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The Fairy-tale of Weight Loss: Fact or Fantasy?

A thesis
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of the requirements for the degree
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Abstract

Being overweight or obese is often associated with prejudice, stereotyping, stigmatisation, and discrimination, and can lead to both physical and mental health difficulties. It is commonly thought that weight loss will lead to improvements in various areas within the individual's life including; body image, social, family, and work. The present study aimed to enhance the understanding of the weight loss journey and the associated outcomes, with a specific focus on the expectation that individuals held, and how these compared to actual outcomes and perceptions. Semi-structured interviews were conducted with eleven participants. Data was then analysed using a grounded theory approach.

Findings showed that although weight loss had benefits such as fitting 'normal' sized clothes, increased attention, and a growth in confidence, there were also difficulties that were experienced. These included: a lack of support and unintentional sabotage, perceived body imperfections, and time taken for body perception to match up with actual physical appearance. It was found that positive outcomes of weight loss (such as compliments) could actually be viewed from a negative perspective and may have the opposite effect than what was intended.

While some outcomes were congruent with participants' expectations, there were also instances where these were incongruent; for example being left with loose skin as a result of weight loss. It appeared as though having an expectation of life being 'perfect' after weight loss was more likely to lead to dissatisfaction, while having some form of education or insight about what life and their physical appearance would be like was more likely to result in higher levels of satisfaction.

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A Note on Terminology

As will be discussed further on, the term “obese” is value laden and holds negative connotations. The word obese will be used within this research paper as a physiological descriptor, rather than being used as a subjective term.

Chapter One: Introduction

Overview of Obesity

According to the World Health Organisation (WHO) overweight or obesity can be defined as being “abnormal or excessive fat accumulation that may impair health” (Obesity and Overweight, 2016, para. 2). The Body Mass Index (BMI) is a common tool used to classify overweight and obesity in adults (Obesity and Overweight, 2016). Obesity has been associated with health issues which include; type 2 diabetes, cardiovascular disease, and sleep apnoea (Latner, Ciao, Wendicke, Murakami, & Durso, 2013; Ohsiek & Williams, 2010).

There has been a global increase in obesity (Latner et al., 2013). Obesity rates within New Zealand are high, and are the third highest out of the Organisation for Economic Cooperation and Development (OECD) countries, falling just below the United States and Mexico. Furthermore, New Zealand females have higher rates of obesity when compared to males (Statistics New Zealand, 2014).

Because of health related difficulties that can result from being overweight, as discussed above, weight loss is thought of as being important in preventing and/or as a solution to weight related health difficulties (Obesity and Overweight, 2016). It is thought that a decrease of 10% in body weight can result in improved health in overweight individuals (Latner et al., 2013; Ohsiek & Williams, 2010).

Researcher Perspective

It is important to note my perspective as a researcher on this topic. I am a 29 year old female and was overweight from my childhood through until my mid-20's, and I experienced judgement and bullying as a result of this. I struggled with my weight and attempted weight loss several times, however was unsuccessful in this until I joined Weight Watchers when I was 24 years old. It took me approximately 18 months to lose almost 40kgs which I have maintained. It is because of these experiences that I became interested in the topic of weight loss and body image, and it has provided me with the motivation and interest to undertake this study.

I recognise that my experiences and related perceptions of weight loss and outcomes will have created a bias in how I view this process, and that I may view things differently to those who have not had these experiences. However, my hope is that through being open about having been through my own weight loss journey that this will have allowed the participants to feel comfortable in talking about their own experiences. Further to this, it is hoped that my personal experiences with being overweight and with weight loss will enhance the analysis and interpretation of the data and the associated findings, and will therefore make a positive contribution to the knowledge within this area.

Research Objectives

This study centres around the topics of weight loss and outcomes, identity, and body image. The research goal was to investigate the experiences of females who had previously been overweight, had lost weight, and had maintained their weight for a period of time. This research aimed to explore experiences prior to weight loss, preconceived ideas about how they thought they would feel and what they thought their lives would be like post weight loss, and the weight loss journey. It then sought to compare weight loss expectations with weight loss outcomes and their current perceptions. It also aimed to explore any discrepancies and what the impact of this was on the participants.

Thesis Outline

This initial chapter provides a foundation for the thesis. It gives a brief overview of obesity, the researcher perspective, and the specific aims of the research. The remainder of the thesis is divided into four chapters. Chapter Two outlines the relevant literature related to weight loss, outcomes, and body image. Chapter Three outlines the research methodology, and the research methods and procedures that were used to collect and analyse data. Chapter Four outlines the key findings of the research and includes a model which outlines these findings. Chapter Five presents a discussion of the key findings and links these with existing research. This final chapter also includes strengths and limitations, and recommendations for further research.

Chapter Two: Review of the Literature

The literature on a range of areas related to weight and weight loss is examined in this chapter. The difficulties experienced as a result of being overweight are discussed, with a particular focus on cultural beauty standards. Body image and how this relates to body weight and shape of those who are overweight is examined. Both the weight loss and weight maintenance phases are explored, and the implications of this for overweight individuals who embark on weight loss journeys. Literature on identity and identity shifts is then discussed. This chapter concludes by highlighting the rationale for the current research and how this study can add to the existing literature within this area.

Cultural Beauty Standards

Within Western societies the ideal for physical appearance for females is portrayed as being a thin body shape (Annis, Cah, & Hrabosky, 2004; Brown, 2014; Epiphaniou & Ogden, 2010; Gleeson & Frith, 2006), and there is a common perception that weight is something that is controllable, and should be controlled (Granberg, 2011). There is pressure for females to attain a slender body, however this cultural ideal of beauty is often unrealistic and difficult to achieve (Gleeson & Frith, 2006). For those who are overweight or obese this pressure to conform may be particularly powerful, and the struggle or inability to reach these standards may cause them to experience a sense of failure (Brown, 2014; Wharton, Adams, & Hampl, 2008).

Cultural standards of beauty impact on an individual's perception and satisfaction of their own body (Gleeson & Frith, 2006). There is an assumption that if there were no longer cultural pressures to distort their view of themselves, individuals would be able to see their bodies accurately (Gleeson & Frith, 2006). However, it is thought that an internalisation of the societal emphasis on being thin in order to be attractive is a stronger predictor of body image dissatisfaction than merely an awareness of these social standards (Song et al., 2006).

While being thin is seen as being the ideal in terms of physical appearance within Western culture, these beauty standards are not universal. For example in a study by Duke (2002) that looked at adolescent girls' interpretations of

mainstream teen magazines through in-depth interviews, it was found that African American girls recognised the cultural codes of beauty contained in the magazines. Conversely, they felt that these were unreal and unrepresentative of their own experiences. Further to this, they felt the white models were very thin and did not perceive them as being attractive. Therefore this indicates that while individuals from different cultures may recognise Western beauty ideals, that they may not necessarily internalise these. As stated earlier, it is when these standards are internalised and importance is placed on aligning the self with these standards that societal beauty ideals become important in terms of the individual's body image (Duke, 2002; Gleeson & Frith, 2006; Grogan, 2006).

Media influence. The media plays a large role in communicating and promoting the above beauty standards (Gleeson & Frith, 2006; Grogan, 2006), with the media often portraying the importance of appearance and beauty for females within Western society (Gilmartin, 2013). Media images often portray women who have a very slender build, and it is thought that these images provide a reference point for social comparison (Gleeson & Frith, 2006). These images are problematic as studies have shown that females presented in the media have a significantly thinner body shape than females in the general population (Gilmartin, 2013). As stated above, this therefore reinforces an ideal body shape this is often unrealistic (Gleeson & Frith, 2006).

There are various ways in which the media chronicle the importance of weight loss. These include: television weight loss shows such as 'The Biggest Loser' which follows contestants as they lose weight for a prize, books, and television and magazine advertisements which advertise successful people using various weight loss methods (Brown, 2014). These advertisements often state that the product will enhance the buyer's physical attractiveness, so therefore the focus is on appearance rather than health benefits. Within weight loss programmes on television there are often product placements that advertise weight loss solutions which generate sales and profit (Brown, 2014).

Often the narrative that is portrayed within these programmes is of an overweight or obese individual who is miserable, who then engages in some form of weight loss method and becomes a thinner, happier, stronger version of

themselves (Brown, 2014). A commonly shared belief is that the ‘before’ body is often thought of as rebelling against social norms, the person then has a ‘light bulb’ moment which leads them to lose weight. The ‘after’ then portrays the successes of the person after weight loss, and how fitting in with the thin ideal is rewarded with success and social acceptance (Brown, 2014).

Stereotypes and stigma. Within Western societies those who fit in with beauty ideals are perceived as being attractive, and are thought of as being sociable, successful, and intelligent. Being overweight or obese, on the other hand, is thought to represent ugliness, laziness, unintelligence, and failure (Annis et al., 2004; Gilmartin, 2013; Sarlio-Lahteenkorva, 2000). According to Annis et al. (2004) these negative stereotypes are often shared by the overweight individuals themselves. It is thought that if an individual is living in a society which regards them as being unattractive because of being overweight, then it is likely that they will internalise this view (Gleeson & Frith, 2006).

Those who are obese are often vulnerable to, and suffer from prejudice, labelling and stereotyping, stigmatisation, and discrimination (Dixon, Dixon, & O’Brien, 2002; Foster, Wadden, & Vogt, 1997; Granberg, 2011). Those who are carrying excess weight often exhibit greater body dissatisfaction than those who are leaner because of the stigma they face (Foster et al., 1997). The pressure to obtain a body shape that fits in with society’s beauty ideal and the associated body dissatisfaction can result in negative health behaviours such as dietary restraint and cosmetic surgery (Fardouly & Vartanian, 2012).

Stigma that results because of not fitting in with beauty ideals has the ability to adversely impact both personal and social relationships (Granberg, 2011), whereas perceived physical attractiveness has been shown to be positively correlated with social acceptability (Epiphaniou & Ogden, 2010). It has been found that young children often endorse negative stereotypes about obese individuals, and this can make building friendships difficult for children who are overweight (Brown, 2014; Fardouly & Vartanian, 2012). This then means that overweight individuals may have had a long history of experiencing adverse peer interactions. Stigmatising experiences such as being bullied or ignored in childhood and adolescence may have a lasting impact on functioning in adulthood

amongst those who are overweight (Annis et al., 2004). As children grow up the beliefs they hold about those who are overweight become stronger and are often carried through into adulthood (Annis et al., 2004), which therefore perpetuates stigma and negative stereotypes.

The stigma that is associated with being overweight in Western cultures has been shown to lead to lowered mood and self-esteem in those who are considered overweight or obese (Annis et al., 2004; Grogan, 2006; Martin Ginis, McEwan, Josse, & Phillips, 2012). The psychosocial disturbance that is produced because of weight and its associated stigma is manifested in various ways such as social isolation (Annis et al., 2004; Song et al., 2006), and becoming increasingly absent from work (Dixon et al., 2002). Most participants in the study conducted by Epiphaniou and Ogden (2010), which looked at weight loss maintenance and identity shifts, discussed how prior to weight loss they either made excuses to avoid social events, or they attempted to stay unnoticed when attending social gatherings. Participants also had experiences with being openly discriminated against, and being ignored by others as a result of their weight. This stigma and socially isolating one's self can cause difficulties creating or maintaining peer relationships (Karfopoulou, Anastasiou, Avgeraki, Kosmidis, & Yannakoulia, 2016), and can make finding opportunities for dating and creating romantic relationships difficult (Annis et al., 2004).

Body Image

Body image is a hypothetical construct (Gleeson & Frith, 2006) and relates to an individual's perceptions, feelings, and thoughts about their body, and how this image affects their behaviour (Gilmartin, 2013). It usually incorporates body size estimation, evaluation of attractiveness, and emotions associated with body weight and shape (Grogan, 2006). Body image is complex and is both a conscious and unconscious human experience. It is informed by social, cultural, historical, individual, and biological factors (Gleeson & Frith, 2006), and can also be influenced by peers, family, and the media (Gleeson & Frith, 2006; Grogan, 2006). Body image is subjective and is open to change through social influence. Social factors have been implicated as being causes of weight concern, body dissatisfaction, and discrepancy between current and ideal body shape and size

(Grogan, 2006). Those who do not fit in with the cultural beauty ideal discussed earlier are more likely to experience body dissatisfaction (Foster et al., 1997; Gleeson & Frith, 2006).

Body dissatisfaction is representative of a psychological discrepancy between one's perceived body and their ideal body. Being dissatisfied with appearance can make anxieties about body image a defining feature of oneself. Body image concern describes disturbances in components of body image. This can be seen through an overestimation of body size, having a negative view of one's appearance, or feeling unsatisfied with one's body (Gilmartin, 2013). Body image concern can have a negative impact on both mental and physical wellbeing (Gilmartin, 2013), and can lead to disordered eating, depression, social anxiety, impaired sexual functioning, and poor self-esteem (Annis et al., 2004).

Those who have an inaccurate perception of their weight and shape are more susceptible to experiencing body dissatisfaction and binge eating behaviours, along with other psychological and behavioural issues that can arise as a result of concern with body weight (Grogan, 2006; Wharton et al., 2008). When compared to males, females are more likely to perceive themselves as being overweight even when they are of normal weight (Wharton et al., 2008). As stated earlier, obese individuals are more dissatisfied with their appearance and are more likely to avoid social situations when compared to those who are of a slim build (Annis et al., 2004).

‘Fat talk’. ‘Fat talk’ is a social phenomenon in which females speak about their bodies with each other in a negative manner, for example stating they look fat or pointing out aspects of their bodies that they dislike, and is something that is common within Western societies (Salk & Engeln-Maddox, 2012). Fat talk is seen to be more typical than positive body talk, and the more fat talk that someone hears the more likely they are to participate in it (Salk & Engeln-Maddox, 2012). It has been argued that females may feel pressure to talk about their bodies in a negative way because this has become a social norm.

Fat talk has a significant impact on influencing negative self-beliefs, and a higher investment in appearance is usually linked to lower satisfaction, especially when the actual body is different to the socio-cultural ideal (Gilmartin, 2013).

Salk and Engeln-Maddox (2012) found that when an individual hears and engages in fat talk they experience higher levels of body image dissatisfaction, guilt, and shame. Therefore an overweight individual, who is already more likely to experience body image dissatisfaction (Foster et al., 1997; Gleeson & Frith, 2006), who engages in 'fat talk' is likely to reinforce negative self-beliefs and further negatively impact body image.

Eating and exercise behaviours. As mentioned previously, body image can also play an important role within eating and exercise behaviours. It can affect whether or not an individual engages in exercise, or what type of exercise they engage in (Gleeson & Frith, 2006; Grogan, 2006). For example, although being dissatisfied with looks may be a motivator towards engaging in exercise, it can mean that an individual feels uncomfortable taking part in group exercise or joining a gym. They may fear judgement from others as a result of feeling as though their body does not fit in with the ideal that society holds in terms of body weight and shape (Gleeson & Frith, 2006).

Higher levels of body dissatisfaction have been found to lead to high levels of dieting (Foster et al., 1997; Palmeira et al., 2010; Wharton et al., 2008). In Wharton et al.'s (2008) study women who suffered from distorted body image were more likely than those with an accurate perception of body image to engage in inappropriate weight loss strategies. In the study by Foster et al. (1997) which looked at body image in obese individuals before, during, and after treatment, they found that a greater number of previous dieting attempts was positively correlated with body image dissatisfaction. This suggests that weight cycling may have a negative impact on body image. In addition to this, engaging in weight loss behaviours has been associated with inaccurate weight perception and emotional and self-esteem issues amongst young women (Foster et al., 1997; Palmeira et al., 2010; Wharton et al., 2008).

As stated above, individuals who suffer from obesity may experience high body dissatisfaction and low self-esteem, and are at an increased risk for psychological disturbances including depression and anxiety (Annis et al., 2004; Epiphaniou & Ogden, 2010; Martin Ginis et al., 2012). Food is often used as a means to regulate negative emotions that an individual may be experiencing, and

used as a way to cope with low self-esteem. This however, can lead to experiencing guilt over consuming large amounts of food, and result in self-criticism (Epiphaniou & Ogden, 2010; Grogan, 2006).

Weight Loss

Because of the negative connotations that being overweight or obese evokes, such as being weak, greedy, lazy, and unintelligent (Sarlí-Lahteenkorva, 2000), and the drive for thinness that is apparent in Western societies weight loss attempts are fairly common, particularly within the female population (Brown, 2014; Palmeira et al., 2010). For example half of the participants in Wharton et al.'s (2008) study, which looked at weight loss practices and body weight perceptions amongst university students in America, reported that they had attempted to lose weight in the past. Within this study, a higher proportion of females when compared to males attempted weight loss despite more men being overweight.

Motivations and expectations. Individuals may have varying reasons or motivations that lead to them choosing to lose weight. Some potential motivators may include wanting to improve their health e.g. lower blood pressure (Hindle & Carpenter, 2011), desire for improved appearance through becoming thin (Foster et al., 1997), or wanting to escape being judged and experiencing negative treatment (Brown, 2014; Granberg, 2011). In Brown's (2014) study which examined weight loss narratives, it was found that health was not a main motive for weight loss, instead social motives such as fear of criticism or rejection were much more prevalent. This emphasises the negative impact that the thin ideal, which was discussed earlier, has on those who are overweight or obese, and the desire this creates to escape stigma and judgement. Some individuals have the hope or expectation that weight loss will lead to dramatic personal transformation, and that all areas of their lives will improve greatly (Granberg, 2006).

Along with motivations towards weight loss, there are often expectations that individuals have about what will occur post weight loss. This can include; reaching an ideal weight, increased confidence, health benefits, and increasing attractiveness (Ohsiek & Williams, 2010). There is often a turning point that leads to an individual deciding to lose weight. In the study conducted by Brown (2014)

it was found that these included trying on clothes that did not fit, seeing their reflection in a mirror, or seeing photos of themselves. Weight loss and outcomes are influenced by a variety of factors which include behavioural, physiological, psychological, and environmental components (Ohsiek & Williams, 2010).

Eating and exercise behaviours. The evidence suggests that in order to lose weight, there are often changes that need to occur within the individual's diet and exercise habits, with a combination of regular exercise and healthy eating habits being shown to be most successful (Vieira et al., 2013; Wharton et al., 2008). Participants in the study conducted by Hindle & Carpenter (2011) came to realise that losing and maintaining weight loss required changes in their attitudes towards eating and exercise rather than having a 'dieting' mentality, and that it required a permanent lifestyle change.

Eating disinhibition is associated with obesity, unhealthy food choices, and poor physical health. Eating disinhibition and emotional eating have been shown to decrease when there is an increase in confidence towards ability to show restraint with food choices (Vieira et al., 2013). Vieira et al. (2013) suggested that exercise can also have a positive impact on eating self-regulation and therefore have a positive impact on weight control. Further to this, enjoyment of exercise and motivation to exercise has been shown to be positively correlated with successful weight management, and can improve health related quality of life (Vieira et al., 2013). Therefore, if an individual has confidence in their ability to make healthy food choices and eating disinhibition decreases, coupled with participating in exercise that is enjoyable, they are more likely to be successful in their weight loss attempts and experience a greater sense of achievement and self-efficacy. As a result it is less likely that they will abandon weight loss efforts.

Improving strength can play a role in positively impacting body image. Strength training can help to create a greater awareness of the functional aspects of the body, and move the focus away from primarily being on physical appearance. Improvements that can be seen through being able to lift heavier weights help to reinforce this message and may act to challenge negative body image thoughts and feelings (Martin Ginis et al., 2012). In Martin Ginis et al.'s (2012) study which looked at body image change in overweight and obese

individuals, it was found that improvement in cardio exercise was a stronger predictor of positive change to body image than improvement in strength training. It was hypothesised that this reflected that women place a higher value on cardio as a means to lose weight and manage body image concerns.

Support during weight loss. Social networks provide individuals with resources that they can draw upon to help cope with stress (Karfopoulou et al., 2016). Having support during weight loss is something that is often deemed to be very important and crucial for success, with research showing that individuals who attempt weight loss while receiving support are more likely to be successful than those who lack support (Faw, 2014; Hindle & Carpenter, 2011; Karfopoulou et al., 2016).

Friends and family are often a good source of support, and are often able to provide support in many different ways. However, there may be instances where individuals may not perceive friends and family to be positive sources of support. In a study conducted by Kiernan et al. (2012), which looked at social support for healthy behaviours, it was found that despite reporting relatively high levels of general support from family and friends they experienced relatively low levels of support for healthy eating and exercise behaviours. It was hypothesised that the reason for this may have been because those who are overweight are often more likely to associate with those who are also overweight, and may not value or practice healthy lifestyle behaviours (Kiernan et al., 2012).

It has been suggested that those with bad habits tend to associate with others with similar bad habits. Therefore, norms within an individual's social network may make it difficult to create a change in their existing habits (Faw, 2014). Some participants in Faw's (2014) study, which looked at support during weight loss, chose to avoid social situations that involved food if they thought that others were going to question their food choices rather than be supportive. This can lead to the individual feeling torn between maintaining their diet but at the same time fearing loneliness.

