnancy. But then I did start eating a bit after because once my body shape had changed, where it was out of my control about my maintaining my body shape, something else like the baby made me big. I went completely wild then 'cos I thought “great I can eat whatever I like” so I sort of left any sort of control then. So I think when my body shape was distorted, and I actually didn't have any control over that, then I could lose control of my appetite. But then I found it really hard to get it back in check so with the birth of both the babies I got bigger.”

Sally’s narrative is heavily focused on control. The story she is telling is “I am out of control, but I have imposed control upon myself”. She is even in control when she is out of control – she seems to be playing with her weight, letting herself be out of control only to a certain degree before reasserting control.

“Every time I lost it I always put it on and then a bit more... I joined Rosemary Connolly for exercise … I think I've done everything. I've done Herbalife. So every time I get up it's almost like I have an upper limit of thinking that's as far as I can go with it, and then I've got to get it back in control, but I find it harder as I'm getting older to even be bothered to do it.”
Looking back at Sally’s childhood, I think the important thing is the issue of control. She believes that she was clearly from a tightly disciplined family. Discipline implies that something requires disciplining. She seems to have associated the discipline with her parents, and the indiscipline with herself. Hence the constant narrative about how hard she was for them to control, and that she was the source of excess or unconstrained activity – unconstrained by family rules, by her own discipline, or by social standards. Likewise she associates her husband with discipline. Interestingly neither her own attitudes toward her weight, nor her description of his attitudes, have anything to do with gluttony, greed, stupidity, illness, foolishness, selfishness, or any of the other many stereotypes that are common regarding excess – no, it’s all ill-discipline, and laziness.

Sally resents the discipline of food control, even when it is self-imposed, and rebels against it. So, for instance, as soon as she has the excuse of pregnancy, she abandons the discipline.

“When I was my highest, and then I got really resentful I think ’cos (husband) found me fat, and I found myself fat … He just said “I can’t understand, you must be eating a whole load of stuff” and then he became like a monitor, he’d be checking what was in the fridge. So then it was a bit of a battle over the food. “

It would be tempting to ask why, since they both wanted her thin, she manufactured this conflict with her husband, and to wonder whether this was an attempt to re-fight the same battle she had with her parents. Her parents imposed discipline on her and she failed, she feels, to fight them off. Perhaps the woman who was, or believes she was, entirely controlled as a child is now showing that others, in this case her husband, cannot control her.

“I feel funnily enough more in control of my food now … I don't seem to need food as much as I thought I would, which is quite a healthy thing really now. I haven't lost any more weight. You know that's not the point, but I feel more settled about the weight I am.”
Discussion

This research explores the experience of living the struggle against obesity, through the personal narratives of individuals. From the outset it seemed clear to me that in order for therapy to play a role in helping individuals to maintain weight loss, we must seek to understand how the experience of trying to lose weight and maintain that weight loss is understood by the individuals concerned, whilst also being aware of the broader biological, sociological and psychological contexts and causes of obesity and weight regain, within which their narratives are constructed.

As I stated in the chapter on Methodology, I selected a narrative approach to my research because I wanted to hear what sense individuals made of their relationship with food and weight in the context of their own lives, with a particular emphasis upon issues around weight loss and weight regain. I wanted to explore whether some aspects of their narratives were more helpful than others for weight loss maintenance.

It is important to state at the outset that the Findings represent a subjective selection from the narratives of a small sample group and that this Discussion represents a further refining of the data guided by my particular area of interest. By that I mean that while many interesting themes emerge in the findings, which can generally be grouped under the headings identified below, and while some of these areas are undoubtedly of major significance to the problem of obesity and weight loss maintenance, only some are of specific interest to me as a therapist.

The assessment of the life stories of six different women has naturally thrown up a great many issues that might seem to be significant, and these findings by themselves are too extensive to be immediately comprehensible. Although a full understanding of the experiences of each of these women requires a close reading of their own story, I found it useful to attempt to draw comparisons and contrasts between the women, to see which themes may have a broader importance for the study of obesity, and which appear more
individual. The themes of interest are quite diverse, and in order to help structure the following discussion I’ve broadly divided the themes into six categories or dimensions: experiences in childhood; experiences in adulthood; self-perception and attitude toward the self; attitude to weight; relationship with food and eating; and eating behaviours and dieting history (Appendices 17 and 18).

Of most immediate importance are themes that appear broadly reflected across all the participants; these may reflect tendencies in the general population, but may also indicate profound commonalities between otherwise diverse life-histories of obese women, potentially with important implications for causal theories of obesity and in shaping obesity interventions.

These general commonalities appear most clustered within the first category, that of childhood experiences. In this category two blocks of themes appear to apply to five of the six participants each: one block to all the women other than Sandy, and the other to all the women other than Annabel.

The first block brings together a potentially very significant combination of themes: all the women other than Sandy appear to have had overweight mothers; all six women report childhood pressure and/or encouragement to eat more food, but for Sandy this is only weakly implied, while for the other five it appears quite strong; and Sandy is the only one of the six to report not having become overweight by the time of her adolescence (notable childhood overweight is explicitly mentioned by four of the other participants, while the fifth, Sally, explicitly mentions being ‘big’ and appearing ‘unfeminine’, and appears to imply overweight). Due to the small sample size it is of course perhaps only a coincidence that Sandy is an exception to all three generalisations; and yet, conceptually, this does seem a coherent correlation. This block of themes flags up one of the most important set of findings of this research: that adult obesity often has its roots in childhood obesity, which in turn seems strongly influenced by childhood environment, which is itself informed by the interaction of a wide selection of variables such as the
behaviour of parents, the resilience of children, social factors and cultural ethos.

Likewise, the second block of themes is far too prevalent to ignore. Five of the participants – all the participants other than Annabel – report having grown up in dysfunctional families; three of the participants report explicitly, and two seem to imply, at least one parent being emotionally (or physically) distant during their childhood; and to some extent all the participants other than Annabel report or imply an unhappy or highly stressful childhood (in the case of Sandy, this is overtly denied, yet she speaks of having repeatedly cried herself to sleep telling herself she could not go on any longer, suggesting a degree of unhappiness she may not consciously recognise or be willing to admit). Even in the case of Annabel, there is reason to doubt how great an exception to this rule she really was – she suffered an extremely serious illness that radically changed her lifestyle, and although she does not report negative feelings at this time, it is hard to believe that the experience was not, at the least, stressful for her family environment, if not actually unhappy for her. These findings support the existing literature, in which childhood trauma and familial dysfunction are repeatedly correlated with adult obesity – in particular, it calls to mind the Adverse Childhood Experiences study of Felitti et al. (1998).

One of the most powerful commonalities uncovered in this research, then, is that though the six participants in the study came from a variety of backgrounds and in many ways differed considerably from each other, yet at least five and maybe all six of them suffered clearly traumatic childhoods.

In addition to these clear commonalities, a few other repeated themes, while not common to most participants, may also be distinct and unusual enough to be worth noting. Kate and Annabel both report having begun dieting programmes while still children; this may be relevant both as further demonstration of the early onset of obesity – a specific memory of dieting may be more reliable than a direct memory of overweight – and as perhaps
supporting the widespread concern in the literature that dieting may itself encourage weight gain.

Extending the theme of dysfunction and unhappiness, both Molly and Annabel report isolation from their peers in childhood, and several other women imply this; this may at first glance be considered only a demonstration of the more general hostility often faced by obese individuals, yet perhaps, in light of the finding by Phillips and Hill (1998) that overweight children, unlike overweight adults, are not generally less popular, this may be regarded as more significant. It may be instead that the isolation Molly and Annabel experienced has encouraged weight gain; alternatively, their current narrative of childhood isolation may instead simply have been shaped in this way by later experiences. More unusually, both Kate and Sally report childhood fears over the security of their food supply (for clear practical reasons in the case of Kate; in Sally’s case the insecurity seems less transparently motivated). This may suggest an element of anxiety and security in their later relationship with food, or may perhaps instead reflect the same association between absence and craving seen among dieters. In the specific context of an absence or potential absence of food, it may be worth remembering Pinel et al.’s conclusion (2000) that human beings have evolved to eat when food is available as a strategy to deal with periods of famine – it may be that childhood food insecurity may, as it were, hyper-activate this evolutionary trait.

Beyond childhood experiences, the commonalities become much rarer – interesting in itself in reminding us that even superficially similar clients may have distinctly different histories, and suggesting that there may be more than one process or path leading to adult obesity and weight-cycling.

In the category of adult experiences, one commonality appears to be relationship problems: two of the participants report severely troubled marriages, while another three imply relationship difficulties. Without a similar study of non-overweight women, it is hard to know to what extent this merely reflects general tendencies within the population, yet this commonality is suggestive, perhaps linking attachment theory’s correlation of insecure
attachment in childhood and insecure relationships in adulthood with Popkess-Vawter et al.’s (1998) finding that weight-cycling women typically over-ate while alone.

Finally, a history of depression also seems common among the participants. Two of the participants, Rachel and Molly, seem to give clear accounts of adult depression, while the stories of Sally and Sandy are also suggestive. Within the area of self-perception, commonalities were even fewer. All that can really be noted here is that five of the six indicated a negative perception of themselves. Perhaps their self-perception, as previously mentioned, is more determined by their traumatic childhoods and dysfunctional families. This self-negativity is aligned with pervasive feelings of guilt; however, in both cases only three of the participants fully and explicitly meet this theme, with the other two in only partial or implied agreement, which I will discuss again below. However, this remains an important commonality to be aware of, though the direction of causality may be debated.

Finally, three positive commonalities can be seen in the areas of relationship with food and eating behaviour, and one negative: only Annabel does not at least partially describe her relationship with food as addictive or obsessive (and all but Annabel and Molly report continual intrusive thoughts of food and eating); only Sandy does not report major binge-eating episodes; and all six report a history of crash dieting (in several cases from a very young age). Regarding binge-eating, it may or may not be significant that this pattern of five binge-eaters and one non-binge-eater precisely matches the first block of commonalities I noted regarding childhood experiences: Sandy, the only child without an obese mother, was the only woman not to report encouragement to eat more as a child, was the only one not to report having been seriously overweight as a child, and went on to be the only one of the six not to report binge-eating in adulthood.

Perhaps most strikingly, however, the findings reveal one thing through absence, something that may be essential to understanding and treating obesity: these women do not like food. No participant spoke enthusiastically
about enjoying the taste of food, despite their craving for it and their intrusive thoughts of it. The one thing that was commonly mentioned was the physical sensation of eating, from the feeling in the mouth to the feeling in the stomach. Rachel, Molly and Sally all passionately spoke about this physical sensation. Rachel even goes further, rejoicing in the feeling of fullness even when it brings physical pain and nausea.

This desire to feel ‘full-up’ could be understood in terms of self-medication to numb unwanted feelings or, more graphically, the image of the pain and its associated negative feelings being 'squeezed out' by cramming the body with food. In this way one set of feelings is driven out by another. This underlines the extent to which for these women the process of eating is more important than what is eaten – and makes clear that for these women at least, over-eating is not merely a matter of normal behaviour taken to excess, but a behaviour experienced in, and perhaps motivated in, quite a different way. At the very least, the overconsumption of, in particular, foods generally considered to be eaten for their pleasing tastes (most notably chocolate), when combined with an almost total lack of references to taste, should reinforce the suggestion made throughout this thesis and elsewhere in the literature that the problem of obesity is not merely a problem of ordinary consumption grown beyond appropriate restraints.

Other than the above, there are no clear commonalities across all the six participants. However, there are a number of other issues that were raised by several of the participants, and there were thematic patterns linking participants that did not appear to be random. It should be stressed that this is a subjective and qualitative interpretation of the findings, but to me it appeared that the six participants could be meaningfully divided into a number of sub-groups on the basis of shared themes.

The most striking of the sub-groups which can be extracted from the findings, which I will call ‘group 1’, comprises Rachel, Molly, and Kate, although Molly seems the more peripheral of the three members.
The first potential commonality within group 1 arises in the area of childhood experiences: both Rachel and Kate report at least one alcoholic parent. Rachel uses this to claim a genetic predisposition toward addiction, and there is some support for this in the literature; this may also contribute to the traumatic childhoods suffered by all six participants. Traumatic childhoods and dysfunctional families are suggestive of parent-child attachment problems and this may be particularly important as many authors, among them Buckroyd and Rother (2008) and De Panfilis et al. (2003), suggest that there is a clear link between childhood attachment experience and adult esteem, affect regulation and food misuse.

The stronger commonalities, however, are to be found in the area of attitudes toward the self. Ruderman and Besbeas (1992) had found that among the psychological characteristics of obese women was a clear tendency to use negative self-description and have low self-esteem. This may help in understanding why all three of the women I have placed in group 1 – Rachel, Molly, and Kate – report that they have been ‘punishing’ themselves, psychologically or physically. Perhaps their repeated failure to maintain their lower weight is a form of self-punishment, which of itself increases their negative self-perception and further drives the loss-regain cycle. This tendency toward low self-esteem may again be related to insecure childhood attachment.

This whole concept, self-punishment, appears to require, as it were, a bifurcation of self-concept, a division into the self who punishes and the self who needs to be punished – between, in other words, the self who does things that merit punishment, and the self who is still able to recognise that punishment is merited.

Therapeutically it is not uncommon to think of an individual being subject to conflicting forces. For example, if we imagine a person as being two people, one with a parental function and one with a childlike function, we would expect a conflict over control. Rachel, Kate and Molly seem pretty keen on control. But there is never any compromise – either one side is winning or the other
side is winning. If the ‘parent’ wants to lose weight, then the ‘child’ rebels, and they ‘cheat’ – it’s worth re-iterating Kate’s idea of ‘cheating’ at weight loss, as it seems to so clearly show that the purpose of ‘weight loss’ for her isn’t really losing weight. And yet, if the child wants to lose weight, the parent tells them they can not be trusted to be slimmer, and in any case do not deserve to be slimmer (more popular, more attractive, happier, and so forth). But when the child wants to over-consume, the parent sees this as evidence of the child’s uncontrollability, and as evidence that discipline is required. One could perhaps imagine the development of such a clear bifurcation as a consequence of parental distance. Without enough attachment to real parents, they set up an image of a parent they can attach to – but to make it move they have to be that image for themselves. Yet because they learnt about parents from their own parents, their images of parents act the way their own parents did: they are overweight, addicted, capricious, neglectful, prone to imposing inconsistent and seemingly unjust discipline on their ‘children’, and setting unobtainable targets. Naturally those children rebel the way that children do. They sneak food, they binge-eat like a child taking the opportunity to go through the fridge when their parents are away, eating as much as they can because they know the parent will be back again soon. I present this image not as fact but as a way of understanding some of the contradictory behaviour of these participants who all failed to maintain weight loss despite proving their capacity to lose weight effectively and regularly. In this light, it may be worth again considering attachment theory and its concept of the securely-attached child coming to internalise the care-giver: these women certainly appear to have internalised their care-givers, but in a way that does not alleviate their distress, but only enhances and perpetuates it.

This division or bifurcation could remain at an implicit level, subsumed into a complex but unitary self-perception that recognised both the good and the bad aspects of the same self; alternatively, it could be brought out into open conflict. In all three cases (though perhaps to a lesser degree in the case of Molly), this open conflict is exactly what we see. All three women seem to display extreme levels of self-alienation, reporting that they, the narrators, have been struggling against a destructive enemy identified variously as their
genes, their cultures, their bodies, their minds, their brains, or just their ‘selves’. It remains an open question whether this self-alienation has been created to facilitate their desire for self-punishment, or whether their self-punishment is merely taking advantage of an underlying bifurcation that may also be manifested in other ways. It can even be used as a way of deflecting social criticism – if I beat myself up it pre-empts you doing it to me. Dieting provides an interesting physical parallel to the emotional project of self-effacement and both appear to be never ending tasks.

Two of these three (Rachel and Kate) also report pervasive feelings of condemnation by others for their weight, which is in keeping with the studies of Puhl and Brownell (2006) and many others that found that obese people experience extensive stigma. This social condemnation from without confirms the personal self-judgment from within and further encourages the splitting of the self into the self that is condemned by society and the self that agrees with society’s condemnation.

One participant, Rachel, explicitly imputes an external locus of control for her eating behaviours, and many aspects of her life in general (although the precise nature of that locus is variable between her descriptions of it). This may be significant in light of Roger’s work (1977) on locus of control and Seligman’s (1992) work on learned helplessness, and supports such findings as that of Elfhag and Rössner (2005) and Popkess-Vawter et al. (1998).

Significantly, the other three participants – Sandy, Sally, and Annabel – do not report external locus of control (Annabel denies it explicitly), do not report pervasive feelings of condemnation by others, do not evince pervasive self-alienation, and do not report explicitly self-punishing behaviours. This striking complex of commonalities is the principal reason why I feel that the participants in Group 1 ought to be considered a distinct sub-group among the six participants.

Having drawn this distinction, we can look again at two general commonalities mentioned above: negative self-perception and pervasive feelings of guilt.
Although there were some indications of both themes in five out of the six women, the three women in whom those themes were much stronger and more explicit were precisely the three women I have placed in group 1. To these may also be added the theme of control: two of these women, Molly and Kate, express a strong and unrequited desire to exert control over their self. Similarly, Rachel clearly describes a pervading feeling of powerlessness, which is to a lesser degree visible also in the stories of Kate and Molly. The lack of personal responsibility and self-power may be a cause or a consequence of an external locus of control. As explained by Seligman (1992) if they have learned as children that they are powerless to protect themselves or to ensure that their needs are met, they maintain this world view in later life, so it should be no surprise that they seem to take it for granted that they are helpless to direct their own ‘parts’ – mind, body, head, etc.? 

In the area of attitudes toward weight, the three group 1 participants also all expressed ambiguity over the extent to which they have been committed to losing weight – and in the process becoming less formidable, less noticeable, more attractive, more fertile, or more immoral. The other three participants do not, at least explicitly, describe comparably ambiguous ambitions. Clearly connected to this theme are the negative associations Kate and Rachel appear to have with slimness, and with slimmer periods in their lives – Rachel wonders whether she has intentionally sabotaged her weight because her slimmer years were unhappy ones, while Kate is frightened of the recklessness and lack of moral caution she experienced when slimmer. Again, this theme binds two of the three self-alienating participants, but none of the others – although Annabel expresses a ‘socialised’ version of this theme in her criticism of society’s obsession with, and false advertising of, slimness. It is important to note that Annabel’s criticisms here are directed outward, against society, while Kate and Rachel speak of personal negative associations and experiences. Relatedly, Molly and Kate both worry that losing weight will make them more attractive and they both have concerns about what the implications of that might be.
One final commonality in this area is that Molly, Kate and Rachel all express concern for how their weight affects their ‘visibility’, although the form of that concern varies considerably. Molly believes that she is less visible because of her greater weight; Rachel says the opposite, that she would be less visible if she weighed less. Kate says both: she says that she would receive less criticism if she were slimmer and be less visible, but at the same time she blames her rash behaviour when slimmer on greater visibility. It seems that perhaps the concept of visibility could more usefully be divided into two parts: being visible to those seeking sex or intimacy, and being visible to those expressing criticisms of lifestyle choices. Both Gabriel (2009) and Orbach (2006) both address this issue of the role of weight in providing safety against sexual vulnerability. In any case, it may be significant that women with powerfully negative self-perception are also unusually concerned with how visible (or invisible) they are to others.

The ambiguity in how they regard their weight seems to lie at the heart of these women’s struggle. Their desire to lose weight does not appear feigned or half-hearted – indeed, this desire appears quite fervent – but it does appear ambiguous. Part of this ambiguity may arise from the very fact of their internal battle: a rebellious reaction against their own attempts to control themselves. Kate talks of ‘cheating’ at dieting, while she and Annabel describe childhood rebellion against dieting through intentional unhealthy eating; Annabel vividly displays the mindset when she describes her obese mother not as slimming but as ‘being slimmed’ - whether the slimming force comes from within, as primarily in the case of Kate, or from a judgemental society as primarily in the case of Annabel, the mere fact of the force seems to provoke a desire to rebel against it.

More generally, however, this ambiguity may be seen through the lens of Gimlin's work from a symbolic-interactionist perspective. The body, observes Gimlin, is one place of negotiation between the individual within and the external world: it is where the individual attempts to create the public identity. There is a sense, I feel, that these women are not sure what they want that public identity to be. This is a complicated issue and the details may vary.
between individuals. Molly and Kate explicitly involve sexuality in this identity: for Molly, being slim has suggested being open to relationships, while for Kate being slim is associated with recklessness and possibly immorality, and neither woman is entirely comfortable with that sort of identity, while at the same time not wholly rejecting it. Rachel, like Kate, also suggests a fear of a slim identity when she explains that if she weren’t over-eating she’d be addicted to alcohol or drugs or something else instead. Furthermore, issues of ‘visibility’, of weight as commanding presence, of their own and society’s assumptions relating to weight, and indeed pervasive pessimism regarding their own ability to shape themselves and their identity, all surround these women’s inability to unreservedly commit to one desired social identity. At the same time, there may also be an element of hindsight in their explanations: Rachel explicitly says that she assumes she must not really want to be slim, because she has failed to become so. People often feel that they ought to be able to explain themselves, to themselves and to others, and so we cannot overlook the possibility that some of their apparent ambiguity of intention may be their own attempt to explain their perceived failure to achieve what they superficially appear to desire.

In the area of the participant’s relationship toward food, there are again themes linking these three women. All three report seeing food as comforting, and using food as a way of regulating their moods, both to calm themselves in times of stress and to cheer themselves up when feeling down. Both these ‘self-medicating’ practices may be worrying from the point of view of weight loss and weight loss maintenance. If we remove overconsumption without addressing the needs that the overconsumption was meeting, the individual has no option but to return to overconsumption as deprivation of food is, in that case, also deprivation of that form of affect management. Stress can affect subsequent eating behaviour, Epel et al. (2001). Freeman and Gil (2004) and Schoemaker et al. (2002) both reported that stress could trigger binge-eating. Epel et al. (2001) showed that artificially-induced stress encouraged the consumption of comfort foods – which are more likely to be fattening. This effect may be enhanced by an effect reported by Yeomans and
Coughlan (2009) which suggests that negative mood increases the reward value of food.

Although the exact mechanisms of this stress response are not yet clearly known and may be complex, evidence for an underlying neurochemical process comes from animal studies: Boggiano et al. (2005) for example, reported that rats that were subjected to a period of dietary restriction followed by a stressful physical stimulus doubled their food consumption relative to rats that had been subjected to neither stress nor dieting, as well as showing consumption substantially higher than those subjected either to only stress or to only dieting. Moreover, as tended to be the case with my human participants, the increase in consumption among the rats was due to overconsumption of high-palatability foods, while the consumption of regular foodstuffs remained the same: even rodents show the human tendency to ‘dive into the chocolate fountain’ when their diets are interrupted by stressful stimuli. Boggiano et al. implicate changes in opioid receptor activity in explaining this behaviour. It would clearly be rash to ascribe all human stress-induced eating to a simple chemical process, as both the neurochemistry and its interaction with psychological processes is no doubt complex and is not currently adequately understood; however, the fact that human behaviour has elements in common with the behaviour of other, less psychologically complex animals should warn us that psychological processes are not operating on a blank slate, and thus cannot necessarily be altered at will, either by the individuals or by therapists. Rather, my participants are attempting to negotiate among tendencies and impulses that may be generated at a sub-psychological level.

Those who reported having begun dieting programmes while still children, also appear to have reacted through rebellious, defiant indulgence. If we imagine that the same childhood reaction may still be taking place, albeit less overtly, in adulthood, this may give us an insight into some of the reasons why dieting is so often unsuccessful. Indeed this rebellion against perceived deprivation by dieters, often resulting in later overconsumption of the restricted food, is reported by Soetens et al. (2008). Losing weight, particularly through
the crash dieting employed by these women, is a stressful experience, especially after the initial loss, where further progress becomes increasingly difficult the stress of struggling to lose weight will by itself instinctively increase the desire to eat in these women. Klesges et al. (1992) demonstrated that a further consequence of dieting is binge eating. Likewise, any negative affect from an initial failure in weight loss or weight loss maintenance will encourage comfort-eating; yet food consumption, while pleasurable in the moment, in fact leads to a more biologically depressed state, discouraging further effort. This is consistent with the work of Becker et al. (2001), Fabricatore and Wadden (2003), amongst others, who state that obese women are more depressed that their non-obese peers, though, of course, it does not explain which comes first, the weight or the depression. Against the view that excess weight correlates with negative emotions Barefoot et al. (1998) argue that the presence of depression simply enhances existing tendencies, i.e. the thin get thinner and the fat get fatter.

Relatedly, Molly, and to a lesser extent Rachel, describe food as a form of celebration or reward: food consumption is thus the response to both positive and negative emotions. Kate does not explicitly confirm this, but the sense of power she describes from being able to give herself food certainly calls to mind the idea of food as a child’s reward.

A final negative commonality may be seen across group 1 within the area of eating behaviour. Specifically, none of these three women make any reference to the idea of exercise and healthy living as a way of controlling weight, or mitigating its effects. Their violently fluctuating weight histories are entirely the result of changes in eating behaviour. This may suggest that eating, rather than weight, may be the focus of their concerns; in particular, one would imagine that even among those who doubted its efficacy in weight loss, exercise would be a common response to weight gain, in order to ameliorate the health consequences of obesity – but these women do not see their weight through the lens of health or fitness, and so exercise is not mentioned.
The above commonalities pick out a distinct subgroup within my participants. But what is the significance of this complex of commonalities? Theoretically the high level of negative self-worth shown by these participants could be explained within the framework of ‘Dysfunctional Family Relationships’ and the highly likely consequence of attachment problems for these participants, which may also contribute to the explanation of their failed adult relationships. Therapeutically, as a cognitive therapist, this could be formulated in terms of unhelpful core beliefs about themselves, based on childhood experience, giving rise to dysfunctional assumptions and maladaptive behaviours which over time, in these cases, establish unhealthy eating patterns.

Alternatively, a non-psychological perspective is provided by Rosmond (2005) and Gluck et al. (2004) who proposed that persistent stress – and it seems highly probable that traumatic childhoods and dysfunctional families are stressful – results in excess cortisol, which in turn promotes visceral obesity which in turn can stimulate food craving. Precise identification of the trigger for the desire for food – whether it is visceral fat or emotional trauma etc. – becomes irrelevant as the consequences are the same and all lead to the perpetuation of the cycle of weight and self-condemnation.

Family environments are responsible for a range of influences including non-biological factors – children mimicking parents, or parents creating an environment that encourages overeating (large portions, family snacks, pressure to consume), for example, and these effects can be seen amongst these participants. A further question arises: is it significant that five of the six specifically had overweight mothers, rather than fathers? The literature on genetic studies suggests that the heritability of obesity may be up to 50% (Rössner, 2002), but having an overweight mother may also be important, due, amongst other things, to the role of mothers in setting the domestic environment, and due to the fact that the participants are women and so may be emulating a perceived female role-model. Several of the participants appear conscious of following the life-path of their own mother. It should indeed be no surprise if overweight mothers appear to impart more food-positive messages to their daughters – either because their weight reflects a
consciously more positive attitude toward food and weight, or simply because they themselves were taught these behaviours in their own childhoods; and again, it is not surprising that overweight mothers had overweight children, perhaps because of the explicit pressures they imposed or, less directly, as a result of their status as role models for both the behaviour and self-image of their children.

Against this is the possibility that this group of mothers modelled ambivalence about food. This very ambivalence may have led to these participants gaining weight and at the same time feeling bad about themselves for doing so. In a climate of social judgement they may even have learnt that ‘feeling bad’ about eating too much was necessary to gain them ‘forgiveness’ and to allow the cycle to repeat – much as many children, and indeed some adults, feel that saying sorry wipes the slate clean and allows them to continue with the offending behaviour. While these interpretations may help my understanding of my findings it must also be acknowledged that not all overweight mothers have overweight daughters, and vice versa – indeed, the growing prevalence of obesity in the modern world demonstrates that pure inheritance in the female line cannot be the only factor at work. It would, however, be interesting in future studies to explore whether the same pattern is seen in men, or if obese men tend instead to have obese fathers – and in this way to attempt to distinguish between the influence of same-sex parental role-models and the specific influence of the mother as typical primary caregiver in childhood. It is, however, important to remember the individuality of everyone’s experiences and response to those experiences. Life is always a coming together in the moment of various factors.

These early external influences on childhood obesity are particularly important because whether it is due to biological predisposition or to path dependency these women ended up with adult obesity. As Leibowitz (2002) and others have demonstrated the presence of adipose tissue alters the secretion of neurotransmitters which drive eating behaviour and leads to the accumulation of further adipose tissue which further exacerbates the problem and
undermines efforts to lose weight. Triggering the weight gain processes in childhood appears to entrench them.

The remaining three participants did not appear to fit the themes of Group 1. Their own commonalities were less striking, but nonetheless I think a discernible Group 2 can be seen, consisting of Sandy and Sally. Molly also participates in some of their themes, suggesting that these ‘groups’, if they are valid, may represent compatible tendencies, rather than discrete sub-populations. I shall also for the sake of simplicity consider Annabel alongside Group 2, although in many ways she appears distinct from all the other participants; this may in part however be due to her younger age, and greater current satisfaction with her weight.

In terms of childhood experiences, we should recall that Sandy was the only one of the six not to have an obese mother, the only one to less strongly suggest childhood pressures to consume, and the only one to report not having been overweight as a child – instead, her weight gain appears to have been triggered by a pregnancy. Of the other five, Sally was the only other one not to clearly have been overweight as a child, and she does describe herself as having been ‘big-boned’, ‘well-built’ and ‘unfeminine’, and seems to imply the possibility of overweight (though presumably not outright obesity, as she played a lot of sports). While childhood experiences are clearly important for all these participants, Sally and Sandy’s life histories appear less determined by their childhood, at least in the sphere of weight; the fact that these themes seem to go together further stresses the importance of childhood environment in setting life trajectories at an early age. Annabel, meanwhile, has the same childhood overweight and obese mother as the group 1 women, but is the only woman not to report an unhappy or stressful childhood, a dysfunctional family, and at least one distant parent, although her serious childhood illness must itself have caused a degree of stress.

The positive commonalities in childhood, however, cluster around activity. Sandy and Sally were not passive children – both report having very active childhoods, unlike all three group 1 women. Annabel likewise reports a very
active childhood, though in her case only to the point of her illness, after which she became inactive. More than physical activity, however, Sandy, Sally and Annabel all report having had to take on serious responsibilities as children – very strongly the case with Sandy. Sally and Annabel, meanwhile, both describe formative periods of serious illness in childhood; Rachel also briefly mentions contracting pneumonia but appears not to attach the same level of significance to this.

In adulthood, such themes as abusive and troubled relationships and depression do arise in these women, but never as strongly as in the group 1 women. More strikingly, while Rachel reports pervasive experiences of powerlessness, and Molly and Kate both imply this to a lesser degree, the implication seems absent from the group 2 women and Annabel.

Regarding attitudes toward themselves, Annabel is again the only woman not to report pervasive guilt and negative self-perception, but Sally and Sandy both show these themes to a much lesser degree than the Group 1 women; perhaps, as a result, none of the three report explicitly self-punishing behaviour. Nor do they (and nor does Molly) report the feelings of being judged and condemned by the public because of their weight, and nor is the theme of seeking to exert control over themselves explicit in the same way among them as it is for Molly and Kate. Sally is the clear exception here – indeed, her story describes a preoccupation with control probably to an even greater extent than the Group 1 women – and yet the nature of that fight for control appears different. For Kate and Molly, ‘control’ seems an inherently paradoxical aim, an aim that inevitably collapses into contradiction as self-as-controller and self-as-needing-to-be-controlled come into conflict. Sally’s quest for control, while seemingly more successful, fails in the end for a different reason, which she poignantly sums up: “I've got to get it back in control, but I find it harder as I'm getting older to even be bothered to do it.” It is hard to imagine Kate or Molly admitting that they lost control just because they ‘couldn’t be bothered’ to maintain it. The general theme appears to be that where the Group 1 pattern involves irreconcilable contradictions in desire resulting in contradictory actions, the Group 2 women find their desires
overwhelmed by... nothing. A lack of motivation. And yet as they describe their aims they certainly seem to value them highly: weight loss for all the women, and control for Sally, are important objectives in their lives. So why the seeming lack of motivation?

Annabel, meanwhile, does make considerable reference to self-control, but as something that she already possesses, not as something that she needs to assert. Sandy and Sally both, however (along with Molly), describe a pervasive and onerous need to please others, recalling the findings of Popkess-Vawter et al. (1998); Annabel strongly denies any suggestion of this yet talks of showing love through food preparation and of a sense of duty to care for her parents, which may reveal an underlying similarity.

Continuing the commonalities into the area of attitudes toward weight, the Group 2 women (and to a degree Molly) lack the explicit negative associations with slimness that Rachel and Kate share, while Annabel has negative attitudes toward societal images of thinness, but not to thinness itself. Unsurprisingly, Sally, Sandy and Annabel all lack the markedly ambiguous ambition regarding weight loss that is so notable in Group 1; nor are they as concerned with personal ‘visibility’. Most interestingly, although Sandy, Sally and Annabel, like Molly and Kate, draw the connection between weight and unattractiveness, the attitude they take toward this is reversed: where the Group 1 women see reduced attractiveness as a good thing, Sandy and Annabel explicitly welcome the perceived greater attractiveness that would come with lower weight, while regretting the lower attractiveness that has resulted from their obesity and Sally, while not saying so directly, also appears to imply a similar perspective.

Probably the most important commonality, however, is in the area of attitudes toward food: Sandy, Sally and Annabel (and to a lesser extent Molly) all describe the preparation of food as symbolising love, care and affection.

And yet while the idea of ‘offering food being the same as offering love’ may suggest that these women are obese because they show themselves affection
through food, quite the reverse appears true in practice. Sandy, Sally and Molly all report that they often feel it is not worth making the effort of preparing food for themselves: remember, it is not food they identified as love, but the preparation of food. Accordingly, these three women also reported a pattern of disorganised eating, with weight gain primarily coming not from the excess consumption of lovingly prepared meals, but from snacking on chocolate, cheese or nuts. Again, there seems a disconnect between the things they value and the things they actually are motivated to acquire for themselves.

Perhaps, then, if these things – whether good food or weight loss – have evident value in their lives, yet are not being treated as high priorities, the problem is simply that these women are not prioritising their own lives.

Finally, it may also be significant – and is certainly striking – that Sally and Sandy and Annabel are the only women of the six to report using exercise regimes to address their weight, perhaps reflecting their childhood histories of physical activity.

So what can be inferred from all these ideas that emerge from the narratives? Indeed how much of the narratives are just ‘post hoc’ self-explanations of how the individuals got to where they are now, or are the result of conforming to the societal discourse on the topic of obesity, or how much are they dispassionate factual accounts of chronological events? Professionally, it doesn’t matter, as it is how people perceive their lives that determines how they experience them – the narrative of the past greatly influences the narrative of the future. The commonality of some themes may be useful therapeutically in helping to normalise individual’s responses to their life experiences, while the differences indicate that though we may be predisposed to respond in particular ways, we still actually respond in an individual way.

I had started this research because I had encountered problems when working therapeutically with clients who presented with issues around obesity. Often they reported repeated experiences of very successful dieting and yet
seemed compelled to gain weight again. It seemed clear that either food or weight was playing a significant role in their lives and just removing it without fulfilling this role in a different way was not going to be helpful. I had no idea what the role was but had assumed that at least I knew what it was being fulfilled by. In this I may have been misled. The finding that none of the participants appeared to particularly value the taste of food but instead were almost pre-occupied with the act of eating and the sensations caused by it — the sensations in the mouth and the feeling ‘full up’ — suggests that it may not all be about food and weight but perhaps about a different hunger altogether.

The narratives suggest that the power of food generally seems to lie in its ability to create the feeling of ‘full-up-ness’ not in its taste. It is as though there is a void or near insatiable hunger, but for what? And where does it come from? ‘The Hunger Within’ (Migliore, 2001) captures something of this ‘drive’ at a really fundamental level, to get a basic need met. One interpretation might be that it is not actually a hunger for food but rather a hunger for something else such as acceptance, both by self and by others; for security and for love. Alas, it appears that no amount of food can actually meet this need — in fact, the negative self-judgment it feeds can make it seem even less achievable. As most of the participants were obese from early adolescence I feel that the hunger has its roots in childhoods which failed to provide the apparently necessary containment, attention and security that seem to be required to nurture the development of secure attachments.

This ‘hunger’ exhibits clearly when the participants are under stress — they might “dive into the chocolate cake”. It may just be that they have learned to associate comfort with food through habit, because that was what was available when their caregiver was not emotionally available, or it may be more entrenched in that the giving of food is synonymous with the giving of care and love from the moment of birth. Thus humans may seek food in an attempt to reproduce that feeling of care, love and security.

Yet if food is assumed to symbolise care, it raises the question of why these women do not appear to feel adequately cared for. It suggests that the symbol
is inadequate in some way. Several women mentioned the preparation of food for others – rather than just food – as the signifier of love and care, suggesting, perhaps, the fact that their food and care is from themselves is actually a major part of the problem. Thinking again of the idea of a split identity, perhaps the problem is that, in the situation of the provision of foods for themselves, they can’t split themselves sufficiently. They seem unable to reproduce the nurturing parent for themselves.

By investing in the role of caring for others, they may neglect themselves, perhaps both by accident and on purpose. Caring too much for themselves would undermine their narratives of selflessness and martyrdom. The stress of neglect, combined with the lack of more structured comfort that results from neglect (structured eating, but probably other forms of enjoyment and relaxation also) drive them to mainline fat and sugar in much the same way that other people in that situation may turn to alcohol or other drugs. There is also of course the lack of a reason not to – in self-neglect, the potential downsides of obesity matter less, because it is only them who will be obese, not anybody important. It is worth pointing out one last time that this second subgroup of participants directly reflects Popkess-Vawter et al.’s characterisation (1998) of weight-cyclers as women who eat when alone and yet thinking of others, putting others first. Perhaps this study can also shed some light on the other intriguing finding of that paper: that normal-weight women are more likely to feel ‘in control’ after overeating, while overweight and obese women were less likely to feel in control after overeating than before.

This suggests that whatever allows most normal-weight women to heighten their sense of control by eating is failing to function in that way among overweight women. In the case of the self-alienating Group 1 women, clearly eating cannot provide that sense of control: the act of overeating, while perhaps exciting in the moment as an act of defiance and independence, is instantly re-analysed as an expression of weakness and a failure of discipline. For the self-neglecting women of Group 2, on the other hand, perhaps it is simply that in framing overeating as a selfless act, the individual is giving up
the power of control: they think of others, over whom they have no control, and in the process do not think of themselves, and as a result cannot have, or at any rate cannot experience, control over themselves.

In any case, I propose that my selection of participants is a sub-group of the overweight and obese population, in that, contrary to the generally accepted view which assumes that people become overweight because they love food and can not resist its taste, my participants do not appear to particularly like food or notice its taste. Instead, they appear to have identified another role for food, that of provider of ‘fullness’.

If I were presented with these narratives within a therapy setting how would I, as a therapist, try to understand them with my client? Therapeutically I might explore a metaphor that the function of ‘fullness’ is to compensate for perceived deficits in, being taken care of, being loved, feeling safe and that the over-supply of food achieves this by ‘squeezing’ out other feelings until there is no room for anything but ‘fullness’.

I would develop this further and suggest the following explanation in order to understand the above: some children form a disorganised or insecure maternal attachment either because their mother is anxious about money or her relationship, or is emotionally exhausted by caring duties or fears for her child’s health, or is experiencing severe anxiety or is centred on her own needs. The child may be aware that something is missing / that their needs are not being met and they then may seek to ‘fill the gap’ from other sources, one of which may be food. This is particularly probable as food is what is often used to assuage babies’ needs, so perhaps they develop an association between being full-up and content, or at least the numbing of their pain. One could easily propose a chain of elemental thought along the lines of “I seek love/care/security/comfort from this person and they give me food so food must be love/care/security/comfort. So if I could only get enough of food all those needs would be met.” Even in adulthood, when upset or feeling low, these children ‘run for Mother’, that is they “dive into the chocolate cake” in their quest for comfort.
Of course, this is just one interpretation. In particular, it is important to bear in mind that even if food and its consumption have great significance for all of these participants, we should not assume that they have the same significance for all – even if the root issue in most cases were indeed deficits in love, care, attention and so forth, we need not conclude that food and eating are related to those deficits in the same way in each case. Alternatively (and possibly at the same time) the eating may be a rejection of parental constraints. This seems explicitly so in the case of Kate and implicitly so for Rachel and maybe also for Molly – eating is a violation of the rules, a rebellion.

The absence/inconsistency of the mother may also lead the child to feel that they are personally unlovable. This may predispose them to try to be ‘good’, as in the case of Kate, Rachel and Molly and/or to please others as appears to be the case with Sally, Sandy and Annabel. These behaviours can superficially appear very similar but if we look at the consequences of failure it becomes apparent that they are driven by different processes. Failing to please others leads to trying harder to please others – making sacrifices, and perhaps earning rewards for those sacrifices. Failing to be good leads to punishment for being bad.

Again, the sample size is too small to support a statistically conclusive generalisation, but this study is certainly suggestive. In summary, although biological factors and psycho-social/cultural influences are independently important in leading to weight cycling, it is how they combine and interact that makes the understanding of the problem of weight loss maintenance so challenging.
Conclusion

Obesity is a worldwide problem of growing concern and seeming intransigence. A great deal of valuable research has been done on many aspects of the issue; and yet the unspoken assumption in much of the literature, and indeed in public sentiment, is that the problem of weight is a self-contained problem, i.e. it is a problem that can be analysed and treated largely without reference to broader behavioural and psychological contexts. Experience suggests that this approach of regarding weight as a ‘tame’ problem (Rittel and Webber, 1973), as opposed to the ‘wicked’ or messy problem (Stam, 2011) that it undoubtedly is, has led to the situation described by Thompson and Thomas (2000), who observed that obese patients undergoing interventions commonly report feeling that their deeper issues relating to eating and weight are going unaddressed.

This study lends weight to that concern. All six participants displayed psychological issues that not only were complex, but were also interwoven with their feelings and behaviour relating to eating and weight. In particular, the study draws attention to the consequences of dieting, supporting the observation that the weight-gain effects often associated with periods of dieting are not merely metabolic (as detailed in, for example, French et al. (1994) and Klesges et al. (1992), but also psychological (previously suggested by Polivy and Herman (1985) and Soetens et al. (2008) among others), and that these psychological effects of dieting are not discrete, but are shaped by the broader psychological context of the individual.

That psychological context is assumed to begin to take form at a young age. The study shows a striking connection between adult outcomes and childhood conditions: five of the six participants had a mother with her own history of weight problems, and all six report childhoods made traumatic by severe family dysfunction and/or their own serious illness. Although many of the participants did not become obese or begin weight cycling until adulthood, that later behaviour seems to have clear roots in their early experiences.
Adult interventions aimed at weight loss may therefore be coming to the problem many decades after its origin, and it should therefore be no surprise that they have such low levels of success. In the long term, perhaps improved identification and prevention at a young age, sensitive to psychological and sociological, not only physical, warning signs, may be needed to tackle obesity.

For the patients of today, meanwhile, the depth and complexity of the psychological contexts explored in this study seem to suggest that weight interventions, if they wish to be successful in altering mental and physical behaviours that have been engrained over decades, may need to become more aware of and sensitive to this broader context. For these women, weight is not an isolated problem, but an expression of more fundamental problems in their lives, and treatment that does not address, or at least take into account, these broader problems is unlikely to be effective – particularly since some aspects of these women’s behaviour may be counter-intuitive without an understanding of its wider context. To give just one example, extrapolation from healthy eating behaviour might lead one to assume that these women simply liked food too much and were unable to regulate that desire for food – whereas in fact, the study suggests a striking lack of interest in food itself among the participants, who either reported no particular pleasure from eating or else emphasised the physical sensations of consumption, rather than enjoyment of taste. This strongly suggests that, at least for these women, their unhealthy eating is driven by entirely different and less straightforward motivations from those that might lead to moments of over-indulgence among generally healthy eaters.

Interventions that address over-eating in a broader psychological context are likely to be more successful. However, it is important to note that this study also finds considerable variation between individuals when it comes to the form of that context; as a result, improved interventions should not only be sensitive to the psychological processes that may interact with eating behaviour in general, but should also seek to locate the precise nature of that
interaction within the specific life-historic context of each individual. One size will not fit all.

That said, and notwithstanding the individuality of each narrative, this study does suggest certain patterns or processes that appear to be shared by several participants. Some of these unite all or almost all the participants: in particular, the role of food as self-medication in times of stress and anxiety, and the high degree of obsessive thinking around food.

Perhaps more interesting, however, are the larger patterns this study identifies, which occur less universally. The most striking of these patterns seems to originate in traumatic childhoods, and grows to incorporate issues of self-worth, self-punishment, and self-control. This study suggests that an important root of this pattern may be the compromised and paradoxical affection and approval received from parental figures who are absent or emotionally distant. This inconsistency is, the study suggests, something that the child, and later the adult, attempts to remedy by taking the position of both the affection-giver and of the object of affection; unfortunately, in attempting to understand this ambiguous affection, the individual distrusts their own worthiness, and believes themselves to be problematic, in the particular way that unengaged parents may find their children problematic. These individuals thus display a bifurcated sense of self: they perceive themselves as uncontrollable and untrustworthy, but at the same time they also act as harsh parental lawmakers over themselves, regulating themselves and seeking to make themselves into someone better, someone worthy of affection, and in the process they lead themselves to resent this constraint.

This stern self-regulation drives them to embrace strict dieting regimes, but perfectionist goal-setting, and perhaps the impossibility of ever judging themselves worthy of their own affection, prevent them from success in this. Eventually, increasingly frustrated by the imposition of these rules, they break them, sometimes telling themselves they deserve a reward, sometimes in a spirit of rebellion against their own rules; this sense of dieting being about following rules for their own sake rather than achieving actual bodily change is
encapsulated in the description by one participant of how she was able to ‘cheat’ at dieting by surreptitiously eating forbidden treats – the sort of ‘cheating’ a rebellious child might indulge in, but paradoxical when both the desire to lose weight and the rules chosen for doing so have originated with the individual herself.

Additionally, these women express discomfort over weight loss and conflicting attitudes toward it, in large part because they see obesity as an obstacle that shackles their uncontrollable selves, and without which they fear what they may themselves do: perhaps they do not perceive themselves as having the power to define their own identity in a way of their choosing, or perhaps they have not found a way to decide for themselves what they want that identity to be, and hence work at cross-purposes against themselves.

One way or another, the dieting fails, which begins a process of painful recrimination and self-condemnation, in which further attempts at dieting are refused because the individual does not deserve to lose weight, and in which the stress of self-punishment is relieved through binge-eating. This over-eating, and the precipitous weight gain that results, reinforces the individual’s perception of themselves as uncontrollable and not to be trusted.

A distinct second pattern that the study identifies also appears to originate in deficits in care in childhood. These individuals, however, rather than seeking to make themselves fit to be cared for, perhaps instead interpret themselves as the designated care-giver, reinforced by having to take positions of precocious responsibility as children. These individuals strive to be selfless, and may display some self-criticism when they fail to be so, but their self-criticism lacks the passion seen in the first pattern; instead, this pattern is characterised primarily by self-neglect. These individuals perceive the preparation of meals as symbolic of care and affection, but have little interest in bestowing this care upon themselves: instead, they fall into disorganised eating behaviour, with high consumption of calorie-rich snack foods, both as a direct result of a lack of interest in meal preparation for themselves and as
comfort food, anaesthetising anxieties they do not allow themselves to take the time to address in other ways.

These individuals do periodically attempt to control their growing weight through dieting, with somewhat more realistic goals than with the first pattern (for instance, participants showing the self-alienating pattern did not attempt to supplement eating control with exercise or changes in lifestyle, whereas those showing the self-neglecting pattern did); however, dieting is difficult to maintain, and these women were unable to maintain sufficient concern for themselves and their weight loss ambitions to continue with the dieting once the immediate concern had passed. It appears not so much that these women are actively self-defeating, as with the first pattern, but rather that their ambitions for themselves are not given a sufficiently high priority to allow them to be realised in the long-term.

The two patterns identified, each of which appears to originate in childhood, are likely not to be mutually exclusive, and indeed at least one of the participants displays elements of both. Rather, they should be seen as processes in which these individuals frequently and repeatedly participate. It is also quite possible that further such processes would emerge from detailed engagement with a larger number of participants; and of course, while individuals partake in processes with similar overall shapes, the exact contours of the individual's psychological history and state are unique to that individual. However, it is hoped that in identifying two general patterns of this kind, and showing how the presenting condition of over-eating can be located within these more complex processes, this study will inform both future studies and future therapeutic interventions.

**Revisiting the aims of the study**

The idea of this study originated in a concern I had regarding the nature of much of the existing literature on the topic of weight loss and weight loss maintenance. My own experience as a counselling psychologist supported the findings of Thompson and Thomas (2000), in that I discovered that patients
with problems around weight frequently felt frustrated that interventions, focused narrowly on their eating behaviour, were leaving other, related psychological issues unaddressed. This, I suspected, helped to explain why current interventions, while extremely successful in producing rapid weight loss, are so unsuccessful in promoting long-term weight maintenance, particularly once the active intervention has reached its end and individuals are left to maintain their weight themselves.

More broadly, what I felt was largely missing from the literature was an exploration of what appeared significant to those struggling with weight themselves: a consideration of the problem from the perspective of the patient. I hoped that examining the experience of weight loss and weight regain from the point of view of the individual undergoing these processes would help to shed light on aspects of the problem that may have been neglected in existing literature, and so indicate issues that might be addressed in more effective therapeutic interventions in future. In addition, and even if no such specific lacuna was highlighted, I hoped that a greater understanding of how these processes were experienced, perceived, and rationalised by the individual could help therapists, including myself, address these problems with our clients in a more effective way, more sensitive to the needs and perceptions of the individuals concerned.

As a result, I decided on this topic for my research: “Living the struggle against obesity: common threads in the life-narratives of women who have regained weight.” This research question, with its emphasis on the subjective and the qualitative, is not intended to challenge or devalue the important and useful work that has been done on quantitative and objective issues around obesity, addressing the problem from genetic, metabolic, sociological or neurochemical perspectives, but rather to complement and supplement that work – for instance, studies on the neurochemical effects of eating (Davis et al, 2004) are enriched by this study’s exploration of how those effects are made use of by individuals within a context of anxiety and stress, and location of that stress within the broader psychological processes in which the individual participates. Other disciplines may, as it were, set out the
geography of the problem, whereas this study is focused on how individuals attempt to navigate that geography in practice. Both these forms of knowledge are important for crafting effective interventions. Similarly, the emphasis within this study on the subjective experiences of particular individuals, as they themselves express them, should supplement more general and theory-led work that has been done on the psychology of obesity.

The process of conducting this study has only reaffirmed for me the importance of work within this area and from this perspective, as the picture that has emerged from it is complex and significant, and would have been difficult to arrive at through any other methodology.

The core contribution of my research therefore flows not from the subject matter, obesity, which has already been extensively studied, but from the form of the research. Familiar with quantitative methodologies, and attracted to the relative security they offer, I was at first reluctant to embrace a purely qualitative approach, but it quickly became clear that this was the most appropriate method to address what I felt had not been sufficiently addressed in much of the existing literature, and the method that would most complement my professional practice as a therapist, both in drawing on my existing skills and in informing my own practice. Within the field of qualitative research, several approaches seemed promising, but I felt that a narrative methodology was most true to my original intentions. Conducting this study has only confirmed that decision, and I am content that the narrative approach chosen was the best option.

In particular, narrative methodology allowed me to explore the subjective experiences of the participants with as little pre-conceived theorising as possible. Although there is a place for theory-led research, particularly in confirming hypotheses, my concern for allowing the participants to express their own side of the story, and my hope to discover areas of their experience that had been under-addressed by existing interventions, strongly suggested a methodology that left participants free to choose their own way of expressing themselves.
The benefits of this approach, however, bring with them their own dangers. In particular, in embracing the subjectivity of the participant, this methodology is unable to exclude the subjectivity of the researcher, who is able – indeed, who is compelled – to influence the process at several stages. The participants expressed their own personal narratives to me, as the researcher, in a collaborative context, in a conversation between two people, and although I attempted as much as possible to intervene no more than was necessary to encourage the participants to share their stories, inevitably I will have played some role in shaping the presentation of their stories, both through my questions and simply through subconscious cues in body language and so forth.

A particular challenge created by using a narrative methodology is that associated with the subjective, repeated winnowing of the texts. Although the raw material of this research has been the narratives produced by the participants, their own stories of their own lives, in seeking to analyse these stories I have constructed my own narratives: first, in reducing the vast quantity of elicited narrative into smaller, more focused, manageable, and hopefully representative narratives for each participant, and secondly in constructing from these six individual narratives a more general narrative, or set of narratives, linking and uniting their disparate subjectivities. The narrative that results is at best therefore only a co-production of researcher and participant. Although I have endeavoured to approach this process of co-production in a neutral and impartial way, free from my own preconceptions – and in the interests of transparency the ‘Biopics’ are provided in full in the appendices to the study as is one full length transcript and the remaining original interviews are available on request – it is inevitable that my own subjectivity will have entered into the resulting narratives, and it is not to be denied that other researchers, dealing with the same material, might construct narratives from it that differ from my own. This, however, is not a reason to avoid narrative methodologies, but rather a reason to embrace them more fully: the more researchers engage in such forms of research, the more the commonalities between the narratives produced can be identified and explored. In any case, I believe I have conducted the research fairly, and I am
reassured by its results: rather than finding that all the participants fit my own preconceived assumptions, I instead found myself uncovering novel patterns, processes that had not occurred to me before I began this research, and important differences between participants that made it impossible to conform them neatly to a single universal framework.

The narrative approach also yields some difficulties if the reader attempts to translate its findings directly into causal terms. The narrative reflects real events, real histories, real experiences, but the nature of that reflection, its degree of distortion, cannot be known without independent confirmation of the facts related, as the narrative is also shaped by the current state and situation of the narrator. We cannot say with any certainty how much of the narrative is a plain telling of the past, and how much is an attempt to interpret that past according to particular preconceptions and in support of particular desires. This question is particularly difficult in the case of the one participant whose current situation is more optimistic, who is also the most divergent of the six in her narrative and who is also the youngest. To what extent, we may wonder, is her different outcome a result of a different past, and to what extent is her different story of her past the result of her different current state?

Additionally, narratives cannot necessarily be treated as simple passive reflections, whether distorted or otherwise, but may also play an active and productive role: today’s state may influence today’s narrative, but may in turn have been influenced by yesterday’s narrative. Just as we cannot separate out ‘reality’ from ‘perception’, we cannot separate out ‘cause’ from ‘effect’. This is particularly significant in the case of the ‘self-punishing’ participants, for whom their narratives of failure and self-rebuke are in turn further instantiations of their desire to punish and rebuke themselves. Yet this should also reassure us: although within the strict field of causal relations these narratives can do no more than suggest and provoke, that does not invalidate them as a form of knowledge or as a route to understanding in their own right. The therapist in their intervention can rarely if ever rely on objective facts and unambiguous causal processes: they must take the individual and their narrative as they come, on their own terms.
In this regard, whether the narrative causes the behaviour or the behaviour causes the narrative, whether the behaviour and the narrative are caused by the history or whether the history as presented is the result of the current behaviour and narrative... whatever the causal relations (and they are likely complex) between the elements of this entanglement of world, experience and action, it is the complex as a whole that must be understood and addressed. Indeed, returning to the original concern motivating this research, the presentation of this complex of narrative, behaviour and life-history does itself stand as witness to the fact that there is something here that stands in need of understanding, and of being addressed. Although I have largely chosen to take these narratives at face value, their significance does not become any less if we assume them entirely ‘false’ – indeed, the creation of such distorted narratives would itself be even stronger evidence of the troubled processes that this study explores.

Moreover, these limitations of narrative methodology should themselves be seen as encouraging further and more complex research along these lines. There are many possibilities in this regard. The relation between history and narrative might, for instance, become more clear in a group-based study, in which narratives were also elicited from friends and family and other acquaintances of the overweight individual, so that divergences between these narratives could be examined; the relation between narrative as cause and narrative as effect might alternatively be explored through a longitudinal study, comparing and contrasting narratives of the same events elicited under different conditions, at different times in an individual’s life – how does the narrative change when it is elicited during a period of dieting, for instance, rather than during a period of weight regain, or a period between cycles?

Given the limitations in time and resources available to this study, however, I believe the method and bounds chosen were appropriate, yielding a good balance of depth and breadth that complemented the aims of the study. While the above limitations cannot be denied, much is gained from this approach. The small sample size, for example, allowed in-depth analysis sensitive to the unique characteristics of each individual’s narrative, while still being large
enough to support meaningful, if not statistically unimpeachable, comparisons between individuals. The narrative approach, meanwhile, allowed greater freedom from existing theoretical frameworks, as well as greater fidelity to the subjective experiences of the individuals themselves. Together, these virtues position this study as an impulse and signpost toward further future research, both reiterating the need for further work in this area and providing suggestions that further work might develop. The processes identified here can be more closely and extensively explored in further and larger studies, and most likely supplemented by other processes not apparent in this work; more complex studies, meanwhile, particularly those that incorporate multiple methodologies, can further explore how these findings can be related to existing theory and to the results of quantitative studies.

Beyond the specific limitations of narrative methodology, this study has been compelled for reasons of time and resources to operate within narrow parameters, and further work is also needed to expand beyond these limitations. Most importantly, the narratives of these six participants are unlikely to be representative of the entire and growing population of obese individuals.

Two dimensions in particular are likely to be significant here. Firstly, the interest in failed weight loss maintenance as opposed to mere obesity, combined perhaps with biases issuing from voluntary participation on the basis of response to advertisements, has resulted in all six participants having histories of repeated, large-scale weight-cycling. It is not clear to what degree the findings may be applicable to the larger population of obese individuals – those who have not previously achieved significant weight loss. It may also be useful to compare these findings with a similar study focused on those who have achieved significant weight loss and successfully maintained that loss long-term – if enough such participants could be found.

Secondly, this study has only addressed the experiences of women. This was an intentional choice, and I believe justified, given the importance of finding commonalities within an already small sample size. However, obesity is an
issue affecting men as well as women, and given the biological and sociological differences between men and women – previous studies have already suggested important differences between male and female patterns of obesity – it is not clear to what extent these findings would be mirrored in a similar study of weight-cycling men.

Additionally, the small sample size and the socio-geography of the sampling method have led to an unintended high level of social commonalities between the participants: all six are educated, English-speaking, British, white professional women living in Southeast England, and five of the six are of English origin. This commonality may have helped to allow the study to identify important patterns shared between their narratives, but further study of a broader cross-section of the population would be helpful in assessing how representative these women may be.

None of these limitations undermine the value of the study. However applicable its findings may be to men, to women of different sociocultural and economic backgrounds, or to non-cycling obese individuals, the core demographic covered by this study is sufficiently large and interesting to render its findings significant and thought provoking.

Finally, I would also suggest that further, similar studies might wish to investigate the subjective experience of individuals alongside programmes of intervention, to investigate in more detail the strengths and weaknesses, from the point of view of the patient, of different approaches.

Part of my motivation for undertaking this research was to enable me to intervene more effectively when working with clients who present with disordered eating. This is particularly important when working within primary care mental health services which are generally commissioned to provide brief interventions and funding is dependent on evidence of recovery. There is a need to ‘hit the ground running’ with a clear sense of where to most effectively target interventions. That, combined with the frequent failure of current approaches to deliver weight loss maintenance, suggests that dissemination
of this work to others in the field may be of value. I propose presenting the
core of these findings at conferences such as the Division of Counselling
Psychology or National Obesity Forum conference and believe that this work
may also be suitable for publication. I am considering creating an information
sharing forum of like-minded clinicians, many of whom may also be struggling
with the current, more manualised approaches which are widely employed.
Even these approaches may benefit from an understanding of the experience
of living the struggle against obesity.
References


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Have you previously lost at least 3st?

Whether you kept it off, or, put it back on, would you be willing to share your experience with me?

Volunteers required

You are invited to take part in a small research project.

*I am a researcher interested in understanding how individuals feel about food and weight, and how this affects their patterns of weight regain.*

I would like to listen to your life-story and hear your views about food, weight and emotion and how they fit together into your bigger life story. This will take about an hour and a half. Some weeks later I will ask you to complete a sorting task, again about the same topics. This will take about half an hour.

Interested?
For an information sheet about the project or any other questions don’t hesitate to contact me:
Klara Seal, Mob.No. [Redacted]

Or
University of Brighton, Clinical Research Centre for Health Professions, 49 Darley Road, Eastbourne, BN20 7UR. Tel: 01273 644763
Research title:-

How does the subjective experience of food and weight contribute to weight regain?

You are being invited to take part in a research study. Before you decide whether or not to take part, it is important that you understand why the research is being done, and what it will involve. You will be asked to give informed consent if you decide to take part so please take time to read the following information carefully. Feel free to ask any questions you think will help to make things clearer for you.

The purpose of the research

In the 2008 policy document, Healthy Weight, Healthy Lives, the government has declared its aim “of being the first major country to reverse the rising tide of obesity”. The government’s focus appears to be on reducing food intake and increasing exercise. While there is a lot of evidence that these things are very important in weight loss, I believe that this approach fails to look at the very important area of weight loss maintenance.

Many people lose 3 or 4 stone or even more, generally through great personal effort, but then regain it. The question repeatedly asked is “If I can lose all this weight why can’t I keep it off?” It is not because people don’t know the rules about energy balance, or the health risks associated with being overweight, or the pain of society’s disapproval. Yet something happens that causes them to ignore these messages and eat inappropriately. I have come to believe that this behaviour arises from the emotional value of food and weight for the individual.

Many psychological theories suggest ideas for what might be happening, but I want to know what the people who actually have the problem, think might be happening. The aim is to be able to provide more useful help for people struggling to break the yo-yo effect often seen in dieting.
“Why have I been invited to participate?”

Because I want to hear from people what it is really like to struggle with weight loss maintenance, I have invited people who have previously lost at least 3st to help me understand the problem.

Do I have to take part?”

Of course not. It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you do decide to take part, you are still free to withdraw at any time and without giving a reason.

“What will I have to do?”

Stage 1: - I will arrange to meet you, one-to-one, so that you can tell me your life-story, which I will audio record. Together we will use your story to create a picture of the relationship between life-events and food and weight in your life. I expect that this stage may take up to an hour and a half. Your data will then be anonymised. I will give you a copy of the transcript of the recording so that you can check that I have captured what you wanted to say.

Stage 2: - About 2 months later, at another one-to-one meeting, I will ask you to complete a Repertory Grid. This is a simple procedure which will be fully explained at the time and involves sorting a series of themes that will have been generated from all of the life-stories that I collect. I expect that this will take about half an hour.

What are the possible disadvantages and risks of taking part?

Revisiting our life-stories can cause us to recall a range of emotions, but it is not intended that the experience should cause distress. However, if you do feel distressed you can stop the recording at any point and you are also free to withdraw your consent. The researcher will be happy to discuss what alternative forms of support might be appropriate and how to access them.

What are the possible benefits of taking part?

I anticipate that the telling of your story, the drawing of the time-line, and doing the repertory grid will be personally beneficial. It should help clarify any thought patterns associated with your weight problem. I hope your contribution will also help provide an insight into the wider issues presented by the challenge of weight loss maintenance.
Appendix 2

Issues of confidentiality

All information about you will be kept strictly confidential (subject to legal limitations) and will be anonymised in storage and publication. The data generated in this research will be kept securely, for 8 years after the completion of the research.

What will happen to the results of the research study?

The collected data will be analysed and submitted to the University of Brighton, as part of my doctoral thesis, by September 2012. The findings will be summarised and sent to you at the end of the study, and even if you choose not to participate, I would be happy to send you a copy if you give me your contact details.

I hope that the understanding gained through this research will be informative for therapists working with individuals to help them to challenge their patterns of weight regain. I also hope to submit the findings for publication in relevant journals.

Who is organising and funding the research?

The University of Brighton oversees this research as part of the Professional Doctorate in Counselling and Psychotherapy. The research is funded by me, the researcher, Klara Seal.

Researcher’s contact details

Klara Seal, Mob.No. [Redacted]

Doctoral student attached to the University of Brighton, Clinical Research Centre for Health Professions, 49 Darley Road, Eastbourne, BN20 7UR. Tel: 01273 644763

What next?

If you would like to participate please contact me on the above number, leaving your number and when might be a good time to contact you, and I will get back to you, and organise the signing of the consent form.

Thank you for taking the time to read this information sheet.
Participant Consent Form

Title of Project:

How does the subjective experience of food and weight contribute to weight regain?

Name of Researcher: Klara Seal, Mob.No. [Redacted], Doctoral student attached to Brighton University, Clinical Research Centre for Health Professions, 49 Darley Road, Eastbourne BN20 7UR

Please initial box

I confirm that I have read and understand the information sheet dated March 2010 for the above project and have had the opportunity to ask questions.

The researcher has explained to my satisfaction the purpose of the study, how it will be done, and any possible risks involved.

I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.

I understand that my responses will be anonymised before analysis. I give permission for quotes from my anonymised responses to be used in the final report.

I understand that this research consists of two stages and that at the start of each stage of the research I will be asked if I still want to take part.

I agree to take part in the above research project.

_________________________          ____________________
Name of Participant (print)          Date           Signature

Stage 1

_________________________          ____________________
Stage 2          Date           Signature

_________________________          ____________________
Name of Researcher (print)          Date           Signature

To be signed and dated in presence of the participant

A - 7
Graphs of Weight Indicators

Appendix 4

Comparison of Individual Weight Indicators

Sally's Dress Size

Kate's Dress Size
Patient Preparation Sheet for Stage 1: The Life-story

Thank you for agreeing to meet me so that I can hear your life-story, and for allowing me to tape record our time together. Jointly we will create a picture of the relationship between life-events, feelings, and food and weight, across your lifetime.

I am interested in your whole life-story, right from when you were born. The following are suggested questions to help get you thinking about what was happening, what your weight was, and how you were feeling during the different stages of your life, ready for when we meet to record your story:-

What was the family ‘story’ about you as a baby and young child?
Were you a ‘bonnie baby’ or were you difficult to feed?
What was life like at home .. did you eat together?
Was food used as a reward or withheld as a punishment?
Were you relaxed .. sad .. happy .. anxious .. carefree .. sensible?
Did you enjoy school .. did you make friends?
Did you have school dinners .. did you enjoy them?
What was adolescence like .. were you happy with your body shape?
Did you form partnerships .. were there broken hearts .. and adventures?
How were your 20’s .. work .. leaving home .. children?
And your 30’s .. etc .. ?
Have there been losses of .. friends .. work .. relationships .. health .. bereavements?
When were the good times?
What was happening?

These are just some of the topics you might choose to cover – it really is up to you.

If you were to draw a picture of you at different points in your life would it be a ‘match-stick man’ or a ‘Michelin man’ and would he have a happy or sad face?

Perhaps there are some questions that you would like to ask about me before we start, please ring me on 07773219207 and I will do my best to answer them.
K  Hello Rachel

R  Do you want to do a test ?

K  I wouldn’t know how to

Laughter

K  Thank you for agreeing to take part in my research. As I sent you the leaflet you will see I am aiming to capture what it has been like for you, over your life, in terms of weight, life events and how you’ve been feeling. It doesn’t really matter what order you do things in (mm) just talk and put in what’s been significant for you as you go along and I’ll probably write some notes and maybe try and draw a little graph of how things and if we have time at the end we might do that together or we might do it at another occasion

R  Ok

K  I might stop and ask some questions (Yes) if I don’t fully understand (Yes) or if there is a bit that doesn’t make sense to me (Yes)

R  Ok right ok well I guess in a way I feel I want to go backwards (yes) now is a very significant time because I’ve had a gastric band fitted for almost a year and amm I’ve lost 3 stone with this gastric band which I paid £6000 to have I had it done privately because I wasn’t fat enough on the NHS didn’t have any conditions or illnesses and amm and I had that done because I came home just literally from work one day and I felt so sick from over-eating bingeing 3 doughnuts in an afternoon at the office and then I was planning what I was going to eat for dinner and I just thought “I feel sick, I’m full up, but I’m going to carry on eating” (mmm) and of course the whole Fern Britten thing and gastric bands and dieting had been in the news and amm I did some research on the internet, my husband had retired and taken redundancy all at once so I felt it was right to spend his money and so I decided to go and
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have it done and amm and literally I made some calls, did some research, found a company and ammm I had it done about 5 weeks later so this has been the kind of hardest challenge because ammm what it is showing me is that ammm actually I could have done with having a band around my brain really because the whole point of it is that you feel full up quicker on small amounts of food but I still want to bypass that full up point (yes ?) so that’s been a challenge because I liken it to giving up smoking almost looking for something to do to fill my time rather than eat (mmm) so that’s where it’s at at the moment and I’m weighing about just under 14 stone at my most I weighed 17 stone 10 that was 4 years ago that was when I did Lighter Life before I had the band I went up to 16 4 and I knew I was creeping back up and previous to that I did Lighter Life, a couple of years before and lost 4 and a half stone in as many months in 4 months so I went right down from 17 10 to 13 something which has been my lightest in my adult life and then I was ill had a TIA went away to New York and had meningitis and I was off work for 3 months ill and it just all went wrong you know over Christmas you the doctor felt Lighter life was part of the problem there is like a cross pulse that if you have a dramatic weight loss can actually change your pulse balance so while I was getting on the plane with the brain swelling the meningitis the pulse couldn’t keep up so amm so I’ve struggled with it ever since but if I go back I know exactly where I struggled and that was where I was never a I was always a skinny child (mmm) had pneumonia at 5 and my parents of course spent all of their time feeding me up and I’d get lots of praise for eating more roast potatoes than my brother or my father so I’d get more roast potatoes and we loved food in our house you know we’re second generation Irish my father had alcohol issues so when the men would go out and drink we would sit in and eat it was our reward so we loved to eat my Mum my sisters and myself and that was fine

K your Mum your sisters were they over weight or

R yes we all have the same kinda and I my Mum says that we can blame the English because it’s all back to the famine in a doc in a paper she read in a paper we are all very apple shaped so although my sisters are maybe smaller versions, we are all the same we put the weight on in the same place
and we’ve all gone up and down over the years and amm... my nearest sister and me struggle more than my younger sister... my middle sister is exactly the same... we all run at our very best probably at a stone to 2 stone over weight and ammm... it’s a life-long ambition for us all to lose weight... so I was always kind of extreme... didn’t realise it growing up... I was always kind of size 10 to 12 but the issue is, as I look back now, I was always 5 foot 8 and my friends were 5 foot 2 so they were size 6 to 8, so I immediately felt fatter or I just felt I realise now that what I felt was obvious, I seemed to stick out, I was taller with red hair and I was more noticeable and I would I interpreted that as being too big... (yes) I always thought that I was too big so I

K what sort of age would that have been?