One way that an individual may gain support is through structured weight loss groups such as Weight Watchers. This is thought to be advantageous in that advice and ideas are given, and progress is reviewed frequently. It can be a source

of motivation and can provide comfort when things are not going to plan (Hindle & Carpenter, 2011). As this often also means making a financial commitment to the weight loss group, this can provide motivation to maintain focus on reaching their goal weight, and a sense of commitment to their weight loss journey (Sarlio-Lahteenkorva, 2000). Another way for an individual to seek support is to make it public knowledge that they are attempting to lose weight (Faw, 2014). This can be done through various means such as through social media networks. This allows the individual to grow their support system, this however, can also increase pressure as more people know about the goals (Kiernan et al., 2012).

There are different ways that an individual may seek support. One way of doing this is through directly asking someone for support, and they may do this both in times of success or when they are struggling. People that individuals seek out for support may be someone that has previously lost weight, someone who they think lives their ideal lifestyle, or someone who has knowledge about healthy living. These people may be able to provide valuable information and advice (Faw, 2014). Some individuals may seek help from others in terms of keeping them accountable and reminding them of their goals, such as having someone give them a gentle reminder to keep up with their diet and exercise habits (Faw, 2014). On the other side of this however, some individuals may not like this form of support as it can be seen as added pressure. Participants in Faw's (2014) study feared feelings of failure if they were unable to reach their goal, and felt that if others knew about their goals that it would increase these feelings of failure.

Another form of support is through having others join them on their weight loss journey. This can help the individual to maintain motivation to achieve their goals, and some find this easier than attempting weight loss on their own (Karfopoulou et al., 2016; Kiernan et al., 2012). Participants in Faw's (2014) study felt as though this was the most beneficial support strategy, and those who did not have this form of support felt as though this was detrimental to their weight loss efforts. Participants in Hindle and Carpenter's (2011) study reported that family members would often also adjust their lifestyle towards becoming healthier, and would participate in activities with them. Some participants also had friends who joined their weight loss journey with them, and were there when the participant needed someone to talk to. However in contrast to this, it was also

found that occasionally having a friend alongside their weight loss journey with them introduced an element of competition (Hindle & Carpenter, 2011).

Despite the positive implications of support, not all support is communicated in a positive way. Some individuals may feel as though others are negatively impacting their weight loss efforts rather than being supportive, which can be a source of frustration (Kiernan et al., 2012). Participants in Sarlio-Lahteenkorva's (2000) study reported a lack of support from some of the people they were surrounded by, and talked about receiving negative comments about the change in their appearance. Likewise, participants in Faw's (2014) study occasionally experienced someone giving them unwanted advice or comments, for example telling them that weight loss was no longer necessary. While some participants chose to engage in confrontation, others preferred to ignore comments or avoid those who were unsupportive, and disengage so that these conversations would not occur.

Weight Loss Outcomes

Benefits of weight loss. There are many positives that can occur as a result of losing weight. Those who have lost a significant amount of weight will often experience improved life satisfaction and psychological status, and feel more positive about their bodies (Annis et al., 2004; Palmeira et al., 2010). Findings from Annis et al.'s (2004) study suggested that life satisfaction across various domains including social, sexual, appearance, family and work improved post weight loss. This suggests that after weight loss there was an overall improvement in quality of life.

In a study by Palmeira et al. (2010) which looked at change in body image and psychological wellbeing during obesity treatment, it was found that participants experienced significant positive changes in body size satisfaction, depressive symptoms, and mood. Weight loss can also result in better sleeping patterns (Latner et al., 1997), improved physical health, and ability and desire to take part in physical activities (Palmeira et al., 2010).

An increase in confidence is gained through experiencing positive reinforcement from others such as compliments as a result of their weight loss,

and from being able to fit new clothes for their thinner body shape (Annis et al., 2004; Ohsiek & Williams, 2010). As a result of newfound confidence there is often an increase in social activities and an improvement in relationships with others (Annis et al., 2004; Dixon et al., 2002; Palmeira et al., 2010). Participants in Epiphaniou and Ogden's (2010) study reported that post weight loss they felt less socially reserved and felt more accepted. They felt that they were comfortable communicating with others, and were able to form new friendships. The accomplishment of losing weight can also increase confidence in the individual's abilities in achieving new tasks or acquiring new skills (Epiphaniou & Ogden, 2010).

Individuals who were obese previous to losing weight are likely to experience significant improvements in how they feel about their bodies post weight loss (Annis et al., 2004; Foster et al., 1997; Palmeira et al., 2010). Further to this, it may not be necessary for the individual to reach their goal weight in order for them to experience an improvement in how they feel about their body (Foster et al., 1997). Participants in a study conducted by Martin Ginis et al. (2012) reported feeling increasingly better about their bodies over their weight loss journey. Findings showed that as long as participants continued to perceive there being a reduction in their body fatness, these perceived decreases appeared to be more important for body image changes rather than large changes in body mass. This suggests that perceived physical changes rather than actual changes more important in terms of positive changes in body image (Martin Ginis et al., 2012).

Negative consequences of weight loss. As discussed above, research has shown that there are benefits associated with weight loss. However, it is important to note that there is also research that has shown that not everyone experiences all of these, and that there can be disadvantages associated with weight loss as well. This includes stress that occurs because of weight loss efforts, and frustration and guilt over weight control failures (Ohsiek & Williams, 2010). If the cost of weight loss outweighs the benefits that are experienced then weight loss attempts may be abandoned (Ohsiek & Williams, 2010).

In addition to this, at times there are negative experiences and outcomes that occur as a result of significant weight loss that are not often talked about. These include skin excess, poor skin tone, and poor sexual self-esteem. It can cause difficulties with finding clothes, exercising, and can interfere with sexual function (Gilmartin, 2013). In Gilmartin's (2013) study, which looked at body image concerns amongst weight loss patients, findings suggested that loose skin and poor body image were obstacles towards participating in daily activities, and presented as a disadvantage. Participants in this study implied that sexual problems that were a result of weight loss complications led to the breakdown of relationships, and feelings of failure, loneliness, and depression.

Some individuals may experience 'phantom fat' in which they still see themselves as overweight even though they have reached a healthy weight, and is something that can be a struggle for the individual to overcome (Annis et al., 2004). Findings from Annis et al's (2004) study suggested that although there are improvements in an individual's body image post weight loss, that preoccupation with their weight and appearance still persisted.

Maintenance of Weight Loss

Once weight loss is complete and a goal weight has been reached, the individual then enters the weight maintenance phase. Weight maintenance has been associated with improvements in overall quality of life, increased energy, mood, and self-confidence (Vieira et al., 2013). It has been found that those who are able to maintain their weight loss have a more positive body image and place less importance on their shape and weight than those who regain weight, with weight regain being likely to adversely affect body image (Foster et al., 1997; Ohsiek & Williams, 2010). As with weight loss, maintenance is influenced by a variety of factors which include behavioural, physiological, psychological, and environmental components (Ohsiek & Williams, 2010; Sarlio-Lahteenkorva, 2000).

Weight maintenance challenges. A high proportion of people who have lost weight end up regaining some or all of the weight they had previously lost (Hindle & Carpenter, 2011; Sarlio-Lahteenkorva, 2000). However it has been found that if individuals are able to maintain weight loss for two years the chances

of regaining weight decreases by 50% (Hindle & Carpenter, 2011; Vieira et al., 2013). Therefore, although an individual has reached their weight loss goal there is still the chance of weight regain, and thus their journey has not come to an end. This is however, a transition of phases from weight loss to maintenance whereby the individual attempts to stay at a relatively stable weight over time.

In a study by Sarlio-Lahteenkorva (2000) that looked at successful weight loss maintenance, participants reported that weight maintenance was much more difficult than weight loss. They felt that it was an on-going battle with the risk of regaining weight being present, and there was a sense of fear of returning to their former weight and shape. Participants reported the importance for them to establish behavioural changes, to create support systems, and to find solutions and coping strategies for situations in which there was a high risk of falling back into old behaviours or habits. Vieira et al. (2013) hypothesised that women who have recently lost weight may have a more positive outlook on weight loss and the associated benefits when compared to those who have maintained for a longer period of time. This may be due to the benefits of weight loss being more salient soon after weight loss.

Having unrealistic expectations of weight loss or unrealistic weight loss goals impacts how successful weight maintenance will be. If a person has unrealistic expectations and are unable to meet their goals, they may become dissatisfied with their progress and end up abandoning their efforts at weight maintenance (Hindle & Carpenter, 2011; Ohsiek & Williams, 2010). Hindle and Carpenter (2011) looked at the experiences and perceptions of people who have maintained weight loss. They found that most participants had struggled with their weight in the past, and had previous weight loss attempts where they had managed to lose weight, but had been unable to maintain this. The key reasons behind failure to maintain were; lack of a long term, personal reason to do it, having a short term, strict approach, or having an overly ambitious goal.

Those with a 'black or white' thinking style may perceive failure to meet weight loss goals as a complete failure, and therefore view the weight loss they had achieved as being unsatisfactory. This thinking style may mean they become unmotivated to maintain a weight that they perceive as being inadequate (Ohsiek

& Williams, 2010). Therefore, as stated above, if the individual has unrealistic goals and are unable to reach these, they may view this as a complete failure and end up regaining back the weight that they had been successful in losing (Hindle & Carpenter, 2011; Ohsiek & Williams, 2010). Conversely, if an individual is successful in reaching their weight loss goals, or are satisfied with their weight loss, they are more likely to maintain this loss.

Social and cultural factors. While weight maintenance is seen as being difficult, it is deemed as being necessary as there is social pressure as a result of Western society's beauty ideal to retain a thin body shape (Epiphaniou & Ogden, 2010; Gleeson & Frith, 2006). According to Granberg (2011) the amount of importance that an individual places on these beauty ideals will impact on how much social pressure they experience to maintain a thin body type. It was found in Sarlio-Lahteenkorva's (2000) study that participants had internalised the social pressure that exists for women to stay thin in order to be socially accepted. One main reason that these women gave for maintaining their weight was because of the stigma that surrounds being obese. Most of the women in this study felt that maintenance of weight loss was important because of fearing the physical limitations and poor quality of life that is associated with being overweight.

Participants in Sarlio-Lahteenkorva's (2000) study often distinguished themselves from those who are currently obese, and from those who have never had weight difficulties. They assumed that most other women did not have to pay as much attention to their body, behaviour, and weight related thoughts, which caused some frustration. They found it difficult to understand those who seemed to be unaware of their weight issues and who appeared to be happy within themselves. This indicates that despite being more closely aligned with beauty ideals, that there was still a sense of being different to others.

Weight maintenance strategies. Previous research suggests that having some strategies to put in place can be beneficial towards successful weight maintenance (Chambers & Swanson, 2011; Elfhag & Rossner, 2005). Some key strategies include: regular exercise that is enjoyable, eating a balanced diet and maintaining a consistent eating pattern, monitoring weight loss regularly, and being aware of slip ups before they turn into larger gains (Hindle & Carpenter,

2011; Sarlio-Lahteenkorva, 2000; Vieira et al., 2013). Participants in Hindle and Carpenter's (2011) study utilised self-monitoring techniques such as regular weighing, and keeping food and activity diaries in order to stay on track. This enabled them to identify changes and why these may have occurred, which then meant they felt more in control and enabled them to take ownership. Lapses were viewed as being expected and something that could be managed, rather than viewing them as failures. Likewise, participants in Sarlio-Lahteenkorva's study accepted that some minor weight fluctuations would occur. They also reported taking part in self-monitoring behaviours such as weighing themselves, using a food diary, and the use of mirrors.

Eating and exercise behaviours. According to research, weight maintenance requires a more permanent change to eating and exercise habits (Chambers & Swanson, 2011; Elfhag & Rossner, 2005; Vieira et al., 2013). Participants in Hindle and Carpenter's (2011) study realised that they needed to make permanent lifestyle changes, which is in contrast to their previous weight loss attempts. Participants reported moving away from having a 'dieting' mentality, instead having a more relaxed approach towards food, which included allowing themselves to occasionally have a treat. This meant that they were not banning any foods, which in the past had led to feeling deprived, and had therefore made the foods seem more desirable.

Previous research has shown that as with weight loss during weight maintenance there is still the need to monitor food intake. Participants in Sarlio-Lahteenkorva's (2000) study reported limiting how much they ate, and evaluated different types of foods through reading labels and purchasing healthier options as a means of maintaining weight. However, they also realised that everyday life required compromise and flexibility, and that temptations did not disappear just because they had lost weight. Participants found that the most difficult situations to navigate were social situations as these often disturb everyday eating routines, and made making judgements difficult. There was pressure to eat 'normally' which was managed through nibbling on food to take longer to eat, or by eating the food but dieting or exercising to compensate for this (Sarlio-Lahteenkorva, 2000).

According to Ohsiek & Williams (2010) eating to regulate mood is associated with failure to maintain weight loss. Depression has been linked to weight regain, and has been identified as a trigger for overeating. Using food as a coping strategy during stressful times can lead to weight regain. In contrast to this the ability to continue eating healthy, and self-efficacy regarding the ability to manage emotions and difficult life circumstances, are associated with increased chances of weight maintenance (Elfhag & Rossner, 2005; Ohsiek & Williams, 2010). Therefore stressful or upsetting periods in an individual's life may present difficulties in terms of weight maintenance, particularly if eating to regulate mood and emotions has been a coping strategy in the past.

Research has indicated that continuing with exercise and physical activity is as important during weight maintenance as it is during weight loss (Chambers & Swanson, 2011; Elfhag & Rossner, 2005; Vieira et al., 2013). Participants in the study conducted by Chambers and Swanson (2011) which explored weight maintenance factors, reported that physical activity was used as a way to maintain their weight, and that although this was perceived as being necessary it was also found to be enjoyable. According to Elfhag and Rossner (2005) physical activity is important as it can improve well-being, which in turn may facilitate the use of other behaviours that are necessary for weight maintenance.

Support. Support is something that appears to be important during not only weight loss, but also during the maintenance phase (Karfopoulou et al., 2016; Wharton et al., 2008). However the amount of support and the type of support that is offered during the maintenance phase may differ to support which is experienced during weight loss. The main difference that participants in Hindle and Carpenter's (2011) study reported in terms of support in the maintenance phase when compared to the weight loss phase is that they felt that there was a lack of positive reinforcement. During weight loss they were able to see numbers decreasing on the scales, differences in dress sizes, and they would frequently receive compliments. However, this decreased as their weight stabilised. There was less support from friends as friends felt as though they did not need to continue to offer encouragement, and would often pressure the participants to eat more. However, any support and positive reinforcement that they were given was seen as being a key component of being able to maintain weight loss, and helped

with the ability to handle stress in a productive manner (Hindle & Carpenter, 2011).

In the study by Karfopoulou et al. (2016) that explored the role of social support in weight maintenance it was found that those who regained weight received more support than those who were maintaining their weight. It was hypothesised that individuals who were regaining weight attracted more support as they may have been viewed as struggling. However the type of support that the maintainers did receive differed from the support that those who had regained experienced. Maintainers reported compliments in regards to behaviours, while those who had regained reported encouragements and reminders to engage with healthy behaviours (Karfopoulou et al., 2016).

In contrast to support, some research has shown that those who have lost weight may experience sabotage from others around them (Hindle & Carpenter, 2011; Karfoulou et al., 2016; Kiernan et al., 2012). Participants in the study conducted by Hindle and Carpenter (2011) sometimes felt as though friends or family members would try to sabotage their efforts. They would say that they were starting to look ill, or tell them they had lost enough weight already and encourage them to stop dieting. However, the majority of participants felt as though this was not done with a malicious intent.

Body image post weight loss. As discussed earlier, body image is negatively affected in those who are overweight or obese (Foster et al., 1997; Gleeson & Frith, 2006), however this appears to improve through weight loss for some individuals. A relationship between weight reduction and increased positive self-appraisals has been repeatedly observed (Foster et al., 1997; Latner et al., 2013; Palmeira et al., 2010). However, although in general a reduction in weight leads to improved body image the correlation between weight loss and improved body image is not particularly strong. A reason behind this may be that, as stated earlier, actual changes to the body may be less important than perceived changes (Foster et al., 1997; Martin Ginis et al., 2012; Song et al., 2006).

Findings from Vieira et al.'s (2013) study, which looked at health related quality of life and other psychosocial characteristics in successful weight loss maintainers, showed that many participants had impaired body image and high

levels of concern with body shape and size post weight loss. This showed a strong emotional investment in one's body, which suggests a preoccupation with weight and shape and how others judge their appearance, and what impact this may have socially. This suggests that if weight loss efforts are based on improving body image, this may not be entirely successful (Vieira et al., 2013).

According to Song et al. (2006) body image concerns are often still central to those who have experienced massive weight loss. Individuals may still have negative thoughts and feelings about their body, and residual feelings of self-consciousness and unattractiveness may mean the body image dissatisfaction is still prevalent (Song et al., 2006). It has been found that expectation and ideal when it comes to physical appearance may be mismatched, and as discussed earlier some individuals who are seeking to lose weight may be hoping or expecting to attain a smaller physique than what may be realistic. This then means that upon achieving weight loss that these individuals are still dissatisfied with their bodies because they are unable to reach their goal (Song et al., 2006).

After losing a large amount of weight there are often difficulties that arise as a result of the weight loss, such as; excess skin, cellulite, wrinkles, and poor skin tone. These side effects of weight loss can then cause distress regarding appearance (Annis et al., 2004; Gilmartin, 2013; Song et al., 2006). In a study by Gilmartin (2013) that looked at body image in those who have experienced major weight loss through conducting in-depth interviews, it was found that many participants felt a sense of ugliness and dislike of their physical appearance after weight loss as a result of loose skin. There was a sense of hatred and shame, while also feeling anxious about the need to look youthful and beautiful. This negative body image impacted on self-esteem and led to mood swings and depression.

Despite the benefits of weight loss, all of the participants in Gilmartin's (2013) study still experienced body image dissatisfaction and in some cases this affected various additional areas of their lives such as their career, relationships, sexuality and quality of life. They felt as though they were under surveillance because of not fitting into the societal norms when it came to physical appearance and attractiveness. Further to this, they reported that they felt as though they were targets for observations and judgements and were marginalised within society,

and felt intimidated of thin people. There was a sense of wanting to avoid being watched or seen by others, with some participants actively avoiding certain places such as the beach so as not to be seen (Gilmartin, 2013). Intimacy and sexual relationships were also affected by poor body image and anxiety around sexual attractiveness. There were often high levels of self-consciousness about the body during sex, loss of confidence in sexual functioning, and feeling emotionally disengaged from the sexual experience. It was felt that loose skin led to more surveillance of the body, body shame, and sexual disengagement.

As stated earlier, the difficulties that are experienced post weight loss, such as excess skin, can lead to distress regarding appearance. Because of this individuals may seek out ways to remedy this, with one option being to undergo a surgical procedure, which has increasingly become a more socially acceptable option for physical enhancement (Song et al., 2006). Song et al. (2006) used the Pictorial Body Image Assessment and the Health Related Quality of Life survey to examine body image and quality of life in individuals who underwent body contouring surgery following massive weight loss (a mean loss of 63kgs). It was found that body satisfaction improved, and that this improvement was often specific to the areas that underwent the surgical procedure. However it was also found that treating and making improvements in areas that were causing dissatisfaction had the potential to reveal additional areas that the patient was not happy with, potentially because fixing problematic areas puts other areas into an unfavourable light. Therefore patients who have had body contouring surgery often desire additional surgical procedures (Song et al., 2006).

While weight loss may lead to increased body satisfaction, some individuals may experience 'phantom fat' after weight loss. This is where an individual remains concerned about their weight and experience body dissatisfaction despite weight loss (Annis et al., 2004). In a study by Annis et al. (2004) that compared body image across those who were of a stable weight, those who were currently overweight, and those who were formerly overweight, it was found that two years after weight loss those in the formerly overweight group were less dissatisfied with their body. However they were still conscious of, and anxious about their weight, and held beliefs about the importance or influence that appearance had in their lives. It was thought that while weight loss brings greater

body satisfaction, the potential for weight gain and past weight related adversities do not completely disappear (Annis et al., 2004).

Identity

Identity is thought of as being a feeling about one's self, character, goals, and self-image in terms of shape and size, and how this is interlinked with social identity (Gilmartin, 2013). Identities motivate and sustain behaviour, and become a part of an individual's self-concept (Granberg, 2006). It is thought that identities are organised in a hierarchy, with the identities that are most salient being at the top of the hierarchy and have the most influence over self-esteem and behaviour. Different identities can increase or decrease in salience based on social interactions, and an identity that is evoked by those the individual is around will become higher on the hierarchy (Granberg, 2011).

Living with an overweight identity. If an individual has the knowledge that they are overweight or obese it can then lead to learning to behave as though they are this way, this then becomes incorporated as part of their identity (Gleeson & Frith, 2006). It is important to note however, that perception of weight can differ, for example someone who is thin may think of themselves as overweight or vice versa. Perception of weight is based on group norms, the expectations of significant others, and can vary in different situations. For example, someone who is considered overweight in the fashion industry may not be considered overweight in a group of middle aged co-workers. This perception then influences behaviour and the degree to which someone feels stigmatised or identifies with this as part of their self-concept (Granberg, 2011).

Through having a self-concept that is dominated by weight and shape, and therefore often negative and self-critical in nature, an overweight person is likely to minimise or ignore the other qualities they possess (Epiphaniou & Ogden, 2010). In a study by Epiphaniou and Ogden (2010) which looked at successful weight maintenance and shift in identity, participants talked about how their weight and shape became a central part of their identity and how they viewed themselves. They felt fat and unattractive, and consequently this would evoke a negative mood. Weight can be something through which an individual assesses their life, what opportunities they have, and what decisions they make. It also has

implications in terms of social identity and how valued an individual feels (Granberg, 2006).

Stigma. As stated earlier, to be overweight or obese is widely stigmatised within Western culture, with stigma having the ability to negatively impact both personal and social relationships (Dixon et al., 2002; Foster et al., 1997). It is thought that feared stigma may actually be more upsetting than experiencing stigma (Sarlio-Lahteenkorva, 2000). Individuals may place varying degrees of importance on stigma as a personal or social identity. According to Carr and Friedman (2005) the concept of reflected self-appraisals proposes that if an individual perceives that others are viewing them negatively, that they will develop negative self-perceptions. According to symbolic interactionist theory an individual's self-concept develops through interactions with others, and it reflects one's perceptions of others' appraisals (Cooley, 1956, as cited in Carr & Friedman, 2005). Individuals who are stigmatised and discriminated against are then likely to perceive that they are regarded negatively, and may incorporate those negative attitudes into their self-concepts and evaluate themselves in a negative manner (Cooley, 1956, as cited in Carr & Friedman, 2005).

Many participants in Granberg's (2011) study, which looked at leaving stigma after weight loss, felt that weight was an important part of how others viewed them, and felt judged and treated badly as a result of this. Those who felt stigmatised because of being overweight associated this with long lasting and intensely felt stigma, and described this as being a defining aspect of who they were. They reported poor self-image, and feared having negative experiences with others because of being overweight. This discrimination meant that being overweight in terms of identity became increasingly salient. Because of the stigma and the negative experiences as a result of this, they identified being overweight as a highly salient and negative personal identity (Granberg, 2011).

In Sarlio-Lahteenkorva's (2000) study, which looked at successful weight maintenance, it was found that while obesity could be described as stigmatising and associated with being different from others, being thin was associated with normalcy. Women in this study distinguished themselves from those who were currently obese, and those who had never been obese, and felt different to them.

While obesity is eliminated with weight loss, thoughts and fears about being seen as possessing these characteristics may remain. The constant effort that it takes during weight maintenance is something that participants felt that those who have never been overweight may find difficult to understand (Sarlio-Lahteenkorva, 2000).

In the study conducted by Gilmartin (2013) that looked at body image concerns of those who had lost large amounts of weight, it was found that feeling unattractive post weight loss as a result of loose skin was detrimental to their self-identity, and was in conflict with their desire to look beautiful. This resulted in experiencing a sense of shame. For those who have lost weight, there may be dissonance between an individual's private and public identity, and between who they are pre and post weight loss. Others may view them as being highly successful because of weight loss, however others do not see the battle they go through against weight regain, and the guidelines and restrictions they have to place on themselves (Sarlio-Lahteenkorva, 2000).

Shifts in identity. The goal of making a shift in identity is to make a relatively permanent change that becomes so ingrained in the individual that they do not fear returning to their previous, undesired identity. It is thought that for this to happen that a change in behaviour, attitudes, and beliefs must occur (Kiecolt, 1994). The individual needs to be able to interpret situations from the standpoint of their new identity, be able to manage their emotions, and the individual needs to be able to adjust their thoughts so that they are able to interpret behaviour and interactions from the perspective of an 'unstigmatised' self-concept (Kiecolt, 1994). In addition to this, Granberg (2011) proposed that social interactions also need to validate this change.

According to Kiecolt (1994) the decision to change oneself is based on an appraisal of what the individual can do to cope with stress, and is often prompted through a stressor which leads to critical appraisals of oneself, lowered perceived competence, or creating unfavourable social comparisons. These can then lead to reduced self-efficacy and self-esteem, and can cause psychological distress. Kearney and O'Sullivan (2003) explored identity shifts and efforts to change unhealthy behaviours through using a grounded theory approach to synthesise the

results of 14 qualitative studies. They found that an individual engaging in a critical appraisal of themselves and their situation was a turning point towards making behaviour changes, and therefore making a shift in their identity. If this step was successful then this was likely to lead to further behaviour change and would therefore strengthen their revised identity.

Kearney and O'Sullivan (2003) found that a growing awareness and increasing evidence that an individual's current identity (e.g. as an overweight person) was incongruent with important values and goals, such as pride in appearance or being able to engage in activities with loved ones, could lead to the process of behaviour change if this evidence (e.g. not fitting into clothes) was distressing enough. According to Kearney and O'Sullivan (2003) this distress prompts the individual to see themselves in a more realistic or objective way and to realise that they would be unable to sustain their current lifestyle without continued distress.

Individuals are able to anticipate who they might become after weight loss. They can imagine themselves as being thin and the benefits that this may bring, which can be a motivator towards self change (Granberg, 2006). According to Brown (2014) through an individual knowing that they are overweight this leads to learning to behave like an overweight person. Learning how to be thin after being overweight would require a role change and a shift in identity. A shift in identity is linked to both personal self-image and social roles (Sarlio-Lahteenkorva, 2000). Once self change has begun these efforts to reach their desired self may be validated. This validation can come from various sources, for example: in the form of compliments from others, seeing the numbers on the scale decrease, or fitting into smaller clothes (Granberg, 2006).

For every identity that an individual has there are a set of standards that are used as internal reference points. Input such as social comparisons and feedback from others is then used to compare against these standards (Granberg, 2006). Congruence between identity standards and social feedback validates the new identity formation as a 'normal' sized person from the identity of being someone who is overweight. If there is incongruence then this can lead to emotional distress (Granberg, 2006).

An individual has successfully let go of their identity as an overweight person when it has declined in salience and relevance for how they view themselves (Granberg, 2011). Their internalised identity standards also need to have changed to include their post weight loss bodies. Just because an individual loses weight and consequently no longer has the stigmatising characteristic of being overweight, it does not guarantee that they will not still feel stigmatised. Rather, this behaviour change can be thought of as being the beginning of leaving this stigma (Granberg, 2011).

According to the research conducted by Kearney and O'Sullivan (2003) the sustaining factor in behaviour change was a process of identity revision to reinforce the change and take on a new personal and social self, this change in identity occurred gradually over time (Kearney & O'Sullivan, 2003). It was found that part of the identity change was realising that their behavioural issues do not disappear despite successful behaviour changes, and that self-observation and awareness would be necessary throughout the course of their life.

Maintaining a stable weight is seen as facilitating the shift from someone who is overweight to someone who is a healthier, 'normal' weight person (Epiphaniou & Ogden, 2010; Granberg, 2011; Kearney & O'Sullivan, 2003). In Granberg's (2011) study it was found that those who were successful in making an identity shift had maintained their weight loss for a longer period than those who had not. Participants who had made the shift from their stigmatised identity reported no longer worrying about the number on the scale, or having a focus on dieting, rather that healthy habits had just become a part of their normal daily routine. By this not being a focus within their lives it meant that weight had been able to drop in salience as a part of their self-conception (Granberg, 2011).

In Epiphaniou and Ogden's (2010) study, at their heavies participants were seen as restricted individuals which was influenced by internalised social discrimination. This restriction could be seen within their social life in which they avoided social situations, created strict eating habits to try to obtain a socially acceptable body size, and focused their self-concept on weight. On the other hand, post weight loss they felt more liberated in terms of these domains. Participants recreated themselves into someone who felt freer. Losing weight and being

thinner helped to reinforce a sense of self-worth, and helped them to feel normal and accepted by others. Communication skills improved and their confidence when in social situations increased. Their self-concept shifted from someone who had previously been weight centred, to someone who is now no longer dominated or controlled by this (Epiphaniou & Ogden, 2010).

Challenges in making an identity shift. There is a widespread belief that that is portrayed through the media that losing weight will lead to a dramatic personal transformation (Brown, 2014; Gilmartin, 2013; Ohsiek & Williams, 2010). Although weight loss does often bring about positive changes, it rarely lives up to the expectations that are set up by the media, which can create anticipation of much more dramatic results than may realistically be possible (Granberg, 2006). Participants in Granberg's (2006) study, which looked at weight loss and self change, had high hopes of what they would be like post weight loss. These included; no longer being 'sloppy', discovering a musical talent, or thinking that life would be perfect. This reflected the belief that many hold about weight loss being able to transform their lives. This is important to note as the degree of transformation that is expected affects how likely it is to be validated, which then affects whether the identity they had hoped for would be reached (Kearnan & O'Sullivan, 2003; Kiecolt, 1994).

Kearnan and O'Sullivan (2003) found that a lack of confidence in the new identity, or lack of support for the new identity was a barrier towards sustained identity change. Social pressure to continue with past unhealthy behaviours was a difficulty that was faced and needed to be navigated. Many participants in Granberg's (2006) study hoped that losing weight would result in better relationships, and there was a hope that they would become popular. Some participants however, hoped that by losing weight they would fit in, rather than standing out from others. Hope for dramatic interpersonal and social identity changes relies on changes in others, which can make the change in identity difficult, and can lead to disappointment (Kiecolt, 1994). Therefore those who place importance on the strengths and abilities that they personally hold are more likely to be successful in making these changes (Granberg, 2006).

Reaching the point of an identity shift can be difficult. Both changes in behaviour and cognitions need to occur in order for this identity shift to be successful, with changes in behaviour but an absence of cognitive change likely to lead to cognitive dissonance (Kiecolt, 1994). There is the possibility that the individual can face an identity lag, which is when their body changes faster than their internalised self-image. This can cause confusion and frustration for the individual, and can make an identity transition challenging. Those who have lived with this identity longer may struggle more to make this shift (Granberg, 2011).

Participants in Granberg's (2011) study stated that their new bodies felt foreign and unfamiliar to them, and it took time for their minds to catch up with their bodies. Many participants who took part in this study had beliefs about what their ideal weight was, and how their bodies should look after weight loss. These standards were then used to judge their success on making the shift from a stigmatised identity. If this was not congruent then it made it difficult for them to leave their identity as an overweight person (Granberg, 2011).

Another challenge towards this shift in identity is that people often start weight loss with the assumption that their appearance will only change in a positive way, and do not anticipate some parts of themselves seeming more unattractive, which creates incongruence (Granberg, 2006). Incongruence between expected self and current self then means that the individual is then faced with the challenge of reconciling this. This is often attempted through altering behaviour (Kearnan & O'Sullivan, 2003; Kiecolt, 1994). Some participants in the study conducted by Granberg (2006) engaged in increased diet or exercise in order to lose more weight. While this may work for some, it can potentially endanger identity transformation, with blame being placed on not losing enough weight for the reasoning behind not reaching expectations (Granberg, 2006).

Part of the challenge of making an identity shift from an overweight individual to someone who is 'normal' weight is that in order for weight to decrease in salience it needs to be fairly easy to maintain, rather than it being a constant struggle. However, if the weight the individual can maintain easily is above their ideal weight, then making an identity shift becomes a struggle (Kearnan & O'Sullivan, 2003). In order to overcome this, some participants in

Granberg's (2011) study were able to alter the standard that they judged their post weight loss body on through shifting their goal weight. Others who are struggling to make this identity shift may come to the realisation that they are unable to change their body type, or that there are aspects of their body that they are unable to control, and come to accept this (Granberg, 2011).

Rationale for Present Research

Literature explored within this review has been a mixture of both qualitative and quantitative and has covered areas including weight loss, weight maintenance, body image, and identity. However, previous research does not appear to have followed the entire weight loss journey from prior to weight loss through to post weight loss, while also incorporating body image and identity issues, and exploring the participants' expectations of weight loss, and whether or not these were met.

Because of this, and based on the literature reviewed, this research seeks to explore the participants' preconceived ideas about how they would feel about their bodies, and what they thought their lives would be like after weight loss. It will then compare this with the reality of what occurred after reaching their goal weight, including body image and shifts in identity. This will be done using a grounded theory approach to explore the weight loss process from prior to weight loss through until the weight maintenance phase.

Chapter Three: Methodology

The focus of this chapter is to provide a detailed overview of the methods and methodological framework of this study. The qualitative research design will be discussed, following this the ethical considerations of this research will be explained. The participant recruitment process, and a description of the participants will be presented. An explanation of the data collection process and of grounded theory analysis will conclude this chapter.

Qualitative Research Design

Previous research into the area has utilised both qualitative and quantitative research, for example Granberg (2006), Sarli-Lahteenkorva (2000), and Hindle and Carpenter (2011) conducted semi structured interviews and analysed data using a qualitative methodology; whereas Vieira et al. (2013), Song et al., and Dixon et al. (2002) analysed data that was collected using quantitative methodology. However, the present study utilised qualitative methodology. Qualitative research was used because it is descriptive and reflective. It allows the researcher to describe and understand particular experiences from the perspective of those that are living or have lived through a particular situation (Fischer, 2006).

The use of semi-structured interviews provided a means to be able to explore participant's perceptions and experiences. It allows the researcher to cover certain topics, while also allowing for flexibility to explore other themes or topics that may come up (Harvey-Jordan & Long, 2001). This was in line with the current research in that it allowed participants to tell their personal experiences of their expectations of weight loss, and whether their reality of weight loss was congruent with their expectations.

Qualitative methodology allows the selection of a small number of participants to provide a range of experiences on the phenomena that was being explored. While this can be seen as a limitation in that you are not able to generalise findings to the wider population, qualitative research understands that people differ across time and place (Fischer, 2006). This fit with current research as participants differed widely from each other on variables such as age, the amount of weight lost, and time taken to lose weight. So while qualitative

research cannot claim generalisability, it does provide a more in depth and complex view of participants experiences (Fischer, 2006).

Ethical Considerations

A research proposal and human ethics application was submitted to the University of Waikato Psychology Research and Ethics Committee. Approval was gained before advertising for research participants. Ethical considerations that were identified during the planning stages and during the research are as follows:

Cultural considerations. Although the scope of this research project did not allow for specific focus on ethnicity, it is recognised that although the majority of participants identified as New Zealand European there were participants who identified as being from differing cultures to this. There were no interview questions which specifically asked about culture or ethnicity, however participants were able to talk about these within their answers if they wished. Participants were also informed of their right to refuse to answer any questions in which they felt uncomfortable answering.

Anonymity and confidentiality. In order to protect participant privacy all identifying information was either changed or omitted and participants were given pseudonyms. Confidentiality was included in the information sheet (see Appendix B) and was also discussed with each participant prior to informed consent and beginning the interview.

Informed consent. All participants consented to take part in this research voluntarily. Participants were provided with information about what the research was about, what their participation would include, and what their rights were as a participant. Information was provided about who was involved in the research project, and participants were given the contact details of the ethics committee. Participants were informed of their right to withdraw at any stage up until four weeks after the interview was completed without any penalty. This information was outlined in the information sheet (see Appendix B) and consent form (see Appendix C).

Wellbeing of participants. Because the subject matter that was being discussed during the interview had the potential to bring up strong emotions

participants were given the opportunity to ask questions prior to beginning the interview, and could also ask questions at any stage during the interview. The interview began with a very broad question which was aimed to ease the participant into the interview. Participants were informed that they could choose not to answer a question if they felt it would be too difficult to do so. Contact information was also provided to services such as the Depression Helpline in the event that the participant felt that they needed to talk to someone about any issues, such as body image difficulties, that they may be facing.

Access to research findings. Participants were offered a copy of their transcript which they were able to check over and make any changes if there was anything that they were unhappy with. Participants were also offered a summary sheet of the research findings and an electronic copy of the completed thesis.

Researcher experiences. Prior to beginning each interview I used some self disclosure and let the participant know that I had previously been through my own weight loss journey. I felt that this was important to make the participant feel more at ease and to decrease the chance of them feeling judged, as I know it is a sensitive subject to talk about. I also felt as though it was important to recognise my personal experiences as this can have an effect on how I interpreted the data. This made me conscious during the data analysis stage to not put my own personal beliefs and judgements into the interpretation of the data.

Research Participants

Recruitment of participants. A recruitment flyer (see Appendix A) with the essential information regarding the research project and contact information was distributed to gyms, nutritionists, Weight Watchers, Jenny Craig, and was posted in areas around the University of Waikato. The recruitment flyer was also posted on various Facebook pages including: Weight watchers Hamilton, personal trainers, and the researcher's personal page which was made viewable to all Facebook users.

Individuals who were interested in taking part in the research were able to contact me using the contact information provided. Upon contact participants were emailed an information sheet (see Appendix B) which further outlined the

research. The information sheet outlined the purpose of the research, what being a participant involved, what the selection criteria were, information about the researcher and supervisors, and that the research project had been given ethics approval. Participants were required to be: female, over the age of eighteen, have lost a significant amount of weight, and have maintained their weight loss for at least 6 months (however although one participant had only maintained for 4.5 months they were still included).

Participants who were interested were either phoned or emailed by the researcher to see if they fitted the criteria. Information was gathered about weight prior to weight loss, current weight, and height. This information was used to determine their initial Body Mass Index (BMI) and current BMI. This was then used to determine 'significant' weight loss. Participants who did not reach the inclusion criteria were respectfully declined, with the reason why explained. BMI was used as a measure of obesity as this is what the World Health Organisation uses as a classification system (BMI classification, 2006).

After receiving the information sheet and confirming that they fit the criteria and would like to continue with participating a time and place was then set for an interview. Interviews were either arranged to be held at a room at the University of Waikato library, at the participant's home, or via Skype (a free video/audio internet calling application) for participants who were too far away to meet face to face. Each participant had the choice as to where they felt most comfortable having the interview. Participants were given opportunities to ask any questions they had about the research. Participants received a \$10 voucher for The Warehouse as a thank you for their time.

Description of participants. A total of 11 participants were interviewed for this study. Table 1 displays the demographic data for the 11 participants. Participants were female, between the ages of 24 years and 51 years, and all participants lived in the North Island in New Zealand. Participants were from a range of ethnicities, with the majority identifying as New Zealand European, one as British, one as South African, one as Indian, and one as mixed ethnicity. Participants had struggled with being overweight in the past and had been on a weight loss journey where they had lost a significant amount of weight.

Significant weight loss was determined by calculating participant's body mass index (BMI) prior to weight loss, and current BMI. BMI prior to weight loss ranged from 29.41 - 43.03, and current BMI ranged from 21.08 – 28.41. BMI was not used for any other purposes within this research. Participants had reached their goal weight, and had maintained this for a period of time. Participants have been given a pseudonym in order to protect their identity.

Table 1

Demographic Profile of Participants

Pseudonym	Age	Ethnicity	Total weight loss	Time taken to lose weight	Time maintained
Amelia	28	British	19.5kgs	1.5yrs	2yrs
Carrie	37	NZ European	40kgs	12yrs	3yrs
Charlotte	32	NZ European	51.5kgs	3.5yrs	3yrs
Chelsea	29	NZ European	30kgs	1yr	8months
Holly	30	NZ European	29kgs	1.5yrs	10months
Hazel	51	NZ European	44kgs	3.5yrs	6months
Jane	36	South African	35.7kgs	1yr	4.5months
Jodie	40	NZ European	23kgs	3yrs	6months
Megan	37	Mixed*	42kgs	10months	11months
Riley	28	NZ European	20kgs	5months	5.5yrs
Sophie	24	Indian	21kgs	4yrs	3yrs

** There is a risk that this participant would have been able to be identified through ethnicity therefore it was decided to not include her specific ethnic information*

Data Collection

Each participant was interviewed once, with a total of eleven interviews being conducted. The majority of interviews were conducted face to face, however two interviews were conducted through a video call via Skype. Interviews were conducted in quiet and private environments. This decreased the risk of participants feeling as though they would be overheard by others and also meant that the participant and I were able to hear and understand each other.

Having face to face interviews meant that I was able to also read the participant's facial expressions and body language. Interviews ranged from 48 minutes to one hour 15 minutes in length.

Prior to beginning the interview participants were given an opportunity to ask any questions that they may have had about the interview process, or the research in general. All participants were informed of what their rights were, and were made aware that they were able to ask questions or seek clarification throughout the data collection process. The consent form (see Appendix C) was discussed and signed before beginning the interview, and it was reaffirmed with participants that any identifying information would be left out or anonymised. Verbal consent was gained from participants for the interview to be recorded, and the reason behind recording was explained.

At the beginning of the interview each participant was thanked for their interest in the research and for agreeing to take part in the research process. I told the participants a little bit about myself and why I am interested in this subject. This included telling participants that I have been through my own weight loss journey. A very broad introductory question about what their weight loss journey was like was asked, which served to ease the participants into the rest of the interview.

A semi structured interview schedule (see Appendix D) was used as it allowed participants to bring up information that is important and relevant to them, and allowed new ideas to be brought up. After the first few interviews there were some ideas that came through that had not been included in the primary interview schedule, questions were formed to cover these and added to the remainder of the interviews. The interview schedule contained three main areas, these were; weight issues prior to weight loss, body image prior to weight loss, weight loss journey, after weight loss (at goal weight), and weight maintenance.