R that was when I was about 15 16 was when I really noticed it going through puberty... (mmm) and I noticed that I was that much taller than everybody else and I just felt too big and I don’t think that it was just the physical form I think it was my whole being... I talked too much and that thing of being too big was part of being too loud too noticed taking up too much space too much time

K yes

R and then kinda I was smoking at that age so eating became less I didn’t notice it so much and then when I decided to have the got married and had the children that was... I can remember my very first trip to Slimming World I was 20 years old... ‘sniff’ and I was working in a day nursery where we used to eat 3 meals a day with the children... bread peanut butter on toast and I was just eating it all and of course by the time I was 21 you know your body starts to slow down and I gained probably about a stone... (mmm) so I went from being a healthy kind of 10 stone which was my healthy normal weight which I kept it to by the age of 20 it had started to creep up to 11 and a half went to Slimming World lost a stone then I got married and became pregnant and put on so much weight I think I must have been the standing joke was that I weighed the same as Frank Bruno who was going in for his heavy weight fight at 15 and a half stone... being pregnant I was probably about 15
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stone after I delivered X you know but I went back to Slimming World was breast feeding

K so what sort of age did you have your child…

R that’s 22 and ahh and lost like a stone in the first fortnight because of course breast feeding your loosing weight anyway and that’s the attraction it has always been for me the quick weight loss is so appealing so attractive and then I lost another stone and I probably got down to a size 14 so instead of a size 18 after I had X I probably got down to a size 14 at about 13 – 12 – 13stone and a half maybe and I’ve never been below that ever since that’s the lowest I’ve ever been and then my weight just went up and down up and down over the years had Y 3 years later and went back up to 15 – 16 stone and then started to loose it again and just on endless diets I mean after I had X just before I had Y I had a job working for a diet centre – I part owned it a diet centre I worked as a receptionist my friend was the doctor and she used to prescribe amphetamine based slimming tablets the old kind you know and I used to take them lost loads of weight but was completely paranoid and quite unwell on them so then World in Action investigated all these clinics so we had to shut up shop – laughs – but anyway so so that was my kind of thinnest and once I had Y it kind of crept back up crept back up and I think I will probably run about my natural weight unhealthy as it is about 13 13 stone is about my natural weight is about 14 stone once I get up to about 15 stone then I get really upset and ahh that kind of went on until I went to Lighter Life and I never get to I loose 2 stone get to 3 stone and sabotage it every time so when I did Lighter Life the useful thing about it was kind of looking at things like what made us eat and eat and I know all the theories I know that I’m an emotional eater I know that I eat when I should be having a drink because I’m thirsty or sleep because I’m tired but it doesn’t make any difference I still do it I know I’ll hate it afterwards and I still do it I long for an eating disorder I’m envious of anorexics I know it’s unhealthy and ridiculous to say but and I’m really cross that out of all the things that I can do in life that I have accomplished that I cannot control my weight

K Can I ask you you say that you have been to Lighter Life and done all those diets (mmm) do you know what triggers why you eat (yes) did that also
address issues like not only the value of food but the value of weight itself
(mmm) Have you been aware that being big or small (mmm) as opposed to
eating this particular thing now had a (mmm) any significance for you

R  not really  its only been since the gastric band because after I had such an
upset at work I went to see this counsellor staff support counsellor really good
she was because I’d had the gastric band As I’d started this  I’d only been in
this job a few months  and actually what I’d realised was that when I’d had this
altercation with this manager and I was really upset about it it took me straight
back to that feeling embarrassed about space and I kind of went through this
I now realise  I went through this wanting to change myself I was so
completely wanting to shrink and because I can’t keep my mouth shut I guess
I think  part of it I think was if I just shrink myself you know  it’s one thing to
be over-talkative or attention seeking or demanding but to be big for me just
makes it worse  I just think that I could get away with things better  (laughs)
if I was smaller

K  bigness is made up of different things

R  yes

K  sound or the physical

R  yes

K  so if you can’t do anything about the sound then you

R  yes and what’s interesting is that people say “God I can’t remember you”
even when I show them photos they say “I never remember you looking that
size  I never remember you looking that big” and I always used to think that
they were being polite but most people in my life don’t know me when I was
slim  you know I see very few people still  I see very few people regularly
that I know  that we know from our slim days you know  ammm  and I know
that it’s  I know that it’s pure crooked thinking but it is just something that I do
it winds me you know

K  so just go back to  you’ve had these two children (mmm) in your late 20’s
(mmm) and you gained weight (mmm) what happened then were you working
at that time or
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I was in a very very unhappy marriage and we had and actually H1 was part of the thing with food he would he was someone who grew up without food without love and without nurturing and food was very important to him and most of our dates revolved around food he’d take me to Pizza Hut and we’d buy a massive pizza each and sit there eating it that was all very charming when I was very slim but then of course we’d I’d put on weight he’d put on weight we’d put on weight and we’d go on a diet and we’d diet together and he’s still doing it he’s 50 and he lives in Australia but he’s still binging and starving and ahh it was an unhappy relationship it was an abusive relationship and food was my comfort and I have always envied people who can’t eat when their stressed I don’t know what that is all about you know I’ve sat with a friend you know we both literally when I’d had a huge row with him one day I one Saturday afternoon in our flat we’d both had rows so we decided to meet up to comfort each other so I was dreading him H1 coming home she’d had a row with her ex she was sitting there couldn’t eat a thing I’d been to Marks and Spencers and bought them out and was wolfing down just wolfing down everything and ammm it was the same when my father died my father died the same time that X was 6 so he died when I was I must have been about 30 29 I was 29 that was when I finally left my husband it was all within the fortnight and ammm 2 days after he died and people were coming in the flat me and my sisters and my mum we knew what we had to do we had to go off and eat because that what we did so we all drove out to a Harvester a million miles away so we wouldn’t see anyone because we knew that if people saw us eating a 3-course meal while bereft and bereavement what would they think about us but that’s what we do there’s no I don’t understand what it’s like not to have an appetite the only time I haven’t had an appetite at any time is in acute bouts of gastric illness and when I’m shopping at Blue Water it’s the truth when I’m spending money on things K treating yourself in another way

that is the only thing that over-rides wanting to eat a meal, is shopping, buying things, and once I’ve bought it it’s a done deal, it’s the looking at it and the buying I, and I know in all those fat times, particularly the fatter I am the
more important that food is, if we’re going out to an event, if we were going to a wedding, I wouldn’t be thinking what to wear, I’d be thinking what’s the meal, what will I have to eat, and if we were going out and there was no meal, I’d want to drink lots of alcohol, you know there’s always, I’ve always got to be putting something in my mouth, I have no doubt it’s linked to me stopping smoking, and all that Freudian stuff and not being breast fed, and all of that malarkey I’m sure there’s lots of truth to it you know my early needs my unmet needs

K because you did mention your ex-husband having had a non-nurturing (mmm) background (yes) would you think of your background as a caring background

R well no not really I think of my background as extremely dysfunctional in the modern sense of what we call dysfunctional but I also think I think that we did alright I think we knew our parents loved us our parents were devoted to us well my father was devoted to alcohol well that always had to come first but my mum bridged that gap I was the youngest of four so I had all these lovely siblings to give me all of that but I always knew that there were times when my mum would have to go and meet my dad to collect the salary before he blew it or gambled it or there would be times where she would grab the milkman to get extras to get us through the week or I don’t know if I remember that or whether my sisters told me but I knew it I know it it’s my blueprint I’ve got a sense of it (yes) and my sisters always say things “Life was much better when before I was born because I’m 4 years younger than the next one it was a lot harsher for them and they still talk about it a lot when things go wrong they still say “Well that’s because of our upbringing” Laughs and I just laugh and think “Well we’re adults now” you know, I don’t I don’t think I always felt kind of very loved but equally I’m I’m aware that I was from a very troubled home I think if I was a child growing up now I’d probably be sent to CAMHS or somewhere because I was always depressed I’d go to school and would fantasise about if a car hit me and I didn’t have to go I absolutely hated school the nuns were so cruel they hated us because they knew my dad was an alcoholic and they thought we should be very humble because you were either the humble that they could
be benevolent to or you were on the PTA and your parents were very wealthy and supported the school and then you could be proud but if you weren’t in that top element you know the elite bunch you shouldn’t be proud and my mum always made sure that we had white clean socks on, we always got to school on time and no matter what we all did ok and they didn’t like it because we couldn’t elevate they would want to bring us down so I hated school and home life was probably a bit traumatic really so I don’t think I had much happiness and I have thought back on it from time to time and I think actually the reason I don’t want to go back to my slim days really is because they weren’t very happy I was 17 when I met a boy who was quite abusive I stayed with him til I was 21 then and I spent my life having to justify why other men if they looked at me prove that I wasn’t talking to anyone that I wasn’t chatting anyone up and as I was working with domestic abuse I laugh at myself now “Ah poor girl Rachel you were so young” if I went out with a friend without him he’d say things like “So and so saw you in the pub, he said what a dog you looked” and I believed him I of course can look back and realise that what he said was “you look really nice and I can’t stand it” but at that age and of course every negative thing that has ever been said to me is in my brain fresh like it’s said today I’m still talk about having a nose job because I hate my nose because this guy used to say I had a horrible nose and I believed him and when I said it to my husband he said “but I fell in love with that nose” and it really took me back “What you like it?” I was I kind of I kind of view my battle with food and with my diet as a kind of changing parts of myself replacing parts of myself parts of myself and riding parts of myself

K so you mentioned about the nuns idea (mmm) of categorising yourself you could be proud of yourself if you were there { indicating a continuum}

R if you were good enough

K and that somehow if you changed (mmm) size or nose (mmm) or body then somehow you would be entitled to be proud of yourself?

R I think so I think so

K despite (yes) your other achievements
R  yes and I think part of that I question “is it that it’s the one thing that’s got away, and that if I accomplish that would what happens then if I’m still not satisfied?” in fact I’ve put everything into this, everything is “If I was slim … “ and you know my sister, being in the field she’s in, we talk about it a lot and actually we go through it and I think well actually I don’t want a life change, I love my job, I love my husband, I love my friends, I love I wouldn’t actually change anything else and when I was still in Lighter Life and women were talking about leaving their husbands when they lost weight or when they all these terrible relationship traumas where their lives have changed been forced to change I don’t feel any of that for me all that changes is that I like myself a bit more or I hope I like myself a bit more

K  so have you set yourself a target on

R  I’ve kind of set myself a target of I’m just creeping up to 3 stone and I’d like to lose 2 more that still gives me a slightly high BMI than you know on paper but for me that would make me a comfortable 14, maybe a 12 I can’t quite picture me a size 12 you know it seems just too unbelievable but I ideally as I say I would like to but it just seems like a ridiculous thing “Who do I think I am “

K  and I’m also struck by you saying that actually those thin days were not happy days

R  no they weren’t happy days the attention was

K  how

R  sigh I just don’t know because I say that like I say I hated being centre of attention but I spend my life being centre of attention I say provocative things being a silly clown you know and then I wonder sometimes if I have quiet days and that’s all part of creating a new person what if I go to a new place and people don’t know me then I’ll be a completely different person and that lasts for about a fortnight and what my counsellor that I worked with before said to me was “For God’s sake don’t lose sight of your don’t try and rid yourself there may be 5% of yourself you don’t like but don’t lose the other 95% of yourself” and I guess I like to think that my physical form is my 5% that I need to change but I don’t know
K you sound like your husband’s bit about your nose actually he fell in love with your nose (yes) as though that represents who you are

R and actually it’s the same with my weight I can never think of a time I mean H2 and I have known each other 10 years, we’ve been married 9 years there’s never been a time when he’s ever mentioned he’s that poor guy has never put a foot wrong I don’t know how he’s done it in terms of my weight never never ever I have never less desirable because of my size from anything he’s said or done I’ve given myself plenty of punishment he’s never actually said or done anything wrong and sometimes if I say “Oh I want some chocolate” you can see he’s thinking “Does she really is it a trick will she accuse me of being a feeder” laughs you know if I he’s never actually done or put a foot wrong and I really do feel when I look back at photos and I think “Oh my God I was so fat” and he would say “Oh you look lovely there” and I believe him so but equally he is very happy for me if I’m happy and that is what he says “If you’re happy then I’m happy” it’s not fun listening to sometimes when you have to listen to someone going on about “I’m too fat” or if we get invited to somewhere because your talking about “I don’t want you to be slim I just want you to be happy” and I’m not happy so it’s all self it’s all self-pressure

K so how you know you mention that your sister and your mother have the same life profile (yes) of gaining and losing how have they reacted to your decision to do gastric banding

R well one sister I didn’t tell because she was an ITU nurse background so her experience of everything is that it nearly killed them so and she is absolutely neurotic to the point well I was in hospital with my meningitis and my TIA she literally camped out she’d be there at 9.30 in the morning with a cooked chicken and her own cutlery so that I didn’t get MSRA or you know she is absolutely she times a hundred so I didn’t tell her until it was done because I knew she’d try and talk me out if it I told my sister B who kind of went through the “Why do you want to have it done” and “If you want to have it done of course I’ll support you” “You crazy kid what are you doing” kind of thing and then was a little bit “That sounds interesting” so she so I told her not to tell C and she said “No I won’t, but equally don’t let her know I knew”
'cos she knew she'd be for the chop, my mum was supportive, she realises how difficult it's been for me was worried about having an anaesthetic and all the risks that go with it of course but they have all I think my family have long realised that I'll do what I want, I'm not listening if you tell not to do it I'll do it anyway but mmm generally they've been really great when I told C she was really the worst thing was that she considered that I couldn't tell her “Why couldn't you tell me?” she was very upset about that and and she's been interested in it and mmm it's been fine and now it's become irrelevant they almost forget ‘cos what happens is although the gastric band makes you eat less I eat what normal people eat ‘cos I could eat gargantuan amounts of food and that’s what the gastric band is about is that portion size the other element I haven’t cracked yet is the sweet-tooth and in obesity surgery you are either one or the other you’re a sweet tooth or you’re a gargantuan portion-size eater well I’m both I can eat gargantuan meals and think I could not eat another savoury crumb if my life depended on it but I could do a bar of dairy milk it’s like a different stomach and so that’s what I’m struggling with although I’ve got portion control down and again that’s always been difficult and I notice that as in like like the idea of leaving food on your plate I spent endless afternoons in the dining room of my primary school because if I didn’t finish my dinner the nuns couldn’t sent it to the poor black babies in Africa and how selfish was I so I had to eat it I was encouraged to eat at home because they always thought I was too thin so I was my cut-off valve never really materialised in my youth I’ve had to try and get it much later in life and I do struggle because I just love it I just love food and I love the feeling of being bursting of being full-up with a little gap is not good enough I need to be completely zonked out on food that's my high so that's still my challenge because I don’t want to make myself feel sick with the gastric band and then still I’ve got a sweet tooth and I have to not treat myself to sweet food K so food R I love it to feel uncomfortable to feel slightly sick K so there’s a slight gluttony
R  Yes

K  How does food translate for you in terms of towards others  you know either people giving you food (mmm) be it either mother or friends or you giving (mmm) food to  I don’t know either children or husband  Do you have that sense that you must give them a lot of food

R  I think so  what I did note is that as soon as I’m on a diet or any sort of I mean my husband feels we got two gastric bands for the price of one because he lost weight because I’m the instigator “Shall we have” “Lets order a take away” “Yes let’s have one”  and he automatically lose weight interesting with my children  I mean my children have never turned down a meal I don’t know these poor parents who say “Oh he hasn’t eaten for 2 days” again my children have had bouts of salmonella which they both have had from time to time they’ve always eaten they’ve never had and I’ve never forced my children  my mum never forced us to eat in that if we didn’t like something we didn’t have to sit until we ate it  we didn’t have it if we didn’t like peas she didn’t give it  if we didn’t like pudding  if we didn’t eat dinner we wouldn’t be deprived of a pudding and ammm  I was the same as a nursery nurse when we used to have children in the day nursery and people used to say “eat your  if you want your pudding eat your dinner”  I never used to think that  I used to think “These poor blighters might not get a meal when they go home if they haven’t eaten their dinner they can have double bloody pudding they’ll eat their meal next time” and they generally did  so course they did  so I was always very relaxed with my children and eating food and actually they have pretty good eating habits my son  you know they’ve had tiny bouts of vegetarianism for about a month and then they’ve given  My son is 18 / 19 and actually  he’s Asperger’s and he’s got quite restrictive self-restrictive mechanisms haven’t they but you know when he’s at college and he’s friends all go off and have a MacDonald’s for lunch he’ll go to Wagamomma’s  on his own because actually what he’s eating and the quality of the food is more important to him than the social interaction  laughs  I’d eat the cardboard box that the burger was in if it meant I could be with my mates when I was his age but he’s very kind of his body is a temple he’s into Buddhism he drinks moderately he is very moderate about things
that an interesting use of that word

I'm not moderate I know if I wasn't over-indulging in alcohol in food it could be alcohol it was cigarettes it's always something it's always been something and mmm and when I'm being kind to myself I think well actually food is the least of the evils it's not the end of the world being ill made me realise that actually after having a TIA if I'm not careful I know I can predict my death will be a stroke or worse still I won't die I'll have a stroke and I'll live so that is in my mind so I try to eat healthily and my cholesterol is fine I'm healthy but that means I miss out I think I do feel I miss out on the fun and the gastric band has stopped me from having those rewarding binges

I'm curious when you mention if you weren't eating you could drink or you could smoke (yes) so now that the gastric band is controlling

yes well I kind of by-pass it still but what's interesting is it much smaller amounts but I feel as bad about a chunk of chocolate as I used to about 3 bars of chocolate you know every morsel of food that goes in my mouth has a guilt element everyday and every night there's a guilt element you know like today I ate a sandwich I mean when I think about it and then I had half a flapjack for breakfast at work because I hadn't had any breakfast and usually I take yoghurt and granola but I didn't have any time and I never have time for breakfast because I'm never hungry at breakfast, breakfast is such a waste of time for me unless it's a weekend and I'm having French toast or something I just not into it it's the one time I'm not into food and mmm and then I had a ham sandwich for lunch and I was beating myself up thinking “I should only have of that” because the gastric band really should be half a sandwich fills you up and then I start eating the second half because I was driving to a visit and then I should have stopped half-way through that because I could tell I had that dead chest feeling which means I’m full up but I carried on and I ate it and I do wonder you know it was something we talked about at Lighter Life what is the worst that could happen if you were hungry what is it about the feeling of hunger that is so terrifying that you have to bat it off and do ridiculous things do you know and I've thought about that I'm not going to spontaneously combust if I get a hunger pang in actual fact when I do get in touch I love the hunger that's when I think “oh if I could have
an eating disorder for 3 days a week” you know that kind of feeling of being hungry because what can happen with the gastric band when you get a fill you get a feeling of full up here I’ve eaten enough food but your belly still rumbles because actually that empty stomach is hungry and where the band keeps a small amount of food in the top part for longer it drips through slowly so you kind of have 2 feelings going on and I quite like that and when I get a glimmer I think must be what it’s like to make the conscious decision to deprive yourself of food that powerful feeling and I can remember that in Lighter Life when I did those ridiculous bars and soups and people are going “Just have a bit of chicken” and “I don’t want a bit of chicken” I was so out of touch with food but that’s what I do it’s all or nothing I find moderation is out of my remit I haven’t got it yet or I’ve probably eaten in moderation but I don’t recognise it and it doesn’t feel like moderation and always feels too much

K so in terms of the reward lack of motivation you mention that your father was an alcoholic (mmm) has that

R alcohol

K ever been a temptation

R it was for while in silly things when I was young I actually couldn’t bear the taste of alcohol which is probably what stopped me ammm but there have been times when I’ve replaced it with alcohol when I was younger things like Malibu and pineapple because that’s all I could tolerate I mean I could drink, drink beer ’til it comes out of my ears if drink Guinness ’til it comes out of my ears I can do 8 or 9 pints no problem and often and have done or vodka and Red Bull if I go for the stimulus stuff and ammm I have occasionally I mean there was a time when Y was about X was about 7 so Y was about 4 and I’d gone back to university and I’d met this friend whose husband was a drug dealer laughs and we just took amphetamines I took so many amphetamines my sociology degree it’s laughable really I should have done philosophy ‘cos I was always out of it and that I did it to control my weight ‘cos it’s like the old slimming tablets it stops you feeling hungry and I dropped weight very very quickly but then as soon as you stop taking it
you gorge and eat and I easily became kind of hooked on that it’s not hard to get hooked on that but ehhm because it makes you feel so happy so high but and that went on for about a year and a half on and off and when I stopped taking it I was aware that I felt really awful I even had to go and see the GP and say “Look this is what I’ve done and I need to stop taking it” I never had to pay for it so I just probably had far more than most people have I had massive great packet envelopes of it And mm I did that I would alcohol could replace food but it’s not as good it’s not even the mind altering state it’s the putting it in your mouth and feeling it in your stomach

K so you mentioned guilt quite a few times (mm) how does that balance with the putting it in your mouth and enjoying it

R well it’s it’s that’s the crazy thing and that’s the thing about the gastric band because the gastric band is about eating really slowly ‘cos really what works about the gastric band is you have to eat slowly because you get a back up of food and we all know that if we eat slowly and chew everything 20 times we’ll fill up the mind will get the message blah-di blah-di blah I still play tricks on myself where I eat really quickly to get it in my body before the band tells me “you’re full up” if that now on a bad day if I’ve eaten the wrong thing and I don’t chew it properly I actually get like a traffic jam of food and it closes my own saliva will come up I don’t necessarily I don’t vomit food it’s like this block and I can’t even swallow my own saliva for about 10 minutes that’s happened 2 or 3 times so I don’t get too crazy on it but still I love food and we went out for dinner last night and I just wanted and that’s what I’m trying to do see if I eat what I want ‘cos I really was into chocolate dairy milk and I was eating masses of it and now all of a sudden it’s decreased actually last night I had 2 squares and then I thought “Oh I’m bored of that” and I went off it but we went out for dinner and we ordered a starter and we shared it pate then I wanted steak I really wanted steak and I thought “Oh that will be good protein fills you up and that’s what we’re encouraged to eat” and it came with fries and I had a few like less than half of them and left half of the steak and I took the rest home to the dog to the dogs but I didn’t feel good about it I still felt as though I’d eaten too much because really I should have had the
steak without any chips at all with the salad and if I make those decisions I feel very happy and very high and then I enjoy it

K so is that back to that feeling of power that you mentioned

R Yes, yes, yes

K some sort of power over your eating

R yes it is and sometimes I go out with friends who have known me through lots of dieting days I’ve got this friendship circle in particular and my friendships are always in threes and I think that that is because I’ve got 2 sisters and that’s what I like and that’s what I’m used to sniff and I always think that when you have three you haven’t got the burden of just the one you know if something goes wrong you always got someone else who can share the burden and mmm these two watch one another like hawks when we went Brighton for the weekend and one of them I realised her identity is always around having the smallest appetite you know she takes pride in only wanting a scone for lunch but me and my mate would have ordered chips cheese burger and then a scone and she she’s so kind of prissy about it she always has her sandwich at one o’clock and oh I couldn’t eat that and I can’t eat it or I don’t like that and her kind of joy over not eating overeating small amounts is almost equivalent to my love of overeating it’s her identity and it’s really killing her that I eat less she finds it really really difficult and ammm I thought she was going to starve in Brighton because she had to work so hard to match me you know like if she came out of the hotel when we were in this hotel if she came out of the hotel we were staying in and when she came out of the bathroom she said “ohh ahh you guys eaten the biscuits?” what she really meant was “Has Rachel had one?” ‘cos if it’s just D then she hasn’t had a biscuit and I’ve had one and if I’ve had a biscuit I’m ahead And when I said “Oh yes I had one it was lovely D had one as well do you want one?” “No no” then she felt “Oh good I’ve got a biscuit in the bank that she hasn’t” so

K so big power around

R yes
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K to control

R so when we went out that night you can imagine we hardly ate an olive between us laughter “I’ll have that lettuce leaf” “Oh I’ll have a little bit of that chicken” you know all of a sudden I thought “I can do it” then it was “well what size are you going to be what size are you going to get down to” you know please and I said I wouldn’t tell anyone but I couldn’t help myself telling everyone you know ‘cos people notice at work everyone at work was losing weight because I am the one who buys all the cakes and they were noticing I wasn’t eating so I told a few people at work and then eventually I just think I just feel that withholding information is tantamount to a lie I can’t help it and some response has been really negative and some has been really positive and I mmm I can remember what I had lost about my first stone which means I was generally 15 stone a size 18 bursting out of a size 18 needing to lose weight and so called friends would be saying “Oh you you’re not going to be a size 0 are you ?” and I’d go “Well I don’t think we need worry about that today” yes panicking about what I’m going to be in some months time and all of those things kind of confused me in a way ‘cos on the one hand it makes me really determined to think ok I am going to be a size 12 and then on the other hand I think “Ahh I probably never will be” it’s a very confusing constantly confusing journey and I still can’t get it into my brain it’s even though I know the theory what I put in minus the energy I put out equals how much weight I lose so I still expect it to be some mystical journey (mmm) and it baffles me really

K I’m I’m curious about two things you said one, you said at work they’re all losing weight because I was the one who brought in the cakes (yes) and I wonder if there was a role in there were you nurturing people

R yes very much so and I mean we still do on a Friday we probably get a croissant and a coffee there’s a gang of us that do and yes always and I mean I always eat too much food my sisters were saying you know we, we cook for an army gargantuan food and ammm I use all those all those mechanisms and I’m conscious of my daughter that when she comes home you know she’s 22 when she comes home she could put on a stone in a week with us because I’ll get in the Haagen-das etc and if I don’t,
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it’s as though I haven’t put in enough effort for her, haven’t put in effort for her, and that’s become a way that I put in effort, even though she’s growing up kind of thing you know but no I always I always bought food still do still do even though it’s healthier versions

K so people like you for buying food

R well no it hasn’t worked, they can’t stand me laughs is it is it to make up for the fact that I can be quite mean to them sometimes all of them I have got some great friends and we eat food together for instance tonight when I go back we’re going to do a group together one of the nurses I’m doing it with oh it’s like it’s a code I brought a MacDonald’s back last week because we were running late and so she said “So what shall we have I’ll go up to Marks Spencer’s and get us something “ “Oh get all sorts surprise me” you know it’s kind of like we’re both

K so it was a pleasure

R yes we’ll do that

K intimacy and sharing

R yes (so) but really my happiest time was when I wasn’t eating Lighter Life when I had no there was no room for any error because you just weren’t eating food and it was such an attractive though it was murder for the first couple of weeks mmm it was so attractive and powerful to actually not want food the smell of food didn’t bother me every now and then you’d get a glimmer of desire for food like an ex smoker would get but it passed as soon as it came and then by the time you got over that hurdle it just increased your resolve because again the more times we do something the more we become comfortable with it and I don’t know and I’ve just ordered the Derkin Diet off the internet which I read it’s like a modern Atkins it’s the French version well it has got some carbohydrate but not loads it’s basically carbohydrate free and H2 said “I thought you weren’t doing diets any more I thought that’s what the gastric band is for” laughs it’s kind of putting myself on a regime if I’m not on a regime I feel out of control
K  so it’s as though you need the authority of the regime (yes) to give you permission (yes) or to make you feel secure with (yes) so you’re not going to run amuck

R  yes  and the reality is unless I am really badly overeating I’m not gaining weight  I may not be losing weight  the last 12 months  I’ve been to Australia for 3 weeks had my daughter’s 21st  had my son’s 18th  went to New York last month for 5 nights I’m enjoying life to the full  I’m going to possibly eat  I’m eating out once or twice a week  and actually I should be satisfied with that because under normal circumstances I’d have put on several stones a month and I’m not  I’m just losing a pound here and there or not at all  I feel like I failed a little bit because I’ve got a 2 year plan with this band and I’ve got another year where you get fills and free  everything’s wrapped up  so I’ve got this time frame where I must get this done within a year  by 2 years I want it over and I think I’ll never go back to being  you know I’m just under 14 now and hopefully I  I was thinking  I’ll never be 16 or 15 or 14 anything ever again and hopefully down to 12  13  you never know down to 11  part of me can’t believe that I’ll do it and then the other thinks “Do I really want to do it because if I really wanted to do it wouldn’t I have done it”  and I jump from one thing to another  8 times a day

K  going back to what you mentioned about going out last night (mmm) and having your steak (mmm) and leaving half of it and I wonder what that felt like because you mentioned earlier the message about wasting food (mmm)

R  well I took it home for the dogs which felt so much better when the dogs could eat it it felt so much better  and of course I used to make my husband eat my leftovers (ahh) but he won’t eat them now  mmm leaving food is very difficult but  what I would say is that the smaller plate thing is the best idea ever  that does work for me because I’ve got these small bowls and these salad sizes plates  I eat my main meals off those now  and that works really well because I need to feel that I’ve got a heap of food  so big plates are no good for me ‘cos I can’t have small bits of food on a big plate

K  so even though you can see your companion having a standard sized plate
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R  yes that’s fine so long as it’s the whole plate piled high (yes) it does the trick (yes) you know a desert bowl is like that and actually I get the whole way through I think it’s because they’re too busy worrying about their husbands having an affairs but anyway it’s a single taste is enough ‘cos the whole pudding thing, when my band is working and I’ve had a fill and it’s working really well I’ll have a couple of teaspoons of sweetness and it is enough and I feel so happy with myself because I am physically so full up that I would get a pain if I ate any more but I know most of the population normal folk can do that without that physical restriction and I can’t

K  what message do you give yourself about that does it carry are you proud that you’ve taken this step

R  mmm I just feel really I feel a failure when I can’t do it all the time I blame myself when I can’t do it and I feel equally a little bit of a failure that despite saying that for these last 3 or 4 months that I’ve been very busy and we’ve been on holiday and we’ve had a wonderful time I still feel a bit of a failure that I haven’t lost more weight you know this dress the dress I’m wearing now I bought 3 years ago and I’ve worn it twice in three years on a particularly slim day and then couldn’t ever get it back on and then I’ve got it on today and 3 times people have said “You look nice” and I’ve gone “Oh I’ve had this dress for 3 years well I can get the bottom bit done up but I’m just working on the top bit” drawing attention to the fact that it’s too tight do you know what I mean and I do that and I’ve always done that and if I’m eating I draw attention to the fact I’m eating before any one else notices well everyone else eats ordinary people eat all the bloody time all day every day everybody has to eat but it’s about that never feeling allowed to eat or feeling I have the right to eat

K  so where does that come from

R I don’t know because we were never punished for eating it was ok to eat I think it comes from it comes from if it comes from anywhere it comes from my husband my first husband I mean there were times he would sleep on the sofa if he thought I so there were some really horrid crooked messages he’s mother is like a she’s in her sixties and she still a
size 8 still could get into her wedding dress this tiny little thing and his new wife his second wife is as ugly as a pig but she’s a size 8 you know he’s rejected me in every shape and form you know and there’s just something about being a big greedy person

K you mentioned gaining weight when you were pregnant

R yes I loved being pregnant I loved being pregnant

K was that permission to eat

R yes I ate ah God and actually my husband used to feed me up and that’s the trick you see he would feed me up as an abusive controller would and then punish you for the result so and that’s what he used to do give me a good feed and then be very disappointed when I gained weight and he did humiliating things sometimes we went to Butlins once with my oldest friend we’d known her since age 8 and we kind of see each other a couple of times a year and we were talking about it recently she remembers that we were in Butlins and laughs X was probably about a year and a half or two and I’d lost the bulk of my weight I was doing ok and we were eating chips and he just came over without saying anything and just said take the batter off my fish ‘cos I was on a diet and yes and I was only what 23 or 24 I was only young he was much older than me but you know and I think that were some really bizarre things and of course I hang on to those negative they form very largely in my psyche

K so how much older than you was he

R he was only about 4 years older than me yes 4 years older than me I was about I must have been about 24 25 then and he was coming up for 30 sniff and mmm appearance was always very important to him he was a bodybuilder he lost his hair very young and I never said to him “you bald bastard” which I could have done but I was always so kind to him because I knew how it was a real kind of issue for him mmm and his obsession with his physique his father is the same and mmm my children went out to see them in Australia recently and ah the grandfather said “Well your never going to be slim really are you X” to my daughter which my daughter laughed and ah ‘cos you know X is probably about a stone over weight but she looks fantastic
she’s got big boobs like her mum but she’s got a waist you know she’s got a
good figure but she’d like to be a bit trimmer and ammm and you just think
“God” and her dad didn’t react because that’s the sort of thing that men can
say to women you know they’re the misogynous type he’s married to a poor
little Philippino girl do you know what I mean so the grandfather sniff so
amm ammm we’ve always got very mixed messages you know

K so it seems you say how slim you were up to that moment then suddenly
(mmm) your lifestyle seemed to go very differently

R it did and I think I rejected his desires to make me thin I think there was
a lot of me eating up to spite him in spite of him and I’ve always been a ‘cut
my nose off to spite my face’ type of girl self destructive like that and then
when we split up my weight went up and down and the other thing is I never
I never felt unattractive to others being overweight it never bothered me men
were never not interested in me because I was bigger there may have been
different men interested but I never felt “Oh gosh I got no life because I’m
bigger” (yes) and I know that I know that there are lots of female friends that
would like some things about and wish that they had lots and lots about me
that they would like but they were never the things I valued and amm so that
was never that was never an issue for me you know about other people
perceived me and for years I didn’t even have a mirror in my house I never
looked in it I used to go “Yes that’s alright” buying clothes was for fit not what
suited me and I hate trying clothes on I still hate trying clothes on I’ve never
tried clothes on in shops it sends me into an absolute panic (yes) I really hate
it and you know I won’t buy things if they’re in an 18 I’ll only buy them if they
are in a 16 so if a shop’s clothes are really small so you need an 18 it
doesn’t matter how lovely it is I won’t buy it because it’s an 18 and I don’t want
to wear an 18 so I’ll go somewhere else and buy something 16 you know I’m
obsessed with the sizing

K you talk about how they value things in you that you don’t you obviously
value your weight your size I wonder where that value system comes from

R well it’s it’s a pure vanity thing I mean I my dad was a was a small man
not big at all and mum was at least half his and she was always Ryvitas
and PLJ lemon juice in the morning always she used to think slim just got out of control you know and then we’d all bitch of an evening and you know we’ve all got the same pattern my dad never in actual fact I felt sorry for my brother really because he had an alcoholic role model and he kind of for a lot of years he followed that pattern and it’s only recently that he in his 50’s that he’s found he’s been a late developer found found his way he always encouraged us to be strong women always encouraged us always said “There’s nothing you can’t do because you’re women because your girls” always wanted us to have an education you know supported us in education well I had friends at 16 who’d been forced to go out to work to earn money my father insisted we went to college went to uni did whatever we wanted to do and they would support us to do that and ammm and in a way I’ve got some I’ve got some this is my tension I kind of I want to be that strong woman but I don’t want to be Hatti Jakes at the risk of being like Hatti Jakes, a formidable character and I’m very aware of that and I would just like to be able to be the formidable character without being big

K so it’s interesting it’s not that you want to assume that if you became physically small that you would become quiet and demur (mmm) it’s that you want to actually stay strong and powerful (mmm) but be size 8

R size 8 and yet you know often people say don’t they “I’m so much quieter now that I’m slimmer because I don’t have to make this I don’t have to “ and I wondered if that would happen for me but I don’t think it does because I have to be heard at all times you know Bloody hell I have to be heard but maybe I don’t want to be seen you know what they say “There’s only one thing worse than being noticed and that’s not being bloody noticed” but I want to be noticed on my terms and I always feel that when you’re over weight everyone sees your weakness if you’re an alcoholic or a sex addict or a druggie you can go to work you can hide it but when you bloody over eat it’s written all over you isn’t it “Needy” “Oh look at her” trying to find the chink in her armour kind of thing and I although I don’t think that about other women when I see other women who are big I still look at women who are bigger than me and think how beautiful they are and I don’t see that as a weakness
K so have you had the experiences of some people that sort of you might otherwise have intellectually impressed (mmm) or actually sitting there thinking “We know your weakness you’re not as powerful”

R no I don’t think so laughs no because what people say “Never thought of you as big I just thought of you as you” (mmm) and I know I think that of other people mmm

K so who will you be if who were a size 12

R Princess Dianna laughs

K so when were you last a size 12

R I was last a size 12 (20 –ish) when I was 20 yes I was in my 20s

K so we are talking about more that half a life-time away

R yes and realistically I’m even thinking I might go that far ‘cos one of the things about being youthful is having a chubby face and I’ve always got a round face my face isn’t going away but I’m conscious that I don’t want to be thin thin and to be honest I might even I think I will be happy at size 14 but there was a time I said that if I could get into this dress I would be really happy well I’m in this dress and all I can see is that I have a fat neck like Quasimodo I’ve got this fat there which comes from having big boobs you know that round shoulder thing and I loathe it I loathe it with a passion and I think things like like and I know it’s body dismorphic if I had a bigger head I wouldn’t look so fat but I’ve got a peanut head so my body looks big next to my little head if I had slightly thicker-set legs my body would look more in proportion as opposed to looking like a big toffee apple

K tempted to have a breast reduction?

R oh yes yes and the only thing that stops me well it’s not the only thing I say money stops me but if I really wanted it I go and get the money to do it but what does stop me is having a drain that’s the only thing that stops me ‘cos you have to have a drain for the blood and then they pull the drain out and when I was a nurse and you know we had surgical patients pulling the drain out always is the thing that I think that makes my stomach churn now and I
can remember people describing the feeling the pain of having this drain that’s grown and wish if I ever if there comes a day I mean slice my nipples off and put them on my shoulders I don’t care do all of that that doesn’t bother me but the thought of that drain if I could have it without the drain I would have it but I couldn’t bear

K so there’s no drain for gastric banding

R no it’s just a laparoscopy it’s really easy they slip it in and it’s done aaaah but that’s what put’s me off yes and actually I don’t even mind having big boobs it’s the fat and I know that when I lose another stone or two that will start to go when I got down to 13 stone 4 or whatever it was on Lighter Life I liked myself I liked my body which is why I kind of stopped rather than go on for another stone I thought “Oh I can do it on my own I like myself as I am “ but then I had to reintroduce food by myself

K was liking yourself not enough then to keep the weight off

R no no ‘cos I liked food more

K that’s interesting

R I’ve always liked food more

K you like food more than you like yourself

R yes yes and I had to stop spending money because we were really quite skint at the time and I had to stop spending money and I kind of I spent well maybe it’s not a lot of money well actually it is I spent about a hundred pounds a week over the weekend on a couple of bras make-up a pair of shoes or something or there’s always if you pop in to town there’s always a shopping trip and I couldn’t do that and I think my eating shot up again and I am conscious that I am always buying things now always buying things it’s it’s the treat thing isn’t it

K so do you think that in a way that buying is mirroring the treat that food gave
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R yes yes yes because I've convinced myself it's a bigger high than food and ammm when I go out shopping and people want to do shopping and lunch I can't stand 'cos it's like a wasted treat 'cos either go out for lunch or go out shopping or I couldn't eat a meal and drink all night again either drink 'cos that's the treat the alcohol and then go dancing and be a bit pissed and have a great laugh or eat and actually that's right I don't have a I cannot eat if we are drinking alcohol 'cos we went to a party the other week and everyone dives for the buffet well if I've made the decision that I'm drinking food is off my radar I've never thought about that before where if I know I'm driving I'm food so it can shift though I guess I wouldn't want it to shift to alcohol but you know it's quite I was reading some research which shows that there is quite a high percentage of women that have gastric bands but who develop an alcohol dependency when they are not eating any more they shift it from one to another

K so that would imply that there might be a need that is being met either by food or by alcohol or by shopping or (yes) and I suppose what I might be looking for is what do you think that need might be

R crikey what might that need be blimey Klara I wish I knew I mean because it it feels very physical it doesn't feel emotional it doesn't feel intellectual it feels very very physical ammm when I want it I cannot I feel I cannot physically stop myself and when I do it's so great you know and I guess it's an emotional need but I don't know what it is I don't know how to find it or what to do about it and you know I've dipped in and out of counselling and therapy loads I can't be doing with self help books I can't be I'm not a "completer finisher" I'm an 'ideas girl' I start something and within a week you know I can't stick to anything I move on too quickly so yes you know I search all the time and I don't know inadequate or low self esteem I guess

K so so what's the implications of "I'm not a completer finisher " for before it was Lighter Life and now it's the gastric banding

R well the thing about the gastric banding I guess there's no real ending it's for life you maintaining it for life I'm on a regime for life of one sort or another
K: can you have it removed

R: I can have it removed but then you’d need another laparoscopy to do that in theory a gastric band if you look after it will last you 10 to 15 years and then after that it might cease to work but it can remain in you unless you’re going to replace it with...go out of my way to have it out...I’m not even thinking about if I needed to have it replaced if it went wrong I’d have to pay another 6 grand to have it done again you know

K: you can have it tightened

R: you can have it tightened what they do is...and I’m going...I have an appointment on Saturday to have it...have it kind of...to get weighed and I try not to weigh myself at home I know I wait ‘til I go there and...ammm...they what they do is they go in through a port and then inject saline into the port into the band around your stomach...0.5 of a mill it’s a very small amount in Europe if you have it done in Europe they fill it up massively but part of the deal when you have it done well with this company is that it is your safety net rather than take you out they try and give you the opportunity to work with it as much as you can take control make decisions and you know there’s a lovely dietician and there’s a self help group that you go to but when I go to the self help group I’m just jealous of those big gits that had the gastric by-pass that lost 12 stone in a bloody year and can’t eat any sugar because if they do they get a sugar rush and feel so physically ill from a couple of mouthfuls of trifle that they just have it they can’t by-pass because they would be so physically ill

K: so did you consider a

R: I wasn’t heavy enough

K: you had a private one

R: I did it privately they recommended the band...ethically they wouldn’t do a by-pass because you have to lose...to need to lose over 50% of your body weight to have a by-pass I just about...I just about made it through the gastric band and the only criteria I made it through was...and that was really funny for the first time in my life I wasn’t really fat enough for something God and
when I popped on my gown and my knickers the gown the gown was like that {indicates a very large size} people going for surgery are so huge and ahh when I was going home from hospital the nurse said “Oh you look really lovely” really what she meant was “You don’t look very fat” was what she meant but the reason that I the criteria that I met was “if you have gained and lost and regained weight several times in your life and have been on a continual diet because what that means is that by the time you get to 45 it’s unlikely that you’ll have a lifestyle change by yourself” so that’s the criteria that I slipped through by but really you are looking at 5 or 6 stone plus to have surgery and you’re looking at 7 8 9 stone plus to have a by-pass

K and this little port of yours is with for life

R yes the port and band is under the skin you have to lie down and do almost like a sit up to bring the port to the top so she finds it and injects it I mean I could probably do it myself as a nurse if I needed to but I’m not going even going down that route but she’s really good I like her she’s sensible it’s funny being in private health after being in the NHS and amm did an interview with Anne Diamond she’s gastric band queen she run’s this whole website

K right

R called Buddy Power – a fat forum for people having surgery a support network which is very interesting and ammm I kind of met her and she was talking about her gastric band and stuff like that she wants the government to give them out like Smarties kind of thing you know but emm yes I I’m really pleased I don’t regret it for a minute what I regret is that it can’t sort everything out and you know I feel like I’ve lost it if I’m honest that’s what I feel like

K so was there a moment when you thought maybe it will sort everything out

R I think before I had it I hoped so what I decided was I can’t sort my mind out my brain will not do what I want it to do in terms of controlling my emotions so I’ve got to bypass that physically is what I hoped ammm and again for bypass for bypass patients they have lots of depression and things because of course there’s all that other stuff to deal with (mmm) and so on the
whole I mustn’t complain too much because actually my life has improved I feel better I haven’t developed a love for exercise that I had hoped I had hoped that the new me and that’s the thing the essence is ‘I’m always looking for a new me’ and she ain’t coming you know this is you think “I’m 45 this is it now”

K so is that back to that phrase earlier that you used that other people see you and value things in you and you don’t value you

R yes yes

K and that maybe it’s about

R even if I never lost another pound (umm) yes and I know that in theory you know if for a moment if I mantra it do you know what I mean and I even think about the whole little mantra about changing what you can accepting what you can’t and all of that and for a moment I can believe it but only for a moment

K so accepting would be like a defeat you’ve still got to change

R yes I’m scared that if I accept I might become unhappy if I have to settle

K or would you become responsible

R would I become ?