At the end of the interview participants were given the opportunity to ask any questions that they had, or to make any concluding comments. Participants were given the option of having their transcript emailed to them. Those who chose to have this were given three weeks after receiving it to make any amendments to it and return it so that changes could be made. It was assumed that if transcripts

were not returned that the participant felt that it was a true representation of the interview.

Data Analysis

Interviews were transcribed verbatim. Transcriptions were emailed to participants who were given the chance to comment on these and state whether they wanted anything altered. None of the participants noted any changes to be made. Names were replaced for pseudonyms and any identifying information was removed. A grounded theory approach was used to analyse the data that was gathered from the interviews. Grounded theory is a research methodology that involves constructing a theory through the analysis of data (Birks & Mills, 2015). There were multiple stages to interpreting data through using grounded theory as outlined by Birks and Mills (2015) which are discussed below.

According to Birks and Mills (2015) data collection is completed once data saturation has been reached, however participant recruitment concluded after eight months as there was a lack of further responses to recruitment advertisements. Interview transcripts were read and re-read as a way to become familiar with the content of each transcript. While reading the interview transcripts initial codes (e.g. poor body image, avoidance) were identified that helped to categorise similarities in the patterns within the data. Initial coding was used as a way to break up and compare data and name the patterns that were beginning to emerge, and to begin to compare between the different codes. Through doing this it also identified further areas and questions in which to explore during further interviews (e.g. asking participants about perceptions of their body while wearing clothing when compared to looking at themselves unclothed).

Following the initial coding, codes were grouped into categories and connections were made between and within categories. Identification of patterns and relationships were further developed at this stage. Some of the earlier categories were regrouped as sub-categories under another higher level category that they fit under (e.g. body satisfaction and body dissatisfaction were regrouped under current body perceptions, which came under consequences of weight loss). It was identified that the overarching theoretical code of how categories and sub-

categories fit together is through a process of change. This then led to the creation of a theory, which was defined by Birks and Mills (2015) as “an explanatory scheme comprising a set of concepts related to each other through logical patterns of connectivity” (p. 108). A model was then created to illustrate this theory, this is outlined in further detail in Chapter Three.

Chapter Summary

This study involved eleven females who underwent a weight loss journey and had maintained this for at least six months. It was considered that a qualitative methodology was the best approach for gaining a detailed understanding of the participant’s experiences of their weight loss journey and their outcomes. The data collection involved semi-structured interviews using open ended questions to facilitate discussion. Data gathered was analysed and interpreted using a grounded theory approach.

Chapter Four: Research Findings

As a result of the interviews with the women who took part in this research, multiple categories emerged from the data including: prior to weight loss, insight, expectations, decision, weight loss process, consequences of weight loss, and current perceptions. Sub-categories are included under the majority of these categories. These categories present the participants' experiences beginning with prior to weight loss, through their weight loss journey, and post weight loss including their thoughts and perceptions of their bodies and lives as a consequence of their weight loss. The categories are presented in such a way as to follow their journey in a linear fashion.

Figure 1 is derived from the data as per the grounded theory approach. It explains the participants' journeys from prior to weight loss through to the maintenance phase (including current perceptions. It shows the different stages the participants went through and some common experiences amongst the participants.

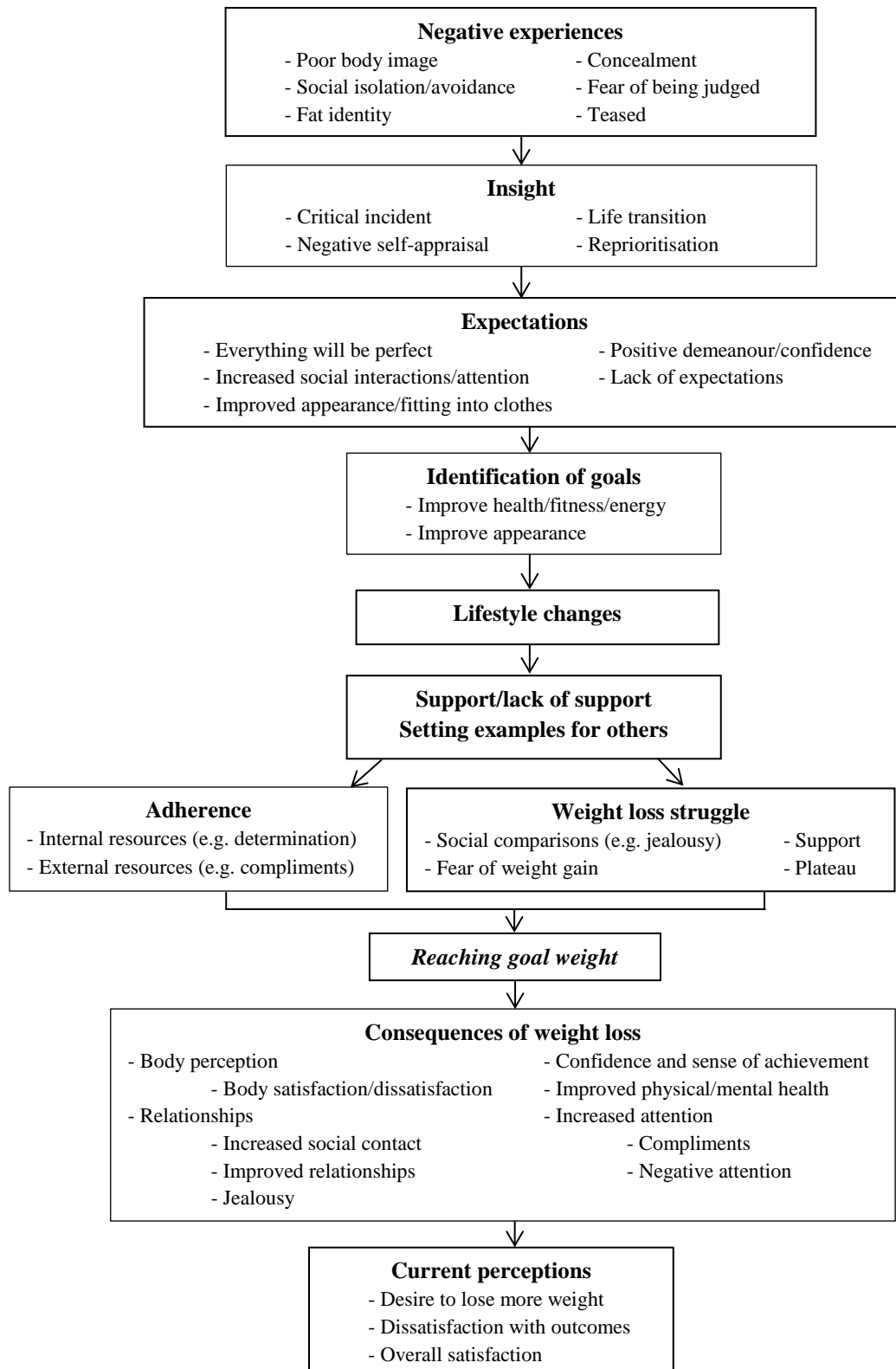


Figure 1. Participants' weight loss journeys, expectations, and outcomes.

Prior to Weight Loss

The majority of participants who took part in this research reported being overweight since they were a child, while two participants reported being overweight since their early teens, and two participants reported gaining weight in their late teens. All participants had attempted weight loss in the past. The majority of the weight loss methods that had been utilised in the past included: various weight loss groups such as Jenny Craig, slimming pills, meal replacement shakes, and cutting out food groups or decreasing food intake. While these were often viewed as being 'quick fix' methods and the common outcome was short term weight loss, these strategies were found to be not maintainable. It was often found that because of this the participants gained back the weight they had lost, and more. Several participants stated that they began dieting as early as their early to mid-teenage years.

Negative experiences. Prior to making the decision to embark on their weight loss journey, all participants had had negative experiences as a result of carrying excess weight. These included: not being able to fit or feel comfortable in clothes, lack of self-care, and not taking part in activities. For example, Riley talked about being unable to enjoy a family vacation because she was overweight:

We went to Rainbow's End and stuff because our family came from overseas and I hated it. I look at photos too and I know why I hated it, I look terrible. I really was bigger than anyone else in my family. And I was worried about fitting on the rides, like the roller coaster when it came over the top I was worried they were going to say 'na you have to get off, you don't fit'. I thought I'd sink the bumper boat.

These negative experiences meant that participants experienced a lack of enjoyment from activities, and that normal day to day activities such as getting dressed could be upsetting or anxiety provoking. Being overweight resulted in the majority of participants experiencing negative physical health difficulties. These included, but were not limited to: breathing difficulties, low energy, and experiencing joint pain.

Societal ideals. Many of the participants mentioned wanting to be ‘normal’ or fit in, as they felt as though they did not live up to society’s beauty standards. As Charlotte stated, “You know kind of being the same as everyone else instead of feeling like you're an alien, like you're just different”. Because of this they often felt as though they were outsiders and were looked at by others in a negative light, for example Holly found that she was treated differently when she was overweight. Conversely, Chelsea spoke about working in a job with other overweight individuals, and that this made her feel more comfortable as she felt as though she fit in within that environment. Sophie found that she gravitated towards peers who were of a larger size as she felt ‘normal’ when around them. Jane retreated into an online gaming community as a way to feel as though she was ‘normal’ and fit in, as she stated she could be whoever she wanted to be in that situation.

Media outlets were one way that these societal ideals were portrayed. As Megan said, “You're so susceptible to what the media says and magazines and things and so yeah, I was definitely not anywhere near what I guess what society would say was healthy”. Not being able to fit ‘normal’ sized clothing further reinforced this feeling of not fitting in. For example, Riley mentioned that she wanted to be able to fit clothes at the front of the rack like ‘normal’ people, rather than getting clothes from the back of the rack. There was a desire to be socially accepted by others, and this need to fit in became a driving force for weight loss for some of the participants. It was thought that by fitting in with societal ideals they would be more confident and less judged.

Negative attention. All participants experienced some form of negative attention as a result of being overweight prior to weight loss. One form of negative attention was weight related teasing or bullying, and this could come from various sources. This included family members, friends, work colleagues, or strangers. Amelia recalled instances where she received bullying comments, “Walking down the street ‘oi fatty...lose some weight...the beach is that way’, that typa thing, ‘someone phone green peace’”. Several of the participants perceived teasing or bullying from those who were younger as being overt. Adults, on the other hand, were viewed as being more covert in terms of negative comments or bullying behaviours. Several of the participants stated that comments from peers

when they were younger have stuck with them to this day. Further to this, it was felt that often those who make these comments do not understand how much these hurt and what impact these remarks can have on those they are aimed at. Sometimes it was these negative comments that led to ‘realising’ they were overweight, or served as a constant reminder of this.

While teasing seemed to be the most common form of negative attention, other forms included negative weight related judgements, and conversely, being ignored. Sophie recalled a situation she encountered with her teacher:

I had a teacher at school when I was fifteen and she had this big rant at me about how I was really unmotivated, and in front of the whole class, how I was fat and lazy, and I'd be living with my parents till I was forty. It was really mean.

Chelsea talked about a previous job where her boss had told her she needed to lose weight to keep her job. Further to this, she said that she was removed from working at reception as her boss felt that her overweight appearance was not a good look for his business. Other comments aimed at participants included family members questioning food choices and how much they were consuming. Hazel found that while comments were not necessarily aimed at her, her dad would make negative weight related judgements, “He does tend to make comments. And I'm thinking, probably not so much about me, but about other people that are overweight. So then you carry that stigma as well”. So although these comments were aimed at others, they still had a negative impact on Hazel.

Chelsea, Holly, and Sophie all mentioned how they felt as though they were ignored prior to weight loss. Chelsea found this particularly when going into clothing stores, “I didn't like going in there because I did feel like...I just used to get ignored. It just makes you feel like shit really”. Holly felt ignored during work events, particularly when compared to the amount of attention her colleague would get, who Holly described as being “thin and attractive”. This made her feel as though she was “nothing”, and enhanced how negatively she felt about herself. According to participants, saying nothing and being ignored can be just as hurtful as being the recipient of negative attention.

Participants often made assumptions about what negative things others may have been thinking about them. This included: thinking others would be making negative judgements about them when they exercised, not wanting to swim for fear that others were making judgements about them in their swimsuit, thinking that others were making judgements about their food consumption, and assuming that when they could hear people talking or if someone yelled something that it was weight related. Riley stated, “I was always kinda awkward feeling with the customers, especially people my age that were guys, I feel like they were looking at me and thinking ‘she's ginourmous’”. These assumptions increased the feeling of being negatively judged by others as a result of weight difficulties.

Six out of the eleven participants mentioned engaging in self-criticism, or bullying themselves. They would berate themselves for being overweight, and several of the participants felt that this happened more frequently than being criticized or teased by others. Hazel stated, “I think you bully yourself more than anything, actually”, while Sophie felt that, “It's all in your own head aye, it's just kinda you against yourself”. This self-criticism seemed to have as negative of an impact as if this criticism had been directed at them by someone else.

Negative feelings. Being overweight resulted in many of the participants experiencing negative mental health consequences. Participants reported experiencing mental health or mood difficulties such as depression, anxiety, a lack of confidence, and becoming easily irritable. Charlotte stated, “Lots of arguments with friends, and family. I was very tired too so that didn't help. Just irrational, just jump on the littlest things”. While when asked how her weight impacted on her Sophie stated, “Definitely the depression and my anxiety and stuff...but yeah just like low confidence”. Mental health difficulties and mood impacted not only on the individual, but on the participants’ relationships with others.

All participants struggled with emotional eating. For some participants such as Carrie and Jodie this meant that food was consumed whatever mood they were in, whether this emotion was positive or negative or because of boredom. For others, feeling upset or stressed were the primary triggers for emotional eating, and there was comfort found from consuming food. Amelia stated that she

put on a “happy front” when out, but then would come home and eat while crying. For most of the participants, this food consumption would lead to feeling bad about themselves, “It's like a cycle. Yeah you feel like shit about yourself, and then you eat some food, and then you feel more shit about yourself, and then you eat more food. And it just honestly goes around and around” (Sophie). Often the participants felt embarrassed about these eating habits, and would hide these behaviours.

Negative schema. Because of being overweight, it caused some of the participants to develop a ‘fat identity’, where a great amount of how they perceived themselves was related to their weight and shape. Amelia stated that she felt as though no one would love someone who was overweight, and that she was “destined to be fat and unloved”. Similar thoughts were also shared by Riley and Sophie. Hazel felt as though she was seen as the “fat one” within her family, while Riley and Sophie both felt as though they were the ‘fat friend’ within their peer groups. Sophie stated that, “The weight is what defined me. You couldn't get past how big I was”, and felt as though her weight or outward appearance was a large part of how others perceived her. Riley also felt as though no one would like her because she was overweight, and placed great importance on outward appearance rather than her inner self.

All participants had negative views about their bodies prior to weight loss. Many stated that they disliked, or even hated their bodies, with both Carrie and Sophie saying they felt “disgusted” by their bodies. Many did not feel attractive. Megan said that she did not feel good about herself, and this negative self view caused her to question why her husband would want to be with her. Hazel said that her poor body image had a negative impact on her relationship with her husband, “...Not wanting him to see me undressed, because you're not happy in your own skin, how could anybody else?”.

Half of the participants talked about comparing their body shape and size to others. One way this would occur was when looking at photos where they were standing next to others. When looking at photos many participants would compare themselves to others in the photo, and feel as though they were the largest one. Jodie stated that she would often feel good about herself before going out, but

after looking at a photo would feel much worse. She reported that standing next to someone of a smaller size accentuated her being overweight.

Comparing self to others could also occur when around others. Amelia remembered sitting next to someone on a bus and comparing the size of their thighs to her own and thinking that hers are much bigger, which subsequently made her feel fat. For Holly, seeing how she was treated compared to others led to her making comparisons:

My business partner's a very attractive woman and so she's always the centre of attention and everyone's always swooning over her and making comments about her and how fantastic she looks and stuff, and then it would sorta be me. Yeah, and so that I guess made me feel worse about it, because I was so big and compared to her I was just nothing.

Riley also felt more negative about herself when comparing herself to others around her. This led her to withdrawing inside herself and leaving social situations because it became too difficult for her to cope with those emotions. Sophie mentioned that she felt as though she was the outsider compared to her sisters, and reported that a family member even commented that she should be like her sisters. She remembers hearing her sister call herself fat, “That used to make me feel really weird cause I was like if she's fat then what the hell am I? Because I'm way bigger”. These comparisons often meant that participants looked increasingly negatively on themselves, and led to increased unhappiness and dissatisfaction.

Avoidant social behaviours. Because of carrying excess weight and not fitting into what society sees as ‘normal’ or acceptable, all participants reported engaging in some form of avoidance or attempt to hide themselves away. Avoidance could at times be in the form of not attending social situations because of feeling uncomfortable around others, and for fear of being judged on the way they looked. As Holly stated, “You hate going shopping, and you don't wanna go out and do anything. Like I think it actually crushes your life a bit, like you don't socialise as much...there's so many things it just stops you from doing”. This then had the potential to cause them to become isolated from others.

Most participants mentioned that they avoided exercise because of not wanting to be seen exercising by others. Again there appeared to be an element of fearing judgement from others when exercising, despite this being an activity that is thought of as being healthy. Another activity that was commonly avoided was swimming, because swimming would require wearing a swimsuit which can be very revealing. For example, Riley stated that the one time she decided she would swim she wore shorts and a t-shirt over her swimsuit so that she could still cover herself up as much as possible.

Half of the participants mentioned avoiding being in photos, and Hazel stated that part of the reason for her not wanting to be in photos was because seeing herself in a photo was a “reality check” as to what she looked like. Several participants also avoided looking at their bodies, and tried to stay covered up as often as possible to avoid having to look at themselves. Amelia talked about avoiding looking at herself even when getting out of the shower as she did not want to see her reflection. Both Sophie and Riley avoided looking in mirrors, with Riley saying that she did not wear makeup so that she did not have to look at herself.

Some of the participants would attempt to hide their bodies through wearing dark clothing. In addition to this, both Amelia and Riley reported wearing long clothes even in hot weather so that no one could look at their bodies:

We went family holiday to Florida, you know 15 you'd think that it would be so much fun but it was 80% humidity, really really hot, and I am living in tracksuit jacket and long, long track pants. Everyone else is walking around the streets with crop tops and shorts, and I'm kitted up so no one could see me. (Amelia)

Amelia, Riley, and Sophie both talked about hiding behind a cheerful persona, they tried to appear outwardly happy so that no one knew how unhappy they were. Jane, on the other hand, said that she hid behind an online gaming persona, where she could pretend to be whoever she desired to be.

Insight

In order for participants to make the decision to embark on their weight loss journey there needed to be some form of insight into their weight difficulties and how this was affecting them. They then needed motivation towards losing weight. All participants could remember what motivated them to make the decision to lose weight. For some participants there was a critical incident that occurred, and they could recall a 'light-bulb' moment in which they decided that they needed to start their weight loss journey. For Charlotte this was being in a car accident. She reported experiencing extensive bruising as a result of the seat belt being so tight, and that it was at this point that she decided that she needed to do something about her weight. For others, including Holly, there was a negative self-appraisal that occurred. This moment came when looking in the mirror one morning and she found herself feeling "disgusted" at her reflection. This then became her motivation towards losing weight.

For other participants, such as Jane and Carrie, life transitions led to the decision to lose weight. As Carrie stated, "...Marriage separation...and then I met a new man and just thought na, enough's enough. And I got pregnant again and after I had the baby yeah it was just all on, as far as losing weight". Another motivation behind weight loss was for family. Amelia realised that in order to start a family she needed to lose weight, while Hazel wanted to lose weight to set a good example for her daughter who also struggled with her weight. For Chelsea and Jodie it was a reprioritisation. They felt that they needed to be in the right mind frame to make the decision to lose weight, and it was only when they felt this internal determination and a sense of motivation that they felt ready to take the necessary steps.

Expectations

Before embarking on their weight loss journeys, the majority of participants had at least some form of expectations about what they would be like post weight loss, with some participants also having expectations about how their lives would be different once completing their weight loss journeys. Some of these expectations included: being happier, more confident and social, and that they would fit clothes and feel comfortable in them. Chelsea stated that she had

not put much thought into what she expected would change post weight loss, and therefore had a lack of expectations. With the exception of one participant, expectations of health benefits were not mentioned.

When discussing expectations of their post weight loss bodies, some participants had expectations about what they would look like, while others stated that they were unsure of what to expect. Half of the participants thought that they would be happy with their bodies post weight loss. For example Amelia stated, “I thought I'd love it. I really did. I thought it'd be like that moment where I'd just look at it and go wow this is great, I look perfect, I'm a size 10 this is amazing”. Megan, on the other hand, thought she would be satisfied with her body, but said that she realised that post weight loss she still would not have the “perfect” body. Chelsea expected that her body would look the same as the last time she was thin. Holly, Jane, and Hazel stated that they were unsure of how their post weight loss bodies would look and how they would feel about them.

Some participants had expectations that their relationships would change. Amelia, for example, expected that she would find someone to be in a relationship with. Megan expected that her relationship with her children would improve, but that her relationship with her husband would remain the same. Carrie and Chelsea both expected that they would be treated better than others, and would be more accepted. Carrie expected that she would build more friendships, while Riley thought that her existing friendships and relationships with others would improve. Others however, either did not expect relationships to change, or had not thought about this prior to embarking on their weight loss journey. Hazel, Jane, and Jodie stated that they did not expect their relationships with others to change as a result of their weight loss.

Just over half of the participants expressed that they had envisioned that everything would be perfect once they had lost weight. They expected that they would love their new bodies, would be happier in general and all their problems would be fixed, and that all facets of life would be perfect:

I thought I'd be, well one: healthier, happier, more confident, be able to buy nice clothes. When you look at a postcard you think 'that's how I want my life to be', and you just think if you lose weight that's what your life's

going to be. As soon as you're 'this size' or 'this weight' everything's just going to be perfect. Just wake up one morning, step on the scales, that's it, everything's perfect in the world. (Amelia)

Amelia, Carrie, Charlotte, Megan, Riley, and Sophie all stated that they thought that post weight loss everything would change in a positive way.

Decision

At this point in the process participants needed to make a decision as to whether they were going to make changes and enter into the weight loss process phase, or not make any changes and stay in the pre weight loss phase. All participants in this study had made the decision to embark on a weight loss journey. All participants except for Carrie, Charlotte, and Riley had identified goals that they wanted to work towards and hoped to achieve through weight loss. For Chelsea and Holly these goals were focused around appearance. Holly stated:

I didn't care about anything else like health benefits, I just wanted to feel better about myself. It was just all the image you have in your head, I didn't want to look at myself and just go oh yuck.

Jane's primary focus was getting fit and healthy, while Hazel and Jodie were focused towards appearance and becoming healthy. For some participants their goals changed over time. For example, while Amelia, Megan, and Sophie's original weight loss goals were aimed at becoming thin, this had changed over time to working towards being strong and healthy.

Weight Loss Process

Diet and exercise changes. In order to lose weight all participants engaged in healthier eating habits. This meant eating a balanced diet, and making sure that they were not depriving themselves of 'treat' foods, and therefore eating a variety of foods in moderation.

I didn't want to have to be in the situation where I was having to say no all the time, cause I thought that's not maintainable. I want to be able to have what I want, when I want, and still go out and have fun and go out for

dinner with friends and have some drinks and stuff like that, and not worry about saying no to dessert because I've had a wine. (Holly)

Participants strove to find a way to eat healthier but in a way that would be maintainable, as they recognised that the diets that they had previously been on had not been maintainable and had led to a greater weight gain. The majority of the participants did this through joining Weight Watchers. This gave them some information and guidance on how to eat a more balanced diet. For some of the participants, making gradual changes and adapting favourite foods into healthier versions allowed them to eat healthier but still enjoy food.

Many participants went from avoiding exercise out of embarrassment and not wanting to be seen, or not exercising because it was physically difficult or because they found it to be not enjoyable, to engaging in some form of exercise to aid them in their weight loss journey. Most participants gradually increased their exercise, whether this was incidental exercise such as trying to walk further, or scheduling gym appointments. Both Amelia and Sophie stated that they found that they began to exercise excessive amounts, and Amelia stated that she became “obsessed” and would work out six days a week, sometimes for three hours at a time.

For most participants, trying different forms of exercise and finding exercise that was enjoyable to them became important as this kept them engaged. At times exercise became a way to socialise. For example, Jodie chose to meet up with friends for a walk rather than socialising over coffee, and Jane met new friends through running events. Many participants did a mixture of resistance training and cardio. Resistance training meant an increase in strength and gave another focus rather than purely focusing on weight loss. A sense of achievement was gained from experiencing an increase in fitness levels and feeling stronger. As Jodie said, “And I now know that I can enjoy...ok getting yourself out there, but once you do it you feel good. I'm like yeah! I feel strong, I feel good. You get those endorphins”.

Support. Support seemed to be an important part of the participants’ weight loss journeys. There were many sources that support came from which included friends, family members, and partners. Participants found that these

people provided encouragement, and those supporting them displayed excitement and pride at their efforts and triumphs. Some participants had friends or family members that became sources of mutual weight loss or exercise support:

She went with as well so she would text me, and she only lived around the corner as well, and so she knew if I was having a bad day she would say 'come round here for dinner and we can have a weight watchers meal'. And we have weight watchers wine over there as well so we'd share a bottle of weight watchers wine. (Amelia)

This, for the most part, appeared to be beneficial as it provided support from someone who understood their weight loss struggles. However, at times this could become a competition to see who could lose the most weight, and this could cause some distress.

As stated earlier, the majority of the participants attended the Weight Watchers weight loss group. This provided support from a weight loss coach and support from other members during weekly weight loss weigh ins and meetings. This provided them with advice when they felt as though they were struggling. They also found that these meetings kept them accountable and they were able to form bonds with other members in their meetings.

Another source of support presented in the form of social media, with participants being able to post online about their weight loss successes:

I just put that 'today was a milestone day', and after battling weight all my life I finally did it. And my god, the comments, the supportive comments I got and people who...all of a sudden these people that never comment or never liked anything on Facebook are yeah...I was pleased I did it in the end. (Jodie)

These social media posts would often gain more attention than other general posts, and participants who posted their weight loss successes on social media got a boost from having this attention and support from others online.

Although receiving support was more common, several of the participants mentioned that at times they felt as though they lacked support. Some found that

certain friends or family members became jealous of their successes. For example, Charlotte found that it took a while for some of her friends to show support as they were sceptical about her efforts until they started seeing results. Carrie mentioned that she preferred to keep her weight loss to herself so that there was a lack of expectations from others. This then meant that if her weight loss efforts were unsuccessful there would be less judgement from others. However, this also meant that she encountered a lack of support from those around her as they were unaware of her efforts.

Adherence. Sometimes participants found that staying on track with their weight loss could become difficult. In order to adhere to their weight loss journey, participants found ways that worked for them to stay motivated. For some participants they found that utilising external resources such as creating small goals to work towards helped. Dropping dress sizes and being able to fit into clothes also became a motivation for most participants, as finding clothing was something that most participants had found difficult prior to weight loss. To keep herself motivated Amelia combined these two sources of motivation by creating small goals to achieve, and when these were reached she bought a new piece of clothing. For others, motivation came from attending the weight loss meetings, as this helped to enhance their determination and helped them to regain focus.

Although participants used scales to weigh themselves and monitor their progress, other means of monitoring weight loss were also found to be helpful. These differed between participants but included: being able to see bone structure such as collar bones, fitting smaller clothes, seeing weight loss or gain when looking at photos, and fitting more comfortably into seats:

How you fit in the aeroplane seat, or a ride at an amusement park or something. And seatbelts, like you're always scared that the seatbelt isn't gonna fit but now you've got this much space and it's so exciting, and I'm like 'yeah!'...And zipping things up, and buttoning things, and yeah. And even watches fitting. (Chelsea)

Participants found it helpful to have the above means of monitoring progress as the scales did not always accurately show progress that had been made. Once reaching goal weight, several participants also had a weight band that they tried to

stay within, and if they found themselves outside of this range they knew to adjust their diet or exercise in order to get back to the weight they wanted to be at.

Others found that internal resources such as self-determination were a big factor in keeping on track with their weight loss. Holly stated, “I was determined. You know when you're trying to lose the weight and you just...it's that desperation, and it's like you want it to happen now. And so I was sorta prepared to do whatever it took”. Internal and external resources were at times used in conjunction with each other in order for participants to continue to successfully adhere to their weight loss journey.

For some participants, it was felt that setting an example for others was important and helped with adherence. For both Hazel and Jodie, setting a positive and healthy example for their children was important as they did not want to see their children enduring the same struggles that they had experienced:

And it was important for me to set a good role model for my kids. There's no point me barking on to them about stuff when I'm 25 kilos overweight. Lead by example. I showed them my before photo and they were just like 'oooooh', because it had been a long process and they had forgotten. They were like 'oh mum, you were quite big weren't you'. They were trying to be sort of nice about it, it's like no I was. And I said that's because I didn't make good choices. So I can use myself as an example. (Jodie)

Jodie also felt as though she was able to make a difference through encouraging others who were going through a similar journey, and used her own experience with weight loss to be able to do this. Similarly, Charlotte felt as though she gained a sense of satisfaction through being able to support those who were also attempting weight loss, and through leading through example. She stated that she felt as though she was making a difference for others.

Weight loss difficulties. For many of the participants there were parts of their weight loss journey that they found to be difficult. Having a social life became more difficult for many of the participants. Amelia stated, “Socialising was a big barrier. It was really hard to do both. It was either you gave up on it for a few days to socialise, or you didn't socialise to stick with it”. There appeared to

be a sense of having to choose between whether to socialise, or whether to stick with their healthy eating plan. For Amelia, this meant cutting down on socialising and losing friends in order to continue on her weight loss journey.

This led to some of the participants making social comparisons with others who they viewed as not having difficulties with their weight. As Amelia stated:

It was really hard coz of a lot of long term friends, they just didn't understand because they were all the naturally skinny people who could just eat and eat and eat and lose weight. Whereas I would just look at the food they were eating and gain weight. I was one of those people.

Sophie stated, “Kind of have to live with this for the rest of my life. I don't know, some people are so lucky, they just don't even have to do anything”. This caused some frustration and jealousy for participants, and a sense of unfairness.

While all participants made changes towards their diet and exercise habits, these were not always easy to maintain. According to Charlotte, “It was difficult trying to change so many things in your life, because you just have so many habits and things you do, social occasions, ways that you cook things, I didn't exercise. It was a really big change”. Some participants felt as though because they were trying to be ‘strict’ that it negatively impacted on their mood and caused them to become short tempered.

Many of the participants also found that despite making these healthy lifestyle changes they had continued to experience difficulties with comfort eating. For example, Jane stated that she still turned to chocolate when she had had an argument with family. Food had been something that they had used in the past as a coping tool when feeling emotional or stressed, and it was not something that they were able to completely give up:

You know we went to the weight watchers meeting every week and stuff...I think that's the best part of what they do, is just having other people around you to talk to. Because it's like, alcoholics have AA meetings and things, and so we have weight watchers meetings. Cause it is, it's you know, the hardest thing is you've got to continue to eat, you

can't stop eating. And you know, alcoholics can say no to alcohol and can quite happily live without it, but we can't. (Jodie)

Participants found that support from those experiencing similar difficulties was beneficial for this, and that learning tools and strategies in order to cope better with negative emotions was also beneficial.

During their weight loss journey there were external factors that had an impact on their weight loss. Part of this was how supportive others were of their weight loss. It became difficult for participants when others around them did not show support, or showed a lack of understanding of what they needed to do in order to achieve their weight loss goals. As Charlotte stated, “Because they don't have weight problems they just want to eat what they want to eat, and you're sitting there like ‘actually can you not have that?’, because it is just putting temptation in my way”. Other participants found that once they had become closer to their goal weight that people around them showed began to show a lack of understanding around the continued need to eat healthy:

Especially when you've lost most of the weight, they think oh you've lost it now, you can handle having another biscuit. They don't understand the mentality behind it. You have to just keep going and stay strong, and you're on a mission and you've worked hard for it, you don't want to spoil it by one person saying 'come on, just once', and making you feel bad about it. And usually they're a bit bigger so they want to share the guilt. (Riley)

Some participants in relationships felt as though their partners had a negative impact. Amelia, for example, experienced a negative reaction from her partner when she stopped buying unhealthy food in the groceries. Perceiving others as not being supportive or understanding caused additional frustration for participants.

The majority of participants had also received comments from others giving their opinions on their weight loss. Often these comments were aimed towards telling them that they were losing too much weight, or that they should stop losing weight. For example Hazel mentioned, “There are a few people that say ‘oh you really you’ve lost too much’, and ‘you're all drawn in the face’, and

‘you’re starting to look a bit gaunt’”. This caused some frustration for participants, because no matter what weight they were people seemed to have an opinion on the way they should look:

I was often told by my family and friends that I was getting ‘too skinny’. This was hard for me to understand because initially I was ‘too fat’. The whole reason I was losing weight was so people wouldn’t say I was too fat...I was told that actually I was one of those people who needed to be chubby to look good. (Sophie)

These comments made them question their weight and appearance, and at times made them want to withdraw from those around them. However, other participants, including Hazel and Holly, tried to ignore these comments and to place minimal emphasis on these.

Several of the participants noted that the emphasis on weight and weighing could become hard to cope with at times. As Jodie stated:

A couple of meetings I've sat there and I've just tried so hard not to cry, because you're just gutted. And it's because you're being measured by scales, which a whole lot of things can affect, but I mean that's the only way they can do it.

Seeing an unwanted number (such as either not losing the desired amount or experiencing a weight gain) show up on the scales could be disheartening for participants. There was also the thought of not wanting to be ruled by scales for the rest of their lives:

I was weighing myself and writing my weight down every single day, so that was my tracker thing, because that was something I could cope with. But yeah, I don't always want to have to always do that. I don't wanna be ruled by the scales for the rest of my life. (Holly)

So while the scales were a tool that allowed weight to be monitored, this could at times be perceived in a negative light.

Other factors that were often outside of the participants’ control included having a medical condition or taking medications. For example Sophie said, “At

the moment, and I don't know if it's cause of the marina, all the weight is round my stomach and it's really annoying”. Hazel stated that her age and the point where she was in her life affected her ability to lose weight:

You're trying to go to the gym and you know exercise is good for menopause but shit I'm here five times a week and I'm getting up at 5 and I'm exhausted, and I'm not getting any better. So there's been a few things like that but that's all part of being my age.

These factors were particularly frustrating for participants because they were things that they had limited control over, yet were impacting negatively on their weight loss journey.

Along with external factors, participants experienced internal factors that at times impacted negatively on their weight loss journeys. Part of this was whether or not they felt motivated to lose weight:

Once you get to a point where you're not that really big overweight person anymore, like you're just sort of comfortable I guess, but you're still not where you want to be, that's the hardest bit, trying to carry on. And it is a bit of a mind game of trying to remain focused on what it was you originally wanted to achieve. (Holly)

For many of the participants, the closer they got to their goal weight the more difficult it was to maintain their motivation towards weight loss. Another aspect of this was the lingering fear that the weight loss that they had achieved would be taken away from them, or the fear of the ease at which they could potentially gain weight. As Chelsea stated, “I feel like at any point it could be taken away. I still feel like I'm going to wake up and I'll be a fat girl again”. They feared returning to their previous weight, and for those who had lost and gained weight in the past there was the memory of how easily this had occurred for them in comparison to how difficult weight loss could be.

Reaching goal weight. Participants displayed resilience in that despite the above difficulties, and the struggle that they experienced with their weight loss journeys at times, they all managed to continue on their weight loss journeys. For these participants the benefits that they perceived weight loss would have seemed

to outweigh any difficulties they had encountered. They were able to draw upon their internal resources such as motivation and determination, and the support that they received to adhere to their weight loss plans. After going through their weight loss journey all participants had reached the point where they were at a healthy weight. Many of the participants felt excitement at initially seeing that they had reached their goal weight. Amelia, for example, remembered feeling “elated”.

However despite this, not all participants were satisfied with their weight. For example, when Holly reached goal weight she recalls that she felt that it was “just another tick box along the way”, and that she wanted to continue losing weight. Jane felt particularly disappointed when she reached her goal weight as she was unable to reach her original goal weight, so had changed this number to something more achievable for her, “But the whole thing was kind of like a ‘I kind of cheated’. I didn't really reach goal weight, I moved the goal posts. So it was a bit of a let-down”.

Although participants had reached the end of their weight loss journey in terms of reaching their goal, weight was an on-going issue that they would have to cope with. For several participants the maintenance period was perceived as being more difficult than the weight loss period, “But that didn't mean I was going to then...‘I’ve hit my goal weight, now it's back on the junk food’, it was a ‘I need to now maintain’, which was even harder” (Amelia). The other aspect of this difficulty is, as Riley stated:

Maintaining was hard for me because you're so used to seeing the number drop each week that you feel like you fail when you see it stay the same or slightly go up. So it's really hard to change your mind set.

Therefore, although technically participants had reached their goal, at times they were still searching for that feeling that they achieved through seeing the numbers on the scale drop each week. There needed to be some adjustment in their mentality and way of thinking in terms of seeing the scales having little movement.

Consequences of Weight Loss

Body and weight perception. Half of the participants still felt somewhat dissatisfied with their current weight, and wanted to lose additional weight. For some participants, such as Jane and Jodie, this caused some internal conflict. For Jane, although she stated that she felt satisfied at her current weight there was also a part of her that still wanted to reach her original goal weight. Similarly, Jodie discussed a conversation that she had had with her friend:

She was kinda like, are you not happy? I said 'no, I am. I am happy'. But you sorta think , oh could always be better. It's that 'you could always be a bit better'. I am happy where I am though. I'd just like to trim it back a bit more.

Jodie went on to say:

Cause it's like running a race and you see the finish line and you're like oh good god I'm over it. Like I'm not going to suddenly decide I wanna run another k. You sorta get to the finish line and you think oh I'll sit back now, I'm done. Obviously gotta maintain, but I'm done on losing weight. But I don't feel like that, I feel like 'mmm, maybe I should just get out and do another couple of k's'. But what worries me is that does that stop? Ok, you think, like I said, get to 59, but what then? Would I feel better then?

Sophie mentioned that she felt as though weight was something that was prominent in her life and something that she thought about often. Further to this, she reported that she has never experienced satisfaction with her weight. Therefore instead of reaching the 'finish line' in terms of weight loss, there seemed to be an undefined point that they continued to strive for. The difficulty then lay in trying to determine when an 'ideal' weight had been reached. This has the potential to evoke negative emotions within these participants.

Despite this, after losing weight all participants experienced some form of satisfaction with their bodies. This differed between participants as to whether there was a sense of satisfaction in regards to their body as a whole, or if there were certain aspects of their bodies that they felt an increased sense of satisfaction with. Just over half of the participants felt an overall sense of satisfaction with

their bodies. For example Riley stated that, “I actually thought I didn't look too bad. I actually didn't realise that I could look like that. I had no idea that I had a figure underneath all of that extra cushioning”, and Holly stated, “I don't cringe anymore”. Other participants felt an increased sense of satisfaction with certain areas in particular. Sophie recalled:

When I lost all that weight and I remember feeling my hip bone in there and I remember going to sleep one night and I could see my hip bones, and I was really excited, and I was like oh my gosh this is so cool.

Other participants felt satisfaction with particular areas, including shoulders and arms, legs, and being able to see collar bones and cheek bones.

Because of this increased satisfaction several of the participants, such as Amelia, Riley, and Holly, felt as though they were able to ‘show off’ their new bodies. As Riley stated:

I loved my body at that stage. I was wearing all these clothes that I never thought I'd wear, I was showing parts of my body I never thought I would, like arms, legs...I could wear skirts now. Just things I never used to show I would. Cause I used to just live in hoodies and stuff.

Several participants also expressed that they felt happier when looking at their reflection or seeing themselves in the mirror. Amelia stated, “I couldn't stop looking in the mirror. I loved it”. This was in contrast to the avoidance that occurred prior to weight loss.

Half of the participants found that it took a while for their brain to match up with their new body shape. They still perceived themselves in the same way as they did when they were overweight:

You still think of yourself as a big person. And you go shopping, and you pull something out of the rack, and it's like oh my god, there's no way I'd ever fit that. And I think I'm ok now, but it took a long time to get around that. Cause you still see what you see and feel like...I don't know like...yeah you just still think you are what you were before. Because you were like that for so long. (Holly)

Several of the participants, such as Megan and Sophie, mentioned experiencing a sense of disbelief at seeing their reflections in the mirror or shop windows, or seeing themselves in photos. They had been so used to what they looked like in the past and therefore their new appearance took time to adjust to. Both Charlotte and Riley reported still struggling with this, with Riley stating, “I think there’s part of me that still sees that same person when I look in the mirror. Still the fat person”. Therefore although a physical change had taken place, there was still a mental aspect that also needed to be adjusted in order for self-perception to be accurate.

As mentioned above, all participants experienced satisfaction with their body as a whole, or with aspects of their body. Conversely, all participants also experienced dissatisfaction with aspects of their body, or their body as a whole post weight loss. For example Carrie stated that she felt “disgusted” by her body. The main cause of dissatisfaction for many of the participants was because of being left with loose skin as a result of losing a large amount of weight. Jodie stated, “When I’m doing exercise and I’m in a plank position, and my top’s hanging down, and I’m going ‘oh my god, it looks like an udder’, because all the skin hanging down”. Riley experienced physical pain when running because of her loose skin. For participants there was also a sense that others did not understand the negative effects that weight loss has on the body:

Cause people think you should be happy when you lose the weight, cause you've done it. But they forget...it's almost like side effects of a drug, there's side effects to losing weight. I mean I would hate to be fat still, I'd rather have the stretch marks and everything, but yeah, people think oh you've lost weight, you can swim now but you don't want to show the softness in your belly or the fact that even your elbows and knees have stretch marks. They don't sorta understand that. (Riley)

This led to further negative feelings about their body, despite having achieved weight loss and reaching a healthy weight.