K responsible if you accepted

R sigh yes I suppose I would I

K while you’re fighting it you’re still a good person

R yes I mean I know and I can’t imagine not striving for something unobtainable you know I am a perfectionist and it’s like at work that’s why I can be so rude and so cheeky and provocative to other Health Visitors because I know I give 200% and I know when I discussed that with you before that is exhausting it is so exhausting and sometimes I think “Oh sod it” you know I just don’t want to do it any more and that’s that’s part of this fantasy about if I was satisfied with myself would all those things go away that drive and that perfectionist and that torment sometimes where you know I made to
say something very provocative and it all seems very great in the moment a bit like eating that food but then later when I’m alone on my own and I think “Oh God what’s the repercussion why did I do that” I hate myself for doing that I feel so insecure and it’s all the same feelings and emotions emotions that I have around eating

K I’m curious that you talk about giving 200% and I wonder if there’s a bit of you tied up in therefore needing to take in 200% (yes) and how will you be you without oversized everything if (yes) if you are not oversized in yourself or in your

R yes yes and that’s interesting that you say that because when I was doing some awful mentoring course once at work when I was in West Kent I had to do this mentoring of students and again I remember I was at my slimmest peak and I can remember sitting in the chair and really enjoying the chair being so big I had been there for so many meetings before and I used always sit and dread the tight chair and when I when I go into a room I always look to see if I’m the fattest person and things like that and try strategically put myself against someone who I thought might be similar sized to confuse people and amm and ammm and I can remember it I had this altercation at this thing where I thought I was just being me and you know saying my bit and when I was out of the room somebody else had said “I don’t want to disagree in front of Rachel I’m scared to” and I was so upset I was really really upset and ammm the guy kind of said something about it “Well say it now that she’s here” “I don’t want to” “What” “Oh I didn’t want to disagree in front of you” “Well you can say what you like in front of me I don’t “ and I was so hurt and upset I had to tell about 45 people who would give me what I wanted to hear back to make me feel alright about it and it was really painful and I remember being disappointed that despite being slim that was still painful (mmm) because I have a lot you know in this job “she’s intimidating” “Oh she’s she makes me feel uncomfortable” and I and I always say “ you know I’d never go out of my way to hurt someone” challenge experience challenge practice professional person amm and I can’t help but say it as it is

K so irrespective of the weight you are still you
R still yes I’m still me yes (so) so that means this is as good as it gets
bloody hell what a disappointment and a waste of six thousand pounds

K or maybe it’s time I value what others

R and that’s alright

K because actually I’m still me and that’s the bit everyone values

R yes yes

K so the value is you

R and I guess what I have got to do is I have got to stop looking in a
vanity reflection because I know I look at photos and I say to H2 “Is my face
still that fat is my face still that fat” “No well it wasn’t fat” “Oh you’re just
saying that of course it’s fat look at it” and you know I’ve got to stop looking
for it in a way

K so reassurance

R mmm

K reassurance for what

R that’s reassurance that I’m ok I’m not pig ugly, fat, useless, stupid any of
those thing

K and have you ever been

R ammm well I’ve always been a little bit ugly, always been fat, mmm I’ve
probably never been stupid but I haven’t always excelled ammm it’s funny
as I say that I can hear my sister saying “Well how we grew up it’s a real
achievement that we amounted to anything we’re so resilient imagine what
we would have done if we had grown up in a functional household goodness
knows what we’d be doing by now” that’s what she’d say

K and I was thinking when you were saying about being ugly and fat you
always had friends and

R yes yes always very popular

K always very popular laughs
Appendix 6

R  yes I know  but just never satisfied Klara I guess  never satisfied

K  and food

R  food is just

K  in the moment

R  you know I saw this programme years ago about a bloke and it’s stuck with me  he was really massive and he was really worried anyway he died which was really upsetting awful but I remember him saying “Food was his best friend and his worse enemy” and I thought absolutely absolutely absolutely yes friend worst enemy because it can do all those things to you  you know what I mean  it’s the thing  the thing you use when you can’t meet your need with anything else and then it makes you just ruin everything  it’s a very true statement and actually what I really want  what I really want is actually thinking about it  what I really want is to be able to eat and not be constantly thinking about what I’m eating  why I’m eating and why I should and shouldn’t be  that really should be my aim not about weight any more or things

K  it preoccupies you even

R  first thought in the morning last thought at night  absolutely preoccupies everything everyday I mean I don’t even shop at supermarkets we do internet shopping where I try to detach a bit from eating and also for selfish purposes because I can’t eat loads I can’t be arsed to buy for everyone else

K  indeed

R  and actually I’ve got a bit bored with food I don’t get so excited about cooking ‘cos I can eat a bit of a sandwich and be full up  so I don’t  you see that’s the crazy thing I actually don’t overeat any more yet I feel as though I do yes I feel as if every morsel of food that goes into my mouth feels like an overeating expedition

K  So you have a heightened awareness of it (mmm) as though it was still the enemy (yes)
and stress is related to everything I eat so what although I say that I haven’t got an eating disorder I think I actually have got a bit of an eating disorder, sadly it doesn’t result in me being extremely bloody thin is my only choker and I tell you what if I could I’ve watched programmes on anorexia oh I’d love that I’d love the burden

have you ever been bulimic

no never well no I think I’ve been a massive overeater and I think I’ve got such a sturdy long oesophagus I’ve never regurgitated I just eat it I’ve never been I’ve never been sick from overeating I mean I probably have a couple of times you know when you’ve just had a bug and you’ve had too much to eat

so never self induced

never self induced I’d love to do it but I could shove my whole fingers down there nothing’s coming up feel sick just let me get it over and done with nothing so you know I have tried with laxatives a couple of times I’ve taken laxatives if I’m going out and need to get into an outfit but I’ve just thought that’s just ridiculous to shit things out that’s silly isn’t it you know I guess common sense prevails yes

that’s quite interesting you know from someone who might say “I wish I had an eating disorder” “I wish I had “ actually

I haven’t gone out of my way to get one

you haven’t classic bulimia would

no I haven’t yes but what I do recognise is and it’s not just me I know lots of people do and that’s what my friend E said you know we are kind of feast or fast you eat everything you want until you reach the point where you think there is nothing left in the world I want to eat and now I can embark on a good eating plan I can lose weight and of course you do that for a certain amount of time and then you eat again so then you eat everything you want you desire and then you’re ready to deprive yourself again so I know I’m very much in this ammm kind of binge and fast thing that’s life work hard play hard do nothing feel rubbish you know it’s again
I say it’s moderation no moderation and I know I come from a family of addicts you know my father was an alcoholic, my mother’s mother was an alcoholic, I don’t know how my mother isn’t an alcoholic you know you know we are probably chromosomally addictive laughs

K well there is some work that says that children of alcoholics are often sugar addicted

R yes yes that’s probably very true but I am probably at the best place I have ever been and probably closer to a resolution than I have ever been I would say

K you seem to be saying that able to accept the fact that you. Taken help to do it

R yes yes yes absolutely my biggest regret in terms of the gastric band is that I didn’t do it earlier I mean that’s what I really feel I really feel it’s my success in a way I don’t I don’t feel a failure for it and I thought I might because in the beginning it felt very like cosmetic surgery and then I thought “Actually what’s the difference between me doing this and some old bugger that needs a heart by-pass because his lifestyle choices been smoking, drinking, and too much stress?” ahh I it’s all about lifestyle choices and they get nurtured by the NHS everyone looks after them, replaces valves in their hearts, gives them by-passes and goes “There there” if you want to have a gastric bypass you are a greedy fat bastard and you should know better actually I’ve long ago got over that I immediately felt and I felt it was for my health you know I really did feel if I didn’t get eating under control what’s going to happen well I do feel healthier and I must remember that vanity is always my first priority

K well thank you very much for that ammm

R you’re welcome

K I like the idea of the empty plate being a motivator (mmm) I can see that acting out all the time (yes) and could be your undoing even now if you didn’t have the dog
R  yes absolutely and yet I know logically I spent the money it doesn’t matter whether you eat it or not because the money is spent you’re not going to get the money back for it and I waste money golore it’s not like I’m a conscious budgeter (yes) it’s the panic of if I don’t eat it now will I regret it later will I wake up and think “Ahhh” but I’ve never woken up and thought “I should have had that half bun ‘cos you’ve moved on to something else (yes) and you know in Lighter Life they always talk about squirting washing up liquid on food when it’s in the bin so that it’s ruined so that it’s over because if it’s not over it’s still on the agenda.

K  have you ever done that

R  ammm yes I have actually I’ve kind of done things to the food and I think about that and I remember when the kids were young there was nothing than a cold fish finger with a bit of ketchup on it I mean there’s nothing more spoilt than that but for some reason or another that was the most delicious thing in the world and half an oven chip uuuh lovely laughs you know but yes cutting it up for the dogs is my thing I cut it up and put it aside and then I give it to them you know they’re going to have weight issues obviously those dogs are Jack Russells the size of Labradors they’re going to be aren’t they no wonder they love me “Oh what’s she got there”

K  well that’s back to buying food for your team to love you

R  yes yes ammm and ahh and I and they don’t love me any less when I’m not buying them food and I know that and but what I have done is I’ve made them go for a power walk you know down at the sea front as a kind of team building thing because we’ve had a pretty rough time without a team leader and stuff so I’ve nurtured them still but in other ways and actually I don’t want to keep nurturing people I’m a bit sick of it really but ahhh look I say that but I’ll still do it

K  so it’s really self-nurturance that

R  yes that’s what I need to do I know I need to focus on myself and I say that at work all the time if I can stay out of the politics I’ve all my time and energy to do my own job because my this client group is very is hard work ammm
but before I knew it I’d stuck myself in the middle of the politics and I’m in the thick of it and I a bit like eating I’m thriving on it and then I’m dam laughter

K another day

R another day my therapist used to say “You can’t eat all that big grey elephant all at once a little bit at a time”

Laughter
### Identified Themes

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<th>Binge Eating</th>
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K  Hello Rachel

R  Do you want to do a test?

K  I wouldn’t know how to

Laughter

K  Thank you for agreeing to take part in my research. As I sent you the leaflet you will see I am aiming to capture what it has been like for you, over your life, in terms of weight, life events and how you’ve been feeling. It doesn’t really matter what order you do things in (mm) just talk and put in what’s been significant for you as you go along and I’ll probably write some notes and and maybe try and draw a little graph of how things and if we have time at the end we might do that together or we might do it at another occasion

R  Ok

K  I might stop and ask some questions (Yes) if I don’t fully understand (Yes) or if there is a bit that doesn’t make sense to me (Yes)

R  Ok right ok well I guess in a way I feel I want to go backwards (yes) now is a very significant time because I’ve had a gastric band fitted for almost a year and amm I’ve lost 3 stone with this gastric band which I paid £6000 to have I had it done privately because I wasn’t fat enough on the NHS didn’t have any conditions or illnesses and amm and I had that done because I came home just literally from work one day and I felt so sick from over-eating bingeing 3 doughnuts in an afternoon at the office and then I was planning what I was going to eat for dinner and I just thought “I feel sick, I’m full up, but I’m going to carry on eating” (mmm) and of course the whole Fern Britten thing and gastric bands and dieting had been in the news and amm I did some research on the internet, my husband had retired and taken redundancy all at once so I felt it was right to spend his money and so I decided to go and have it done and amm and literally I made some calls, did some research,
found a company and ammm I had it done about 5 weeks later so this has
been the kind of hardest challenge because ammm what it is showing me is
that ammm actually I could have done with having a band around my brain
really because the whole point of it is that you feel full up quicker on small
amounts of food but I still want to bypass that full up point (yes ?) so that’s
been a challenge because I liken it to giving up smoking almost looking for
something to do to fill my time rather than eat (mmm) so so that’s where it’s
at at the moment and I’m weighing about just under 14 stone at my most I
weighed 17 stone 10 that was 4 years ago that was when I did Lighter Life
before I had the band I went up to 16 4 and I knew I was creeping back up
and previous to that I did Lighter Life, a couple of years before and lost 4 and
a half stone in as many months so I went right down from 17 10 to 13 something
which has been my lightest in my adult life and then I was ill had a TIA went away to New York and had meningitis and I was off work
for 3 months ill and I it just all went wrong you know over Christmas you
the doctor felt Lighter life was part of the problem there is like a cr
cross pulse that if you have a dramatic weight loss can actually change your pulse
balance so while I was getting on the plane with the brain swelling the
meningitis the pulse couldn’t keep up so amm so I’ve struggled with it ever
since but if I go back I know exactly where I struggled and that was where I
was never a I was always a skinny child (mmm) had pneumonia at 5 and
my parents of course spent all of their time feeding me up and I’d get lots of
praise for eating more roast potatoes than my brother or my father so I’d get
more roast potatoes and we loved food in our house you know we’re
second generation Irish my father had alcohol issues so when the men would
go out and drink we would sit in and eat it was our reward so we loved to eat
my Mum my sisters and myself and that was fine

K your Mum your sisters were they over weight or

R yes we all have the same kinda and I my Mum says that we can blame
the English because it’s all back to the famine in a doc in a paper she read in
a paper we are all very apple shaped so although my sisters are maybe
smaller versions, we are all the same we put the weight on in the same place
and we’ve all gone up and down over the years and ammm my nearest sister
and me struggle more than my younger sister. My middle sister is exactly the same; we all run at our very best probably at a stone to 2 stone over weight and amm... it's a life-long ambition for us all to lose weight so I was always kind of extreme didn't realise it growing up I was always kind of size 10 to 12 but the issue is, as I look back now, I was always 5 foot 8 and my friends were 5 foot 2 so they were size 6 to 8, so I immediately felt fatter or I just felt I realise now that what I felt was obvious, I seemed to stick out, I was taller with red hair and I was more noticeable and I would interpret that as being too big (yes) I always thought that I was too big so I

what sort of age would that have been?

that was when I was about 15 16 was when I really noticed it going through puberty (mmm) and I noticed that I was that much taller than everybody else and I just felt too big and I don't think that it was just the physical form I think it was my whole being I talked too much and that thing of being too big was part of being too loud too noticeable taking up too much space too much time

yes

and then kinda I was smoking at that age so eating became less I didn't notice it so much and then when I decided to have the got married and had the children that was I can remember my very first trip to Slimming World I was 20 years old – ‘sniff’ and I was working in a day nursery where we used to eat 3 meals a day with the children bread peanut butter on toast and I was just eating it all and of course by the time I was 21 you know your body starts to slow down and I gained probably about a stone (mmm) so I went from being a healthy kind of 10 stone which was my healthy normal weight which I kept it to by the age of 20 it had started to creep up to 11 and a half went to Slimming World lost a stone then I got married and became pregnant and put on so much weight I think I must have been the standing joke was that I weighed the same as Frank Bruno who was going in for his heavy weight fight at 15 and a half stone being pregnant I was probably about 15 stone after I delivered X you know but I went back to Slimming World was breast feeding
so what sort of age did you have your child…

that’s 22 and ahh and lost like a stone in the first fortnight because of course breast feeding your loosing weight anyway and that’s the attraction it has always been for me the quick weight loss is so appealing so attractive and then I lost another stone and I probably got down to a size 14 so instead of a size 18 after I had X I probably got down to a size 14 at about 13 – 12 – 13stone and a half maybe and I’ve never been below that ever since that’s the lowest I’ve ever been and then my weight just went up and down over the years had Y 3 years later and went back up to 15 – 16 stone and then started to loose it again and just on endless diets I mean after I had X just before I had Y I had a job working for a diet centre – I part owned it a diet centre I worked as a receptionist my friend was the doctor and she used to prescribe amphetamine based slimming tablets the old kind you know and I used to take them lost loads of weight but was completely paranoid and quite unwell on them so then World in Action investigated all these clinics so we had to shut up shop – laughs – but anyway so that was my kind of thinnest and once I had Y it kind of crept back up crept back up and I think I will probably run about my natural weight unhealthy as it is about 13 13 stone is about my natural weight is about 14 stone once I get up to about 15 stone then I get really upset and ahh that kind of went on until I went to Lighter Life and I never get to I lose 2 stone get to 3 stone and sabotage it every time so when I did Lighter Life the useful thing about it was kind of looking at things like what made us eat and eat and I know all the theories I know that I’m an emotional eater I know that I eat when I should be having a drink because I’m thirsty or sleep because I’m tired but it doesn’t make any difference I still do it I know I’ll hate it afterwards and I still do it I long for an eating disorder I’m envious of anorexics I know it’s unhealthy and ridiculous to say but and I’m really cross that out of all the things that I can do in life that I have accomplished that I cannot control my weight

Can I ask you you say that you have been to Lighter Life and done all those diets (mmm) do you know what triggers why you eat (yes) did that also address issues like not only the value of food but the value of weight itself
(mmm) Have you been aware that being big or small (mmm) as opposed to eating this particular thing now had a (mmm) any significance for you

R not really it's only been since the gastric band because after I had such an upset at work I went to see this counsellor staff support counsellor really good she was because I'd had the gastric band As I'd started this I'd only been in this job a few months and actually what I'd realised was that when I'd had this altercation with this manager and I was really upset about it it took me straight back to that feeling embarrassed about space and I kind of went through this I now realise I went through this wanting to change myself I was so completely wanting to shrink and because I can't keep my mouth shut I guess I think part of it I think was if I just shrink myself you know it's one thing to be over-talkative or attention seeking or demanding but to be big for me just makes it worse I just think that I could get away with things better (laughs) if I was smaller

K bigness is made up of different things

R yes

K sound or the physical

R yes

K so if you can't do anything about the sound then you

R yes and what's interesting is that people say “God I can't remember you” even when I show them photos they say “I never remember you looking that size I never remember you looking that big” and I always used to think that they were being polite but most people in my life don't know me when I was slim you know I see very few people still I see very few people regularly that I know that we know from our slim days you know ammm and I know that it's I know that it's pure crooked thinking but it is just something that I do it winds me you know

K so just go back to you've had these two children (mmm) in your late 20's (mmm) and you gained weight (mmm) what happened then were you working at that time or
I was in a very very unhappy marriage and we had actually H1 was part of the thing with food he would he was someone who grew up without food without love and without nurturing and food was very important to him and most of our dates revolved around food he’d take me to Pizza Hut and we’d buy a massive pizza each and sit there eating it that was all very charming when I was very slim but then of course we’d I’d put on weight he’d put on weight we’d put on weight and we’d go on a diet and we’d diet together and he’s still doing it he’s 50 and he lives in Australia but he’s still binging and starving and ahh it was an unhappy relationship it was an abusive relationship and food was my comfort and I have always envied people who can’t eat when their stressed I don’t know what that is all about you know I’ve sat with a friend you know we both literally when I’d had a huge row with him one day I one Saturday afternoon in our flat we’d both had rows so we decided to meet up to comfort each other so I was dreading him H1 coming home she’d had a row with her ex she was sitting there couldn’t eat a thing I’d been to Marks and Spencers and bought them out and was wolfing down just wolfing down everything and ammm it was the same when my father died my father died the same the same time that X was 6 so he died when I was I must have been about 30 29 I was 29 that was when I finally left my husband it was all within the fortnight and ammm 2 days after he died and people were coming in the flat me and my sisters and my mum we knew what we had to do we had to go off and eat because that what we did so we all drove out to a Harvester a million miles away so we wouldn’t see anyone because we knew that if people saw us eating a 3-course meal while bereft and bereavement what would they think about us but that’s what we do there’s no I don’t understand what it’s like not to have an appetite the only time I haven’t had an appetite at any time is in acute bouts of gastric illness and when I’m shopping at Blue Water it’s the truth when I’m spending money on things K treating yourself in another way

R that is the only thing that over-rides wanting to eat a meal, is shopping, buying things, and once I’ve bought it it’s a done deal, it’s the looking at it and the buying I, and I know in all those fat times, particularly the fatter I am the
more important that food is, if we’re going out to an event, if we were going to a wedding, I wouldn’t be thinking what to wear, I’d be thinking what’s the meal, what will I have to eat, and if we were going out and there was no meal, I’d want to drink lots of alcohol, you know there’s always I’ve always got to be putting something in my mouth, I have no doubt it’s linked to me stopping smoking, and all that Freudian stuff and not being breast fed, and all of that malarkey I’m sure there’s lots of truth to it you know my early needs my unmet needs K because you did mention your ex-husband having had a non-nurturing (mmm) background (yes) would you think of your background as a caring background

R well no not really I think of my background as extremely dysfunctional in the modern sense of what we call dysfunctional but I also think I think that we did alright I think we knew our parents loved us our parents were devoted to us well my father was devoted to alcohol well that always had to come first but my mum bridged that gap I was the youngest of four so I had all these lovely siblings to give me all of that but I always knew that there were times when my mum would have to go and meet my dad to collect the salary before he blew it or gambled it or there would be times where she would grab the milkman to get extras to get us through the week or I don’t know if I remember that or whether my sisters told me but I knew it I know it it’s my blueprint I’ve got a sense of it (yes) and my sisters always say things “Life was much better when “ before I was born because I’m 4 years younger than the next one it was a lot harsher for them and they still talk about it a lot when things go wrong they still say “Well that’s because of our upbringing” Laughs and I just laugh and think “Well we’re adults now” you know, I don’t I don’t think I always felt kind of very loved but equally I’m I’m aware that I was from a very troubled home I think if I was a child growing up now I’d probably be sent to CAMHS or somewhere because I was always depressed I’d go to school and would fantasise about if a car hit me and I didn’t have to go I absolutely hated school the nuns were so cruel they hated us because they knew my dad was an alcoholic and they thought we should be very humble because you were either the humble that they could
be benevolent to or you were on the PTA and your parents were very wealthy and supported the school and then you could be proud but if you weren’t in that top element you know the elite bunch you shouldn’t be proud and my mum always made sure that we had white clean socks on, we always got to school on time and no matter what we all did ok and they didn’t like it because we couldn’t elevate they would want to bring us down so I hated school and home life was probably a bit traumatic really so I don’t think I had much happiness and I have thought back on it from time to time and I think actually the reason I don’t want to go back to my slim days really is because they weren’t very happy I was 17 when I met a boy who was quite abusive I stayed with him til I was 21 then and I spent my life having to justify why other men if they looked at me prove that I wasn’t talking to anyone that I wasn’t chatting anyone up and as I was working with domestic abuse I laugh at myself now “Ah poor girl Rachel you were so young” if I went out with a friend without him he’d say things like “So and so saw you in the pub, he said what a dog you looked” and I believed him I of course can look back and realise that what he said was “you look really nice and I can’t stand it” but at that age and of course every negative thing that has ever been said to me is in my brain fresh like it’s said today I’m still talk about having a nose job because I hate my nose because this guy used to say I had a horrible nose and I believed him and when I said it to my husband he said “but I fell in love with that nose” and it really took me back “What you like it?” I was I kind of I kind of view my battle with food and with my diet as a kind of changing parts of myself replacing parts of myself parts of myself and riding parts of myself so you mentioned about the nuns idea (mmm) of categorising yourself you could be proud of yourself if you were there { indicating a continuum} if you were good enough and that somehow if you changed (mmm) size or nose (mmm) or body then somehow you would be entitled to be proud of yourself? I think so I think so
K  despite (yes) your other achievements

R  yes and I think part of that I question “is it that it’s the one thing that’s got away, and that if I accomplish that would what happens then if I’m still not satisfied?” in fact I’ve put everything into this, everything is “If I was slim ... “ and you know my sister, being in the field she’s in, we talk about it a lot and actually we go through it and I think well actually I don’t want a life change, I love my job, I love my husband, I love my friends, I love I wouldn’t actually change anything else and when I was still in Lighter Life and women were talking about leaving their husbands when they lost weight or when they all these terrible relationship traumas where their lives have changed been forced to change I don’t feel any of that for me all that changes is that I like myself a bit more or I hope I like myself a bit more

K  so have you set yourself a target on

R  I’ve kind of set myself a target of I’m just creeping up to 3 stone and I’d like to loose 2 more that still gives me a slightly high BMI than you know on paper but for me that would make me a comfortable 14, maybe a 12 I can’t quite picture me a size 12 you know it seems just too unbelievable but I ideally as I say I would like to but it just seems like a ridiculous thing “Who do I think I am “

K  and I’m also struck by you saying that actually those thin days were not happy days

R  no they weren’t happy days the attention was

K  so how

R  sigh I just don’t know because I say that like I say I hated being centre of attention but I spend my life being centre of attention I say provocative things being a silly clown you know and then I wonder sometimes if I have quiet days and that’s all part of creating a new person what if I go to a new place and people don’t know me then I’ll be a completely different person and that lasts for about a fortnight and what my counsellor that I worked with before said to me was “For God’s sake don’t lose sight of your don’t try and rid yourself there may be 5% of yourself you don’t like but don’t lose the other
95% of yourself” and I guess I like to think that my physical form is my 5% that I need to change but I don’t know

K you sound like your husband’s bit about your nose actually he fell in love with your nose (yes) as though that represents who you are

R and actually it’s the same with my weight I can never think of a time I mean H2 and I have known each other 10 years, we’ve been married 9 years there’s never been a time when he’s ever mentioned he’s that poor guy has never put a foot wrong I don’t know how he’s done it in terms of my weight never never ever I never less desirable because of my size from anything he’s said or done I’ve given myself plenty of punishment he’s never actually said or done anything wrong and sometimes if I say “Oh I want some chocolate” you can see he’s thinking “Does she really is it a trick will she accuse me of being a feeder” laughs you know if I he’s never actually done or put a foot wrong and I really do feel when I look back at photos and I think “Oh my God I was so fat” and he would say “Oh you look lovely there” and I believe him so but equally he is very happy for me if I’m happy and that is what he says “ If you’re happy then I’m happy” it’s not fun listening to sometimes when you have to listen to someone going on about “I’m too fat” or if we get invited to somewhere because your talking about “I don’t want you to be slim I just want you to be happy” and I’m not happy so it’s all self it’s all self-pressure

K so how you know you mention that your sister and your mother have the same life profile (yes) of gaining and losing how have they reacted to your decision to do gastric banding

R well one sister I didn’t tell because she was an ITU nurse background so her experience of everything is that it nearly killed them so and she is absolutely neurotic to the point well I was in hospital with my meningitis and my TIA she literally camped out she’d be there at 9.30 in the morning with a cooked chicken and her own cutlery so that I didn’t get MSRA or you know she is absolutely she times a hundred so I didn’t tell her until it was done because I knew she’d try and talk me out if it I told my sister B who kind of went through the “Why do you want to have it done” and “If you want to have

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ORIGINAL IN COLOUR
it done of course I'll support you” “You crazy kid what are you doing” kind of thing and then was a little bit “That sounds interesting” so she so I told her not to tell C and she said “No I won’t, but equally don’t let her know I knew” ‘cos she knew she’d be for the chop my mum was supportive, she realises how difficult it’s been for me was worried about having an anaesthetic and all the risks that go with it of course but they have all I think my family have long realised that I’ll do what I want I’m not listening if you tell not to do it I’ll do it anyway but mmm generally they’ve been really great when I told C she was really the worst thing was that she considered that I couldn’t tell her “Why couldn’t you tell me ?” she was very upset about that and and she’s been interested in it and mmm it’s been fine and now it’s become irrelevant they almost forget ‘cos what happens is although the gastric band makes you eat less I eat what normal people eat ‘cos I could eat gargantuan amounts of food and that’s what the gastric band is about is that portion size the other element I haven’t cracked yet is the sweet-tooth and in obesity surgery you are either one or the other you’re a sweet tooth or you’re a gargantuan portion-size eater well I’m both I can eat gargantuan meals and think I could not eat another savoury crumb if my life depended on it but I could do a bar of dairy milk it’s like a different stomach and so that’s what I’m struggling with although I’ve got portion control down and again that’s always been difficult and I notice that as in like like the idea of leaving food on your plate I spent endless afternoons in the dining room of my primary school because if I didn’t finish my dinner the nuns couldn’t sent it to the poor black babies in Africa and how selfish was I so I had to eat it I was encouraged to eat at home because they always thought I was too thin so I was my cut-off valve never really materialised in my youth I’ve had to try and get it much later in life and I do struggle because I just love it I just love food and I love the feeling of being bursting of being full-up with a little gap is not good enough I need to be completely zonked out on food that’s my high so that’s still my challenge because I don’t want to make myself feel sick with the gastric band and then still I’ve got a sweet tooth and I have to not treat myself to sweet food

K so food

Appendix 8
R  I love it to feel uncomfortable to feel slightly sick

K  so there’s a slight gluttony

R  Yes

K  How does food translate for you in terms of towards others you know either people giving you food (mmm) be it either mother pr friends or you giving (mmm) food to I don’t know either children or husband Do you have that sense that you must give them a lot of food

R  I think so what I did note is that as soon as I’m on a diet or any sort of I mean my husband feels we got two gastric bands for the price of one because he lost weight because I’m the instigator “Shall we have” “Let’s order a take away” “Yes let’s have one” and he automatically loses weight interesting with my children I mean my children have never turned down a meal I don’t know these poor parents who say “Oh he hasn’t eaten for 2 days” again my children have had bouts of salmonella which they both have had from time to time they’ve always eaten they’ve never had and I’ve never forced my children my mum never forced us to eat in that if we didn’t like something we didn’t have to sit until we ate it we didn’t have it if we didn’t like peas she didn’t give it if we didn’t like pudding if we didn’t eat dinner we wouldn’t be deprived of a pudding and ammm I was the same as a nursery nurse when we used to have children in the day nursery and people used to say “eat your if you want your pudding eat your dinner” I never used to think that I used to think “These poor blighters might not get a meal when they go home if they haven’t eaten their dinner they can have double bloody pudding they’ll eat their meal next time” and they generally did so course they did so I was always very relaxed with my children and eating food and actually they have pretty good eating habits my son you know they’ve had tiny bouts of vegetarianism for about a month and then they’ve given My son is 18 / 19 and actually he’s Asperger’s and he’s got quite restrictive self-restrictive mechanisms haven’t they but you know when he’s at college and he’s friends all go off and have a MacDonald’s for lunch he’ll go to Wagamomma’s on his own because actually what he’s eating and the quality of the food is more important to him than the social interaction laughs I’d
eat the cardboard box that the burger was in if it meant I could be with my mates when I was his age but he's very kind of his body is a temple he’s into Buddhism he drinks moderately he is very moderate about things

K  that is an interesting use of that word

R  moderate  I'm not moderate I know if I wasn't over-indulging in alcohol in food it could be alcohol it was cigarettes it's always something it's always been something and mmm and when I'm being kind to myself I think well actually food is the least of the evils it's not the end of the world being ill made me realise that actually after having a TIA if I'm not careful I know I can predict my death will be a stroke or worse still I won’t die I'll have a stroke and I'll live so that is in my mind so I try to eat healthily and my cholesterol is fine I'm healthy but that means I miss out I think I do feel I miss out on the fun and the gastric band has stopped me from having those rewarding binges

K  I'm curious when you mention if you weren't eating you could drink or you could smoke (yes) so now that the gastric band is controlling

R  yes well I kind of by-pass it still but what's interesting is it much smaller amounts but I feel as bad about a chunk of chocolate as I used to about 3 bars of chocolate you know every morsel of food that goes in my mouth has a guilt element everyday and every night there's a guilt element you know like today I ate a sandwich I mean when I think about it and then I had half a flapjack for breakfast at work because I hadn't had any breakfast and usually I take yoghurt and granola but I didn't have any time and I never have time for breakfast because I'm never hungry at breakfast, breakfast is such a waste of time for me unless it's a weekend and I'm having French toast or something I just not into it it's the one time I'm not into food and mmm and then I had a ham sandwich for lunch and I was beating myself up thinking “I should only have half of that” because the gastric band really should be half a sandwich fills you up and then I start eating the second half because I was driving to a visit and then I should have stopped half-way through that because I could tell I had that dead chest feeling which means I'm full up but I carried on and I ate it and I do wonder you know it was something we talked about at Lighter Life what is the worst that could happen if you were hungry
what is it about the feeling of hunger that is so terrifying that you have to bat it off and do ridiculous things do you know and I’ve thought about that I’m not going to spontaneously combust if I get a hunger pang in actual fact when I do get in touch I love the hunger that’s when I think “oh if I could have an eating disorder for 3 days a week” you know that kind of feeling of being hungry because what can happen with the gastric band when you get a fill you get a feeling of full up here I’ve eaten enough food but your belly still rumbles because actually that empty stomach is hungry and where the band keeps a small amount of food in the top part for longer it drips through slowly so you kind of have 2 feelings going on and I quite like that and when I get a glimmer I think must be what it’s like to make the conscious decision to deprive yourself of food that powerful feeling and I can remember that in Lighter Life when I did those ridiculous bars and soups and people are going “Just have a bit of chicken” and “I don’t want a bit of chicken” I was so out of touch with food but that’s what I do it’s all or nothing I find moderation is out of my remit I haven’t got it yet or I’ve probably eaten in moderation but I don’t recognise it and it doesn’t feel like moderation and always feels too much.

K so in terms of the reward lack of motivation you mention that your father was an alcoholic (mmm) has that

R alcohol

K ever been a temptation

R it was for while in silly things when I was young I actually couldn’t bear the taste of alcohol which is probably what stopped me ammm but there have been times when I’ve replaced it with alcohol when I was younger things like Malibu and pineapple because that’s all I could tolerate I mean I could drink, drink beer ‘til it comes out of my ears if drink Guinness ‘til it comes out of my ears I can do 8 or 9 pints no problem and often and have done or vodka and Red Bull if I go for the stimulus stuff and ammm I have occasionally I mean there was a time when Y was about X was about 7 so Y was about 4 and I’d gone back to university and I’d met this friend whose husband was a drug dealer laughs and we just took amphetamines I took
so many amphetamines my sociology degree it’s laughable really I should have done philosophy ‘cos I was always out of it and that I did it to control my weight ‘cos it’s like the old slimming tablets it stops you feeling hungry and I dropped weight very very quickly but then as soon as you stop taking it you gorge and eat and I easily became kind of hooked on that it’s not hard to get hooked on that but emmm because it makes you feel so happy so high but and that went on for about a year and a half on and off and when I stopped taking it I was aware that I felt really awful I even had to go and see the GP and say “Look this is what I’ve done and I need to stop taking it” I never had to pay for it so I just probably had far more than most people have I had massive great packet envelopes of it And mm I did that I would alcohol could replace food but it’s not as good it’s not even the mind altering state it’s the putting it in your mouth and feeling it in your stomach

K so you mentioned guilt quite a few times (mmm) how does that balance with the putting it in your mouth and enjoying it

R well it’s it’s that’s the crazy thing and that’s the thing about the gastric band because the gastric band is about eating really slowly ‘cos really what works about the gastric band is you have to eat slowly because you get a back up of food and we all know that if we eat slowly and chew everything 20 times we’ll fill up the mind will get the message blah-di blah-di blah I still play tricks on myself where I eat really quickly to get it in my body before the band tells me “you’re full up” if that now on a bad day if I’ve eaten the wrong thing and I don’t chew it properly I actually get like a traffic jam of food and it closes my own saliva will come up I don’t necessarily I don’t vomit food it’s like this block and I can’t even swallow my own saliva for about 10 minutes that’s happened 2 or 3 times so I don’t get too crazy on it but still I love food and we went out for dinner last night and I just wanted and that’s what I’m trying to do see if I eat what I want ‘cos I really was into chocolate dairy milk and I was eating masses of it and now all of a sudden it’s decreased actually last night I had 2 squares and then I thought “Oh I’m bored of that” and I went off it but we went out for dinner and we ordered a starter and we shared it pate then I wanted steak I really wanted steak and I thought “Oh that will be good protein fills you up and that’s what we’re encouraged to eat” and it came with
fries and I had a few like less than half of them and left half of the steak and I took the rest home to the dog to the dogs but I didn’t feel good about it I still felt as though I’d eaten too much because really I should have had the steak without any chips at all with the salad and if I make those decisions I feel very happy and very high and then I enjoy it.