For some participants, such as Amelia, Charlotte, Sophie, and Riley, there was a tendency to focus on these imperfections. As Sophie stated, “My stomach is like yeah, so if I’ve had a shower or something and sometimes I can’t even

look...it'll always be that thing of...that's gonna be now how I see myself is how big my stomach is". Hazel stated that it took her a long time to stop focusing on what was imperfect, and instead focus on how far she had come. She mentioned that she felt as though it was a battle against herself to get to this point.

The majority of participants found that clothes were a tool that could be used as a way to hide these imperfections. As Jodie stated, "Yeah it's funny cause the whole clothes on, clothes off thing, cause like I say I hate my tummy naked, but then when I'm in something and I think 'oh, that's flat', and I turn sideways and go 'mm yeah, don't have pot belly anymore'". Riley, on the other hand, preferred her body without clothes as she felt that clothes added bulk to her body and made her feel bigger:

I almost prefer myself without clothes in the mirror because clothes add bulk. Like I don't like what I see when I'm not wearing clothes, but sometimes I feel clothes almost make me look worse. And it's really hard to find flattering ones...Sometimes I prefer it to wearing clothes because there's not things adding extra hips or extra stomach or...I can just see what I need to work on, and what I don't like. (Riley)

Charlotte described clothes as being a "mask", and said, "Everybody's telling you you look great but then you just go 'well you haven't seen me naked'. It's like you take the clothes off and you grow outwards, all of a sudden you're just overweight again". There was the perception from several participants that those around them did not understand what was beneath this mask, and there was a sense of embarrassment and frustration surrounding this.

Almost half of the participants had at least considered surgery as an option in order to 'fix' these imperfections; with stomach, breasts, and arms being the main areas:

I don't think it's going to fix everything, but it's definitely going to help my confidence because my stomach has been such a huge focus in my head for the last three years, well forever, but particularly since getting to goal. It's like 'how do I get rid of this?'" (Charlotte)

These participants weighed up the pros and cons of surgery, including whether they would rather keep the loose skin or have scarring from the procedure, and the cost of surgery. Jodie recalled a consultation she had regarding surgery:

I said I've lost all this weight and I've still got fat arms...He said the problem is you end up with a big scar right down, he said you gotta weigh up whether you're prepared to have a big scar down the back of your arms or yeah. And I'm like yeah no, not really".

Often participants decided that surgery was not the right option for them, and that they would rather live with their perceived imperfections.

Just over half of the participants were able to find acceptance with these imperfections. At times participants had attempted through exercise to improve their perceived imperfections, but had decided to accept these imperfections as they felt as though exercise had not helped. Amelia was one such participant; she said, "I've tried doing things about it and it never works, so I'm just not gunna worry about it". For others, such as Hazel and Holly, there was a sense of acceptance prior to weight loss that their body would not look perfect post weight loss. Jane and Megan stated that they thought of these imperfections as being proof of how far they had come, "The loose skin and the flabbiness and that, that is just more proof of where I came from, what I had put my body through, the points that I had stretched it to". Therefore, to them this was a sign of their hard work and accomplishment.

Relationships. The majority of participants noticed a positive impact on their relationships post weight loss. This included becoming more social with friends, and accepting invitations to social occasions because of no longer feeling the need to hide their bodies. For example Riley stated, "My friends just thought I was extra fun, I guess. Cause I was always keen to do things now that I wasn't hiding, and just better person to be around I think". Several participants, including Carrie, Jane, and Riley, created new friendships because they were out participating in new activities, such as: playing netball, group running, or taking a weight watchers meeting, that prior to weight loss they would not have done. Megan stated that she felt more confident in social situations and had more confidence to talk to her peers, whereas in the past she would have kept to herself.

Several of the participants felt increased confidence within romantic relationships, or when seeking a relationship of this kind. Chelsea felt like she could begin dating again and stated that, “I feel like I can just see who I want to. I don’t have to have someone who would like a fat person, you know what I mean?”. Riley felt similar to this, and discussed how she no longer felt that she had to stay with someone who treated her badly, because she felt that was what she had deserved prior to losing weight. She now felt that she deserved more, and deserved to be treated better when in a romantic relationship.

Chelsea, Jane, and Sophie felt as though relationships with family members had been strengthened as a result of their weight loss. Sophie reported, “My brother and me became closer and stuff. I guess it just came down to confidence thing and me not blaming everyone else for my own problems”. Family ties were also strengthened by participating in healthy activities such as sports together. Therefore, in this instance the weight loss had not only a positive impact on the individual, but also on those around them.

However, although weight loss had a positive impact on relationships for some, it also caused a negative impact on just over half of the participants relationships that they had with others. Megan, for example, found that she had unexpected difficulties in her relationship with her husband as a result of her weight loss:

With my husband I think, you know, there's been some adjusting to the lifestyle changes that I've made with my exercise. I think he felt like he was being left out a lot, and I think he felt a bit insecure because I lost all this weight and then he thought that I wasn't interested in him.

At first Megan felt as though he was being “silly”, until she realised the extent to which he was feeling insecure about her weight loss. She stated that despite this, they were able to work through it and that it eventually made their relationship stronger.

Another cause of this negative impact was as a result of jealousy. For example, both Amelia and Carrie felt as though certain family members were jealous of their weight loss, and for Amelia this meant that she had decreased

contact with a particular family member as they did not want to talk to her. Hazel, Riley, and Sophie all experienced jealousy from others such as friends or family members over their changing identity, with them no longer being the ‘fat one’:

I do wonder if within your family if you’re the fat one, and my mother was the first to tell me that I shouldn’t lose any more. There’s that part of me that says did she do that for me, or did she do that to protect somebody else from me not being the big one in the family anymore. Because I’m one of four girls and I’d always been the fat one...and I wonder if it was so that I didn’t change the dynamics. (Hazel)

There was the perception that others had been threatened by their weight loss, and it made them question others’ motives when certain comments were made towards them.

Post weight loss many of the participants found that friends or family members became unintentional saboteurs. This could be seen in others offering them things to eat that they would deem unhealthy, or participants would often have people say to them, “Just have one bite”, or “Just have it this once”. This caused frustration, as in the past having ‘just one’ could lead to overeating. For example Charlotte stated, “Once you start getting into the mind set of ‘oh well I’ve had that, I may as well just keep going because then I’ve had everything I like in one day’”. Participants stated that they would rather have someone offer them something healthy, or not offer anything. For others, such as Sophie, this sabotage was viewed as being intentional:

I’ve got that one cousin who if I see her, I don’t know if she realises but she’ll still try make me eat bad food to make herself feel better....yeah like they’re trying to make you fall, like make you fail.

This sabotage, whether intentional or unintentional, made participants feel like those around them did not understand their needs, and at times made them distance themselves from those saboteurs.

Some participants still compared themselves to others post weight loss. One way participants did that was through comparing their weight struggles to those around them:

I've got a friend in my class and she's my height, and she's really, really slim. And just even today, she was like 'oh my god I put on 500g', and I looked at her and I was like 'can you just shush?'. And she's just so skinny, and I'm just like oh all my problems would be fixed if 500g is all I put on in a day. But to me it's like 3kgs is like a normal up and down, and it's just that whole thing of not comparing yourself to someone else or yeah. (Sophie)

There is the belief that maintaining weight is much easier for those who have never been overweight, than for those who have. As Sophie stated, "Kind of have to live with this for the rest of my life. I don't know, some people are so lucky, they just don't even have to do anything".

Frustration also came from seeing others who were of a smaller size eating unhealthy, but not seeming to struggle with their weight. Charlotte, for example, felt that those who do not experience weight difficulties can go off track but then go back to healthy eating easily, and that this is automatic for them. On the other hand, she felt that when those with weight problems go off track, they beat themselves up about it and continue going off track before eventually being able to re-start engaging in healthy behaviours.

Confidence and sense of achievement. Most participants experienced an increase in confidence, which played out in various areas within their lives. For some participants this meant that they were more willing, or even excited about having photos taken, whereas in the past these would have been avoided. Several participants said that post weight loss they had more confidence when seeking a new employment and attending job interviews. Others said that their increased confidence allowed them to be in an occupation or a position where they were standing in front of a group of people, speaking. Amelia stated that her improved confidence allowed her to make the decision to move countries, and Jodie felt as though she was now able to exercise in front of others. Charlotte stated that she was able to speak up for herself rather than remaining silent, and similarly, Jane felt as though she was able to start cutting off people in her life who were negative. Sophie stated:

I just think back and I'm like imagine if I still was that weight? There's so many things or opportunities I don't think I would have had. Not because of anyone else, but cause of the energy like how I felt about myself.

Weight loss led to increased confidence which allowed participants to do things and have experiences that they would not have had prior to weight loss. The only participant that did not mention an increase in confidence was Carrie.

As mentioned earlier clothing was one of the biggest struggles prior to weight loss. Post weight loss, participants were more able to easily fit into clothes, and find items that they felt comfortable in and fit well. They found that they had options when clothes shopping, and when getting dressed in the morning. For example, Riley talked about keeping an old top from when she was overweight so that she could compare it to the size she is now. Because of this there was a sense of satisfaction and excitement, and an increased confidence in themselves.

This increased confidence also meant that they were more adventurous in what they would wear, for example several participants said that they wore a bikini for the first time, or wore a skirt that was shorter than what they would previously have worn. This is in contrast to prior to weight loss, where bodies were kept hidden and covered up as much as possible. Jodie however, stated that she still experienced issues with her arms in terms of how satisfied she was with them, and because of this would not wear clothes that did not have sleeves. She stated that she felt as though this was a surprise as she did not expect to still have issues with her arms post weight loss.

Upon reaching their goal weight, most of the participants felt a sense of achievement and pride. For example, Jodie talked about feeling proud of achieving her goal. She remembered feeling nervous when weighing that week, as she had wanted to reach her goal before her birthday. She then experienced a sense of disbelief, and reported thinking, "Oh my god, I actually did it". Charlotte stated that she felt a sense of shock at reaching goal weight as she had not expected to reach it, as she had tried and failed many times in the past. She felt pride at having put in the hard work that had led to reaching her goal. However, she also stated that there was a part of her that found it hard to see it as a sense of achievement, because she felt bad about letting herself get to that point in the first

place. In addition to this, several participants also mentioned a sense of achievement at fitting into smaller clothes, and at their bodies becoming more physically fit.

For some participants, there were many small things that they noticed they were now able to do as a result of weight loss:

Things that you don't realise that you can't do. I couldn't get up off the floor without using something to assist me, and I can do that now. Gosh, the swimming. The shopping. The getting in a plane and knowing that...cause I'm always paranoid, I always like to sit so that there's only one part of my body that is next to somebody else and then that way it can be my husband. So if I'm encroaching on the airplane seat then...it doesn't matter. All sorts of things, and they're so little but they do affect how you feel. (Hazel)

Recognising that they were now able to do these things that they were previously unable to do, or had not done because they felt uncomfortable or embarrassed, also led to feeling a sense of achievement for participants.

Improved health. A benefit of weight loss that participants experienced was improved mental and physical health. Nine out of the eleven participants noticed an improvement in their physical health post weight loss. Most participants experienced an increase in energy, and Sophie stated that she was now able to sleep better at night. Some participants mentioned that they were able to move more easily, and do more physical exercise, once they were not carrying as much excess weight. Those who had health difficulties prior to weight loss found that these decreased or ceased altogether. For example, Amelia and Jane no longer experienced difficulties with asthma, and no longer needed to carry around an inhaler. Several participants including Carrie overall felt physically healthier, and Megan and Sophie felt as though they were no longer heading down the route of developing an obesity related illness, such as diabetes.

Five of the participants also felt that they were happier in general when compared to before losing weight, or that their mood or mental health had improved as a result of weight loss. Jane discussed how she no longer felt

depressed, while Charlotte stated that although she still experienced some anxiety, that she felt this was normal and that it was of a lesser scale than prior to weight loss. Chelsea felt that her mental health had greatly improved, and stated, “A little bit of it is that people aren’t rude to me but it’s not the constant reminder that you’re fat, you’re fat, you’re fat”. Riley felt that a bi-product of her feeling happier was that others around her seemed to be happier as well, so therefore others benefited from her improved mood.

As mentioned earlier, all participants struggled with comfort eating prior to weight loss. Half of the participants mentioned that this is something that they continued to struggle with, and that it continued to lead to feeling negative about themselves:

If I’m having a bad week I know that I’m more, what’s the word, susceptible? If I’m having a bad day, I know that I’m gonna want to eat bad food. So like today if I was having a bad day, I would have to make myself stay really busy until it’s sleep time. Cause I will binge out on like a whole Whittakers bar of chocolate or something like that...And for like five minutes it makes me feel better, and then for the whole rest of the week it will make me feel worse. (Sophie)

Therefore although participants had learnt healthier eating habits, there were still some struggles when it came to the emotional side of eating, and this still had the potential to have a negative emotional impact on them.

Increased attention. Both during and post weight loss participants were given compliments on their changing looks. These were viewed by some participants in a positive light, and it provided additional motivation to continue on their weight loss journey and increased their confidence. Jane talked about having people “double take” as she walked past them, and how this gave her “warm fuzzies” and experienced a sense of achievement. Megan remembered being given compliments, and how these gave her a “boost” and felt like her hard work was paying off. Compliments made these participants feel good about themselves, and they found that it felt good to have others notice the outcome of their hard work.

For other participants, compliments were viewed in a more negative light. Holly stated that while it was nice getting compliments, that because she was a private person compliments made her feel uncomfortable. For Holly, Charlotte, and Jodie, they were wary about becoming reliant on receiving compliments as they were concerned about what would happen if they were no longer complimented:

I kind of take comments with a grain of salt...and people are like ‘oh you're looking so good’, and you’re going ‘well actually no, I don’t think I am’. And if you let people’s comments get too far into your head and you do think you look good then you stop. So I tried to just throw those away.
(Charlotte)

Jodie stated that she worried that receiving compliments would make her too complacent, and that it would interfere with her weight loss progress. Both Charlotte and Sophie had difficulty in believing those who complimented them and would downplay these compliments. Sophie stated that compliments made her wonder how bad she had looked prior to weight loss. Chelsea on the other hand, felt guilt when complimented. She did not feel as though she deserved compliments as she felt like she had not put much effort into her weight loss. Therefore in these cases, compliments had the opposite effect on how these participants felt than what they were intended to.

Four of the participants (Carrie, Chelsea, Holly, and Sophie) found that they had increased positive attention from others. They found that others were now paying them attention, whereas prior to weight loss they had felt ignored. This included people in general, sales assistants in stores, and attention from males. Chelsea stated that initially this attention made her feel self-conscious and anxious, as attention was not something she was used to. She also felt some anger that she was only receiving attention because of the weight loss. Holly stated, “You notice now how people react to you, and how they’ll actually include you in things. It’s horrible, and I mean I put up with it a long time, and I guess that was just the way things were”. She reported that she was amazed at how others had changed their reactions towards her. So although participants were receiving

positive attention, at times it could cause a negative reaction and frustration as to why they were not treated in this manner prior to weight loss.

Half of the participants still experienced negative comments from others post weight loss. Both Amelia and Carrie were told by family members that they looked “anorexic”. Others found that people would make mean comments about specific areas of their bodies. For example, Chelsea had someone comment about a specific area of her body, and say that she should do exercises to tone it up. Sophie on the other hand, was told by family members that her arms were too toned. Riley discussed how she found that some of her friends began acting differently towards her:

I guess they just didn't want to hang out as much or, I'd get dressed in something to go out to town and they'd be like 'mmm that looks different on you'. It's almost like they'd make me feel self-conscious so that I would go and change. But then I realised it's cause something looked good, because I'd get heaps on compliments from other people. So I knew it was them being negative.

While these comments were hurtful, many of these participants tried to cope by ignoring these, and tried to not place too much emphasis on what others thought.

Current Perceptions

As stated above, the majority of participants had at least some expectations as to what their bodies and their lives would be like post weight loss. Participants had varying degrees of how many expectations were met, and how satisfied they were with themselves and their lives post weight loss. For example, Charlotte felt as though the outcomes of her weight loss were completely different to her expectations. Amelia on the other hand, stated, “I'm probably like half towards how I thought I would feel. It's a bit of a 50/50”. Although Jodie had thought that she would be happy with her post weight loss body, she had been unsure of how she would look. She stated that she still felt some dissatisfaction with her post weight loss body, “I don't know if it's disappointing or just surprising at how I feel about, yeah, that whole 'mm could do better'”. She felt as though her expectations of being satisfied with her body post weight loss had not been met.

Despite the varying degrees of whether or not expectations had been met, all participants preferred to be in their current state than return to how they were prior to weight loss.

Several of the participants did not expect to be left with loose skin as a result of weight loss. As Amelia stated, “Saggy skin. No one tells you about that. You think when you lose weight it’s gunna go just from here (stomach), but you’re gunna be left with bum and boobs, doesn’t work like that. It goes from everywhere”. Others such as Hazel, had a realisation prior to weight loss that skin would be an issue because of the length of time that they had been overweight, so there was some acceptance regarding this.

Although several of the participants had expected life to be ‘perfect’ post weight loss, and that they would not experience any problems once they had reached their goal weight, in reality that is not what occurred. Sophie stated, “Like I remember seeing the number, and I was like ‘oh I’m here now’. I was like ‘now what?’. It wasn’t like oh my gosh, everything’s happy, it was pretty much like the same”. Carrie said, “Not a lot of the expectations were filled. I just thought life would be easier and things would be easier, and it was still life”. There was a sense of disappointment that although they had perceived that those who were thin had perfect lives, in reality they still experienced ups and downs within their lives.

For others such as Amelia and Charlotte, instead of being entirely happy post weight loss there was a lingering sense of guilt. For Chelsea, this guilt stemmed from how easy she felt her weight loss journey had been, as she felt as though this should have been more difficult. Because of this she experienced a sense of fear that it could easily be taken away from her. For Charlotte, this guilt stemmed from having been overweight in the first place, so it was difficult for her to enjoy her success. These reactions post weight loss had not been expected.

For others, weight loss had positive outcomes, which were either unexpected or expected. Jane mentioned that she had not thought that she would become a social person, “I didn’t think that I would change that much, I didn’t think that I would actually become a social person, because I never used to be”. Therefore although her expectation had not been met, this was a positive outcome.

Megan stated that overall she was satisfied and happy with her post weight loss body which met her expectations:

I think I had envisioned that I would feel better about myself and you know, before I'd look at photos and I'd feel horrified when I saw myself...and now when I look at myself in photos I feel good and I guess that's what I had hoped for.

She had also envisioned that her relationships with her children would improve as she would have more energy to be able to interact with them, and she felt as though this expectation had also been met. Sophie on the other hand, had an expectation that she would receive increased attention from males. However she stated, "Like go clubbing and people are touching you and stuff, and it'd be like I actually don't like this, why did I want...yeah why did I put so much importance on having attention from guys?". So although her expectation had been met, her reaction was contrary to what she expected it to be.

For some participants having prior knowledge, or doing some form of research helped them to have an understanding of what life and their bodies would be like post weight loss. For example, both Chelsea and Holly mentioned that they had done some research around body image issues. Holly also felt that previous weight loss attempts had allowed her to have a better understanding of how she would be post weight loss:

I think because I've been through it before, and I learnt so much from doing it before. I think if I hadn't done that, it would be completely different now. But because I had gone through that and I knew how I was at the end of that, and I honestly I felt like I'd lost my mind, I made sure that this time it would be completely different.

Megan stated that through looking at magazines and seeing how unhappy celebrities were, she had an understanding that people tend to have things about themselves that they are unhappy with, no matter what size they are. She stated:

I think I always knew that nobody is perfect, and no body is perfect...I remember thinking no matter how much weight you lose, no matter what they fix or how much they lose or whatever it is, there's always going to

be some part of your body that you're not 100% happy with, and I'm ok with that. So yeah, I didn't envision that my body was going to be perfect.

Having this prior knowledge or understanding allowed these participants to be better able to accept their post weight loss bodies.

Chapter Summary

Prior to weight loss all participants had negative experiences, including mental and physical health difficulties, bullying, or being ignored as a result of being overweight. This resulted in poor body image, a 'fat identity', and avoidance of social situations. It was found that societal beauty ideals had a fairly large part to play in causing or adding to these difficulties and subsequent outcomes.

In order for participants to start on their weight loss journey they needed some insight into their difficulties, and motivation towards losing weight. They often had expectations as to what would occur as a result of weight loss, including what their bodies would look like, and what their lives would be like. Once the decision was made to lose weight, participants identified goals as to what they wanted to achieve. The most common weight loss goal was to improve appearance and fit in with beauty ideals.

In order for participants to lose weight they engaged in lifestyle changes which included healthy eating habits and increased exercise. During their weight loss journey participants often had support systems in place, including joint or group support, and friend and family support. Some participants on the other hand, experienced a lack of support. While support in general was perceived as being beneficial, some participants did experience sabotage during their weight loss journey from others around them.

In order for participants to adhere to their weight loss journey they relied on both internal resources such as motivation and determination, and external rewards such as fitting into smaller sized clothes. Participants also experienced some difficulties during weight loss such as a lack of understanding from those around them, fear of weight gain, and experiencing a plateau. Despite difficulties, all participants managed to reach a healthy weight.