K: so is that back to that feeling of power that you mentioned.

R: Yes, yes, yes.

K: some sort of power over your eating.

R: yes it is and sometimes I go out with friends who have known me through lots of dieting days. I’ve got this friendship circle in particular and my friendships are always in threes and I think that that is because I’ve got 2 sisters and that’s what I like and that’s what I’m used to sniff and I always think that when you have three you haven’t got the burden of just the one you know if something goes wrong you always got someone else who can share the burden and mmm these two watch one another like hawks when we went Brighton for the weekend and one of them I realised her identity is always around having the smallest appetite you know she takes pride in only wanting a scone for lunch but me and my mate would have ordered chips cheese burger and then a scone and she she’s so kind of prissy about it she always has her sandwich at one o’clock and oh I couldn’t eat that and I can’t eat it or I don’t like that and her kind of joy over not eating overeating small amounts is almost equivalent to my love of overeating it’s her identity and it’s really killing her that I eat less she finds it really really difficult and ammm I thought she was going to starve in Brighton because she had to work so hard to match me you know like if she came out of the hotel when we were in this hotel if she came out of this hotel we were staying in and when she came out of the bathroom she said “ohh ahh you guys eaten the biscuits?” what she really meant was “Has Rachel had one?” ‘cos if it’s just D then she hasn’t had a biscuit and I’ve had one and if I’ve had a biscuit I’m ahead And when I said “Oh yes I had one it was lovely D had one as well
do you want one?” “No no” then she felt “Oh good I’ve got a biscuit in the
bank that she hasn’t” so
K so big power around
R yes
K to control
R so when we went out that night you can imagine we hardly ate an olive
between us laughter “I’ll have that lettuce leaf” “Oh I’ll have a little bit of
that chicken” you know all of a sudden I thought “I can do it” then it was
“well what size are you going to be what size are you going to get down to”
you know please and I said I wouldn’t tell anyone but I couldn’t
help myself telling everyone you know ‘cos people notice at work everyone
at work was losing weight because I am the one who buys all the cakes and
they were noticing I wasn’t eating so I told a few people at work and then
eventually I just think I just feel that withholding information is tantamount to a
lie I can’t help it and some response has been really negative and some
has been really positive and I mmm I can remember what I had lost about
my first stone which means I was generally 15 stone a size 18 bursting out
of a size 18 needing to lose weight and so called friends would be saying “Oh
you you’re not going to be a size 0 are you?” and I’d go “Well I don’t think we
need worry about that today” yes panicking about what I’m going to be in
some months time and all of those things kind of confused me in a way ‘cos
on the one hand it makes me really determined to think ok I am going to be a
size 12 and then on the other hand I think “Ahh I probably never will be” it’s a
very confusing constantly confusing journey and I still can’t get it into my
brain it’s even though I know the theory what I put in minus the energy I put
out equals how much weight I lose so I still expect it to be some mystical
journey (mmm) and it baffles me really

K I’m I’m curious about two things you said one, you said at work they’re all
losing weight because I was the one who brought in the cakes (yes) and I
wonder if there was a role in there were you nurturing people
yes very much so and I mean we still do on a Friday we probably get a croissant and a coffee there’s a gang of us that do and yes always and I mean I always eat too much food my sisters were saying you know we, we cook for an army gargantuan food and ammm I use all those all those mechanisms and I’m conscious of my daughter that when she comes home you know she’s 22 when she comes home she could put on a stone in a week with us because I’ll get in the Haagen-das etc and if I don’t, it’s as though I haven’t put in enough effort for her, haven’t put in effort for her, and that’s become a way that I put in effort, even though she’s growing up kind of thing you know but no I always I always bought food still do still do even though it’s healthier versions

so people like you for buying food

well no it hasn’t worked, they can’t stand me laughs is it is it to make up for the fact that I can be quite mean to them sometimes all of them I have got some great friends and we eat food together for instance tonight when I go back we’re going to do a group together one of the nurses I’m doing it with oh it’s like it’s a code I brought a MacDonald’s back last week because we were running late and so she said “So what shall we have I’ll go up to Marks Spencer’s and get us something “ “Oh get all sorts surprise me” you know it’s kind of like we’re both

so it was a pleasure

yes we’ll do that

intimacy and sharing

yes (so) but really my happiest time was when I wasn’t eating Lighter Life when I had no there was no room for any error because you just weren’t eating food and it was such an attractive though it was murder for the first couple of weeks mmm it was so attractive and powerful to actually not want food the smell of food didn’t bother me every now and then you’d get a glimmer of desire for food like an ex smoker would get but it passed as soon as it came and then by the time you got over that hurdle it just increased your resolve because again the more times we do something the more we become

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comfortable with it and I don’t know and I’ve just ordered the Derkin Diet off the internet which I read it’s like a modern Atkins it’s the French version well it has got some carbohydrate but not loads it’s basically carbohydrate free and H2 said “I thought you weren’t doing diets any more I thought that’s what the gastric band is for” laughs it’s kind of putting myself on a regime if I’m not on a regime I feel out of control

K so it’s as though you need the authority of the regime (yes) to give you permission (yes) or to make you feel secure with (yes) so you’re not going to run amuck

R yes and the reality is unless I am really badly overeating I’m not gaining weight I may not be losing weight the last 12 months I’ve been to Australia for 3 weeks had my daughter’s 21st had my son’s 18th went to New York last month for 5 nights I’m enjoying life to the full I’m going to possibly eat I’m eating out once or twice a week and actually I should be satisfied with that because under normal circumstances I’d have put on several stones a month and I’m not I’m just losing a pound here and there or not at all I feel like I failed a little bit because I’ve got a 2 year plan with this band and I’ve got another year where you get fills and free everything’s wrapped up so I’ve got this time frame where I must get this done within a year by 2 years I want it over and I think I’ll never go back to being you know I’m just under 14 now and hopefully I I was thinking I’ll never be 16 or 15 or 14 anything ever again and hopefully down to 12 13 you never know down to 11 part of me can’t believe that I’ll do it and then the other thinks “Do I really want to do it because if I really wanted to do it wouldn’t I have done it” and I jump from one thing to another 8 times a day

K going back to what you mentioned about going out last night (mmm) and having your steak (mmm) and leaving half of it and I wonder what that felt like because you mentioned earlier the message about wasting food (mmm)

R well I took it home for the dogs which felt so much better when the dogs could eat it it felt so much better and of course I used to make my husband eat my leftovers (ahh) but he won’t eat them now mmm leaving food is very difficult but what I would say is that the smaller plate thing is the best idea
ever that does work for me because I’ve got these small bowls and these salad sizes plates I eat my main meals off those now and that works really well because I need to feel that I’ve got a heap of food so big plates are no good for me ‘cos I can’t have small bits of food on a big plate

K so even though you can see your companion having a standard sized plate

R yes that’s fine so long as it’s the whole plate piled high (yes) it does the trick (yes) you know a desert bowl is like that and actually I get the whole way through I think it’s because they’re too busy worrying about their husbands having an affair but anyway it’s a single taste is enough ‘cos the whole pudding thing, when my band is working and I’ve had a fill and it’s working really well I’ll have a couple of teaspoons of sweetness and it is enough and feel so happy with myself because I am physically so full up that I would get a pain if I ate any more but I know most of the population normal folk can do that without that physical restriction and I can’t

K what message do you give yourself about that does it carry are you proud that you’ve taken this step

R mmm I just feel really I feel a failure when I can’t do it all the time I blame myself when I can’t do it and I feel equally a little bit of a failure that despite saying that for these last 3 or 4 months that I’ve been very busy and we’ve been on holiday and we’ve had a wonderful time I still feel a bit of a failure that I haven’t lost more weight you know this dress the dress I’m wearing now I bought 3 years ago and I’ve worn it twice in three years on a particularly slim day and then couldn’t ever get it back on and then I’ve got it on today and 3 times people have said “You look nice” and I’ve gone “Oh I’ve had this dress for 3 years well I can get the bottom bit done up but I’m just working on the top bit” drawing attention to the fact that it’s too tight do you know what I mean and I do that and I’ve always done that and if I’m eating I draw attention to the fact I’m eating before any one else notices well everyone else eats ordinary people eat all the bloody time all day every day everybody has to eat but it’s about that never feeling allowed to eat or feeling I have the right to eat
Appendix 8

K so where does that come from

R I don’t know because we were never punished for eating it was ok to eat
I I think it comes from it comes from if it comes from anywhere it comes from my husband my first husband I mean there were times he would sleep on the sofa if he thought I so there were some really horrid crooked messages he’s mother is like a she’s in her sixties and she still a size 8 still could get into her wedding dress this tiny little thing and his new wife his second wife is as ugly as a pig but she’s a size 8 you know he’s rejected me in every shape and form you know and there’s just something about being a big greedy person

K you mentioned gaining weight when you were pregnant

R yes I loved being pregnant I loved being pregnant

K was that permission to eat

R yes I ate ah God and actually my husband used to feed me up and that’s the trick you see he would feed me up as an abusive controller would and then punish you for the result so and that’s what he used to do give me a good feed and then be very disappointed when I gained weight and he did humiliating things sometimes we went to Butlins once with my oldest friend we’d known her since age 8 and we kind of see each other a couple of times a year and we were talking about it recently she remembers that we were in Butlins and laughs X was probably about a year and a half or two and I’d lost the bulk of my weight I was doing ok and we were eating chips and he just came over without saying anything and just said take the batter off my fish ‘cos I was on a diet and yes and I was only what 23 or 24 I was only young he was much older than me but you know and I think that were some really bizarre things and of course I hang on to those negative they form very largely in my psyche

K so how much older than you was he

R he was only about 4 years older than me yes 4 years older than me I was about I must have been about 24 25 then and he was coming up for 30 sniff and mmm appearance was always very important to him he was a body

A - 60

ORIGINAL IN COLOUR
A builder he lost his hair very young and I never said to him “you bald bastard” which I could have done but I was always so kind to him because I knew how it was a real kind of issue for him mmm and his obsession with his physique his father is the same and mmm my children went out to see them in Australia recently and ah the grandfather said “Well your never going to be slim really are you X” to my daughter which my daughter laughed and ah ‘cos you know X is probably about a stone over weight but she looks fantastic she’s got big boobs like her mum but she’s got a waist you know she’s got a good figure but she’d like to be a bit trimmer and ammm and you just think “God” and her dad didn’t react because that’s the sort of thing that men can say to women you know they’re the misogynous type he’s married to a poor little Philippino girl do you know what I mean so the grandfather sniff so ammm we’ve always got very mixed messages you know K so it seems you say how slim you were up to that moment then suddenly (mmm) your lifestyle seemed to go very differently

R it did and I think I rejected his desires to make me thin I think there was a lot of me eating up to spite him in spite of him and I’ve always been a ‘cut my nose off to spite my face’ type of girl self destructive like that and then when we split up my weight went up and down and the other thing is I never I never felt unattractive to others being overweight it never bothered me men were never not interested in me because I was bigger there may have been different men interested but I never felt “Oh gosh I got no life because I’m bigger” (yes) and I know that I know that there are lots of female friends that would like some things about and wish that they had lots and lots about me that they would like but they were never the things I valued and amm so that was never that was never an issue for me you know about other people perceived me and for years I didn’t even have a mirror in my house I never looked in it I used to go “Yes that’s alright” buying clothes was for fit not what suited me and I hate trying clothes on I still hate trying clothes on I’ve never tried clothes on in shops it sends me into an absolute panic (yes) I really hate it and you know I won’t buy things if they’re in an 18 I’ll only buy them if they are in a 16 so if a shop’s clothes are really small so you need an 18 it doesn’t matter how lovely it is I won’t buy it because it’s an 18 and I don’t want
A

Appendix 8

K you talk about how they value things in you that you don’t you obviously value your weight your size I wonder where that value system comes from

R well it’s it’s a pure vanity thing I mean I my dad was a was a small man not big at all and mum was at least half his and she was always Ryvitas and PLJ lemon juice in the morning always she used to think slim just got out of control you know and then we’d all bitch of an evening and you know we’ve all got the same pattern my dad never in actual fact I felt sorry for my brother really because he had an alcoholic role model and he kind of for a lot of years he followed that pattern and it’s only recently that he in his 50’s that he’s found he’s been a late developer found found his way he always encouraged us to be strong women always encouraged us always said “There’s nothing you can’t do because you’re women because your girls” always wanted us to have an education you know supported us in education well I had friends at 16 who’d been forced to go out to work to earn money my father insisted we went to college went to uni did whatever we wanted to do and they would support us to do that and ammm and in a way I’ve got some I’ve got some this is my tension I kind of I want to be that strong woman but I don’t want to be Hatti Jakes at the risk of being like Hatti Jakes a formidable character and I’m very aware of that and I would just like to be able to be the formidable character without being big

K so it’s interesting it’s not that you want to assume that if you became physically small that you would become quiet and demur (mmm) it’s that you want to actually stay strong and powerful (mmm) but be size 8

R size 8 and yet you know often people say don’t they “I’m so much quieter now that I’m slimmer because I don’t have to make this I don’t have to “ and I wondered if that would happen for me but I don’t think it does because I have to be heard at all times you know Bloody hell I have to be heard but maybe I don’t want to be seen you know what they say “There’s only one thing worse than being noticed and that’s not being bloody noticed” but I want to be noticed on my terms and I always feel that when you’re over
weight everyone sees your weakness if you’re an alcoholic or a sex addict or a druggie you can go to work you can hide it but when you bloody over eat it’s written all over you isn’t it “Needy” “Oh look at her” trying to find the chink in her armour kind of thing and I although I don’t think that about other women when I see other women who are big I still look at women who are bigger than me and think how beautiful they are and I don’t see that as a weakness

K so have you had the experiences of some people that sort of you might otherwise have intellectually impressed (mmm) or actually sitting there thinking “We know your weakness you’re not as powerful”

R no I don’t think so laughs no because what people say “Never thought of you as big I just thought of you as you” (mmm) and I know I think that of other people mmm

K so who will you be if who were a size 12

R Princess Dianna laughs

K so when were you last a size 12

R I was last a size 12 (20 –ish) when I was 20 yes I was in my 20s

K so we are talking about more that half a life-time away

R yes and realistically I’m even thinking I might go that far ‘cos one of the things about being youthful is having a chubby face and I’ve always got a round face my face isn’t going away but I’m conscious that I don’t want to be thin thin and to be honest I might even I think I will be happy at size 14 but there was a time I said that if I could get into this dress I would be really happy well I’m in this dress and all I can see is that I have a fat neck like Quasimodo I’ve got this fat there which comes from having big boobs you know that round shoulder thing and I loathe it I loathe it with a passion and I think things like like and I know it’s body dismorphic if I had a bigger head I wouldn’t look so fat but I’ve got a peanut head so my body looks big next to my little head if I had slightly thicker-set legs my body would look more in proportion as opposed to looking like a big toffee apple
K tempted to have a breast reduction?

R oh yes yes and the only thing that stops me well it’s not the only thing I say money stops me but if I really wanted it I go and get the money to do it but what does stop me is having a drain that’s the only thing that stops me ‘cos you have to have a drain for the blood and then they pull the drain out and when I was a nurse and you know we had surgical patients pulling the drain out always is the thing that I think that makes my stomach churn now and I can remember people describing the feeling the pain of having this drain that’s grown and whish if I ever if there comes a day I mean slice my nipples off and put them on my shoulders I don’t care do all of that that doesn’t bother me but the thought of that drain if I could have it without the drain I would have it but I couldn’t bear

K so there’s no drain for gastric banding

R no it’s just a laparoscopy it’s really easy they slip it in and it’s done aaaaah but that’s what put’s me off yes and actually I don’t even mind having big boobs it’s the fat and I know that when I lose another stone or two that will start to go when I got down to 13 stone 4 or whatever it was on Lighter Life I liked myself I liked my body which is why I kind of stopped rather than go on for another stone I thought “Oh I can do it on my own I like myself as I am “ but then I had to reintroduce food by myself

K was liking yourself not enough then to keep the weight off

R no no ‘cos I liked food more

K that’s interesting

R I’ve always liked food more

K you like food more than you like yourself

R yes yes and I had to stop spending money because we were really quite skint at the time and I had to stop spending money and I kind of I spent well maybe it’s not a lot of money well actually it is I spent about a hundred pounds a week over the weekend on a couple of bras make-up a pair of shoes or something or there’s always if you pop in to town there’s always a

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ORIGINAL IN COLOUR
shopping trip and I couldn’t do that and I think my eating shot up again and I am conscious that I am always buying things now always buying things it’s it’s the treat thing isn’t it

K so do you think that in a way that buying is mirroring the treat that food gave

R yes yes yes because I’ve convinced myself it’s a bigger high than food and ammm when I go out shopping and people want to do shopping and lunch I can’t stand ‘cos it’s like a wasted treat ‘cos either go out for lunch or go out shopping or I couldn’t eat a meal and drink all night again either drink ‘cos that’s the treat the alcohol and then go dancing and be a bit pissed and have a great laugh or eat and actually that’s right I don’t have a I cannot eat if we are drinking alcohol ‘cos we went to a party the other week and everyone dives for the buffet well if I’ve made the decision that I’m drinking food is off my radar I’ve never thought about that before where if I know I’m driving I’m food so it can shift though I guess I wouldn’t want it to shift to alcohol but you know it’s quite I was reading some research which shows that there is quite a high percentage of women that have gastric bands but who develop an alcohol dependency when they are not eating any more they shift it from one to another

K so that would imply that there might be a need that is being met either by food or by alcohol or by shopping or (yes) and I suppose what I might be looking for is what do you think that need might be

R crikey what might that need be blimey Klara I wish I knew I mean because it feels very physical it doesn’t feel emotional it doesn’t feel intellectual it feels very very physical ammm when I want it I cannot I feel I cannot physically stop myself and when I do it’s so great you know and I guess it’s an emotional need but I don’t know what it is I don’t know how to find it or what to do about it and you know I’ve dipped in and out of counselling and therapy loads I can’t be doing with self help books I can’t be I’m not a “completer finisher” I’m an ‘ideas girl’ I start something and within a week you know I can’t stick to anything I move on too quickly so yes you know I search all the time and I don’t know inadequate or low self esteem I guess
A

Appendix 8

K so so what’s the implications of “I’m not a completer finisher “ for before it was Lighter Life and now it’s the gastric banding

R well the thing about the gastric banding I guess there’s no real ending it’s for life you maintaining it for life I’m on a regime for life of one sort or another

K can you have it removed

R I can have it removed but then you’d need another laparoscopy to do that in theory a gastric band if you look after it will last you 10 to 15 years and then after that it might cease to work but it can remain in you unless you’re going to replace it with go out of my way to have it out I’m not even thinking about if I needed to have it replaced if it went wrong I’d have to pay another 6 grand to have it done again you know

K you can have it tightened

R you can have it tightened what they do is and I’m going I have an appointment on Saturday to have it have it kind of to get weighed and I try not to weigh myself at home I know I wait ‘til I go there and ammm they what they do is they go in through a port and then inject saline into the port into the band around your stomach 0.5 of a mill it’s a very small amount in Europe if you have it done in Europe they fill it up massively but part of the deal when you have it done well with this company is that it is your safety net rather than take you out they try and give you the opportunity to work with it as much as you can take control make decisions and you know there’s a lovely dietician and there’s a self help group that you go to but when I go to the self help group I’m just jealous of those big gits that had the gastric by-pass that lost 12stone in a bloody year and can’t eat any sugar because if they do they get a sugar rush and feel so physically ill from a couple of mouthfuls of trifle that they just have it they can’t by-pass because they would be so physically ill

K so did you consider a

R I wasn’t heavy enough
K you had a private one

R I did it privately they recommended the band ethically they wouldn’t do a by-pass because you have to lose to need to lose over 50% of your body weight to have a by-pass I just about I just about made it through the gastric band and the only criteria I made it through was and that was really funny for the first time in my life I wasn’t really fat enough for something God and when I popped on my gown and my knickers the gown the gown was like that {indicates a very large size} people going for surgery are so huge and ahh when I was going home from hospital the nurse said “Oh you look really lovely” really what she meant was “You don’t look very fat” was what she meant but the reason that I the criteria that I met was “if you have gained and lost and regained weight several times in your life and have been on a continual diet because what that means is that by the time you get to 45 it’s unlikely that you’ll have a lifestyle change by yourself” so that’s the criteria that I slipped through by but really you are looking at 5 or 6 stone plus to have surgery and you’re looking at 7 8 9 stone plus to have a by-pass

K and this little port of yours is with for life

R yes the port and band is under the skin you have to lie down and do almost like a sit up to bring the port to the top so she finds it and injects it I mean I could probably do it myself as a nurse if I needed to but I’m not going even going down that route but she’s really good I like her she’s sensible it’s funny being in private health after being in the NHS and amm did an interview with Anne Diamond she’s gastric band queen she run’s this whole website

K right

R called Buddy Power – a fat forum for people having surgery a support network which is very interesting and amm I kind of met her and she was talking about her gastric band and stuff like that she wants the government to give them out like smarties kind of thing you know but emm yes I I’m really pleased I don’t regret it for a minute what I regret is that it can’t sort
everything out and you know I feel like I’ve lost it if I’m honest that’s what I feel like

K so was there a moment when you thought maybe it will sort everything out

R I think before I had it I hoped so what I decided was I can’t sort my mind out my brain will not do what I want it to do in terms of controlling my emotions so I’ve got to bypass that physically is what I hoped ammm and again for bypass for bypass patients they have lots of depression and things because of course there’s all that other stuff to deal with (mmm) and so on the whole I mustn’t complain too much because actually my life has improved I feel better I haven’t developed a love for exercise that I had hoped I had hoped that the new me and that’s the thing the essence is ‘I’m always looking for a new me’ and she ain’t coming you know this is you think “I’m 45 this is it now”

K so is that back to that phrase earlier that you used that other people see you and value things in you and you don’t value you

R yes yes

K and that maybe it’s about

R even if I never lost another pound (umm) yes and I know that in theory you know if for a moment if I mantra it do you know what I mean and I even think about the whole little mantra about changing what you can accepting what you can’t and all of that and for a moment I can believe it but only for a moment

K so accepting would be like a defeat you’ve still got to change

R yes I’m scared that if I accept I might become unhappy if I have to settle

K or would you become responsible

R would I become?

K responsible if you accepted

R sigh yes I suppose I would I
K while you’re fighting it you’re still a good person

R yes I mean I know and I can’t imagine not striving for something unobtainable you know I am a perfectionist and it’s like at work that’s why I can be so rude and so cheeky and provocative to other Health Visitors because I know I give 200% and I know when I discussed that with you before that is exhausting it is so exhausting and sometimes I think “Oh sod it” you know I just don’t want to do it any more and that’s that’s part of this fantasy about if I was satisfied with myself would all those things go away that drive and that perfectionist and that torment sometimes where you know I made to say something very provocative and it all seems very great in the moment a bit like eating that food but then later when I’m alone on my own and I think “Oh God what’s the repercussion why did I do that” I hate myself for doing that I feel so insecure and it’s all the same feelings and emotions emotions that I have around eating

K I’m curious that you talk about giving 200% and I wonder if there’s a bit of you tied up in therefore needing to take in 200% (yes) and how will you be you without oversized everything if (yes) if you are not oversized in yourself or in your

R yes yes and that’s interesting that you say that because when I was doing some awful mentoring course once at work when I was in West Kent I had to do this mentoring of students and again I remember I was at my slimmest peak and I can remember sitting in the chair and really enjoying the chair being so big I had been there for so many meetings before and I used always sit and dread the tight chair and when I when I go into a room I always look to see if I’m the fattest person and things like that and try strategically put myself against someone who I thought might be similar sized to confuse people and amm and ammm and I can remember it I had this altercation at this thing where I thought I was just being me and you know saying my bit and when I was out of the room somebody else had said “I don’t want to disagree in front of Rachel I’m scared to” and I was so upset I was really really upset and ammm the guy kind of said something about it “Well say it now that she’s here” “I don’t want to” “What” “Oh I didn’t want to disagree in front of
you” “Well you can say what you like in front of me I don’t “ and I was so hurt and upset I had to tell about 45 people who would give me what I wanted to hear back to make me feel alright about it and it was really painful and I remember being disappointed that despite being slim that was still painful (mmm) because I have a lot you know in this job “she’s intimidating” “Oh she’s she makes me feel uncomfortable” and I and I always say ‘ you know I’d never go out of my way to hurt someone” challenge experience challenge practice professional person amm and I can’t help but say it as it is

K so irrespective of the weight you are still you

R still yes I’m still me yes (so) so that means this is as good as it gets bloody hell what a disappointment and a waste of six thousand pounds

K or maybe it’s time I value what others

R and that’s alright

K because actually I’m still me and that’s the bit everyone values

R yes yes

K so the value is you

R and I guess what I have got to do is I have got to stop looking in a vanity reflection because I know I look at photos and I say to H2 “Is my face still that fat is my face still that fat” “No well it wasn’t fat” “Oh you’re just saying that of course it’s fat look at it” and you know I’ve got to stop looking for it in a way

K so reassurance

R mmm

K reassurance for what

R that’s reassurance that I’m ok I’m not pig ugly, fat, useless, stupid any of those thing

K and have you ever been
R  ammm well I’ve always been a little bit ugly, always been fat, mmm I’ve probably never been stupid but I haven’t always excelled ammm it’s funny as I say that I can hear my sister saying “Well how we grew up it’s a real achievement that we amounted to anything we’re so resilient imagine what we would have done if we had grown up in a functional household goodness knows what we’d be doing by now” that’s what she’d say

K  and I was thinking when you were saying about being ugly and fat you always had friends and

R  yes yes always very popular

K  always very popular  laughs

R  yes I know but just never satisfied Klara I guess never satisfied

K  and food

R  food is just

K  in the moment

R  you know I saw this programme years ago about a bloke and it’s stuck with me he was really massive and he was really worried anyway he died which was really upsetting awful but I remember him saying “Food was his best friend and his worse enemy” and I thought absolutely absolutely yes friend worse enemy because it can do all those things to you you know what I mean it’s the thing the thing you use when you can’t meet your need with anything else and then it makes you just ruin everything it’s a very true statement and actually what I really want what I really want is actually thinking about it what I really want is to is to be able to eat and not be constantly thinking about what I’m eating why I’m eating and why I should and shouldn’t be that that really should be my aim not about weight any more or things

K  it preoccupies you even

R  first thought in the morning last thought at night absolutely preoccupies everything everyday I mean I don’t even shop at supermarkets we do internet
shopping where I try to detach a bit from eating and also for selfish purposes because I can’t eat loads I can’t be arsed to buy for everyone else

K indeed

R and actually I’ve got a bit bored with food I don’t get so excited about cooking ‘cos I can eat a bit of a sandwich and be full up so I don’t you see that’s the crazy thing I actually don’t overeat any more yet I feel as though I do yes I feel as if every morsel of food that goes into my mouth feels like an overeating expedition

K So you have a heightened awareness of it (mmm) as though it was still the enemy (yes)

R and stress is related to everything I eat so what although I say that I haven’t got an eating disorder I think I actually have got a bit of an eating disorder, sadly it doesn’t result in me being extremely bloody thin is my only choker and I tell you what if I could I’ve watched programmes on anorexia oh I’d love that I’d love the burden

K have you ever been bulimic

R no never well no I think I’ve been a massive overeater and I think I’ve got such a sturdy long oesophagus I’ve never regurgitated and I just eat it I’ve never been I’ve never been sick from overeating I mean I probably have a couple of times you know when you’ve just had a bug and you’ve had too much to eat

K so never self induced

R never self induced I’d love to do it but I could shove my whole fingers down there nothings coming up feel sick just let me get it over and done with nothing so you know I have tried with laxatives a couple of times I’ve taken laxatives if I’m going out and need to get into an outfit but I’ve just thought that’s just ridiculous to shit things out that’s silly isn’t it you know I guess common sense prevails yes

K that’s quite interesting you know from someone who might say “I wish I had an eating disorder” “ I wish I had “ actually A - 80

ORIGINAL IN COLOUR
R: I haven’t gone out of my way to get one

K: you haven’t classic bulimia would

R: no I haven’t yes but what I do recognise is and it’s not just me I know lots of people do and that’s what my friend E said you know we are kind of feast or fast you eat everything you want until you reach the point where you think there is nothing left in the world I want to eat and now I can embark on a good eating plan I can lose weight and of course you do that for a certain amount of time and then you eat again so then you eat everything you want you desire and then you’re ready to deprive yourself again so I know I’m very much in this ammm kind of binge and fast thing that’s life work hard play hard do nothing feel rubbish you know it’s again I say it’s moderation no moderation and I know I come from a family of addicts you know my father was an alcoholic, my mother’s mother was an alcoholic, I don’t know how my mother isn’t an alcoholic you know you know we are probably chromosomally addictive laughs

K: well there is some work that says that children of alcoholics are often sugar addicted

R: yes yes that’s probably very true but I am probably at the best place I have ever been and probably closer to a resolution than I have ever been I would say

K: you seem to be saying that able to accept the fact that you. Taken help to do it

R: yes yes yes absolutely my biggest regret in terms of the gastric band is that I didn’t do it earlier I mean that’s what I really feel I really feel it’s my success in a way I don’t I don’t feel a failure for it and I thought I might because in the beginning it felt very like cosmetic surgery and then I thought “Actually what’s the difference between me doing this and some old bugger that needs a heart by-pass because his lifestyle choices been smoking, drinking, and too much stress?” ahh I it’s all about lifestyle choices and they get nurtured by the NHS everyone looks after them, replaces valves in their hearts, gives them by-passes and goes “There there” if you want to
A Appendix 8

have a gastric bypass you are a greedy fat bastard and you should know better actually I’ve long ago got over that I immediately felt and I felt it was for my health you know I really did feel if I didn’t get eating under control what’s going to happen well I do feel healthier and I must remember that vanity is always my first priority

K well thank you very much for that ammm

R you’re welcome

K I like the idea of the empty plate being a motivator (mmm) I can see that acting out all the time (yes) and could be your undoing even now if you didn’t have the dog

R yes absolutely and yet I know logically I spent the money it doesn’t matter whether you eat it or not because the money is spent you’re not going to get the money back for it and I waste money golore it’s not like I’m a conscious budgeter (yes) it’s the panic of if I don’t eat it now will I regret it later will I wake up and think “Ahhh” but I’ve never woken up and thought “I should have had that half bun ‘cos you’ve moved on to something else (yes) and you know in Lighter Life they always talk about squirting washing up liquid on food when it’s in the bin so that it’s ruined so that it’s over because if it’s not over it’s still on the agenda.

K have you ever done that

R ammm yes I have actually I’ve kind of done things to the food and I think about that and I remember when the kids were young there was nothing than a cold fish finger with a bit of ketchup on it I mean there’s nothing more spoilit than that but for some reason or another that was the most delicious thing in the world and half an oven chip uuhh lovely laughs you know but yes cutting it up for the dogs is my thing I cut it up and put it aside and then I give it to them you know they’re going to have weight issues obviously those dogs are Jack Russells the size of Labradors they’re going to be aren’t they no wonder they love me “Oh what’s she got there”

K well that’s back to buying food for your team to love you
R yes yes yes ammm and ahh and I and they don’t love me any less when I’m not buying them food and I know that and but what I have done is I’ve made them go for a power walk you know down at the sea front as a kind of team building thing because we’ve had a pretty rough time without a team leader and stuff so I’ve nurtured them still but in other ways and actually I don’t want to keep nurturing people I’m a bit sick of it really but ahhh look I say that but I’ll still do it

K so it’s really self-nurturance that

R yes that’s what I need to do I know I need to focus on myself and I say that at work all the time if I can stay out of the politics I’ve all my time and energy to do my own job because my this client group is very is hard work ammm but before I knew it I’d stuck myself in the middle of the politics and I’m in the thick of it and I a bit like eating I’m thriving on it and then I’m dam laughter

K another day

R another day my therapist used to say “You can’t eat all that big grey elephant all at once a little bit at a time”

Laughter
I think of my background as extremely dysfunctional in the modern sense of what we call dysfunctional but I think we knew our parents loved us – our parents were devoted to us. Well my father was devoted to alcohol – well that always had to come first – but Mum bridged the gap. I always knew that there were times when my mum would have to go and meet my Dad, to collect the salary before he blew it, or gambled it.

I always felt kind of very loved, but equally I’m aware that I was from a very troubled home. I think if I was a child growing up now I’d probably be sent to CAMHS or somewhere because I was always depressed. I’d go to school and would fantasise about if a car hit me and I didn’t have to go. I absolutely hated school. The nuns were so cruel, they hated us because they knew my dad was an alcoholic, and they thought we should be very humble, because you were either the humble, that they could be benevolent to, or you were on the PTA, and your parents were very wealthy and supported the school and then you could be proud, but if you weren’t in that top element, the elite bunch, you shouldn’t be proud. And my mum always made sure that we had white clean socks on, we always got to school on time and no matter what, we all did ok, and they didn’t like it. So I hated school, and home life was probably a bit traumatic really, so I don’t think I had much happiness, and I have thought back on it from time to time, and I think actually the reason I don’t want to go back to my slim days really, is because they weren’t very happy.

Leaving food is very difficult. I spent endless afternoons in the dining room of my primary school because if I didn’t finish my dinner, the nuns couldn’t send it to the poor black babies in Africa, and how selfish was I, so I had to eat it I was encouraged to eat at home because they always thought I was too thin. (I) had pneumonia at 5 and my parents of course spent all of their time feeding me up, and I’d get lots of praise for eating more roast potatoes than my brother or my father, so I’d get more roast potatoes. We loved food in our house.

I was always kind of extreme – didn’t realise it growing up, I was always kind of size 10 to 12 but the issue is, as I look back now, I was always 5 foot 8 and
my friends were 5 foot 2 so they were size 6 to 8, so I immediately felt fatter or I just felt — I realise now that what I felt was obvious, I seemed to stick out, I was taller with red hair and I was more noticeable and I interpreted that as being too big, I always thought that I was too big. When I was about, 15 or 16 I really noticed it, going through puberty, I noticed that I was that much taller than everybody else, and I just felt too big, and I don’t think that it was just the physical form, I think it was my whole being, I talked too much, and that thing of being too big was part of being too loud, too noticed, taking up too much space, too much time.

I went through this wanting to change myself so completely, wanting to just shrink myself, — you know it’s one thing to be over talkative, or attention seeking, or demanding, but to be big, for me, just makes it worse. I just think that I could get away with things better if I was smaller.

I was 17 when I met a boy who was quite abusive. I stayed with him ‘til I was 21 … and I spent my life having to prove that I wasn’t talking to anyone, that I wasn’t chatting anyone up, — and as I was (then) working with domestic abuse I laugh at myself now, but at that age !! And of course every negative thing that has ever been said to me is in my brain fresh like it’s said today.

(By 22) I was in a very, very unhappy marriage. (ex) Husband was someone who grew up without food, without love, and without nurturing, and food was very important to him and most of our dates revolved around food. And actually my (ex)-husband used to give me a good feed and then be very disappointed when I gained weight and he did humiliating things sometimes. I think that there were some really bizarre things and of course I hang on to those negative (messages) — they form very largely in my psyche …

Ahh, it was an unhappy relationship, It was an abusive relationship, and food was my comfort. And I have always envied people who can’t eat when they’re stressed — I don’t know what that is all about. You know I’ve sat with a friend, we both had rows (with partners) so we decided to meet up to comfort each other. She was sitting there couldn’t eat a thing. I’d been to Marks and Spencers and bought them out and was wolfing down, just wolfing down,
everything. And it was the same when my father died. Stress is related to everything I eat.

I come from a family of addicts, my father was an alcoholic, my mother’s mother was an alcoholic, we are probably chromosomally addictive. We’re second generation Irish, so when the men would go out to drink we would sit in and eat – it was our reward, so we loved to eat, my Mum, my sisters, and myself, and that was fine.

My father died when I was 29, that was when I finally left my husband, it was all within the fortnight. Two days after he died and people were coming in the flat, me and my sisters and my Mum, we knew what we had to do, we had to go off and eat because that is what we did. We all drove to a Harvester a million miles away so we wouldn’t see anyone, because we knew that if people saw us eating a 3 course meal while bereft and in bereavement what would they think about us? But that is what we do.

What I do recognise is we are kind of feast or fast. You eat everything you want until you reach the point where you think there is nothing left in the world I want to eat and now I can embark on a good eating plan. Now I can lose weight. And of course you do that for a certain amount of time, and then you eat again. So then you eat everything you want, you desire, and then you’re ready to deprive yourself again. So I know I’m very in this kind of binge and fast thing. That’s life – work hard play hard.

I’m not moderate. But that’s what I do – it’s all or nothing. I find moderation is out of my remit. I know if I wasn’t over indulging in food it could be alcohol, it was cigarettes, it’s always something, it’s always been something. And when I am being kind to myself I think, “Well actually food is the least of the evils, it is not the end of the world”. I try to eat healthily and my cholesterol is fine. I’m healthy but that means I miss out – I think I do feel I miss out on the fun, and the gastric band has stopped me from having those rewarding binges. But I feel as bad about a chunk of chocolate as I used to about 3 bars chocolate you know.

The only time I haven’t had an appetite at any time is in acute bouts of gastric illness and when I’m shopping at Blue Water. It’s the truth, when I’m spending
money on things. The only thing that over-rides wanting to eat a meal is shopping, buying things, and once I’ve bought it it’s a done deal. It’s the looking at it and the buying it. And I know in all those fat times, particularly the fatter I am, the more important that food is. If we’re going out to an event, if we were going to a wedding, I wouldn’t be thinking what to wear, I’d be thinking “What’s the meal, what will I have to eat?” And if we were going out and there was no meal, I’d want to drink lots of alcohol. Alcohol could replace food but it is not as good. It’s not even the mind altering state, it’s the putting it in your mouth and feeling it in your stomach.

I just love food and I love the feeling of being bursting. Being full-up, with a little gap is not good enough. I need to be completely zonked-out on food, that’s my high. I love it – to feel uncomfortable, to feel slightly sick. I feel so happy with myself because I am physically so full up that I would get a pain if I ate any more. I feel sick, I’m full up, but I am going to carry on eating. What it is showing me is that actually I could have done with a (gastric) band around my brain really. I’ve always got to be putting something in my mouth. I have no doubt it’s linked to me stopping smoking, and all that Freudian stuff, and not being breast-fed, and all of that malarkey. I’m sure there’s lots of truth to it, you know, my early needs, my unmet needs.

This is my tension, I want to be that strong woman, but I don’t want to be Hattie Jakes – a formidable character, – and I’m very aware of that. And I would just like to be able to be the formidable character without being big. And yet, you know, often people say don’t they, “I’m so much quieter now that I’m slimmer” and I wondered if that would happen for me, but I don’t think it does, because I have to be heard at all times, you know, bloody hell, I have to be heard, but maybe I don’t want to be seen. You know what they say, “There’s only one thing worse than being noticed and that’s not being bloody noticed”. But I want to be noticed on my terms, and I always feel that when you’re overweight everyone sees your weakness. If you’re an alcoholic, or a sex addict, or a druggie, you can go to work you can hide it, but when you bloody overeat it’s written all over you, isn’t it? “Needy”, “Oh look at her”. Actually what’s the difference between me doing this (having surgery) and some old bugger that needs a heart by-pass because his lifestyle choices – been
smoking, drinking and too much stress? It’s all about lifestyle choices, and they get nurtured by the NHS everyone looks after them. If you want a gastric bypass you are a greedy fat bastard and you should know better.

That’s part of this fantasy about, if I was satisfied with myself, would all those things go away, that drive, and that perfectionist, and that torment – sometimes where I made to say something very provocative, and it all seems very great in the moment, a bit like eating that food – but then later, when I am alone on my own I think “Oh God what’s the repercussion, why did I do that?” I hate myself for doing that. I feel so insecure, and it’s all the same feelings and emotions that I have around eating. I remember being disappointed that despite being slim that (being out-spoken) was still painful.

(There’s) a mantra about changing what you can, accepting what you can’t, and all of that, and for a moment I can believe it, but only for a moment. I’m scared that if I accept I might become unhappy – if I have to settle. I can’t imagine not striving for something unobtainable, you know I am a perfectionist – just never satisfied. I guess never satisfied. Well actually I don’t want a life change, I love my job, I love my husband, I love my friends. I wouldn’t actually change anything else. For me all that changes is that I like myself a bit more, or I hope I like myself a bit more.

I feel a failure when I can’t do it (be thin) all the time, I blame myself when I can’t do it. I still feel a bit of a failure that I haven’t lost more weight. If I’m eating I draw attention to the fact I’m eating before anyone else notices. Ordinary people eat all the bloody time, all day everyday, everybody has to eat, but its about that never feeling allowed to eat, or feeling I have the right to eat. I’ve given myself plenty of punishment. It’s all self-pressure. Part of me can’t believe that I’ll do it, and then the other thinks “Do I really want to do it, because if I really wanted to do it, wouldn’t I have done it?”

I remember him (a morbidly obese man on television, who later died) saying food was his best friend and his worst enemy. And I thought “Absolutely, absolutely, yes friend, worst enemy”, because it can do all those things to you. It’s the thing you use when you can’t meet your need with anything else, and then it makes you just ruin everything. It’s a very true statement. First thought
in the morning and last thought at night (food) absolutely preoccupies everything, everyday. And actually what I really want, what I really want is actually, thinking about it, what I really want is to be able to eat and not be constantly thinking about what I am eating, why I’m eating, and why I should and shouldn’t be. You see that is the crazy thing. I don’t actually overeat anymore, yet I feel as though I do. Yes, I feel as if every morsel of food that goes in my mouth feels like an overeating expedition.

I’m really pleased. I don’t regret it (gastric banding surgery) for a minute. What I regret is that it can’t sort everything out. I feel like I’ve lost it if I’m honest. That’s what I feel like.

[K So was there a moment when you thought maybe it will sort everything out ?]

I think before I had it I hoped so. What I decided was “I can’t sort my mind out. My brain will not do what I want it to do in terms of controlling my emotions, so I’ve got to bypass that physically”, is what I hoped. I had hoped that the new me – and that’s the thing, the essence is I’m always looking for a new me, and she ain’t coming. You know this is (it). You think “I’m 45, this is it now.”

[K So irrespective of the weight you are still you ?]

Yes. I’m still me. So that means this is as good as it gets. Bloody hell. What a disappointment and a waste of £6,000.
I’m 26 I have been trying to lose weight for as long as I can remember. I think I was quite a slim child, and I remember doing exercise – used to love swimming. But when I was seven years old I got diagnosed with congenital heart disease. (I) had to go in and out of hospital. I think it was a very positive experience for me ‘cos I got a lot of attention. I remember having lots of time off school, and being with my mum, and I didn’t have much of an appetite after that, and I remember my mum trying to get me to eat chocolate coco pops, ‘till I started getting fat! So ’till I was about 9 or 10 I should think. I remember that I couldn’t do any exercise, so I started getting bigger, and bigger, and bigger.

In my house, you have your portion and you eat it all, and you never don’t eat it all. Whether it’s a big portion or a small portion, you eat it all, and that’s it, and this whole notion of leaving food on your plate never, never, never. I mainly had school dinners in secondary school, which weren’t very nice, and I’m a vegetarian as well. More recently I started trying to eat fish ‘cos I’ve always wondered whether, because I don’t eat protein, am I hungrier?

Even before I was a teenager, even before I stated secondary school, I was on a diet. At ten/eleven years old it’s quite (hard). I was really being withdrawn from food. I think I was aware of being larger but I didn’t see myself as fat. I remember my mum making me healthy lunches and I remember not liking them, and throwing them away, and then losing weight and getting quite good feedback about that. But then of course it was almost like, because I was being denied that, I would go out and buy my own chocolate. When I was a bit older, and as a teenager, I think that got me into a bit of an unhealthy cycle where I was binge eating and of course I was putting on a lot of weight. I remember joining Weight Watchers before I went into the Sixth Form, when I was 15, and I was about 13½ stone. I had a good weight loss. I think I was 11 stone and that’s the lightest that I’ve ever been, that I can think of, in my teenage years.

My mum was being slimmed as well. She’s always been big. She’s got cardiac problems. So she and me are the big ones. We were always the ones having to be denied stuff, or only have low fat treats, and that’s something that still
exists now, my sister-in-law's very skinny, and she gets bought special things, and I have to have the diet cokes. The one thing I’ve learnt is the more I deny myself, the more I resent it, the more I eat. I've obviously been restricted food all my life, so what I do now is I have a big piece of cake and actually I still lose weight. I’m normal and I’m not denying myself anything as long as I keep it within certain limits. There is a risk I could lose control, but it's a risk I'm willing to take 'cos I'm not that bad that I need to punish myself that much. I've got two very good role models in my house who are slim, they don't obsess about their weight, they don't obsess about food. They have it if they want it, they don't if they don't, and I think that's the best attitude. I'm trying to aspire to that, rather than somebody who denies themselves.

I can say it's my genetics, or I can take responsibility. That's how my whole kind of mindset shifted, but I just wish that in some ways I’d been able to do that sooner 'cos I lost all that weight up until I was 17, and I was 11 stone and then, after that, I was doing my A-levels, and I was very stressed, and I remember I got my first car, and I remember just driving to the local Tesco's, and buying loads of food, and the process of eating made me feel better, but obviously the whole feeling was guilt and I was putting back on all this weight within six months. I couldn't get into all my new clothes any more – very, very, sad really.

I had a boyfriend around that time briefly, when we broke up that upset me, so I’d eat. I think in some ways I was always a little bit socially isolated. I think in some ways I was quite a lonely teenager. I wasn't necessarily that included in things as a teenager. It was a mixed school. (I was) one of the heaviest definitely, and because I spent seven years not doing any exercise after the surgery, I was so unfit. I never enjoyed exercise, I was always bad at it. All my milestones are very late because of this congenital heart. Now I think about it, I realise actually I've done well to keep up, get my A-levels, I got to university when I was 18. I think I do base a lot of my value system on what I can achieve, what my profession is, my career, things like that, and I think maybe I actually value those sort of things more than my appearance, which is perhaps why my weight's taken a back-seat for all that time. Because I don't feel that represents who I am. No, I'm not my weight. I hope not anyway!
Even at university I was very big, it seems such a shame, I was probably well over 13 stone. What a shame, what a waste of those years in a way. I stayed big and got bigger. There were times at university when I did lose weight. I remember in the second year I probably got down to about 12½ stone again, and that was quite successful for a time, but it was the maintaining it. Weight Watchers had worked in terms of losing the weight, but not maintaining it.

More recently, I started my Masters. I was about 15 stone and I'm now about 12 stone, so I've had a big weight loss over 2 years but it's been very slow, and I feel like because it's happened over 2 years, it's much more likely that I'll maintain it now. As soon as I lost a bit of weight I got a really good response, “You look good”. Mum's very pleased, lots of affirmation definitely, but she's like “if you don't have (a piece of cake) you'll lose weight quicker” and I'm like “yeah but it's not the point any more, 'cos I'm not in any rush anymore". I've lost 3 stone now, which is the most I've ever lost and kept off at any one time. I'm doing really well so what's the speed about? I'm much more likely to maintain it if I have that piece of cake, and yes I loose a bit slower, but then does it matter? She's still trying to lose weight, and she has lost a lot of weight, but she's still quite overweight and I'm getting there.

I think definitely I used food as a way to deal with emotions. I don't think I do now so much. I don't binge eat in any way now, very rarely, but definitely that's a way to make emotions go away. I think it drowns them out and it numbs them. I think perhaps I've seen my mother do that. I'm sure she binge eats too, bread and things, so she doesn't have to worry. It stops the anxiety. Interesting isn't it? I don't do that so much now – definitely previously. It's not worth it. I realise that now, but that was a real coping mechanism and I'd feel bad. It's awful 'cos you feel bad about something, so you eat food, but then in the end you feel so guilty, it's actually worse, 'cos you feel so bad about yourself. I just think that now I realise that things are not that bad, that emotions will pass. I am quite sensitive, and I feel things quite acutely, and think well actually I feel awful right this second, but having that insight to realise that actually, if I weigh up what I do now, is it better to eat or not, or just wait for it to pass if I can. I think another reason why I'm a success with my weight at the moment is 'cos I'm so very happy, and I think that makes it
easier. I mean I'm not saying the last two years have been easy doing this Masters, but it's really what I want to do. I suppose in that way I'm in control 'cos I'm learning a profession that I want to be part of, I've not got any doubts about this is what I want to do with my life, so I think in that way it's quite positive.

I don't really identify myself as thin. My house-mates are very supportive, and I'll ask questions like "is she thinner or fatter than me?" I can't think in my head where I am on that spectrum yet. Even though it's been very slow, I haven't quite caught up. It's just taking me time to identify with that – that actually I'm not big, I don't need extra space, and going into shops I can pick up a size 14 and kind of understanding that. I do realise that I'm not bigger than everyone else, but at the same time my first reaction is I'm big. I see me now on Facebook and I actually like seeing photos of myself. I suppose I am more attractive. Saying that, even when I was bigger I didn't have trouble getting men interested in me, but it's definitely a lot easier when you're slimmer. You realise people are giving you the eye a lot more. I feel more healthy in myself.

That's the fear isn't it – I might get fat again – 'cos once you're thin then you have to maintain it. That's quite a scary prospect. The worst thought is, I'm throwing away all these clothes that are size 20, size 18, and it's like what happens if I – I always needed them again before and I suppose I'm a bit like every time I've ever lose weight I've put it back on again, and more, so why should this time be any different? But I suppose it's saying well actually I am responsible for that, so yeah I do have that control. I think a lot of food is around control. My mum still, I think, wants to control what I eat, says "you need to have this low fat version" or "you need .. " not always but a lot of the time, and she should always have the low fat version, but actually now I'm of the opinion I should have the full fat version, that's ok. One day I'd like to be like a normal person and just go to a normal aerobics class once a week, and weigh myself, but I think sometimes it's good to have someone there who's looking – where you weigh every week and that structure. I suppose it's that fear of losing control isn't it, so it keeps you under control, and I think the key is when you do lose control, is to always go back, 'cos you get it back under control much quicker. Thinking of the time when I was 17 and I lost a lot of
weight, I never maintained it. I either lost weight or put on weight, and once I start putting it on it's so disheartening, so you just carry on, which is foolish isn't it, but at the time you get so fed up.

I think ultimately it affects me and me only really. It's how I feel about myself. No-one else can do it for me, and it's great that my mum's pleased that I'm this weight, but actually I have to, dare I say it, take control and say if I do put on weight, or I put on a little bit, then I know how to cope with that, and how to deal with that, and I don't just start eating again 'cos that's just a hiding to nothing. I'm really aware that you can make goals for yourself but it doesn't really matter whether you reach the actual goal, but if you're getting towards that goal then you're doing really well, certainly with weight loss.

Me and my mother both enjoy food, so you have food as a reward. Food is love isn't it? Mum always cooks and I always cook. We're both good cooks. So slaving over food, giving it to someone, that is love isn't it? That's taking time, caring for someone isn't it? So I suppose if you're in a family where some people get to have the nice food, one could pick up a message that you (were) 'punished', having the slim version, or the small version – the less tasty version. I imagine I was compensating myself, maybe now I don't need to do that, but certainly then, yeah definitely.

If I meet new people I try and just fit in. My main thing is not make a fuss about (weight), and eat as much or as little as that day seemed appropriate. But I certainly wouldn't be going around drawing any attention. I find it awful when my mum draws attention to the fact that we're fat, or trying to lose weight, I just feel like people are laughing at us, 'cos we're obviously not losing weight, 'cos we're fat. Whereas I'd rather just not make an issue out of it, and if I want the cake I'll eat it, and if I don't, I don't. I don't like having the spotlight on me. I don't like the idea of being centre of attention. People are so rude. The worst was (when) I lived in India – over there it's not culturally inappropriate to go up to someone and say "you're fat". They would just say it, and that's not rude, that's them giving advice, 'cos perhaps you hadn't noticed. So that was quite hard, that was awful.
I went out to India on my own not knowing anyone. I think that for me that was where my life change was. I took responsibility for my own life. I think that made a big difference to my life. India was strange because you'd literally have the slum where I worked, and there was a dirt track, and then there was a five star hotel. You'd walk into the five star hotel and there'd be all these fat American businessmen, stuffing their faces on buffets. That's what you couldn't handle, it wasn't just the poverty, you expect the poverty, you see that on the TV, but the extremes of wealth they have there as well, it was just, how do you even process that this goes on? How can you even cope knowing that exists? Obviously you feel guilty as a westerner, because you live a life of absolute privilege, but I didn't feel that the weight was anything among that privilege. To the extent that they live just with nothing, under a bit of plastic, just everything you have is more than what they've got, so it's crazy, it's a different world. The culture shock on the way back was so much worse than on the way out – it took at least nine months to a year to adjust. (There was) definitely pressure from my parents to come back, and get on with my career. I think my mum thought I was never coming back – think my whole family did. I didn't think I was coming back. I don't think she ever really wanted me to go out there, 'cos of my ill health. I think I do take on a certain amount of responsibility (for parents), 'cos my dad's blind (and) my mum's not very well. I have a brother but he has a girlfriend and a baby. I don't resent it. I feel like I've been very lucky in the opportunities I've had – I'm 26, I'm about to have a Masters, have a career. I notice that a lot of people in the caring professions, we do feel guilty, and worry about others, a lot more than perhaps the general population.

I'm in a good place, and it's interesting for me to look back, and think about why has it worked this time, for two years – actually when I think about it, that's a massive amount of time for me, considering I normally just lose it and put it back on. Why has it worked for me now, and it's not in other situations. I still struggle now. I think about (food) often, what am I going to eat, am I gonna be good or bad, always those awful words. I think I'm going to struggle with my weight for the rest of my life. I think I'm aware now that I can eat, and I realise what the consequence of doing that is, so now I can make an informed choice whether I eat that or not, whereas before I don't think I really took that
on board. I do think it's hard. In our society there's all this food everywhere. There's all these mixed messages – eating and dieting and what you should look like. I think it's fine for someone like me who's very educated. It's easy for me to become aware of this, but if you're not educated how would you, it's such a minefield really isn't it?

If you think about it in terms of sort of a capitalist western society, it's in our interest to have this, because the diet industry costs so much money, and the food is so cheap now, so in some ways it's in our Society's interests, but at the same time it's not – it's a very complex issue. I think it's very hard in our society. If you turn on music channels, where you see these girls, and they're skinny, and they're in these tiny skimpy little things, what is that telling young women today, about what they should be, and what they should achieve? If you're thin, or you aspire to be very thin, you get all these things, you get a nice car, and a nice man. God is that it? Is that all I've got to aspire to? God you know it's so empty, isn't it? Oh God, what are we doing to ourselves? A lot of us are unaware how lucky we are. That's the problem isn't it?

I think even now I'm not thin yet in my mind, that's weird isn't it?
Biopic: Kate

Appendix 11

0 to 1 or 2 the family story was that I wasn’t a good sleeper and would cry all night and implicated in my mother having some kind of a nervous breakdown, not a formal one, but that it all got a bit much. So I have this sense that other people have conveyed, that I was difficult, but my own subjective experience was not of being unhappy.

The narrative in the family had always been that I was the thinner member of the family. My mother had always struggled with her weight and my Dad was a big man, not over weight just big, and was healthy, and my sister, was seen as a chunkier child than I was. So what I remember, and what I’ve certainly been told, was that I was a good eater. There was no particular problems with feeding me and when I think about it the food that I was given and had choices between were all actually very, very healthy foods because of my mother’s preoccupation with her weight- so food wasn’t really an issue, or eating it, or body image or anything like that.

There was a mantra in our family about “other people have religion and we have food”. That means something very different to me now that I’m older and I think about how increasingly in recent years I have become almost obsessed with food and felt like – not that I’m worshiping it – but that it is something that is in the forefront of my mind. Before I just heard those words as, we don’t do religion but we like to have our food and we have simple things in life, but now it feels much more like there was a culture of some degree of worship, not because the food was elaborate, but just because the food was a ritual for eating and being healthy and it was something that was emphasised. There was an emphasis on clearing one’s plate and my Dad would famously say things like “if everyone in the world left one grain of rice on their plate it would feed the whole population of China” – so even leaving one grain of rice is waste. That wasn’t normally a problem for me, clearing my plate.

I don’t remember (meals) being a difficult thing, or a challenge, other than from 4 to 9 when my mother’s drinking became more difficult. Then she wasn’t preparing food. I don’t know if I was given the right portions of food but I do have one or two memories of being sick and vomiting, possibly because
eating, I don’t know if it was too much, or certainly too late. It was not infrequent that my sister and I fell asleep and my mother hadn’t prepared a meal so by the time that it was cooked we were woken up to eat and gone to bed again on a full stomach. I don’t have very much remembrance of eating together. I remember eating at the kitchen table. So yes, there was food available, abundantly available, it was healthy food, and I wasn’t a difficult or fussy child. I don’t remember food being explicitly a reward – there was nothing indulgent it was all quite basic so I don’t remember it being a reward but I do remember it being a punishment.

I know that I was eating healthy food and that I was of normal or average size. I felt that the food that I was given was different to the other children. It is only as an adult I can actually think that what I was given was better than the other children – they had white bread, margarine and jam. Oh how I wanted white bread sandwiches with sweet jam on it instead of nice rough brown bread with ham and lettuce and tomato and cucumber or tuna mayonnaise and we were given dried fruit to take to school and I remember other children looking at this, especially the dried pears, and saying they looked like ears. So obviously my lunchbox was probably superior but at the time it felt like I was eating something different.

I became aware that life was about to change imminently. I don’t think I fully understood or realised what it meant – that everyone was separating – it seemed like an adventure the way it was presented – that we’d move. I’m not sure that I understood that we would move separately. They didn’t talk at all for the first 3 or so years. They lived next door to each other but did not communicate directly until I was about 12. They didn’t speak except through us. At 9, when my parents separated, she (sister) was 12, and that seems to have been the onset of her bulimia – my sister was seen as a bit challenging whereas I was the golden girl. Nobody realised that she was bulimic. I was watching her binge huge amounts of food, disgusting food, and then I was aware that she would start to vomit a lot of the time. I don’t think my Dad ever really understood, or accepted, that someone would eat and waste it.

The circumstances changed. My Mother who hadn’t been working for the past 12 years moved into a property which my Dad owned, but she wasn’t
employed so even though the shell of the house was there, the cupboards were bare, I very distinctly remember there not being food and there being a concern and anxiety about there not being food. My Dad was living next door – there was always food but we had to go next door. Up on to that time I hadn’t had a particularly close relationship with my father. This morning I was thinking, did I just become close to him because that was where the food came from? I remember there not being food, and that being in some way anxiety provoking, and then I remember there being lots of the same food, and at some point she (Mother) started working for a company that was called Elite Exotic Foods. She was a rep so her car always had boxes and boxes of all kinds of chocolates and liqueurs and cheeses and biscuits. There was that contrast between having nothing and then there were all the treats and the nice things that were exotic to everyone in the population, but particularly to us.

Somewhere between 9 and 12 my weight started to go up. I can remember a physical education teacher when I was between 10 and 11 saying “oh you need to do more to lose weight”. I think I was put on my first diet when I was about 11 and the first diet was “The Drinking Man’s Diet”. We also had to be weighed by the nurse, I don’t know if it was annually – everyone had to stand round in their pants with nothing on. It was quite an awful thing, and I do remember getting weighed and suddenly there was a concern that now I wasn’t normal, I was getting fat. I don’t think that it would have been as much as two dress sizes, probably just one dress size (amount lost), just enough to bring me back into line.

I don’t remember that I was as concerned as other people were. I felt good about it because I’d demonstrated discipline, relative to a mother that was always struggling with weight. It felt good, but I hadn’t been aware that I had been in that much of a position where I needed to lose weight.

After doing the Drinking Man’s Diet, I did a diet, somewhere before High School -12 / 13. It was the equivalent of Weight Watchers and I did it, again very disciplined. I can’t remember what the motivation was for doing it. Again I can’t remember getting very fat, but for some reason there was a need to bring me back into line. Again it was only a short thing and it was successful.
I have written down the reasons that I got that weight initially – whether it was the fear of not having any food and then suddenly that there was food, or maybe going into a hoarding of food, I think I was very concerned about getting food. I think that might account for the first bit of weight gain, but I’m wondering whether the second lot was when my sister’s bulimia had been identified. I can’t say I was thinking it was a problem, but I guess all eyes were on her, and I do remember getting off at the bus stop about 2 stops further than our home knowingly and intentionally because they had a corner shop that sold donuts. It didn’t feel terribly secret, it felt like a treat or a reward, there was something that was liberating where I could indulge.

I need to say one other thing about why I think that there was weight gained between 9 and 12, as I say we had separated and lived in the house next door and although mother’s food preparation and availability wasn’t very consistent, actually those years were the start of me eating two meals – that there became a conflict of loyalty, if she did cook I would certainly have to eat there, and then go to my Dad’s in the evening to spend time with him, and have to eat his food. I didn’t have to, but there became “I have to eat both meals in both”, so I was duplicating, so I think that was probably why I picked up weight the second time round – definitely was eating two evening meals. I didn’t want to upset Mother by saying “I’m going to eat with Daddy tonight” and didn’t want to upset Daddy by saying “I’ve eaten with Mom” but he’s cooked something too – just eat for both of them. “I’ll be the good girl, I’ll eat for both”. It was unnerving and anxiety provoking to try and avoid conflict. “Let’s not give either one of them reasons to fight or fall out any more than three years of non-speaking could mean”. There was certainly “Don’t want to offend one or other of them”. There was an anxiety there.

I was thinking about those early high school years of 12 to 15, I’ve written down that I was a bit heavy. I might have been a bit fatter that some of the other kids that were of a range of body sizes and shapes, but I felt a bit heavier than the others, but again I’ve always been bone idle, so whether I would have been a different shape if I had been more active? I don’t think that I was that far off the norm to draw attention to it, just they were a size 8, I was a 10, or if they were a 10, I was a 12. I don’t remember it feeling like too much
of an issue, I but I do remember becoming more body conscious about the ages 15 to 17, and lost quite a bit of weight – actually became quite thin. It’s no wonder that I became thin because I abused laxatives. This was 17 before the end of High School – walking home from school, which was about 3 kilometres, and, in addition to taking laxatives, my ration was something like half a tomato a day, and some cups of Bovril and hot water. I can’t remember anyone noticing or questioning it. I’m not sure if it was initially under the guise of again, “I’ll do a bit of Weight Watching” to weigh less and cut back and they weren’t aware how much I’d cut back and the addition of the laxatives.

So between 18 and 21 I would actually describe myself as quite skinny. I think those were probably my most active years, so not only had I slimmed down just before university, but I had maintained it by not being that interested in food – but maintained it both by diet and by being more active than I normally was. They were happy years. I probably thought that there were lots of heart breaks and it must have felt like the weight of the world, but in retrospect now, those were the easy years. I was just so much more body conscious. I felt visible, noticeable – in latter years there has been a function of being invisible, but I was at that point enjoying being visible. I was thin but attractive and seemed healthy and was performing fine. Somewhere between being that skinny at 21, and between 22, 23 wasn’t as skinny – was normal and slim, but not skinny.

Of the two things that my mother was undisciplined about I would say that her drinking had more of an impact. I probably was concerned that I’d end up like her. It was more I need to be in control, or I need to be responsible for myself, because by that point, yes I’d had those two brief diet periods as a child, but I still perceived myself as one of the lighter ones in the family, and I didn’t perceive that my weight was that much of a problem – if it was it could be brought back down quite quickly.

Despite being as thin as I was at university, my own perception of my body size again was “I am bigger or heavier than some of the other girls” and I did at one point at university acquire some very, very high strength diet tablets. You know I wasn’t the thinnest person, but I thought I was terribly, terribly fat for some reason. I was going out with an architect, and the architectural students were the coolest students on campus and the architectural girls were
all really androgynous. I caught him in bed with somebody else, and (I) went on holiday. For that holiday I remember thinking “I’m too fat”.

I acted out of character and whether it was in response to finding my boyfriend in bed with somebody or just having a holiday, and being in another place, and again being invisible from my normal expectations, duties and responsibilities, but also being visible and attractive. I have thought often the dangers of being thin are that I am reckless with people’s feelings, behave irresponsibly and that if you are thin you are more attractive to others, actually you get yourself into situations that are not very clever either. I don’t remember feeling vulnerable, but from my perspective, almost from about 14, even before, I had to take care of myself. It felt more exciting than vulnerable.

When I was 24 I had a termination and that has been the onset of much more rapid and intense cycling of weight. For me there was a kind of punitive aspect of “you got yourself into trouble by being thin or attractive or sexually active, you’ve now done something irresponsible” – some guilt and shame and embarrassment about not being little Miss Responsibility, and in control as I believed I was. I think that my attitude to my body changed at that point. It coincided with a plan that I had anyway at the end of my masters to go and do some travelling, but the travelling brought up several different things – that old fear about not having enough money or there won’t be food, because I was on such a basic budget that there was a worry about where my next meal would come from. I think my diet changed. It was my first experience of being really invisible and anonymous, and it didn’t matter how I looked. I was able to be invisible. Nobody knew me or expected anything of me, and I came back from that travelling, fat. Let’s say I was a size 10 when I went away and I came back definitely a 14 if not a 16.

I think it (overweight) did that (keep me safe) on the level of intimate relationships individually, but also the incidence of rape – I didn’t want to be too attractive.

I think even though over eating is being out of control there is a certain amount of control. I could control what I chose to eat when I went travelling, I was ultimately in control of that and even when I got back and they started
paying me and I was able to move out of home. There was a real sense of independence and control. There was a “It’s my money and I can spend money and I can look after my own needs and I can feed myself”. I think that still persists. There’s something between that background fear that the food is going to run out, to that “I’m earning and I can make sure that won’t happen”. But my food choices are definitely changed towards more unhealthy. My palate has actually changed in the last 10 years.

Then whatever guilt I had after the termination I think just got increased when my mother died. I didn’t take seriously that she was being actually unwell at first – it felt like it was an extension of her drinking. Between diagnosis and death was about 12 hours so it was a very sharp short shock, and there was definitely a sense of guilt that I was selfish, somehow I put my needs first. All the attributes that I had always hoped I would have about caring and altruism and looking after others, and all those maternal attributes that I already demonstrated that I didn’t have, the same thing happened again in quite short succession. That was at 24 / 25, and I continued to pick up weight. Coming over here, and again a bit like travelling, I was cold, and choice, so much more choice in the shops, and cheap – you know money is an issue, food and availability. I got here and I think I was about a size 16, possibly approaching 18 and that was at the end of 2001. I started the Lighter Life about the Summer 2002 and I remember doing it very diligently for the first 3 months. Absolutely the same discipline as I’d done in the past, not an issue, until 2 things. I remember it coming up in one of the group discussions that people were eating in secret and it hadn’t ever occurred to me that you could eat in secret – cheating. I’d always done a diet and never cheated. The second thing was in my ‘weigh-in’ she (the organiser) said “definitely people’s periods change, they become a lot more fertile when they lose weight”. I actually could feel the brakes going on to “I can’t be fertile”. So I remember those two things happening in that context and that was when the wheels came off. So whatever I’d lost on Lighter Life, there was at the end of that, definitely a making up for lost time – feeling I’d done it for 3 months, it was still Winter, and it was cold, and I just could not face another packet of miserable soup. I’d lost three and a half stone – dropped about 3 dress sizes – but it suddenly felt frightening again to be thin. It didn’t feel safe.
By the end of 2003 it was my friend’s wedding and I was a 16 again. I clearly wasn’t as invested as I ought to have been in being thin. It felt embarrassing to be big again. I just felt uncomfortable, embarrassed and awkward, and visible in a not so good way – not for being attractive but visible for being unattractive. I was compelled to diet again and I did that diligently. I was 29, because at the end of that (partner) had taken me away for my 30th to a Health farm to say “Well done for losing the weight”. Probably again about 3 and a half stone. I hadn’t gone back to a 12 but a 14 and by the end of 2005 I found some 18 clothes again. One of the things that I think that I am aware of is that I am lazy and I am greedy and I have a sweet tooth. I am bone idle, and I have this now, in adult years, this sort of ‘got to eat’ obsession.

I never felt deprived before in any of those earlier dieting experiences because it never felt unpleasant to eat salad or fruit or healthy food. It never felt like “I really just want that thing” because we didn’t grow up with any sweet treats but there’s been a real theme of sugar and sweetness since my own earning potential, because I can have it. I don’t understand about sugar addiction but I do think that the more you’ve had the more you crave. I never was as reliant on sugar or carbohydrates before.

Both times since I lost weight since being in England, I felt more noticeable and nearly started flirtations with others. I never thought that I’d be capable of was being unfaithful. I think that also was a sort of brake, “This is dangerous, the more attractive you feel, the more confident you feel, the more you are likely to hurt somebody or do something”. I’m just aware that there have been 2 periods over the last few years, not just where I have done the diets and gone back on them, but that both have coincided with thinking, “Well actually I never thought I would be capable of being unfaithful but I could very easily see that I could”.

(In) 2006, we discussed the possibly to start a family, I thought “Ah well I won’t be fertile because I’m fat” – it happened first time, then I really felt that whatever sense of being disconnected from my body I’ve had the last 10 years, even more so. I just felt my body wasn’t mine – since then almost not had time to think about me either. Now the weight is at the highest it’s ever been so I’ve become invisible again, but interestingly, now fat is visible.
There’s so much media attention on being fat – before you could be fat and you could be invisible, whereas now, it might not have been politically correct to make jokes about it in the past, now every comedian will say things. It’s on the news. I’ve been declined for life insurance twice, and now actually I would be more invisible I think if I was thin, I’d blend in more. I stand out now, not in the way that no one cares, but everyone has got a position, has got something to say about it. Everybody’s eyes are on the fat people.
Biopic: Molly

I was quite a large baby. I think I had a fairly normal childhood food-wise. My parents lived with rationing, and so, in the years post-War, suddenly there were all these nice things on the table. As a child growing up my mother was very much solid home country cooking. As a child I would always go back for second helpings and I was always encouraged to, with comments like “Well done, that's a healthy appetite there, you'll grow strong”. I was probably 11-12 mark when I started to become a little tubbier. But of course that was always termed as puppy fat; “Don't worry you'll grow out of it”. I just kept getting taller and taller and bigger and bigger. I remember doing a science experiment at school. I was one of two girls in the class full of boys, and inevitably I was the heaviest at 12½ stone at the age of 15. I shouldn't have put any more weight on from then, but inevitably I did, and throughout my life I've yoyo dieted. I recollect being very aware that actually I was fatter than everybody else and couldn't wear fashionable clothes and things. I was relatively fit. I was fairly active. I think probably between the ages of 16 and going through college I wasn't so active. Studying academic work does not come easily, I'm afraid. I've always doubted myself in that area.

My mother has never been small. (She’s) 5\"5/5\"6 (and) did get up to about 20 stone. I remember when I was about 14, coming home one day, and I opened the door and there's my mother sat inside the larder. Just sat there. She just needed to get away. My mother was brought up by a foster mother, but to all intents and purposes it was the only grandmother we'd ever known. She was suffering from senile dementia and came to live with us, and my father found her very difficult. My mother was exhausted, and not really getting a lot of emotional support. My father would come in from work, and go off down to the pub. So mum would be left with it. I remember this odd behaviour, and saying to mum “Well look mum I'm here. Go up and have a rest, lie down or whatever, just have a bit of a break.” I think my mother was nearly at snapping point because of having to deal with my grandmother. Prior to my grandmother's senile dementia, she's had to deal with my father's mother, who suffered with MS, was in a wheelchair, and attempted her life, ended up having to have her legs amputated, had pressure sores, had to come home to
be nursed. I think my father put a bit of pressure on for that. Well she’d done that and was then coping with someone with senile dementia, plus two children, and working, and with a husband who’s doing shift work, and actually wasn’t offering her any emotional support. She had a bit of a tough time. I’ve got a huge amount of respect for her, but I also think that she’s put up with far more than she should have done, and sometimes I berate her for that. And so my mother, again around those times, would comfort eat, and I would see her comfort eating,

I’ve had several episodes of being bullied. After the first term, they had to take me back to infant school, and I remember not wanting to go, and being carried in my father’s arms to school, and being deposited in the arms of the teacher. And I remember my father walking out, not turning round, leaving me there, and my parents tell me I was screaming so much I was as stiff as a board. I also remember being in the classroom, sitting on the desk, screaming and crying. And I remember sliding off the chair ‘cos my dress went up and I showed my knickers. I remember that, and sitting on the floor and screaming, and screaming, and screaming, and people leaving me there, and feeling very unloved. Apparently it turned out there was a girl who was sitting next to me who was bullying me. I don’t remember the bullying aspect at all. But it’s very much how my parents put me back into that situation, and I remember that intensely, really do. I have real trust issues particularly with men since then.

There was another spell, I remember being bullied because my father was a policeman and I was always fairly good, fairly quiet at school. The goody-two-shoes I suppose, but I didn’t like to rock the boat, particularly where my father was concerned, ‘cos I knew he had a temper – I had a childhood of that from time to time. I remember my father saying that as he’s the local bobby he was respected in the local community. And saying to me that, “You need to be good. You’ve got to show other people how to behave. You’ve got to set an example to people.” So I liked to toe the line. I didn’t like to push the boundaries too much.

So that was a nasty spell, and then in my teenage years, I was probably 14, I was a fairly large girl, I remember being at the school dance and feeling a little bit out of place. One of those social situations where I don’t feel hugely
comfortable, I am quite shy in many respects. I was very aware of my size and
didn’t have the prettiest frocks. I didn’t have great legs so couldn’t wear short
skirts or anything like that. I remember all these other people looking very
pretty and prim with their nice new clothes, and I felt very fat and awkward,
and some girls that I had been friends with since I was eleven, decided they
didn’t want to be friends with me any more. No reason given to me at all. Just
in the middle of this, with everybody round, and I felt awful. I felt completely
abandoned. At that stage I skulked away into a corner, as you do, and it still
upsets me now. And I then went home.

(food as a reward) Ooh ooh absolutely. If I was upset “Have a chocolate
biscuit you’ll feel better”. But then if there was something to celebrate “We’ll
go down to the local cafe and have lunch out”, so celebrating around food. So
food was always something that was there, and if there was a big birthday
party there was a lot of food put on. If family came round, then it was always
concentrated around a meal. If we went out to my grandmother's then we’d
have a nice big Sunday roast, and all these sorts of things. Even growing up
and going out for tea, or going out for a meal in a café, was very much a treat
in those days. Today it happens every day, so I'm not satisfied with just going
out 'cos that's not a treat. I've got to have the chocolate cake, with the
whipped cream and the chocolate sauce, and it's got to be on a nice plate,
and probably a little something to go with it. You got used to that, but that's not
a treat, so you’ve got to go bigger, bigger, better every single time.

So got into a lot of bad habits, some of them through emotions, some of them
through seeing how other people were. I think another factor actually is at
school. I was never allowed to leave the dining room until I'd eaten all my
food. I wasn't allowed to go out and play until I'd eaten all my food. I had to, I
wasn’t allowed to play. I find it difficult now, when I'm hungry, to know when
I'm full because I learnt to override the messages my body gives me, to tell me
when I'm full. Even now, even with the education and awareness and the
knowledge I've got around this, I still struggle when it comes to portion size,
and knowing when to stop.

I've had four episodes now where I've lost a lot of weight. Over my nursing
career I'd got up to 18 stone. I was 23. I went on a huge diet and got down to
14 stone. I met my husband, put on a little bit of weight, lost a bit of weight. It was only a couple of stone but again I'd got down to around 14/14½ stone so I could have a nice wedding dress. I still felt fat but was pleased with the fact that I could get into nicer clothes. Over the course of time I put on a bit of weight..