Participants experienced both satisfaction and dissatisfaction with their post weight loss bodies. While some participants currently continued to experience a sense of dissatisfaction with their perceived imperfections, others were able to find acceptance with these. In addition to this, clothing was often used as a tool to hide imperfections which then increased satisfaction in appearance. Participants experienced changes in relationships including: increased social contact, improved relationships, and jealousy from others as their identity had changed from being the 'fat one' to someone who was of a healthy weight. Other consequences of weight loss included improved mental and physical health, increased attention (both positive and negative), and increased confidence.

Participants differed as to how satisfied they were post weight loss, compared to what their expectations had been. Some participants still had the desire to lose additional weight, while others were satisfied with their current weight and post weight loss body. For those who thought everything would be perfect post weight loss, they found that these expectations were not met. Those who had more realistic expectations, or had done some form of research into life post weight loss appeared to experience a more satisfied outcome and outlook.

Chapter Five: Discussion

This chapter focuses on comparing the similarities and differences between the findings of the current study and previous research findings that were discussed in chapter one, and also discussing the main findings from the current study. This discussion will follow similar headings to the findings sections: prior to weight loss, insight, expectations, decision, weight loss process, consequences of weight loss, identity shift, and current perceptions. The strengths and limitations and suggestions for further research will then be discussed.

Prior to Weight Loss

All participants had been overweight for a long period of time, ranging from as a child to gaining weight during their teenage years. Added to this, it appeared as though all participants experienced dissatisfaction as a result of their weight and shape from an early stage. This was evidenced by engaging in prior weight loss efforts, which for some participants started when they were in their early to mid-teenage years. The difference between participants' current weight loss efforts and earlier weight loss efforts is that previous efforts used short term, strict approaches which although initially successful, eventually led to abandoned weight loss efforts.

Often the weight loss methods that were used were ones that were highly advertised, and were portrayed as being 'quick fix' methods. One potential reason that these methods may have been utilised is that, as Brown (2014) stated, weight loss methods are often widely advertised, and not only that but they advertise a promise of dramatic results. Weight loss methods are often portrayed as having the ability to enhance physical attractiveness, and allow the person to become a thinner, happier, stronger version of themselves. So for someone who is dissatisfied with their current self, this would hold a great appeal.

Participants appeared to feel a sense of pressure to fit in, and part of this process of fitting in was to lose weight. As Granberg (2011) stated, weight is something that is seen as being controllable and that it should be controlled. This societal view, along with participants' negative views of themselves, put pressure on the participants to control their weight and their physical appearance through

dieting and exercise. There was a sense of failure when this was not successfully achieved and maintained.

Societal ideals. One of the major themes that came through was the sense of not feeling ‘normal’ and feeling like outsiders when compared to others, and not fitting in with the Western beauty ideals. Because within Western societies being thin equates with positive qualities, and conversely being overweight represents negative and undesirable qualities (Annis et al., 2004), it caused participants to look negatively upon themselves prior to weight loss. According to both Annis et al. (2004) and Gleeson and Frith (2006) it is common for these negative stereotypes and cultural standards of beauty to be shared by those who are overweight themselves. This then becomes ingrained in the individual, and impacts negatively on their perception and satisfaction of their body. In the current study, it appears as though participants have internalised these negative stereotypes and cultural standards of beauty, and as a result of this have experienced dissatisfaction with themselves and viewed themselves from a negative standpoint.

Participants wanted to be ‘normal’ and fit in with others. It was thought by participants that if they moulded themselves to fit in with these beauty standards that they would experience decreased judgement from others, and as a result they would experience an increase in confidence. Conversely, it appears as though participants found comfort and a sense of belonging when they were around others that they perceived as also not fitting in with society’s beauty standards. They felt more comfortable and gained a sense of normalcy when comparing themselves against those of a similar body weight or size. Although previous literature talked about overweight individuals associating with others who were also overweight (Faw, 2014; Kiernan et al., 2012) they did not appear to mention the sense of belonging that they derived from this.

Societal ideals which are portrayed through media outlets had a negative impact for participants, which is in-line with past research (Gleeson & Frith, 2006). This appeared to increase feelings of negativity about the self, as it reinforced the notion that participants were not ‘normal’, and did not fit in. Participants engaged not only in comparisons to media images, but also

comparisons to others around them. Comparisons often resulted in participants looking even more negatively on themselves, and led to increased unhappiness and dissatisfaction. In addition to this, participants felt that not being able to fit ‘normal’ sized clothes further reinforced the sense of not fitting in.

Negative attention. Added to the societal messages regarding beauty ideals and the negative connotations that being overweight infers, participants received negative attention, such as in the form of negative comments, teasing or bullying, as a result of this. This is congruent to what has been found in previous research (Epiphaniou & Ogden, 2010; Granberg, 2011). This negative attention had the potential to come from a variety of sources including family members, friends, work colleagues, or strangers. Further to this, it was interesting to note that Hazel also mentioned that comments that were aimed towards others, for example her dad making a general comment about those who are overweight, were also hurtful. This suggests that general comments made by others about those who are overweight have the potential to be internalised and cause hurt, despite not being specifically aimed towards the individual.

For several participants, negative comments from peers that were received when they were younger seemed to have a long lasting impact in that those comments were still memorable to them years later. Similarly, Annis et al. (2010) mentioned that stigmatising experiences in childhood and adolescence, such as teasing or bullying, have the potential to have a lasting impact on functioning in adulthood among those who are overweight. These comments potentially had more far reaching consequences than what those who had made the comments had intended. Comments that were made caused some participants to come to the realisation that they did not fit in with beauty ideals, or in other cases acted to further reinforce this belief.

The finding that several participants in the current study experienced being ignored as a result of their physical appearance is congruent with the findings from the study conducted by Epiphaniou and Ogden (2010), in which participants were also ignored by others as a result of their weight. In the current study, being ignored came across as being just as hurtful and upsetting as being the recipient of

negative attention. Therefore, it seems as though both overt teasing or bullying and being ignored can have an equally negative impact on the individual.

Not only did participants experience negative attention and being ignored, but they also made further assumptions about what others thought about them. This negative thinking style increased the feeling and impact of being negatively judged by others. This perhaps is in line with the thoughts of Granberg (2011) in which it was thought that if an overweight individual becomes aware that they are being judged and discriminated against, they are likely to develop a stigmatised identity and begin to expect negative judgements. Because participants' self-concept at least in part seemed to be wrapped up in being overweight or 'fat', and as a result of past judgements from others, they came to expect that this was how others would think of them. This feared stigma appeared to be just as upsetting to participants as actual stigma that they encountered, which is in line with previous research (Sarlio-Lahteenkorva, 2000).

Another interesting finding was the notion of self-criticism. This same theme came through in the findings from the study conducted by Epiphaniou and Ogden (2010). In the current study the impact of self-criticism was reported as having a negative impact that was equivalent to if this criticism had been directed at them from someone else. For some participants it was said that self-criticism occurred more frequently than being criticised by others. Participants did not discuss the reasons behind engaging in self-criticism. Epiphaniou and Ogden (2010) mentioned that having a self-concept that is dominated by weight and shape will often be negative and self-critical in nature, and that the overweight person would be likely to minimise or ignore the other qualities they possess. This may potentially explain the focus on appearance and the associated self-criticism displayed by participants.

Negative physical and mental health. Participants in the current study reported experiencing negative mental health difficulties including depression, anxiety, a lack of confidence, and becoming easily irritable. This is congruent with previous research which showed that individuals who suffer from obesity may experience high body dissatisfaction and low self-esteem, and are at an increased risk for psychological disturbances including depression and anxiety

(Annis et al., 2004; Epiphaniou & Ogden, 2010; Martin Ginis et al., 2012). Further to this, weight loss behaviours have been shown to be associated with inaccurate weight perception, and emotional and self-esteem issues amongst young women (Palmeira et al., 2010). The participants' weight difficulties appeared to have an impact on mental health difficulties, however it is unclear whether their previous weight loss attempts had a further negative impact on this.

Eating for emotion regulation or for comfort was something that was common within this study, and something that all participants struggled with. It is common within the wider population for food to be used as a coping tool (Epiphaniou & Ogden, 2010; Grogan, 2006), however it is often found that this can lead to experiencing guilt. This then often results in self-criticism (Epiphaniou & Ogden, 2010; Grogan, 2006). Within the current study it was found that comfort eating became a cycle: food was used as a way to feel better, however this often led to feelings of guilt and self-criticism, which then led to further food consumption. Comfort eating was often associated with a sense of guilt and shame. There is the possibility that this guilt and shame then added to the negative thoughts and feelings that the participants already experienced about themselves. Then this may have added to their feelings of failure that they are not able to control their body weight and associated behaviours.

Negative schema. All participants had negative views about their bodies prior to weight loss and experienced body dissatisfaction. According to Gilmartin (2013) being dissatisfied with appearance can make anxieties about body image a defining feature of oneself, and can have a negative impact on both mental and physical wellbeing. As stated above many of the participants experienced mental health or mood difficulties as a result of their weight. They also experienced physical health difficulties which were attributed to weight, however it is unclear whether any physical health difficulties could be attributed to body dissatisfaction.

From the participants' perspective, weight and physical appearance seemed to be an important part of how others viewed them, and consequently they felt judged and treated badly as a result of this. This result is similar to the findings from Granberg (2011). In addition to this, for many participants weight and shape made up a large part of their self-identity and who they perceived

themselves to be. This supports the findings of previous studies (Epiphaniou & Ogden, 2010; Granberg, 2011) in which those who felt both unattractive and stigmatised because of their appearance associated their physical appearance, and the accompanying stigma, as being a defining aspect of how they perceived themselves.

The above point ties in with the development of a 'fat identity', in which a large proportion of how the participants in the current study perceived themselves was related to their weight and shape, and became a defining part of their identity. There was also the sense of being the 'fat one' when compared to others. This, at times, led to feeling unloved or unlovable. According to Granberg (2006) weight can be something through which an individual assesses their life, what opportunities they have, and what decisions they make. This seems to be applicable for participants in the current study. They engaged in avoidance of social situations and various activities as a result of their weight. In addition to this, some of the participants felt as though they did not deserve to engage in romantic relationships, or that others would not want to date them because of their appearance.

Avoidant social behaviours. Avoidance of social situations, or attempting to hide their bodies, became a common coping strategy for participants. This is congruent with the finding of Epiphaniou and Ogden's (2010) study in which participants either made excuses to avoid social events, or they attempted to stay unnoticed when attending social gatherings prior to losing weight. Fear of judgement or negative attention is likely to have some impact on the participants' decision to engage in avoidance. Avoidance meant that they could control whether or not they faced being teased, bullied, or even ignored, whereas if they attended social events this was out of their control.

In addition to this, most participants also avoided exercise for fear of judgement. According to previous research (Gleeson & Frith, 2006; Grogan, 2006) body image can have an impact on whether or not an individual engages in physical exercise. Again, by not putting themselves in the position where others could judge them, they could feel safe. So although participants may have wanted to engage in exercise in order to lose weight and therefore fit in, their fear of

judgement because their body did not currently fit in with society's beauty ideal held them back from doing this.

Participants also engaged in avoidance through avoiding being in photos, covering their bodies (e.g. wearing long clothes even in summer), and avoidance of their reflection. Because of body dissatisfaction normal day to day activities, such as getting dressed, at times became anxiety provoking or upsetting. The other form that avoidance took was hiding behind a persona, for example acting happy when around others. Through putting on a front around others it became another way in which to safe guard and protect themselves from getting hurt.

Weight Loss Motivation

In terms of weight loss motivation, all participants could pin point what motivated them to lose weight. Although this motivation varied between participants, it seems as though having some form of motivation (whether this was a negative self-appraisal or a 'light-bulb moment') was an important factor in the decision to embark on their weight loss journey. Merely having the knowledge that they were overweight and unhappy did not seem to be sufficient in being a motivating factor towards losing weight.

Previous research found that motivations towards weight loss includes health related reasons (Hindle & Carpenter, 2011), desire for improved appearance (Foster et al., 1997), or wanting to escape being judged and experiencing negative treatment (Brown, 2014; Granberg, 2011). Findings from the current study showed that health was not a main motive for weight loss, instead social motives such as fear of criticism or rejection were much more prevalent. The desire to fit in and escape negative judgements was the most prevalent reason behind the participants in the current study desiring to lose weight. This is congruent to the findings from the study conducted by Brown (2014).

Weight Loss Expectations

The majority of participants in the current study, with the one exception being Chelsea, had at least some form of expectations for post weight loss. These included: an increase in happiness, increased confidence, becoming more social,

and fitting into and feeling comfortable in clothes. Having weight loss expectations that are outside of changes in physical appearance has come through in previous literature (Granberg, 2006; Ohsiek & Williams, 2010). With the exception of one participant, expectations of health benefits were not mentioned within the current study. Some participants had expectations about what they would look like, while others stated that they were unsure of what to expect. Half of the participants thought that they would be happy with their bodies post weight loss. This adds to the previous point that was made, that health motivations or potential benefits did not seem to be something that factored highly into the initial stages of the participants' weight loss.

Another factor that some participants both hoped and expected to change was in terms of their relationships with others. This included: getting into a romantic relationship, having improved relationships with children, expectations of new or improved friendships, and generally being treated better by others. Similarly, many participants in Granberg's (2006) study had also hoped that losing weight would result in better relationships, and that they would become popular. However, other participants in the current study differed in that they had expectations that relationships would stay the same, rather than change. It is unclear why some participants in the current study expected relationships to change, and why others expected them to remain the same.

Another expectation that was fairly common within this study was that life and their bodies would be 'perfect' once they had lost weight. There was the expectation that all aspects of their lives would improve. Congruently, Granberg (2006) stated that some individuals have the hope or expectation that weight loss will lead to dramatic personal transformation, with some participants in Granberg's (2006) study thinking life would be perfect post weight loss. These expectations reflect the belief that many hold about weight loss being able to transform their lives, and this has often been the expectation that has been portrayed through the media. This is important to note, as the degree of transformation that is expected impacts the likelihood of it being validated, and therefore how satisfied the individual will be post weight loss.

Weight Loss Process

Diet and exercise changes. One of the main differences with current weight loss efforts, when compared to past weight loss efforts, is that participants engaged in healthier eating habits, for example eating a balanced diet. The majority of participants tried not to completely cut out ‘treat foods’, in order to make their new eating habits more maintainable. This was in contrast to the previous diet methods that ended up being not sustainable, which were discussed earlier. The benefit of this for participants was that weight loss was steadier, and they experienced a sense of achievement as a result of their efforts. This differed to previous efforts in which, because they were unable to sustain the diet and the associated weight loss, they experienced disappointment and felt a sense of failure. This likely added to negative feelings that they already experienced about themselves as a result of being overweight and not fitting in with beauty ideals.

All participants engaged in some form of exercise during their weight loss journey. It appeared that an important factor in terms of exercise and the ability to maintain exercise habits, was engaging in a variety of different types of exercise, and doing exercise that they found enjoyable. For some, exercise also became a way to socialise rather than having socialising be focused around food. According to Vieira et al. (2013), enjoyment of exercise has been shown to be positively correlated with successful weight management. Within the current study, when exercise was perceived as being not only beneficial for weight loss, but also enjoyable, there was a higher likelihood that an exercise regime would be adhered to.

Many participants took part in a combination of resistance and cardio training. The benefit of resistance training was that it meant an increase in strength. Participants were able to see this increase in strength through being able to lift increasingly heavier weights. They were able to focus on their strength and the associated muscle definition, as opposed to purely focusing on weight loss. A sense of achievement was gained from experiencing an increase in fitness levels and feeling stronger. Further to this, increased fitness and strength seemed to have a positive impact on body image satisfaction. However, contrary to current findings, Martin Ginis et al. (2012) found that improvement in cardio exercise was

a stronger predictor of positive change to body image than improvement in strength training. It is difficult to say what the reason is for this incongruence between findings. However one hypothesis may be that participants in the current study were able to focus on the function of their body through their increased strength. This, in combination with increased muscle definition and perceived improvements in physical appearance, may have increased their body image satisfaction more than if they had purely been engaging in cardio exercise.

Support. It was found that overall, support was viewed as being beneficial by participants during their weight loss journeys. This supports previous research which has found that those receiving support during weight loss have a higher likelihood of being successful than those who lack support (Faw, 2014; Hindle & Carpenter, 2011; Karfopoulou et al., 2016). It was found that support could come from various sources (such as friends, family members, and partners).

One of the ways that participants drew upon support was through having someone join them for mutual weight loss or exercise support. This was beneficial in terms of providing support for maintaining weight loss motivation and that it provided support from someone who was able to understand their weight loss struggles. In contrast to this, it also had the potential to introduce an element of competition. Previous research has shown mixed results as to how beneficial mutual weight loss support is. Faw (2014) reported that this was the most beneficial form of support, whereas Hindle and Carpenter (2011) reported similar findings to the current study in that while this form of support was seen as beneficial, it could also create a sense of competition. For those who thrive on competition this may be seen as advantageous and become a motivating factor, however for others this may increase the sense of failure that has been ingrained in them.

The majority of the participants lost weight through following the Weight Watchers programme, and they often attended weekly Weight Watchers meetings. These meetings provided support and advice, not only from the coaches but also fellow members. Further to this, participants were able to form bonds with other members. According to Hindle and Carpenter (2011), attending these meetings is

advantageous because of the ideas and advice that are given, and that progress can be reviewed frequently. Participants in the current study found that by attending these meetings it helped to keep them accountable, and to stay on track with their weight loss journey. Additionally, Hindle and Carpenter (2011) stated that the meetings can become a source of comfort when things are not going well in terms of their weight loss. Some participants mentioned that meetings became even more beneficial when they felt as though they were facing difficulties and struggling with their weight loss. One of the benefits of this form of support may be a perceived lack of judgement, because those who both attend and lead the meetings have all experienced weight difficulties. This may form a sense of camaraderie and safety within this environment.

Social media was utilised as a way to discuss their weight loss successes. According to Kiernan et al. (2012) one of the ways that an individual can seek support is through making it public knowledge that they are attempting to lose weight, and that one of the ways in which to do this is through social media networks. Within the current study, through using social media participants gained additional attention and support from others, who praised their achievements. They achieved a sense of pride from having this attention and support from others online. Participants used social media as a way to talk about the positives of their weight loss, rather than any struggles they had. Because of this, social media provided another avenue in which they were able to receive positive feedback, which is something that they lacked prior to weight loss.

Several of the participants had mentioned that at times they felt as though they lacked support. Some examples of this were friends being sceptical about weight loss efforts until results became visible, or that certain friends or family members became jealous of their successes. Similarly, participants in the study conducted by Sarlio-Lahteenkorva (2000) also reported a lack of support from some individuals around them, and discussed receiving negative comments about the change in their appearance. This lack of support or judgement about changes in appearance seems counterintuitive since there is such a drive towards weight loss within society, and this is what participants were actively participating in.

In addition to this, some participants felt as though others displayed a lack of understanding in terms of what they needed to do in order for them to achieve their weight loss goals. For example, once they were closer to their goal weight others displayed a lack of understanding around the continued need to eat healthy. Many of the participants in the current study found that having a social life became difficult, and there was a sense of having to choose between whether to socialise, or stick with their healthy eating plan. Similarly, some participants in the study conducted by Faw (2014) would avoid social situations if they thought that others were going to question their food choices, rather than be supportive. Considering that prior to weight loss participants in the current study had avoided social situations and that this was something that many had expected to change, this would not have been an expected outcome.

Participants experienced receiving unwanted comments from others in terms of their weight loss, for example others telling them that they were losing too much weight, or that weight loss efforts were no longer necessary. This caused some frustration because no matter what weight they were, people seemed to comment. They experienced others making negative weight related judgments prior to weight loss, and at this stage of their weight loss journey they continued to receive judgements from others. Congruent to this, participants in the study conducted by Faw (2014) also occasionally experienced others giving them unwanted advice or making comments. Participants in Faw's (2014) study chose to engage in a variety of coping strategies including: confrontation, ignoring comments, or avoid those who were unsupportive, and disengage so that these conversations would not occur. None of the participants in the current study mentioned engaging in confrontation; however these comments would at times cause them to withdraw from others, or alternatively they would choose to ignore these comments. This is also counterintuitive to the expectation of increased social interactions.

There were several participants in the current study that preferred to keep their weight loss to themselves so that there was a lack of expectations from others. They also felt that this would then mean less judgement from others if they had been unsuccessful, or if they had slip-ups along the way. Similarly, some participants in the study conducted by Faw (2014) feared experiencing a sense of

failure if they were unable to reach their goal, and consequently felt that if others knew about their goals that it would increase these feelings of failure. While this may have been beneficial in terms of not having others judge potential failure, it could also create a situation in which there was a lack of support.

Adherence. In order to adhere to their weight loss journey participants needed to find ways that worked for them to maintain their motivation. These included creating small goals and attending weight loss meetings. Further to this, participants engaged in regular body weighing and monitoring of food consumption in order to stay on track with their weight loss. Similarly, participants in both Hindle and Carpenter's (2011) and Sarlio-Lahteenkorva's (2000) studies utilised self-monitoring techniques such as regular weighing, and keeping food and activity diaries.