About 35/36, I was up around 18/19 stone. I lost a lot of weight. I think that was something about trying to get a bit of control in my life ‘cos I knew my relationship with my husband was not good. My marriage did eventually break up when I was 38. Absolutely devastating, it was the day after our tenth wedding anniversary. I bought a little cake for him and left it there with a card, and I'd come home, and this big argument ensued, out comes “I don’t want to be married anymore.” so that immediately shuts me up. His behaviour towards me for the previous couple of years hadn't been good. He did put me down a lot. Did ridicule me in front of people and he constantly criticised me over my size. I'd been losing weight and was probably almost at my thinnest I’d been for years when the marriage broke up, and then immediately lost a stone in a week. I'd gone down to 13½.

I moved out, and went and lived with my parents. In retrospect, I realised I needed to be looked after. I'd go to work and I'd come home and even my underpants would be washed and ironed. And a meal would be there for me, ready, it was just wonderful. The weight was starting to pile back on. Mum's home cooking, home-made pastry, home-made dumplings, cottage pie, treacle sponge, apple crumble and custard, the works.

At work if I was dealing with stressful things. I did go home, and I would tuck in to a whole tiramisu, or a whole chocolate cake, it was binge eating but it wasn’t. I didn’t make myself sick or anything like that afterwards. You know I just felt hugely guilty afterwards, and be unhappy with myself, and angry with myself, I suppose for being weak. I think there's been a theme throughout my life that I see myself as weak. I think I should stand up for myself a bit more. I know I put myself out for other people. I'm sure that's one reason why I went into nursing, You're constantly being told how wonderful you are as a bedside nurse.
My marriage split up. I put on a bit of weight, lost a little bit, not a great deal, met a chap who I then went on to have a relationship with for 3½ years. He then ended up having an affair with my best friend. I was probably at that stage about 15½ stone. I was devastated. It all came out very publicly, which was quite shocking. I'd just lost my dog, work wasn't going very well, my whole world crumpled. I'm afraid I dived into the chocolate mountain, and just consumed, and consumed. Didn't eat proper meals, couldn't be bothered to cook. All the weight piled on, and piled on, and piled on. In mid 40’s I was quite large. I was about a size 20/22. I was probably around 18 stone and then it plateaued, and then it went up again. At my heaviest I got to being nearly 22 stone, size 24. I was getting puffy walking up and down stairs, getting tired, wanted to fall asleep in the evening, things like that.

I was going in (to new job), feeling (like a) fat frump. On top of that I’d been to the GP, for a check, and they’d found blood pressure. And so I thought I’m going to have to do something drastic to lose this weight. I feel as though I’m a food-aholic, a bit like an alcoholic, and the trouble is with alcohol you can actually get rid of the alcohol, but you can’t with food because you need food. You need food to exist. I found the Lighter Life diet. I actually cleared my cupboards completely. I had empty fridge, empty cupboards. So all I had was these packs of food to eat. I lost from the October to the July, 96 pounds – 7 stone. Lost all the weight, blood pressure came down, off the tablets, feeling good, could get into all these nice clothes etc. lots of compliments from people. It was great. Feeling good about work as well. I got down to 14”9/14”10.

Last year I had to have some surgery. The doctor had said no diet foods. So I did eat normally but I wasn’t very active. So 2½ stone goes back on, but in January I went back on Lighter Life and I managed to lose a stone and a half.

Oh (weight) certainly gives invisibility and I know that after my relationship broke down, I wasn’t in a rush to lose weight because if I lost weight then would men want to pay me attention and I know that. It’s certainly played a protective role because even though people were telling me “You need to lose weight to be healthy” I knew that people wouldn’t look twice at me, and I didn’t want to go there. As far as a relationship was concerned forget it. I didn’t want
any of that at all. I didn’t lose this weight to make myself more attractive. I lost this weight because I wanted to be seen as a more successful person. And I wanted people to look at me and see that I was an intelligent, assured, successful individual. It's very, very subtle but when you are bigger people do think of you more as the jolly, happy, Hattie Jakes type character, and they don’t think of you as being necessarily clever, but more stupid, and fat, and silly.

I’m not very good at selling myself. I think some of my skills are actually around my agreeableness perhaps. I felt a tremendous responsibility (since childhood) that I had to toe the line and be squeaky clean, and squeaky good, and beyond criticism, and of course now in my working life I hate it if I put a foot wrong. And I think that comes down to wanting to please, and being adaptable, and all that sort of stuff which is around food. I really berate myself if I say something wrong, or do something wrong, or something’s misunderstood etc., and of course immediately that happens I want to go and dive in the chocolate cake. Whilst I’m still intelligent enough to know about what my mind is doing, that’s what my mind is saying, stopping that behaviour is really hard. Sometimes I’ve managed to do it, but sometimes I haven’t. Well often I haven’t. I still see myself as very weak, and give in easily. I think the other thing is I live by myself. If I’ve got a friend coming then I will stop, and I will take time to prepare a meal, but by myself I can’t be bothered. So it’s almost disrespects myself because I’m saying I’m not worth it.

I am now 16 stone, I'm wearing size 18-20 clothes. That’s still a fairly large size, but I don’t feel so much out of place with people. I saw a couple of pictures of me (before) – I think that’s probably what did it – I saw myself in this black suit, and I’m thinking Jesus you look so big, and it didn’t help that (a colleague) was there and she’s stick thin, and she’s incredibly intelligent, and incredibly dynamic, and constantly on the go. I'm not saying I want to be like her but she is somebody that you want to admire.

I feel more comfortable going into situations now, when I’m talking to people who I perceive as being of a greater intellect than me, I have started to recognise my worth on a professional level a lot more. I feel I stand more
upright. I feel more comfortable going in and shaking hands, and talking to people. I can make a bit of small talk now, whereas before I would have just kept my mouth shut, and stayed quiet, and hidden behind somebody. I've just been given a project which is fairly high profile, before I would have been having sleepless nights about it, and I'd have been straight to the bread bin. I'm not saying I haven't done that once or twice, but I'd have been doing that constantly and I'm not now.

I have maintained (weight loss) through the ups and downs of the emotional bits and pieces, including (recent boyfriend) telling me he was married. Did I reach for the bread bin? No. I was just very upset at that time. I felt quite sick. What I was doing there was berating myself for not having better judgement. “You should have known that”. I'm very good at beating myself up like that.

Actually I think I'm an okay person. I've become quite a nice person, and sometimes I can be very nice. I can't be that bad if I've got so many close friends that I've managed to keep for such a long time. I count myself lucky actually, I've got a good handful of really close friends. They're all female though – they're all female.

I berate myself because I think “I should”. I know I'm very good at doing that beating myself up with a cane because I think I should. I know if I stick to it (diet) really well, then I lose the weight. The other week I lost 5 pounds and was thrilled by the fact that I lost 5 pounds that week. But then I didn't stick to it did I? ‘Cos at the end of the week I thought “Molly you've done really well have a celebration”.

I do comfort eat. I know if anything upsets me at work, or I think if anybody's spoken to me harshly or whatever, I immediately turn to food, and just the mere act of putting a caramel on my tongue, or a bit of chocolate, even a bit of cheese, just instantly, even if in that moment I know two minutes later you feel awful, but that moment it makes you feel so good.

I don’t think I’m ever gonna lose that feel-good factor from purely putting something on my tongue, and tasting it, and the action of chewing it, and that full feeling that you get, and that is actually a very satisfying thing. I'm one of these people that needs to have a feeling of fullness at the end of a meal.
Because without that, I don’t feel I’ve eaten, and I just want to continue eating. It's trying to understand how much of that portion on the plate is going to be enough to make me feel full. I haven’t got it all worked out yet.

Most of the time I do eat what's on my plate, sometimes I don’t, but I have got better in the fact that I won’t scrape the plate clean. I will, if I feel full, leave something. I have this message in my head, from my mother, from seeing the African children on the TV, “Don’t leave anything on your plate you’re lucky to get it. Look at those children they've got nothing”, and that still plays in my head. It's “waste not want not”, and all these other sayings, that sort of come through, so I don’t like to leave anything and waste food. I suppose it's probably about only 15/20% of the time that I will leave something on my plate, and it's not much, a couple of mouthfuls usually.

After I'd lost all that weight, Mum did say to me when I had a piece of cake, “should you be eating that?” So I did kick back and say “For goodness sake mother, if I can't have a treat now and again no point in living”. My way of caring for myself – although sometimes I don’t care for myself very well, because I can’t be bothered to cook a proper meal!
Biopic: Sally

I was born in 1956, at 10 pounds 13 ounces. (I remember) my mother telling me that I was a big baby and I had lots of tales of her insides never being the same again. My mother breastfed me but describes me as a very hungry baby (and) an excitable child. She used to use food to manage my demands, so she describes things like “Oh I could never go out without a packet of ginger nuts or something with you as a toddler”. When I was having a tantrum she would use the biscuits.

I was ill with pneumonia when I was about five and I was off school for about a year. From my mother’s point of view being poorly actually is when you got a lot of attention. She did have, when I look back now, obsessive compulsive disorder. I've got memories of being stood in the bath and scrubbed with a brush, and school holidays spending a lot of time cleaning the bathroom. My mother was a very, very, good cook.

My dad was a Scout Master, and he had two girls, and so I was like the boy in the family, I would have said I fulfilled that emotionally. My role in the family was the mediator – keeping the family happy, but again food was quite significant. There was some strife in my parents' relationship. I've got memories of her having severe migraines, so much that she would have to go to bed for a whole day, and I think, looking back, she was probably quite depressed. During that time food was my huge comfort. I used to steal actually, which was awful, from the table. I had this thing that I used to always take whatever was left over and I had a triangular bandage that I always used to pack a little supply. It was like a little comfort – just in case. My sister and I ran away once, and we had our triangular bandages with all our food on. That's perhaps why – so that if it got too bad, we'd always be able to run off, and survive. That carried on – I never go without food. I had this thing about having a little reserve. In the morning when I have breakfast I will be thinking about the next meal, my food, what am I going to take to work? It's quite significant in my life. That's always carried on, and I LOVE – I get a lot of comfort from the taste in my mouth, my tummy can be really full, and actually I
can almost feel a bit sick, but I still love getting the feeling at the top of my mouth.

My mother describes me as well-built, big boned. “Sally's not the feminine one”. My sister's very petite, she’s quite feminine. With this boy thing, my father used to take me off to men’s hockey matches. I used to watch a lot of rugby with him. I did a lot of sport at school, and my father would always buy clothes for outdoor pursuits. We would go shopping, ad infinitum, to get another mosquito net, or whatever, but if I wanted to go to get a dress, I usually had a very tight time frame, and he had a very short temper – so I never felt any time was spent on getting girly things. My mother on the other hand was what I call a corporate wife. She was a home-maker. I remember her having her hair done and nails, but I don’t remember her being a mother that would share that – I didn’t feel that aspect of my needs being met. So for Christmas, my sister would get a little make-up set and I’d get a huge pair of pants, and some big thick woolly socks. We had relatives that my mother valued. We were scrubbed up and put on show, and then, “Oh Sally's very boisterous, she loves outdoor things, and she’s not interested in boys. She’s a bit thickset”. I felt a bit like the runt of the litter really.

It seemed to me in our family that the food side of it was my comfort. My mother says, that they found it very hard to cope with my emotional needs. I had imaginary friends and again food featured. I think I was just a bit of a strange person in the family. And that they found that really difficult in our family culture – my emotions ruled my head.

I was quite a jolly, friendly, person that had a huge sense of right and wrong and justice, I think I’ve always seen myself as big. I suppose it was my personality, and people liking me for me, rather than my shape, that had got me through, but I wasn't one of the cool girls that looked cool. I certainly wouldn't have felt very attractive towards boys, so things like sport, or doing other things around the school, probably gave me some sense of worth, rather than worth for myself.

I used to sit in the back of the car when my parents used to be arguing, and as soon as they started bickering, or there'd be some tension, then I would be
again trying my role in the family to be the mediator, because often I could
jolly the pair of them up. Pleasing others has almost been my way of soothing
myself, perhaps because of not liking myself much. So if I get everybody else
to be happy then that perhaps ....

There would always be food. I suppose for my comfort, that's what I would do
when I got home. People joke now if I go somewhere I can always remember
what I've had or I can recall events, or where we went for meal. I would be
able to know what I ate 'cos that would be really important to me. So perhaps I
wasn't as big as I thought I was, but it's how I felt about myself at the time. I
did scoff food, and eat it, and I ate in secret.

I think I did feel strong being weighty, but it didn't make me feel feminine I
suppose. I don't think I really ever felt worthy that anybody would fancy me. I
did have one or two boyfriends but not many. But (husband) was the catalyst
for me really enjoying myself as myself, because he liked my body very much.
So it wasn't until I met him that I would have said I felt worthy of even
exposing, or showing anybody, or feeling confident to do anything with, my
body.

With my mother mealtimes are very significant. Her job was catering so her
needs were met by us, and again it's this approval thing with me, to get the
family approval. What I am accepted in the family for is about my eating.
“Sally's got a lovely good appetite. You know she eats all her food up.” I
always had seconds. We always had the food laid out in dishes on tables with
serving spoons. It was never portioned – plated – and I just had that amount
of cabbage, so I could always go back to have more, and I always did. I think
it fuelled my mother's need that she was being a good mother to me, because
I ate it up, and I realised I could connect with her in that way – her home
cooking. And re-validating her, and she could see me heartily tucking in –
gave her a lot of pleasure and she did do a lot of cooking. She was a very,
very good cook. We had three meals a day. We had coffee and cakes, tea
and cakes. Finishing everything on your plate not leaving anything, even
bacon rind I remember. I didn't mind if it was crispy but you know when you
get a bit half caught up I used to struggle a bit with that. So validation.
My father was in the restaurant business so we used to go out a lot, and we’d be like the girls on show. But when I got to the meal, ‘cos my mum’s very hot on etiquette, and us being well-mannered, I used to feel physically sick, I used to think ”I don’t think I can eat this meat ‘cos I can’t swallow”, ‘cos of the anxiety. So the Chef would do me an omelette on my own. But what was that all about? Getting attention? But because I knew I needed to finish whatever it was, I used to want to retch a lot of the time. I remember I used to giggle uncontrollably. But I always wanted to be well-behaved, and do what they wanted, but it was almost as if my body and my emotions couldn’t cope with the constraints.

I don’t think I’ve ever been less than about a 14 even when I was little I never seemed to have size 10 jeans, ever. That was probably my nicest time when I was a 14. I’ve had periods of my time when I have been what I would call a healthy weight. I never really wanted to be ultra thin, but it was just about not having that excess thickness.

I always make a good job of whatever I do, but I don’t actively choose to do it for myself. I seem to be filling other people’s needs.

I would have said I slimmed down a little bit, nursing, ate like a horse, but you know worked hard, so again I was in control of my own food so I didn’t have to have three or four meals a day, and if I only wanted toast and pate, or marmite, and things like that, then I could just do that.

All of our set (- training group) all went into this big old house, and that’s where my role in the group was that I could cook a meal for 14. I had a range of dishes, and I got a lot of comfort from cooking for the group when we were all away from home to start with, that camaraderie to be providing food, so that featured highly in all the nurses’ homes. When I think about it I seem to be perpetually giving food to people – my way of saying that I loved them, or that I liked them, or I wanted to be friends. I rarely saw friends without food being involved.

I thought (the nurse training) was really good. It was highly emotionally charged. I mean I grew up over night. I did take up smoking then, so the
smoking probably helped me keep the weight down a bit ‘cos again it was quite nice to have something in my mouth which satisfied my needs.

Food featured but I don't think I used to binge eat at that stage of my life actually, because I think it was structured with the shifts you were on. (Husband’s) family food is completely different. You just had to get your own. I quite liked that. I found that quite liberating, and you could just help yourself. So it wasn't all laid out with a damask cloth, and the table to the side, and your butter knife, and your jam knife, and your honey spoon, and sauce. You could just go to his house, and if you were hungry you could eat. You could just be yourself really there, and I loved that. It didn't mean that they didn't love you, but there just wasn't this big ceremony.

I married, 24/25, and I was probably at one of my slimmest points then. I think I was a 12/14. I went into health visiting and I think that was really helpful for me personally. The course opened up a whole lot of reflection about myself and my childhood and I think it sort of made me feel a bit sad for myself at times. So my weight did balloon then and I remember joining Weight Watchers. I suppose I was an 18. I was quite successful about getting back into control and went right back down to a 12. That was a really good time I would have said at the Weight Watchers thing. I got a lot of rewarding from (husband) in the relationship, because he was really thrilled that I was looking really nice again, and that is quite important to him because he has got a bit of a ‘fatist’ thing. He stereotypes people as being lazy, or ill-disciplined, if they're weighty. Then it just all started to creep back on. Over a period of five years I suppose I went from a 12 back up to a 16/18 again.

I had children at 30. I got really beautifully looked after food wise. So eating (when pregnant) I felt that was a really lovely time and I was quite contained in my pregnancy. But then I did start eating a bit after because once my body shape had changed, where it was out of my control about my maintaining my body shape, something else like the baby made me big. I went completely wild then ‘cos I thought “great I can eat whatever I like” so I sort of left any sort of control then. So I think when my body shape was distorted, and I actually didn't have any control over that, then I could lose control of my appetite. But
then I found it really hard to get it back in check so with the birth of both the babies I got bigger.

I sort of cut the labels out of clothes when I got bigger, so probably 18/20 is the biggest size I've been. So then I joined Rosemary Connolly for exercise. I was about 33. I didn't go back down to a 12 but I got down to a 14. I think I've done everything. I've done Herbalife. So every time I get up it's almost like I have an upper limit of thinking that's as far as I can go with it, and then I've got to get it back in control, but I find it harder as I'm getting older to even be bothered to do it.

Every time I lost it I always put it on and then a bit more. I think I pretended that the relationship was fine, but I don't think it was really. We just got through. I just remember feeling exhausted and there was just a lot of bubbling tension really. Food had a huge role in that, 'cos again that was a thing that always brought us together. In times where there was that underlying tension, I think the food made it all alright. That's when we came together. That's when the family were all in harmony. I could pretend everything was fine ‘cos we were all having a meal, and eating up.

We came through that period, and that was when I was my highest, and then I got really resentful I think 'cos (husband) found me fat, and I found myself fat. I was projecting defensive behaviour with him. He just said “I can’t understand, you must be eating a whole load of stuff” and then he became like a monitor, he’d be checking what was in the fridge. So then it was a bit of a battle over the food.

I feel funny enough more in control of my food now, now that the children almost left home and are more independent. I don't have so much feeding to do. I don't seem to need food as much as I thought I would, which is quite a healthy thing really now. I haven't lost any more weight. You know that's not the point, but I feel more settled about the weight I am.

I got into something called Herbalife. I went from an 18 right back to a 12/14. It was marvellous to have these food replacements. It was quite prescriptive. Again I got down there, maintained it probably less this time, about a year, having spent all this money. It was really expensive and then it all just went
back on again. I must have been about 42. I thought that because I'd lost the weight that I could just get my eating back under control and it would just be about maintaining but you know I went back to my old habits really. And then I suppose that was the time of transition over primary school and everything. So I found that was when my weight ballooned up really. It seemed a huge responsibility for me and I think that's when I struggled with my weight. It seemed like a burden of emotional responsibility for somebody who'd always been told that they can't deal with their emotions.

It's made me realise that actually you need to spend more of your life doing you know experiences and memories and activities, with food being part of it but not being the only activity. Where you're sitting around for hours and hours and hours – about four or five hours just eating and drinking and I love that with everyone around the table, or in the garden, or dipping in and out of different foods and tastes. I could do that all day.

I'm a 16/18 now so I'm quite good at disguising my weight really – lots of focus on my face and not so much on my body. I think he's realised there's a depth in the relationship apart from weight. I find it very hurtful when that's very important to him about what I look like.

I think I'm much better now at saying what I'd like to do, and what I enjoy, rather than doing it because somebody else wants to do it. So I think that's probably changed a bit. So we're better now at being realistic, what we can do really together

I just thought, you can't do it all, so when friends come, I still cook, but I've even lost a lot of my enjoyment in the cooking. I don't mind if the children come home and I haven't thought through what I'm having, where before I would have, it would be down to a tee. And I've realised actually that the world doesn't fall apart if you haven't. I hadn't realised how far I'd gone a bit like my mother, in that she's so planned it sort of spoils the whole occasion almost, because people just like the company of people. It's lovely to entertain and host where you've got food, but they don't come just for the food. That's part of the ambience. You can get other pleasures from people, and activities, rather than the food. I do a lot more sharing of food now, where I say to people if
they'd like to come would they like to bring something of their's, rather than me be the provider, because again I think I've really learnt over the last few years about being a receiver, and I haven't been a very good receiver.

I've mirrored the same (as Mother), and that's what I feel sad now. It's all that feeling that time's run out and actually they didn't need those cheese scones at half past seven in the morning, and why didn't I just read a story or just be a fun mum? But doing that, for me, was being a really good mum. But it is about being, available. It's not about being all stressed out, and yes you've got this lovely spread, but actually you've been a bit nasty and you've ignored everybody.

I do feel much, much better with my weight but then perhaps because I'm supporting less people emotionally – that's how it feels for me – or whether I've just matured and being emotionally a bit more contained, and I don't mind being myself really, or being the personality a bit that might be not contained. That doesn't matter either for me now. I would, for health reasons, like to be a bit lighter, but I don't for aesthetic reasons. I don't worry any more about that. I think it's about myself rather than what I look like. You know if you're happy in yourself inside, then that radiates outside as beauty, not what your physical shape is.

A lot of it now I would have said is habit, so it's having to make a conscious effort, 'cos I would come straight in and eat nuts, and again when I go into a high anxiety, or if I'm out on my own. So its recognising when I feel like that, I just immediately would think, right I'm going to go and get food, and I'll do that, and a lovely hot drink, and eat lots and lots of food that's comforting.

But I can recognise it I suppose now, and would have it in check, where perhaps in my previous years I might have a whole six months of buying lots and lots of chocolate bars, and then of course have the self-loathing cycles in six months time. I would have put on loads of weight but I couldn't stop myself doing it, and then I'd try and get it all back in check, and then be cross with myself. But then you realise it's about you just being yourself, and liking yourself, not the food really. It's just realising that you don't have to keep proving everything. But it's quite hard to do that really I think.
It wasn't (a) normal childhood by any means, no. I was the oldest of three. My parents had a very stormy relationship and I was often left to look after my two younger siblings. There’d be lots of times when we'd be out in the garden and become aware that our parents were arguing in the house and stay out in the garden just to keep out of the way. I can remember being out there ‘till quite late at night sometimes just because we were terrified of going indoors. Their arguments got quite violent sometimes. My parents would end up having a huge row and my mum would go. The first time I remember her leaving I was probably about eight or nine. The final time was in 1986. So twenty years. But it was just normal life to us I suppose. We didn't really know a lot different.

My mother was constantly leaving and then coming back. She'd be back for six months and then she'd go again. I wouldn't like to describe my mother as a manic depressive because she's never actually been diagnosed and I don't know whether she actually is. But she certainly had horrendous mood swings and she was paranoid, absolutely paranoid about the most ridiculous things. My dad was constantly trying to persuade her to come back when she was away. Her family lived in Luton, and he used to take us up there in the car and spend hours trying to persuade her to come home. It just became a nightmare. I hated that journey, absolutely hated it. My mum's still alive, as far as I know. I haven't had any contact with my mother since the divorce. I did feel angry, I don't sort of harbour any grudges really. I just feel my mother is a weak person and that's her way of coping. My mother was not a warm person at all. She very rarely showed us affection. I don't doubt that she cared about us, but we very rarely were given any physical or emotional show of affection. As far as my mother was concerned (food) was just a necessity.

So throughout my childhood, my grandmother came and looked after us when my mother was away, and once I was old enough to do it, I did it. – from about 12/13. I can remember bunking off of school at lunchtime, and buying shopping, and taking it back to school, and taking it home and things like that. I did the washing and the ironing. My dad tended to look on me as the one who needed to do it because I was the oldest. Everything was always my
responsibility. Even when my sisters were little if one of them got into trouble it was my fault. It was hard. I guess I didn’t really share it with anyone. I felt somehow that I needed to keep it a secret. I’m not aware that I was particularly unhappy at the time – other than just the turmoil of my father always took things very badly. If my mother was away he drank quite heavily. He was never violent or anything to us. He would just completely withdraw into himself, and numb himself with drink. So that was quite hard. But as I said it just became normal really. I would go to bed at night sometimes and cry and think “I just can’t do this. I can't carry on”, but I’d get up the next morning and carry on. Yeah, I definitely got to that point several times, but as I say, I never actually said it to anybody that needed to hear it.

There were regular meals but there probably wasn't a great deal of money and some of our meals were sparse. Not huge amount of food but enough, and I am not aware that we ever had things between meals. I don't think food was an issue as a child. It was something that you needed to have but it wasn't used as a reward. We always ate as a family. I can't remember breakfast time at all. But we always sat down to an evening meal together as a family. I wouldn't say we had to eat everything. It was certainly a case that if there was something on the plate that we had not had before we had to try it, and yeah we had to eat what was on our plate. If there was something on there that we really didn’t like, as long as we tried it we were allowed to leave it. But other than that, you eat what was on your plate. I can remember even at primary school being made to sit and carry on until you'd had what was on your plate. I can remember having something at school, and I can't remember what it was, it would have been either something like semolina or tapioca, and just feeling totally revolted by it, and being made to sit there and eat it because it was on my plate. I mean that was the way it was done in those days. I think because my father was a very authoritative figure, and what he said went, and if my mother said “I've cooked it you'll eat it”, he was there to reinforce that, and so we did it. I still eat it. There's been some classic examples recently (when) it has really been not worth eating, and I've just eaten it anyway 'cos it's there. Yeah absolutely. Yeah, I very rarely throw food away.
(My gran) was my best friend. She was also very influential in my life in teaching me to stand up for myself and be more independent, 'cos my dad was quite a dominating sort of person. I wouldn't say we were scared of him but we certainly had a lot of respect for him. You know if he said something you did it. That was just the way it was. We used to go and see (gran) every 4-6 weeks and spend the day with her. I also used to go and spend a week with her, just me, and we'd go off and do things, and go shopping, and I remember my gran taking me to buy the first clothes that I'd ever bought for myself. I was probably about 16 and I tried this dress on which I really loved. It was just totally different to anything I'd ever had before. You know clothes in our family were utility. You had things that would last. This was totally indulgent really. It was nothing like I'd ever had before. It was really feminine – that I'd just not had prior to that. My dad hated it. If I'd bought it without her with me, or without her approval, I probably would never have worn it. But because she said it was ok, it was ok. I wore it. We were certainly very close. She used to make me laugh. She was just amazing, absolutely amazing. It was quite a blow when she died I suppose. I'm not aware that I missed her but I guess I probably did. I still think very fondly of her. Having thought about it, my gran took a great deal of trouble (over food). If we were going there for the day – she only had a tiny dining table – but we all used to sit around the table and there would always be a roast dinner that she prepared herself and pies that she'd prepared herself. So yeah, she certainly did see food as a way of showing caring for people, definitely. She would go to huge amount of trouble to prepare food for us when we went there for the day. We'd always have tea as well, with cakes that she'd made, and things like that, so yeah, that had never really occurred to me, but I guess from her point of view, definitely it was her way of making you feel special.

I'm quite a touchy person, but emotionally I tend to keep my emotions inside, until I can't keep them in any longer and then they explode. I used to try to get my husband to show me affection but that never really worked, and we'd usually end up having an argument. Which was mostly about me needing him to show me something that he either wasn't aware of, or couldn't. It makes our marriage sound awful but actually I felt we had a really good marriage and I was totally and utterly shocked when he left. He had left me once before, so
when he left that time, I knew that he knew, that it would have to take something pretty dramatic for me to take him back. He was very aware of the history with my mother, and he knew that coming and going wasn't an option. So I was pretty sure when he'd left, he'd left for good.

The only chance I got to cook was when he wasn't there, and I actually enjoyed the fact that I could then cook for myself. But after that I completely lost interest in cooking. I think because I was on my own, there was only me to think about, I couldn't see the point in cooking for me. I don't know whether I'd lost interest in – I want to say, in myself, but that's not quite true. I couldn't see the point in spending time preparing a meal just for me, and I guess it's just occurred to me, that probably I saw preparing food to feed other people as some sort of way of showing them how much I cared about them.

Thinking about it, actually some of the problem might be that I just haven't been able to get organised at the weekends 'cos I've had a lot on. Organised is finding time for me to prepare myself for the week ahead I guess. I've always put others first, whether it was my husband, my son, my dad, more recently my sister. If any of my family came to me and said they'd got a problem, I'd be there like a shot, regardless of what I was doing. I just put other people first all the time.

I am aware that the times I tend to eat are the times when I'm relaxing. If I sit down to watch the television I want food, even if I've just eaten. I don't sit and watch television very often but when I do it's a real trigger time for me. If I'm tired, it's a real trigger..I always feel I should be doing something. That to sit and, what I perceive is do (nothing), is wasting time – taking time for me, yeah. So it does tend to be the times when I'm sat with nothing else to do, not necessarily that I'm bored. I do feel guilty about sitting doing nothing for some reason, which I don't understand. But I do feel uncomfortable with not actually doing something. We were always busy at home. I think it was just expected. I've never actually felt that I'm good. Anything that I've done, as far as praise from my parents, has always been, not taken for granted, but never really voiced. Nothing I've ever done has ever been good enough for my dad. You know he's always pushed me to do more, which I can understand in a way, he's always wanted me to achieve, but I've never found that anything I've
done has been recognised. But he never ever has told me, probably even to this day. He's much more demonstrative now, but he's nearly 80. If I do things for him now I will get a thank you. I never expected ever to get a thank you because it was just expected – not expected – but you do things not to get praise for them. I've achieved some quite big milestones in my life, and although he's always said "well done", I don't ever feel it's come from the heart. I think he does feel it, he just doesn't know how to show it.

I guess I first became aware of a weight problem in my early twenties. Up until that point I'd been very active. I did a lot of sport at school, was in various school sports teams so I can't say I was really aware of eating habits up until that point. But whatever I was eating I was burning off with exercise. Of course once I left school went to college that all slowed down. While I was at college I met my then future husband, and started work so didn't have a lot of time and then gradually I suppose just gradually over a period of two or three years I put on probably about a stone. After we got married – I was 24/25 I think my weight was fairly stable. I went back into doing exercise. I was going to aerobics classes and things like that and I managed to get my weight back down to what it had been in my early twenties and then got pregnant. And that was really the start of the problem because I did put on an awful lot of weight when I was pregnant and after my son was born I was probably two stone heavier than I had been before and I struggled with my weight ever since. I never really lost that weight. I might have lost little bits but I would lose say half a stone and then put on a stone and you know go through that cycle that you hear so often of people losing a little bit and gaining a bit more. Probably some of it was because I was dieting too strictly when I was dieting and then sort of binging on things that I was missing. When I would have been 30 I had a miscarriage and had quite a few medical problems associated with that. I had all kinds of fertility treatment. When I was 38 I was 16 stone size 24 um and really just totally withdrawn from the world and everything. I felt awful, I had no energy, I couldn't move. Everything was an effort and I suppose I was probably at my lowest then because I just wanted to hide away and not do anything. And then when I would have been 42 I decided that I just couldn't carry on any longer like as I was and I had to do something about my weight and I started to try and get more exercise. I decided that trying I
perceived as diet wasn't really gonna work. All I needed to do was cut down on what I was eating and get more exercise. I had stopped weighing myself by then.

I started going Weight Watchers and it just changed my life completely. I lost almost 6 stone in just under two years. Felt hugely better, had all my energy back, just wanted to get on with life. Unfortunately my husband didn't. He was quite happy in his sedentary lifestyle which had been brought on by me – originally we were both very fit, very active, we just did loads. As I lost weight, and I regained my confidence, I started doing things again. One of the biggest things was the sailing. I also went and did ballroom dancing lessons which I'd always liked – lots of things that I hadn't done that I started doing again. So as I was losing weight, and I was becoming more confident, I was getting more involved, which was getting me noticed, definitely.

In some ways I think he might have felt a bit threatened by the difference in me but we split up, which was fine at first. I think I was angry, then after he moved out I found that I was starting to get back into old eating habits which I hadn’t initially been aware of and I don’t know why. During the day and mealtimes is fine but if I'm at home on my own I’ve just got food on my mind constantly. I can’t get it out of my head and I will just eat ridiculous things, not even things that I like. I just eat and eat and eat until eventually I would think this is stupid stop! I don’t know why I do it. I don’t know what I get out of it. It's very hard to understand why I do it. I got up to just over 13 stone and then again decided that I had to do something about it and I went back to a Weight Watchers meeting.

I probably feel that I will be more in the spotlight once I've got back to my goal weight. But at that point (regained lost weight) I was totally off the rails. I hadn't got a clue what I was doing, or why I was doing what I was doing, and I needed somebody else to tell me, and it was shortly after that, that I decided to go back to a meeting. So I'm putting pressure on myself to do it. Initially it was definitely the fact that I was going to have somebody else weigh me each week, somebody else keeping an eye on what I was doing, somebody else to support and encourage me – to offer encouragement, yeah. I think acknowledgement is something that has been missing and is probably quite
important. Yes if I achieve something I do feel that I want somebody to acknowledge it and say “yes well done”

It's occurred to me quite often that I've got a totally different attitude to alcohol than I've got to food. Alcohol, I can take it or leave it. I can be out with people and they'll ask me if I want a drink and I'm like “yeah I'll have water”. But if somebody offered me food I'd be there like a shot whether I needed it or not. (It represents) Feeling that somebody cares, that they've taken the trouble.

Yeah, we don't realise really do we how our past affects us so much? You feel like you're dealing with it, but maybe you're not dealing with it as well as you thought you were.
“I think of my background as extremely dysfunctional in the modern sense of what we call dysfunctional but I think we knew our parents loved us – our parents were devoted to us. Well my father was devoted to alcohol – well that always had to come first – but Mum bridged the gap. I always knew that there were times when my mum would have to go and meet my Dad, to collect the salary before he blew it, or gambled it.

I always felt kind of very loved, but equally I’m aware that I was from a very troubled home. I think if I was a child growing up now I’d probably be sent to CAMHS or somewhere because I was always depressed. I’d go to school and would fantasise about if a car hit me and I didn’t have to go. I absolutely hated school. The nuns were so cruel, they hated us because they knew my dad was an alcoholic, and they thought we should be very humble, because you were either the humble, that they could be benevolent to, or you were on the PTA, and your parents were very wealthy and supported the school and then you could be proud, but if you weren’t in that top element, the elite bunch, you shouldn’t be proud. And my mum always made sure that we had white clean socks on, we always got to school on time and no matter what, we all did ok, and they didn’t like it. So I hated school, and home life was probably a bit traumatic really, so I don’t think I had much happiness, and I have thought back on it from time to time, and I think actually the reason I don’t want to go back to my slim days really, is because they weren’t very happy.

Leaving food is very difficult. I spent endless afternoons in the dining room of my primary school because if I didn’t finish my dinner, the nuns couldn’t send it to the poor black babies in Africa, and how selfish was I, so I had to eat it. I was encouraged to eat at home because they always thought I was too thin. (I) had pneumonia at 5 and my parents of course spent all of their time feeding me up, and I’d get lots of praise for eating more roast potatoes than my brother or my father, so I’d get more roast potatoes. We loved food in our house.
I was always kind of extreme – didn’t realise it growing up, I was always kind of size 10 to 12 but the issue is, as I look back now, I was always 5 foot 8 and my friends were 5 foot 2 so they were size 6 to 8, so I immediately felt fatter or I just felt – I realise now that what I felt was obvious, I seemed to stick out, I was taller with red hair and I was more noticeable and I interpreted that as being too big, I always thought that I was too big. When I was about, 15 or 16 I really noticed it, going through puberty, I noticed that I was that much taller than everybody else, and I just felt too big, and I don’t think that it was just the physical form, I think it was my whole being, I talked too much, and that thing of being too big was part of being too loud, too noticed, taking up too much space, too much time.

I went through this wanting to change myself so completely, wanting to just shrink myself, – you know it’s one thing to be over talkative, or attention seeking, or demanding, but to be big, for me, just makes it worse. I just think that I could get away with things better if I was smaller.

I was 17 when I met a boy who was quite abusive. I stayed with him ‘til I was 21 … and I spent my life having to prove that I wasn’t talking to anyone, that I wasn’t chatting anyone up, – and as I was (then) working with domestic abuse I laugh at myself now, but at that age !! And of course every negative thing that has ever been said to me is in my brain fresh like it’s said today.

(By 22) I was in a very, very unhappy marriage. (ex) Husband was someone who grew up without food, without love, and without nurturing, and food was very important to him and most of our dates revolved around food. And actually my (ex)-husband used to give me a good feed and then be very disappointed when I gained weight and he did humiliating things sometimes. I think that there were some really bizarre things and of course I hang on to those negative (messages) – they form very largely in my psychie …

Ahh, it was an unhappy relationship, It was an abusive relationship, and food was my comfort. And I have always envied people who can’t eat when they’re stressed – I don’t know what that is all about. You know I’ve sat with a friend, we both had rows (with partners) so we decided to meet up to comfort each other. She was sitting there couldn’t eat a thing. I’d been to Marks and

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ORIGINAL IN COLOUR
Spencers and bought them out and was wolfing down, just wolfing down, 
everything. And it was the same when my father died. Stress is related to 
everything I eat.

I come from a family of addicts, my father was an alcoholic, my mother’s 
mother was an alcoholic, we are probably chromosomally addictive. We’re 
second generation Irish, so when the men would go out to drink we would sit 
in and eat – it was our reward, so we loved to eat, my Mum, my sisters, and 
myself, and that was fine.

My father died when I was 29, that was when I finally left my husband, it was 
all within the fortnight. Two days after he died and people were coming in the 
flat, me and my sisters and my Mum, we knew what we had to do, we had to 
go off and eat because that is what we did. We all drove to a Harvester a 
million miles away so we wouldn’t see anyone, because we knew that if 
people saw us eating a 3 course meal while bereft and in bereavement what 
would they think about us? But that is what we do.

What I do recognise is we are kind of feast or fast. You eat everything you 
want until you reach the point where you think there is nothing left in the world 
I want to eat and now I can embark on a good eating plan. Now I can lose 
weight. And of course you do that for a certain amount of time, and then you 
eat again. So then you eat everything you want, you desire, and then you’re 
ready to deprive yourself again. So I know I’m very in this kind of binge and 
fast thing. That’s life – work hard play hard.

I’m not moderate. But that’s what I do – it’s all or nothing. I find moderation is 
out of my remit. I know if I wasn’t over indulging in food it could be alcohol, it 
was cigarettes, it’s always something, it’s always been something. And when I 
am being kind to myself I think, “Well actually food is the least of the evils, it is 
not the end of the world”. I try to eat healthily and my cholesterol is fine. I’m 
healthy but that means I miss out – I think I do feel I miss out on the fun, and 
the gastric band has stopped me from having those rewarding binges. But I 
feel as bad about a chunk of chocolate as I used to about 3 bars chocolate 
you know.
The only time I haven't had an appetite at any time is in acute bouts of gastric illness and when I'm shopping at Blue Water. It's the truth, when I'm spending money on things. The only thing that over-rides wanting to eat a meal is shopping, buying things, and once I've bought it it's a done deal. It's the looking at it and the buying it. And I know in all those fat times, particularly the fatter I am, the more important that food is. If we're going out to an event, if we were going to a wedding, I wouldn't be thinking what to wear, I'd be thinking “What's the meal, what will I have to eat?” And if we were going out and there was no meal, I'd want to drink lots of alcohol. Alcohol could replace food but it is not as good. It's not even the mind altering state, it's the putting it in your mouth and feeling it in your stomach.

I just love food and I love the feeling of being bursting. Being full-up, with a little gap is not good enough. I need to be completely zonked-out on food, that's my high. I love it – to feel uncomfortable, to feel slightly sick. I feel so happy with myself because I am physically so full up that I would get a pain if I ate any more. I feel sick, I'm full up, but I am going to carry on eating. What it is showing me is that actually I could have done with a (gastric) band around my brain really. I've always got to be putting something in my mouth. I have no doubt it's linked to me stopping smoking, and all that Freudian stuff, and not being breast-fed, and all of that malarkey. I'm sure there's lots of truth to it, you know, my early needs, my unmet needs.

This is my tension, I want to be that strong woman, but I don't want to be Hattie Jakes – a formidable character, -- and I'm very aware of that. And I would just like to be able to be the formidable character without being big. And yet, you know, often people say don't they, “I'm so much quieter now that I'm slimmer” and I wondered if that would happen for me, but I don't think it does, because I have to be heard at all times, you know, bloody hell, I have to be heard, but maybe I don't want to be seen. You know what they say, “There's only one thing worse than being noticed and that's not being bloody noticed”. But I want to be noticed on my terms, and I always feel that when you're overweight everyone sees your weakness. If you're an alcoholic, or a sex addict, or a druggie, you can go to work you can hide it, but when you bloody overeat it's written all over you, isn't it? “Needy”,”Oh look at her”. Actually
what’s the difference between me doing this (having surgery) and some old bugger that needs a heart by-pass because his lifestyle choices – been smoking, drinking and too much stress? It’s all about lifestyle choices, and they get nurtured by the NHS everyone looks after them. **If you want a gastric bypass you are a greedy fat bastard and you should know better.**

That’s part of this fantasy about, if I was satisfied with myself, would all those things go away, that drive, and that perfectionist, and that torment – sometimes where I made to say something very provocative, and it all seems very great in the moment, a bit like eating that food – but then later, when I am alone on my own I think “Oh God what’s the repercussion, why did I do that?” I hate myself for doing that. I feel so insecure, and it’s all the same feelings and emotions that I have around eating. I remember being disappointed that despite being slim that (being out-spoken) was still painful.

(There’s) a mantra about changing what you can, accepting what you can’t, and all of that, and for a moment I can believe it, but only for a moment. I’m scared that if I accept I might become unhappy – if I have to settle. I can’t imagine not striving for something unobtainable, you know I am a perfectionist – just never satisfied. I guess never satisfied. Well actually I don’t want a life change, I love my job, I love my husband, I love my friends. I wouldn’t actually change anything else. For me all that changes is that I like myself a bit more, or I hope I like myself a bit more.

I feel a failure when I can’t do it (be thin) all the time, I blame myself when I can’t do it. I still feel a bit of a failure that I haven’t lost more weight. If I’m eating I draw attention to the fact I’m eating before anyone else notices. Ordinary people eat all the bloody time, all day everyday, everybody has to eat, but its about that never feeling allowed to eat, or feeling I have the right to eat. **I’ve given myself plenty of punishment. It’s all self-pressure.** Part of me can’t believe that I’ll do it, and then the other thinks “Do I really want to do it, because if I really wanted to do it, wouldn’t I have done it?”

I remember him (a morbidly obese man on television, who later died) saying food was his best friend and his worst enemy. And I thought “Absolutely, absolutely, yes friend, worst enemy”, because it can do all those things to you.
It’s the thing you use when you can’t meet your need with anything else, and then it makes you just ruin everything. It’s a very true statement. First thought in the morning and last thought at night (food) absolutely preoccupies everything, everyday. And actually what I really want, what I really want is actually, thinking about it, what I really want is to be able to eat and not be constantly thinking about what I am eating, why I’m eating, and why I should and shouldn’t be. You see that is the crazy thing. I don’t actually overeat anymore, yet I feel as though I do. Yes, I feel as if every morsel of food that goes in my mouth feels like an overeating expedition.

I’m really pleased. I don’t regret it (gastric banding surgery) for a minute. What I regret is that it can’t sort everything out. I feel like I’ve lost it if I’m honest. That’s what I feel like.

[K So was there a moment when you thought maybe it will sort everything out ?]

I think before I had it I hoped so. What I decided was “I can’t sort my mind out. My brain will not do what I want it to do in terms of controlling my emotions, so I’ve got to bypass that physically”, is what I hoped. I had hoped that the new me – and that’s the thing, the essence is I’m always looking for a new me, and she ain’t coming. You know this is (it). You think “I’m 45, this is it now.”

[K So irrespective of the weight you are still you ?]

Yes. I’m still me. So that means this is as good as it gets. Bloody hell. What a disappointment and a waste of £6,000.”
Rachel

family dysfunction
role model
praise for her appetite
pressures to consume
unhappy childhood
negative associations with slimness
ambiguous ambition regarding weight loss
overweight adolescent
negative self-perception
abusive relationships:
powerlessness
external locus of control
self-punishment
physical sensation:
addictive behaviour.
obsession
controlling mood
reward
Molly

praise for her appetite
overweight adolescent
childhood unhappiness
maternal role model
family dysfunction:
powerlessness
abusive relationship
good girl
people pleaser
food as celebration
mood control
food as comfort:
combat stress
pressure to consume
exert control
negative self-perception
self-punishment
addiction
invisibility
physical sensation
Sandy

family dysfunction
emotionally and physically absent mother
emotionally absent father
demotionally available Gran
responsibility
unhappy childhood
negative self perception
role of food
pressure to consume
food as love
obsessed by food
exercise
pregnancy
depression
diet programme
Annabel

childhood illness
pressure to consume
exercise
childhood overweight
dieting
defiance
weight loss history
role model
overweight mother
society’s conflicting messages around food
moral and political perspective
obsession
mood control
food as symbolic of love
isolation
anxiety regarding weight gain
guilt
Control
responsibility
realistic goals
identity as an overweight woman
attention
Kate

overweight mother
family history of heavy alcohol use
family dysfunction
irregular food supply
pressure to consume
'good girl'
eating disorder in the family
resentment around food
childhood overweight
childhood dieting
extreme dieting
negative self-perception
heightened feelings of guilt
anxiety about both weight gain and weight loss
negative associations with slimness
associating happiness with slimness
fear of attracting sexual attention,
control
visibility
obsession
addiction
mood control
Sally

food in place of attention
sense of failure – she was a girl
‘petite’ = ‘feminine’
devalues self worth
mediator and diffuser of family tension
please people
food as comfort
shows love through food
self-punishment
food as stress controller.
pleasure not just of food but of ‘eating’
strength that goes with weight
control
pregnancy
<table>
<thead>
<tr>
<th>Common Themes across Participants</th>
<th>Rachel</th>
<th>Kate</th>
<th>Molly</th>
<th>Sally</th>
<th>Sandy</th>
<th>Annabel</th>
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<tbody>
<tr>
<td><strong>Childhood Experience</strong></td>
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<tr>
<td>Family Dysfunction</td>
<td>“Extremely Dysfunctional”</td>
<td>Parental divorce at 9, living nearby but separate</td>
<td>Dominant father with a temper, highly stressed mother</td>
<td>Lots of arguments, she had to act as mediator</td>
<td>Stormy, violent arguments, mother frequently left home</td>
<td>No mention</td>
</tr>
<tr>
<td>Maternal Role Model for Overeating</td>
<td>Yes</td>
<td>Yes</td>
<td>Overweight, ‘comfort eating’</td>
<td>Implied – ‘very very good cook’ for whom mealtimes were very significant.</td>
<td>No – as far as Mother was concerned it was just a necessity</td>
<td>Mum's always been big. She's still trying to lose weight,</td>
</tr>
<tr>
<td>Distant Parent</td>
<td>Father – alcohol ‘always had to come first’, and mother had to look after him</td>
<td>Mother’s drinking was problematic, failed to prepare food. Physical distance due to separation.</td>
<td>Implied to a degree – father had temper, she always had to be careful with him</td>
<td>Always felt she was ‘on show’, and parents concede they struggled to meet ‘emotional needs’. Mother “not somebody who does emotions”.</td>
<td>Mother reported as unloving, paranoid, with mood-swings, and often absent. No contact in adult life Father intimidating often drank, – but ‘respected’.</td>
<td>No mention</td>
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<td></td>
<td>Rachel</td>
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<tr>
<td>Alcoholism in Family</td>
<td>Father, maternal grandmother</td>
<td>Mother.</td>
<td>No mention</td>
<td>No mention</td>
<td>Father drank to a great extent, though not explicitly described as alcoholic</td>
<td>No mention</td>
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<tr>
<td>Unhappy / Stressful</td>
<td>Hated school, ‘traumatic’ home,</td>
<td>Not explicit, but clearly</td>
<td>Strongly suggested</td>
<td>She did run away from home</td>
<td>In hindsight – reports crying at night feeling ‘unable to go on’</td>
<td>No mention</td>
</tr>
<tr>
<td>Childhood</td>
<td>unhappy</td>
<td>difficult circumstances</td>
<td></td>
<td>briefly, had imaginary friends. At meals out, couldn’t swallow due to anxiety/tension</td>
<td></td>
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<tr>
<td>Isolation</td>
<td>No mention – though school</td>
<td>Only a small circle of friends – never very popular</td>
<td>Reports betrayal by friends in adolescence – blamed on weight – and bullying due to father’s job</td>
<td>No mention – though Mother’s high hygiene standards may have deterred others</td>
<td>No mention – though busy caring for siblings</td>
<td>I was always a little bit socially isolated. I think in some ways I was quite a lonely teenager</td>
</tr>
<tr>
<td></td>
<td>Rachel</td>
<td>Kate</td>
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<td><strong>Anxiety over Food Supply</strong></td>
<td>No mention</td>
<td>Yes – irregular and variable supply. Sometimes ‘not enough’ food.</td>
<td>No mention</td>
<td>Yes, though unclear why. Would take food from the table, and would pack leftovers into bandages in case of emergency (used when running away from home)</td>
<td>No mention</td>
<td>No mention</td>
</tr>
<tr>
<td><strong>Encouragement / Pressure to Consume</strong></td>
<td>Encouraged at home, pressurised at school not to leave / waste food</td>
<td>Food as a ritual that was ‘emphasised’. VERY strong pressure to consume – often ate two full dinners, one with each parent. Family message not to leave / waste food</td>
<td>Always encouraged to eat, told she would ‘grow out of’ overweight Not allowed to leave dinning room until she had eaten all her food</td>
<td>Yes, ate to please mother, lauded as the one with the good appetite. Given licence to eat by being told she wasn’t the ‘feminine’ one. Finishing everything, not leaving anything on your plate</td>
<td>To a degree – At home encouraged to clear plate, but nothing beyond that. At school made to sit and carry on until you’d had what was on your plate</td>
<td>After illness mum trying to get me to eat. Whether it's a big portion or a small portion, you eat it all, and that's it</td>
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Appendix 17
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<tr>
<th></th>
<th>Rachel</th>
<th>Kate</th>
<th>Molly</th>
<th>Sally</th>
<th>Sandy</th>
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<tr>
<td>Responsibility</td>
<td>No mention</td>
<td>Implied that she felt responsible for herself while parents were distracted by her sister's behaviour</td>
<td>No mention – vaguely implied that she felt that she should 'care' for Mother as no one else did.</td>
<td>To a degree? Describes herself as having had a mediating role, though she may be ascribing herself more responsibility than she had</td>
<td>Yes, took on responsibility for siblings and household tasks at early age</td>
<td>To a degree now – blind father, mother has health problems – but does not mention this as having been a major issue in childhood</td>
</tr>
<tr>
<td>Active Childhood</td>
<td>No mention</td>
<td>No – never gravitated towards exercise</td>
<td>No mention</td>
<td>Very. Outdoorsy, lots of sport.</td>
<td>Yes – busy at home, lot of sport at school</td>
<td>no exercise for 7 years after the surgery</td>
</tr>
<tr>
<td>Childhood Illness</td>
<td>Pneumonia aged five</td>
<td>No mention</td>
<td>No mention</td>
<td>Year off school due to pneumonia aged five</td>
<td>No mention</td>
<td>Yes, serious, lasting impact on lifestyle</td>
</tr>
<tr>
<td>Childhood Dieting</td>
<td>No mention</td>
<td>Yes, from 11</td>
<td>No mention</td>
<td>No mention</td>
<td>No mention</td>
<td>Yes, pressured, dieting from about 10 on</td>
</tr>
<tr>
<td>Eating as Rebellion</td>
<td>Rachel</td>
<td>Kate</td>
<td>Molly</td>
<td>Sally</td>
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<td>No mention</td>
<td>No mention</td>
<td>Resented ‘healthy’ food (and dieting?), secretly bought and ate doughnuts</td>
<td>No mention though at end of successful week’s dieting had food as a ‘celebration’</td>
<td>No mention</td>
<td>No mention</td>
<td>Because of being denied food, she would go out and bought her own chocolate</td>
</tr>
<tr>
<td>Early Overweight</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes, or at least ‘big’</td>
<td>No – first weight problems in twenties, initially kept under control</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Adult Experiences**

<table>
<thead>
<tr>
<th>Abusive Relationships</th>
<th>Rachel</th>
<th>Kate</th>
<th>Molly</th>
<th>Sally</th>
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<th>Annabel</th>
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<tbody>
<tr>
<td>Repeated abusive relationships</td>
<td>No – but “I didn’t stop eating and that was a cause of anger” in partner</td>
<td>Ridiculed and criticised by husband</td>
<td>Husband quite forceful in trying to help her lose weight?</td>
<td>No mention – though husband cheated on her.</td>
<td>No mention</td>
<td></td>
</tr>
<tr>
<td>Troubled / Failed Marriage</td>
<td>Left abusive husband, remarried</td>
<td>No, but traumatic when early boyfriend cheated on her</td>
<td>Husband left her –. Next boyfriend had affair with her best friend. Last boyfriend revealed he was already married.</td>
<td>No, but difficult marriage in which she feels her husband didn’t meet her emotional needs</td>
<td>Marriage provided insufficient affection, but generally ‘good’. Husband left her.</td>
<td>No mention</td>
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<tr>
<td>Powerlessness</td>
<td>In relationships, and in her perception of her own life</td>
<td>Agreed to try to have children even though she wasn’t sure she wanted to.</td>
<td>Allowed no say in having children with husband – idea dismissed without any discussion</td>
<td>No mention</td>
<td>No mention</td>
<td>No mention</td>
</tr>
<tr>
<td>Depression in Adult Life</td>
<td>Maybe – “I feel like I’ve lost it … so that means this is as good as it gets. Bloody hell”</td>
<td>No mention – but suggestive</td>
<td>“My whole world crumpled” after divorce, followed by apathy and binge eating GP recognised her depression</td>
<td>Not explicit but “it made me a bit sad for myself really at times so my weight did balloon then”</td>
<td>Description of obesity very suggestive of depressed state – I was at my lowest then</td>
<td>No mention</td>
</tr>
<tr>
<td>Weight Gain triggered by Pregnancy</td>
<td>Definitely</td>
<td>rapid and intense weight cycling triggered</td>
<td>Not applicable</td>
<td>Yes, encouraged a cycle of weight gain.</td>
<td>Obesity began with pregnancy</td>
<td>Not applicable</td>
</tr>
<tr>
<td></td>
<td>Rachel</td>
<td>Kate</td>
<td>Molly</td>
<td>Sally</td>
<td>Sandy</td>
<td>Annabel</td>
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<tr>
<td><strong>Eating and Dieting History</strong></td>
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</tr>
<tr>
<td>Binge Eating</td>
<td>Yes</td>
<td>Implied</td>
<td>“Dived into the chocolate mountain”</td>
<td>No mention – though food sometimes ‘irresistible’</td>
<td>Binging on things I was missing. Sometimes I just can’t stop myself</td>
<td>Yes, since childhood</td>
</tr>
<tr>
<td>Dieting</td>
<td>“Just on endless diets” Slimming pills Amphetamines Slimming World Laxatives Lighter Life Gastric surgery Derkin Diet</td>
<td>Drinking Man’s Diet Weight Watchers Diet pills Laxatives Lighter Life</td>
<td>“Yo-yo diet” throughout life Weight Watchers Slimming World Lighter Life</td>
<td>Weight Watchers Herbal Life Rosemary Connolly</td>
<td>After pregnancy, yes. Now moved to Weight Watchers</td>
<td>Yes, when young, although usually organised programmes. Weight Watchers Rosemary Connolly</td>
</tr>
<tr>
<td>Disorganised Eating</td>
<td>Opportunistic eater</td>
<td>When younger</td>
<td>“Didn’t eat proper meals, couldn’t be bothered to cook… I’m saying I’m not worth it”</td>
<td>Yes – its having to make a conscious effort, ‘cos I would come straight in and eat nuts</td>
<td>After husband left: “I couldn’t see the point in spending time preparing a meal just for me”</td>
<td>No – mother and she both enjoy cooking</td>
</tr>
<tr>
<td></td>
<td>Rachel</td>
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</tr>
<tr>
<td><strong>Exercise to lose weight</strong></td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Part of Rosemary Connolly</td>
<td>Yes, extensive – whatever I was eating I was burning off with exercise</td>
<td>Part of Rosemary Connolly programme</td>
</tr>
<tr>
<td><strong>Realistic goal setting</strong></td>
<td>Does not ‘do’ moderation</td>
<td>No mention</td>
<td>No mention</td>
<td>Implied</td>
<td>Implied and part of the ethos of Weight Watchers</td>
<td>Addresses how to deal with setbacks, and the need for realistic goals, including a slower pace of weight loss</td>
</tr>
<tr>
<td><strong>Attitude to Weight / Obesity</strong></td>
<td></td>
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</tr>
<tr>
<td><strong>Negative Associations with Slimness</strong></td>
<td>The slim days weren’t very pleasant’</td>
<td>Thinness is being irresponsible, reckless with feelings. Also unwanted fertility</td>
<td>No rush to lose weight as men would want to pay me attention.</td>
<td>No mention</td>
<td>No – felt hugely better, had energy back, wanted to get on with life</td>
<td>Critical of the social ideal of thinness, but not explicitly negative regarding slimness itself</td>
</tr>
<tr>
<td></td>
<td>Rachel</td>
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<td>Sandy</td>
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<tr>
<td>Ambiguous Ambition</td>
<td>Both in descriptions of weight/slimness, and explicitly asking herself “if I really wanted to do it, wouldn’t I have done it?” Eating seen as protecting her against other addictions.</td>
<td>Overwhelming for above reasons. Also, believes she can succeed at dieting by ‘cheating’ and eating food in secret – perhaps diet not actually for losing weight?</td>
<td>At times in her life has resisted weight loss for fear of becoming attractive</td>
<td>No mention</td>
<td>Not stated yet failure to adhere to required lifestyle changes</td>
<td>“That's the fear isn't it – I might get fat again – 'cos once you're thin then you have to maintain it. That's quite a scary prospect”</td>
</tr>
<tr>
<td>Perceived Reduced Visibility</td>
<td>The contrary – she thinks she will be less heard/seen if slimmer (and has mixed views on this)</td>
<td>Yes, blames her behaviour when thin on being more 'visible'. But also No – feels public pressure, says would be less visible if thin. for ‘attractive’?</td>
<td>Yes if thin</td>
<td>No mention</td>
<td>Initially avoided going out to avoid being seen but no sense of not wanting to be noticed</td>
<td>When younger, 'not included' in things, suggests due to her weight. Regrets the 'waste' of University years – being overweight she missed out</td>
</tr>
<tr>
<td>Perceived Reduced Attractiveness</td>
<td>Rachel</td>
<td>Kate</td>
<td>Molly</td>
<td>Sally</td>
<td>Sandy</td>
<td>Annabel</td>
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<tr>
<td>“I never felt unattractive men were never not interested in me because I was bigger “</td>
<td>Yes, seen as a good thing – attractiveness associated both with her own moral failings and with risk of rape.</td>
<td>Yes, seen as a positive (though at times her actions have suggested otherwise)</td>
<td>Did not feel confident with body until husband liked her body very much</td>
<td>Yes, I didn’t feel attractive I didn’t want people to see me as I was. I wanted to hide away</td>
<td>Yes to some extent, seen as a negative – but is aware that her weight was never a great problem</td>
<td></td>
</tr>
</tbody>
</table>

**Attitudes towards Self**

<table>
<thead>
<tr>
<th>Negative Self-Perception</th>
<th>Extensive “being too big too loud too noticed taking up too much space too much time”</th>
<th>Extensive. Lazy, greedy, bone idle, sweet tooth, potentially reckless and irresponsible</th>
<th>Sees herself as weak and over-agreeable. “Not worth” good meals.</th>
<th>I felt a bit like the runt of the litter. Always had to struggle with emotions. Excitable</th>
<th>Not condemnatory, but feels a failure to live up to parental standards, and shares that lack of pride</th>
<th>No – I’m normal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pervasive Feelings of Guilt</td>
<td>Perfectionist, “every morsel of food that goes in my mouth has a guilt element everyday and every night”</td>
<td>Guilt, shame, embarrassment, about her weight, behaviour when thin, not being ‘little miss responsibility’, not being in control</td>
<td>Perfectionist, guilt over over-eating; more broadly, anxiety and guilt regarding her behaviour</td>
<td>In public I had it under control but then I could go completely wild and eat in between. Eat then have self-loathing</td>
<td>Feels guilty about “sitting doing nothing” (eats when tired, relaxing, nothing else to do)</td>
<td>Feels some guilt regarding Western luxury and over consumption</td>
</tr>
<tr>
<td>External Locus of Control</td>
<td>Pervasive History and genes</td>
<td>No mention</td>
<td>Perhaps – Father’s job, her height, etc.</td>
<td>No mention</td>
<td>No mention</td>
<td>No</td>
</tr>
</tbody>
</table>

A - 150

Appendix 17
<table>
<thead>
<tr>
<th></th>
<th>Rachel</th>
<th>Kate</th>
<th>Molly</th>
<th>Sally</th>
<th>Sandy</th>
<th>Annabel</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self-Punishment</strong></td>
<td>Mental self-punishment, recognised; also makes herself eat to the point of pain, makes herself 'feel sick'</td>
<td>Yes.</td>
<td>Mental, “I berate myself”, suggests she deprives herself of good food because she’s not worth it</td>
<td>No mention</td>
<td>Implied that she berates herself for failing to adhere to the programme</td>
<td>No – I'm not denying myself anything I'm not that bad that I need to punish myself that much.</td>
</tr>
<tr>
<td><strong>Need to Please Others</strong></td>
<td>Not explicit</td>
<td>Didn't want to offend either parent – ate for both of them</td>
<td>Blames her perfectionism (including moral perfectionism) on a need to please others.</td>
<td>Perpetually giving food to others was my way of saying that I loved them / wanted to be friends. Pleasing others soothes me</td>
<td>Yes – “I put other people first all the time”</td>
<td>No</td>
</tr>
</tbody>
</table>

A - 151

Appendix 17
<table>
<thead>
<tr>
<th>Feeling of External Condemnation</th>
<th>Rachel</th>
<th>Kate</th>
<th>Molly</th>
<th>Sally</th>
<th>Sandy</th>
<th>Annabel</th>
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</thead>
<tbody>
<tr>
<td>Exaggerated fear that she is being judged negatively while others aren’t; fear of being the butt of jokes leads her to make self-critical comments ‘before anyone else notices’ she’s eating</td>
<td>Exaggerated fear that she is being judged negatively while others aren’t; fear of being the butt of jokes leads her to make self-critical comments ‘before anyone else notices’ she’s eating</td>
<td>Extensive. Believes that now it has suddenly become unacceptable to be fat and that now “everybody’s eyes are on the fat people”.</td>
<td>Bigger people are seen as &quot;more stupid and fat and silly&quot;</td>
<td>Husband “stereotypes people as being lazy or ill-disciplined if they’re weighty</td>
<td>Employer – Weight Watchers – is putting pressure on to be goal weight</td>
<td>People were rude about her weight. People laugh at her mother due to her drawing attention to their weight rather than because of her weight per se. Notes social pressure to be thin.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Desire to Exert Control</th>
<th>Rachel</th>
<th>Kate</th>
<th>Molly</th>
<th>Sally</th>
<th>Sandy</th>
<th>Annabel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wants to control her brain so that it can control her body. When not on a regime feels out of control</td>
<td>Extensive – sees both dieting and overeating as forms of control.</td>
<td>Wants to stand up for herself more; sees weight loss as a way to exert control</td>
<td>Learning that you have no control over lots of stuff really, annoyed that you get yourself in check and then it all goes out of synch</td>
<td>I wanted to be more in control but I felt that I was totally off the rails</td>
<td>Constant refrain, both in dieting and in life. Sees herself as HAVING taken control, rather than wanting to</td>
<td></td>
</tr>
<tr>
<td>Rachel</td>
<td>Kate</td>
<td>Molly</td>
<td>Sally</td>
<td>Sandy</td>
<td>Annabel</td>
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</tr>
<tr>
<td><strong>Self-alienation</strong></td>
<td>Pervasive</td>
<td>Implied both in her need for control, but also in her fear of her own actions if she becomes attractive again – Appears her behaviour when thin is entirely out of “her” control. Pregnancy also makes her body not her own.</td>
<td>To an extent – “she” beats “herself” up when “she” eats because “she” thinks “she” should, not because “she” wants to. “She” knows what “her mind” is doing and saying</td>
<td>No mention</td>
<td>Not obviously</td>
<td>Implied to some extent in the notion of taking control?</td>
</tr>
<tr>
<td><strong>Identity as an Overweight Woman</strong></td>
<td>Fears losing herself in the process of losing weight (identifies as an unhappy person, worries her drive will go away if she becomes happy).</td>
<td>Felt noticeable</td>
<td>Seen as happy, jolly, Hatti Jakes type but also stupid and silly</td>
<td>Big or large or plump or rounded but not fat or obese. Part of the big people of society</td>
<td>Perhaps one of slow and tired</td>
<td>I do realise that I’m not bigger than everyone else, but at the same time my first reaction is I’m big – I’m not thin yet in my mind.</td>
</tr>
</tbody>
</table>
### Rachel

**Attitude towards Food / Eating**

| Food as Symbolising Care | Gives Haagen-Dazz etc. as “if I don’t, it’s as though I haven’t put in enough effort”, that’s the way I put in effort | Now I have money I can buy food I can feed me I can take care of me. | Given chocolate when unhappy as child; sees preparing a meal for visitors as something done ‘for them’. Food is “My way of caring for myself” | I seemed to be perpetually giving food to people – my way of saying I loved them | Sees preparing food as a way of showing care, both from herself and from others (thrilled to accept any invitation of food, because they’ve ‘taken the trouble’). | “So slaving over food, giving it to someone, that is love isn’t it? That’s taking time, caring for someone isn’t it?” |

<p>| Taste of Food | Not mentioned | Palate changed - there is a real theme of sugar and sweetness | Brief suggestion that she likes taste of food | I get a lot of comfort from the taste in my mouth | Seems irrelevant – eating is something to do |</p>
<table>
<thead>
<tr>
<th></th>
<th>Rachel</th>
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<th>Molly</th>
<th>Sally</th>
<th>Sandy</th>
<th>Annabel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Sensation</td>
<td>I love the feeling of bursting a little gap is not good enough I need to be zonked out</td>
<td>No mention</td>
<td>Feel good factor from putting something on my tongue chewing it and full feeling</td>
<td>My tummy can be really full and actually I can feel a bit sick but I still love getting the feeling at the top of my mouth</td>
<td>Not mentioned</td>
<td></td>
</tr>
<tr>
<td>Sees Food as</td>
<td>Brief mention</td>
<td>A sense of making up for lost time at end of strict diet</td>
<td>Yes, since childhood, notes how the level has escalated</td>
<td>No mention</td>
<td>Not mentioned</td>
<td>“Me and my mother both enjoy food, so you have food as a reward.”</td>
</tr>
<tr>
<td>Celebration /</td>
<td></td>
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<tr>
<td>Reward</td>
<td></td>
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</tr>
<tr>
<td>Uses Food for</td>
<td>Emphasises that all her eating is related to stress</td>
<td>Implied - particularly as reaction against “cold” climate.</td>
<td>Eats “if anything upsets her” or when there is a “stressful thing”.</td>
<td>Food was my huge comfort.</td>
<td>Not explicit – uses food to suppress guilt</td>
<td>Definitely makes emotions go away, drowns them out and it numbs them.</td>
</tr>
<tr>
<td>Mood Control /</td>
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<tr>
<td>Stress Reduction</td>
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<tr>
<td></td>
<td>Rachel</td>
<td>Kate</td>
<td>Molly</td>
<td>Sally</td>
<td>Sandy</td>
<td>Annabel</td>
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</tr>
<tr>
<td>**Addiction /</td>
<td>Addiction to food, uses shopping and alcohol as substitutes, ex-</td>
<td>Suggests she may be.</td>
<td>Sees herself as addicted to food – as a foodaholic.</td>
<td>No</td>
<td>Compulsively eats for no apparent reason, even things she doesn’t</td>
<td>No mention</td>
</tr>
<tr>
<td><strong>Compulsion</strong></td>
<td>smoker, family history of addiction, believes herself genetically</td>
<td></td>
<td></td>
<td>mention</td>
<td>like</td>
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<tr>
<td></td>
<td>destined to be an addict and justifies over-eating as the least</td>
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<tr>
<td></td>
<td>harmful addiction to choose</td>
<td></td>
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</tr>
<tr>
<td><strong>Obsession</strong></td>
<td>Yes, more with eating than with food</td>
<td>I have a “got to eat obsession”</td>
<td>No mention</td>
<td></td>
<td>I just got food on my mind constantly</td>
<td>I think about (food) often, what am I going to eat, am I gonna be</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>In the morning when I have breakfast I will be thinking about the</td>
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<td></td>
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<td></td>
<td>next meal, my food, what am I going to take to work?</td>
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<td></td>
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<td></td>
<td>I just eat ridiculous things, not even things that I like</td>
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<td></td>
<td></td>
<td></td>
<td>I can’t get it out of my head.</td>
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<td></td>
<td></td>
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<td>am I gonna be bad or good</td>
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</tbody>
</table>
My general impression was that Rachel and Kate were at one end of a spectrum, followed by Molly, followed by Sally, followed by Sandy at the far end, and that Annabel shared some elements with the Sandy end of the spectrum but was also quite distinct.

<table>
<thead>
<tr>
<th>Annabel</th>
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</thead>
<tbody>
<tr>
<td>Rachel</td>
</tr>
<tr>
<td>Kate</td>
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<tr>
<td>Molly</td>
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<tr>
<td>Sally</td>
</tr>
<tr>
<td>Sandy</td>
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</tbody>
</table>

**Colour Key to Table below:**

For the individuals:
- green dots indicate it applies
- blue dots indicates it is implied or applies partially
- yellow dots indicates it is not mentioned or ambiguous
- red dots indicates that the theme is actively rejected
- brown dots indicates that at least partial rejection seems implied
- purple dots are alerts for attached comments

**Suggested grouping of the themes that looked interesting:**

Pink themes seemed to apply generally

Yellow themes were associated with Rachel, Molly and Kate, and sometimes Sally (to a minor degree Sandy)

Blue themes were associated with Sally and Sandy, and sometimes Molly, or sometimes Annabel.

This conceptual division of the themes into six different areas, or thematic dimensions should not be taken as wholly distinct areas – some themes might sit on the border between two areas – but rather as an organisational tool to help structure the findings in a more comprehensible way.
<table>
<thead>
<tr>
<th>Theme</th>
<th>Rachel</th>
<th>Kate</th>
<th>Molly</th>
<th>Sally</th>
<th>Sandy</th>
<th>Annabel</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Childhood Experiences</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Family Dysfunction</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>Though Annabel had a traumatic childhood for illness reasons</td>
</tr>
<tr>
<td>Maternal Role Model for Overeating</td>
<td></td>
<td></td>
<td></td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td></td>
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<tr>
<td>Distant Parent</td>
<td></td>
<td></td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td></td>
</tr>
<tr>
<td>Alcoholism in Family</td>
<td>⬤</td>
<td>⬤</td>
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</tr>
<tr>
<td>Unhappy/Stressful Childhood</td>
<td>⬤</td>
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<tr>
<td>Childhood Isolation</td>
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<tr>
<td>Anxiety over Food Supply</td>
<td>⬤</td>
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</tr>
<tr>
<td>Encouragement/ Pressure to Consume</td>
<td>⬤</td>
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<tr>
<td>Childhood Responsibility</td>
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</tr>
<tr>
<td>Active Childhood</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>Annabel was active early on, but inactive after illness</td>
</tr>
<tr>
<td>Theme</td>
<td>Rachel</td>
<td>Kate</td>
<td>Molly</td>
<td>Sally</td>
<td>Sandy</td>
<td>Annabel</td>
<td>Comments</td>
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<tr>
<td>Childhood Illness</td>
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<tr>
<td>Childhood Dieting</td>
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<tr>
<td>Eating as Rebellion</td>
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<tr>
<td>Early Overweight</td>
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</table>

**Adulthood Experiences**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Rachel</th>
<th>Kate</th>
<th>Molly</th>
<th>Sally</th>
<th>Sandy</th>
<th>Annabel</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Abusive Relationships</td>
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<td>Troubled Marriage(s)</td>
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<tr>
<td>Experience of Powerlessness</td>
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<tr>
<td>Depression in Adult Life</td>
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<tr>
<td>Weight gain triggered by pregnancy</td>
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**Eating Behaviours and Dieting History**

<table>
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<tr>
<th>Theme</th>
<th>Rachel</th>
<th>Kate</th>
<th>Molly</th>
<th>Sally</th>
<th>Sandy</th>
<th>Annabel</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Binge Eating</td>
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<td>Dieting</td>
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</table>

Annabel and Sandy have histories of crash dieting but have moved on.
<table>
<thead>
<tr>
<th>Theme</th>
<th>Rachel</th>
<th>Kate</th>
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<th>Sally</th>
<th>Sandy</th>
<th>Annabel</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>Disorganised Eating</td>
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<tr>
<td>Exercise to lose weight</td>
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<tr>
<td>Realistic Goal-setting</td>
<td>●</td>
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</table>

**Attitude to Weight/Obesity**

<p>| Negative Associations with Slimness | ●      | ●    | ●     | ●     | ●     | ●       | Annabel is negative re social ideals of thinness, but not explicitly to thinness itself |
| Ambiguous Ambition Regarding Weight Loss | ●      | ●    | ●     | ●     | ●     | ●       |                                                                           |
| Perceived Reduced Visibility with Greater Weight | ●    | ●    | ●     | ●     | ●     | ●       | Kate has mixed views  Annabel says weight has caused her to miss out       |
| Perceived Reduced Attractiveness of Greater Weight seen Positively | ●    | ●    | ●     | ●     | ●     | ●       |                                                                           |</p>
<table>
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</thead>
<tbody>
<tr>
<td><strong>Self-perception and attitude toward the self</strong></td>
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<td>Negative Self-Perception</td>
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<tr>
<td>Pervasive Feelings of Guilt</td>
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<tr>
<td>Descriptions impute external locus of control</td>
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<td>Self-Punishment</td>
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<td>Need to Please Others</td>
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<tr>
<td>Pervasive Feelings of External Condemnation</td>
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<tr>
<td>Desire to Exert Control</td>
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<td>●</td>
<td>Annabel is quite focused on control, but now sees herself as having it.</td>
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<tr>
<td>Pervasive self-alienation</td>
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<tr>
<td>Identity as an Overweight Woman</td>
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<tr>
<td>Relationship with Food and Eating</td>
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<tr>
<td>Perceives preparation of food as symbolising care</td>
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<tr>
<td>Enjoys taste of food</td>
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<tr>
<td>Enjoys physical sensation of eating</td>
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<tr>
<td>Sees food as a celebration or reward</td>
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<tr>
<td>Uses eating for Mood Control or Stress Reduction</td>
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<td>Addiction/Compulsion</td>
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