In addition to the above techniques, participants in the current study utilised other methods as opposed to purely looking at the scales. These included: being able to see bone structure such as collar bones, fitting smaller clothes, seeing weight loss or gain when looking at photos, and fitting more comfortably into seats. Participants found this helpful as scales did not always show progress accurately. Self-monitoring allows individuals to identify changes in weight and why these may have occurred. Consequently, they are able to feel more in control and it enables them to take ownership of their behaviours and any associated outcomes. It also shows the importance of not purely relying on weighing and scales to track progress as these may not always be accurate, and can subsequently cause feelings of disappointment or defeat.

For many of the participants in the current study, the closer they got to their goal weight the more difficult it was to maintain their motivation towards weight loss. One potential reason underlying this was that because of seeing improvements in their body and receiving compliments, it was easy to become complacent with the progress that they had made. So while progress and the compliments received because of this can be viewed as positive, it can also make continuing with their weight loss journey in order to reach their goal weight more difficult.

Once reaching goal weight several of the participants in the current study had a weight band that they tried to stay within. If they went outside of this band they attempted to make diet and exercise changes in order to remedy this. For participants in Hindle and Carpenter's study (2011) and in Sarlio-Lahteenkorva's study (2000) weight fluctuations were viewed as being expected and something that could be managed, rather than viewing them as failures. For participants in the current study there was also the fear that the weight loss they had achieved could be easily taken away from them. There was a fear of the ease at which they could potentially gain weight. This can potentially be linked to the 'fat identity' and the thoughts and feelings associated with this. Because they were overweight in the past this identity may have remained salient, which then may have increased the fear of returning to this previous state.

Weight loss difficulties. As stated earlier, all participants had undergone healthy changes in their diet and exercise habits in order to lose weight. Despite doing this, and overall having been able to maintain these changes, they also found that diet and exercise changes were not always easy to maintain. Some of the main difficulties that came up was the constant need to monitor food choices and intake, and continued difficulties with comfort eating. As stated above, this was made even more difficult by others displaying a lack of understanding or support around their healthy eating habits.

Another difficulty that several of the participants mentioned was the emphasis on weight and weighing, and in particular seeing an unwanted number show up on the scale. That unwanted number could have been either a gain or having their weight stay the same, and could cause participants to become disheartened as a result of this. In addition to this, there was also the thought of not wanting to be ruled by scales for the rest of their lives.

Some participants made comparisons against others that they viewed as not having difficulties with their weight, for example others seeming to be able to eat what they want and not needing to worry about their weight. This caused some frustration, jealousy, and elicited a sense of unfairness. This indicates that although they were making steps towards becoming someone who fits in with

society's beauty ideals, there are still cognitions (e.g. unfairness) that remain as a result of being overweight and having a 'fat identity'.

Reaching goal weight. According to Ohsiek and Williams (2010) if the cost of weight loss outweighs the benefits that are experienced, then weight loss attempts may be abandoned. Despite any difficulties that participants faced during the weight loss phase they managed to continue on with their weight loss journeys and reach a healthy weight. This suggests that any benefits they perceived that weight loss would have, had outweighed any difficulties they may have experienced as they were losing weight. Participants were able to draw upon internal resources and the support that they received to adhere to their weight loss plans and reach a healthy weight. However, it is interesting to note that although many of the participants felt excitement at initially seeing that they had reached their goal weight, not all participants were satisfied with their weight.

Reaching a healthy weight marked the beginning of a new phase: weight maintenance. It was felt by some participants that the maintenance period was more difficult than the weight loss period, and it appeared as though this was not something that was expected. They still needed to maintain healthy changes, rather than being able to return to eating and exercising as they did before. In congruence to this, in the study conducted by Sarlio-Lahteenkorva (2000) participants reported that weight maintenance was much more difficult than weight loss, and that it was an on-going battle with the risk of regaining weight being present.

One of the difficulties that were faced was the lack of seeing the number on the scales decrease anymore. The positive reinforcement of seeing the weight go down had been something that participants had gotten used to. This change was hard for them to adjust to, and there was a sense of failure that was attached to seeing weight stabilise rather than decrease. Congruently, in Hindle and Carpenter's study (2011) the participants felt there was a lack of positive reinforcement during maintenance. During weight loss they were able to see numbers decreasing on the scale, differences in dress sizes, and frequently received compliments. However, this decreased as their weight stabilised. This is important to note as there is the potential that these negative feelings associated

with the lack of positive reinforcement can lead to enforcing stricter behaviours in order to see a decrease in weight.

Consequences of Weight Loss

Body and weight perception. Participants experienced a mixture of both satisfaction and dissatisfaction with their bodies (either certain aspects or the body as a whole) post weight loss. An example of this was being satisfied with their body overall but experiencing dissatisfaction with certain aspects of their body, or vice versa. This is interesting to note as it was expected by participants prior to weight loss that they would experience body satisfaction as a result of their weight loss, but not dissatisfaction. Similarly, many of the participants in the study conducted by Granberg (2006) had the expectation that they would be thin and attractive post weight loss, and were faced with a challenge when they reached their weight loss goal but did not necessarily feel more attractive. According to Granberg (2006) people often start weight loss with the assumption that their appearance will only change in a positive way, and do not anticipate some parts of themselves seeming more unattractive, which then creates incongruence with their self-identity. Despite some dissatisfaction, several participants felt happier when looking at their reflection or seeing themselves in the mirror, and were able to ‘show off’ their new post weight loss bodies through wearing clothing that they would not have had the confidence to wear prior to weight loss.

The main cause of dissatisfaction for many participants in the current study was being left with loose skin. According to previous research, after losing a large amount of weight there are often difficulties that arise as a result of this which includes excess skin. These side effects have the potential to cause distress regarding appearance (Annis et al., 2004; Gilmartin, 2013; Song et al., 2006). Because of the dissatisfaction that was experienced post weight loss, some participants in the current study experienced further negative thoughts and feelings about their bodies.

As a result of these perceived imperfections, almost half of the participants in the current study had at least considered surgery as an option in order to ‘fix’ these. In the study conducted by Song et al. (2006) improvement in body image was found post surgery, however this was often specific to the areas that

underwent the surgical procedure. It was also found that by undergoing surgical procedures to address areas that the individual was dissatisfied with, it had the potential to reveal additional areas they are dissatisfied with. It was hypothesised that fixing problematic areas might highlight additional problematic areas. The majority of the participants in the current study had decided to not undergo cosmetic surgery as they had decided that ultimately it would not make them happy, and therefore no comment is able to be made in regards to how surgery would have impacted on body image.

Another finding was that despite all participants being at a weight that was considered as being healthy, half of the participants still experienced dissatisfaction, and had the desire to lose additional weight. For some participants this created an internal conflict in which they felt happy with their current appearance, but still wanted to lose weight despite this. Previous research had found that expectation and ideal when it comes to physical appearance may be mismatched, with some individuals hoping to attain a smaller body shape and size than what may be realistic (Song et al., 2006). Therefore participants may have experienced incongruence at their post weight loss body or weight. This may have then led to a sense of dissatisfaction and the desire to lose additional weight, in the hopes of reaching their original body and weight expectations.

In order to attempt to remedy this incongruence, some participants had attempted to alter their behaviour through engaging in increased diet or exercise to lose more weight, with the hopes of reconciling their expected and current selves. This supports findings from the study conducted by Granberg (2006). However, participants in the current study also struggled to determine what the 'perfect' weight would be, which therefore made it difficult to reach congruence between their expected self and their current self.

Within the current study, for some of the participants there was a tendency to focus on their perceived imperfections. According to Song et al. (2006) body image concerns are often still central to those who have lost large amounts of weight. Song et al. (2006) stated that individuals may still have negative thoughts and feelings about their body, and residual feelings of self-consciousness and unattractiveness may mean the body image dissatisfaction is still prevalent. In

regards to the current study, because viewing their body in a negative light was a part of their norm prior to weight loss, this may have made it difficult to make this shift to viewing their body in a positive way post weight loss.

Just over half of the participants were able to find acceptance with these imperfections, either through having accepted that they would have imperfections prior to weight loss, or choosing to see loose skin as a sign of their hard work. Similarly, participants in Granberg's (2011) study who were struggling to accept their post weight loss bodies were able to alter the standard that they judged their post weight loss body. They were able to do this through coming to the realisation that they are unable to change their body type, or that there were aspects of their body that they were unable to control, and accepting this. Further to this, participants in the current study used clothes as a coping strategy, with clothing becoming a 'mask' that they were able to hide their imperfections behind. Therefore through coming up with coping strategies, or changing negative cognitions about the body, it allows the individual to come to accept their body.

Half the participants found that it took time for their brain to match up with their new body. So although a physical change in terms of their weight loss had taken place, there was still a mental aspect that also needed to be adjusted in order for participants to be satisfied with their post weight loss bodies. According to Granberg (2011), there is the possibility that an individual can experience their body changing faster than their internalised self-image. This can cause confusion and frustration for the individual. It is thought that those who have lived with this identity longer may struggle more to make this shift (Granberg, 2011). However, participants in the current study who experienced a perception of their body that differed to their actual physical appearance varied as to how long they had been overweight for prior to weight loss.

Relationships. In terms of the impact that weight loss had on their relationships, the majority of participants noticed a positive impact post weight loss. This included: becoming more social with friends and accepting invitations to social occasions, creating new friendships, and an increase in confidence in social situations which allowed them to talk to others. This is in line with the findings of the study conducted by Epiphaniou and Ogden (2010) in which

participants reported that post weight loss they felt less socially reserved, and felt more accepted. They felt that they were comfortable communicating with others, and were able to form new friendships. In addition to this, several participants in the current research felt more confidence within romantic relationships, or when seeking a relationship of this kind (for example they no longer felt as though they needed to date someone who liked 'fat' people). Some participants also felt as though relationships with family members had been strengthened as a result of their weight loss.

Interestingly, weight loss also had the potential to have negative consequences on relationships. Similarly, participants in the study conducted by Granberg (2006) found that some of their relationships with others deteriorated post weight loss, and they found themselves facing new challenges in their social lives. The main reason of relationship difficulties that was reported by participants in the current study was jealousy from family and/or friends because of no longer fitting the identity of being the 'fat one'. Therefore, although they had lost weight and fit in with societal norms, they no longer fit with their friend's and/or family's conceptualisation of them. Consequently this had the potential to change the dynamics of those relationships.

Another theme that came through was sabotage. This was typically viewed as being unintentional, however still caused frustration and the perception that there was a lack of understanding from others. This is congruent with the findings of previous research. Participants in the study conducted by Sarlio-Lahteenkorva (2000) found that the most difficult situations to navigate were social situations as these often disturb everyday eating routines. There was pressure to eat 'normally'. Participants in the study conducted by Hindle and Carpenter (2011) encountered less support from friends, as friends felt as though they did not need to continue to offer encouragement, and would often pressure the participants to eat more. This is important to note as although participants in the above studies had made the required healthy lifestyle changes in order to lose weight, others around them were encouraging them to eat foods that had added to them being overweight in the first place. Therefore, this creates an environment whereby it is difficult to maintain lifestyle changes that are necessary in order to maintain a healthy weight.

Some of the participants in the current study still engaged in comparing themselves to others post weight loss. One example of this was when they heard others who they perceived as having a thin body shape complaining about weight. According to Salk and Engeln-Maddox (2012) when an individual hears and engages in 'fat talk' they experience higher levels of body image dissatisfaction and shame. Therefore this may have led to increased negative feelings about their own bodies, which is exacerbated by making comparisons to those engaging in 'fat talk'.

Other examples of social comparisons were perceiving weight maintenance as being easier for those who have never had a weight issue, and experiencing frustration at seeing thin people eat unhealthy. This is in line with the findings of the study conducted by Sarlio-Lahteenkorva (2000), in which participants assumed that most other women did not have to pay as much attention to their body, behaviour, and weight related thoughts. There was the notion of unfairness in these instances. A lot of hard work and time had been put into weight loss efforts, however as there is no 'end point'. It is viewed as being something that they will have to struggle with for the rest of their lives, whereas weight maintenance is perceived as being easy or natural to those who have never experienced weight difficulties.

Confidence and sense of achievement. One of the benefits that the majority of participants experienced as a result of weight loss was increased levels of confidence. This allowed participants to do things and have experiences that they would not have had prior to weight loss because of a lack of confidence. This newfound confidence meant that they were open to greater life opportunities such as gaining new employment, or being in jobs or positions where they were talking in front of a group of people. This supports the findings of Epiphaniou and Ogden (2010) in which participants recreated themselves into someone who felt freer and more confident. For participants in the current study, becoming thinner and subsequently fitting more closely to society's beauty ideals helped them to feel normal and accepted by others, and therefore led to an increased sense of confidence.

Upon reaching goal most of the participants felt a sense of achievement and pride. A sense of achievement came from various avenues such as: fitting into smaller clothes, seemingly small acts such as being able to get off the floor easily, and as their bodies becoming more physically fit. Therefore it is not only the physical weight loss itself that can result in experiencing a sense of achievement and pride, but also associated outcomes that are not directly linked to physical weight. However, it is also important to note that there may also be the possibility that a sense of guilt may linger post weight loss which may affect the individual recognising their positive achievements. For example, one participant found it hard to see weight loss as a sense of achievement as she felt guilt in regards to being overweight in the first place.

Improved health. The majority of participants experienced an improvement in their physical health post weight loss including: increased energy, better quality of sleep, and the ability to move easier and do increased physical exercise. In addition to this, those who had experienced health difficulties prior to weight loss found that these decreased or ceased altogether. Five of the participants were happier in general, and felt that their mood or mental health had improved as a result of their weight loss. This is congruent to the findings of Palmeira et al. (2010), in which it was found that participants experienced significant positive changes in depressive symptoms and mood.

One point to note is that when participants did experience negative mood states, there was still the temptation to engage in comfort eating as a coping strategy. This highlights the continued struggle with food despite having reached a healthy weight. It also highlights the fact that individuals are faced with many food decisions every day, and therefore food and related choices are not something that can be ignored or avoided. This continued struggle with food was not an expected outcome for participants.

Increased attention. In general, compliments were viewed by participants in a positive light, and provided additional motivation to continue on their weight loss journey and also increased their confidence. This is congruent with past research which states that experiencing positive reinforcement from others, such as compliments, has been found to lead to increased confidence (Annis et al.,

2004; Ohsiek & Williams, 2010). However, contrary to this, there were other participants in the current study who viewed compliments negatively. Reasons for this included: feeling uncomfortable or wary about becoming reliant on receiving compliments, fearing becoming complacent because of compliments, difficulty believing the compliments and would therefore downplay these, and experiencing guilt when complimented because of feeling undeserving. It is interesting to note the two different ways of viewing compliments, and the impact that this may have. One hypothesis for viewing compliments in a more negative light is that those who are overweight often do not experience positive attention in terms of their body, so there may be a sense of feeling uncomfortable or not knowing what to do when receiving these post weight loss.

Four of the participants found that they had increased positive attention from others such as: people in general, sales assistants in stores, and attention from males. While generally viewed positively, this at times caused discomfort, frustration and a sense of unfairness. For example, it made them question why they were not treated the same way before weight loss. This interpretation of, and reaction to, this increased positive attention seems to differ to what might be expected when an individual receives positive attention. However, because participants had experienced negative attention prior to weight loss, there may be remaining negative thoughts and feelings associated with the fact that they had been subjected to this negative attention or being ignored.

As opposed to this positive attention, half of the participants still experienced negative comments from others post weight loss, for example being called anorexic, or people making mean comments about specific areas of their bodies. Similarly, participants in the study conducted by Hindle and Carpenter (2011) also experienced people saying they were starting to look ill. Participants in the current study tried to cope with these comments though ignoring these. This negative attention seems to be counterintuitive considering that participants had worked towards fitting in with beauty ideals, yet still received negative attention and were subjected to the opinions of others as a result of this.

Identity Shifts. Participants were attempting through weight loss to leave their identity as someone who is overweight. According to Granberg (2006), once

self change has begun these efforts to reach their desired self may be validated. Once participants started the process of their weight loss journey they received validation in the form of compliments from others, seeing the numbers on the scale decrease, and fitting into smaller clothes. Despite this, there were still difficulties in completing their shift in identity for some participants. For example: still being dissatisfied with their bodies, having the same perception of themselves as prior to weight loss, and still focusing on the scales. Many of the participants in the current study experienced negative comments or opinions from others post weight. For some participants, this then may have caused incongruence between their ideal selves and their current selves, and led to dissatisfaction.

It is thought that changes in both cognitions and behaviours need to occur for an identity shift to be successful (Kiecolt, 1994). While all of the participants were successful in making healthy lifestyle changes which resulted in reaching a healthy weight, for some of the participants their thought processes still appeared to be coming from their identity as someone who is overweight. This was evident through continued negative self talk, negative interpretations of compliments, and focusing on imperfections. This may have been a barrier towards successfully making an identity shift. Those who appeared to be more successful in making this shift seemed to find acceptance in their imperfections and a confidence within themselves.

Current Perceptions

As stated in the findings chapter, ten out of the eleven participants had expectations as to what the outcomes of weight loss would be. Post weight loss, participants had varying degrees of how many expectations were met, and how satisfied they were with themselves and their lives post weight loss. There were improvements across various life domains, however several of the participants had expected life to be ‘perfect’ post weight loss and in reality this is not what occurred. There was a sense of disappointment that although they had perceived that those who were thin had perfect lives, that in reality there are still ups and downs within their everyday lives.

In addition to this, there was still some body dissatisfaction that remained post weight loss which was not expected by many of the participants. Previous

research states that the cultural ideal of beauty is often unrealistic (Gleeson & Frith, 2006; Grogan, 2006). Therefore by having these unrealistic expectations that are unable to be met, this can increase the sense of dissatisfaction that is experienced. Participants in the current study who placed a high value on their physical appearance seemed to be less satisfied post weight loss than those who placed less focus on this. In congruence with this, Vieira et al (2013) found that post weight loss many participants had impaired body image, and high levels of concern with body shape and size. They hypothesised that if weight loss efforts are based on improving body image, they may not be entirely successful.

It appeared as though having prior knowledge or doing research is helpful towards having more realistic expectations for post weight loss, and as a result of this having increased satisfaction. It is also important to note that despite the above, and the varying degrees of satisfaction among participants, all participants felt as though they preferred to be in their current state than return to how they were prior to weight loss.

Strengths and Limitations

A strength of this study was that it gained insight into the subjective experiences of those who have experienced weight loss. Through using qualitative research it allowed new information to surface that may not have been expected through the initial research aims and original questions. It allowed participants to give detailed descriptions of their experiences throughout their weight loss journey. Additionally, through using a grounded theory approach, the participants' entire weight loss journeys from prior to weight loss through to the maintenance phase (as of the time of the interview) was able to be discussed. This allowed a comparison to be made in regards to weight loss expectations and their current perceptions.

A limitation in terms of interviewing participants retrospectively after weight loss has already been completed is that it means relying on the participants' memories of their experiences of life prior to weight loss, what their weight loss expectations were, and their weight loss journey. Participants' memories of this may not necessarily be accurate. Another limitation of this research is the small sample size. Although this allowed in depth information to

be gathered, the small sample size meant that this reduces generalizability. Participants were self-selected so a potential bias may be present. For example, those who experienced greater difficulties or body image dissatisfaction post weight loss may not have felt comfortable or confident in taking part in an interview on this subject.

The majority of participants who took part in this research had lost weight through the Weight Watchers weight loss programme. This reduces generalizability as their experiences may differ to those who lost weight through other methods, and therefore may have impacted on their current perceptions and whether or not they felt their expectations had been met. The scope of this research did not allow an in depth look into weight differences across cultures, with the majority of participants being New Zealand European. New Zealand is considered to be a 'Western' country, and those living in New Zealand are exposed to Western beauty ideals. The desire to be thin that is derived from these ideals may be greater within Western societies in comparison to non-Western societies. This research also purely focused on the weight loss experiences and outcomes of females, and therefore the results cannot be generalised to males.

Suggestions for Future Research

In light of some of the limitations discussed above, these present some potential pathways for future research. It may be beneficial to explore weight loss through a longitudinal study, following from prior to weight loss through until the maintenance phase. This would allow a more accurate perspective on the difficulties faced prior to weight loss, the motivations towards weight loss, and weight loss expectations to be formed. It would also allow a more accurate representation of the weight loss journey and maintenance phase to be gained.

Because this research did not explore weight loss, expectations, and outcomes in males this may be a possible goal for future research, as this is likely to differ from the experiences of a female. It may also be interesting to conduct a study that explores the differences between males and females to compare experiences and potential difficulties that may be faced. As stated above, Western beauty ideals have an impact on how females view themselves and how those who do not fit these ideals are treated. It may be useful to explore the differences in

terms of weight loss and outcomes across different cultures. Lastly, the current research included participants who were eighteen years of age and older, with no age limit. It may be beneficial to explore differences between age groups, as it is likely that those of different ages will experience differing advantages or difficulties (such as support or the ease at which weight is lost) that will impact on their outcomes and post weight loss perceptions.

Conclusion

The purpose of this research was to explore and understand the expectations of weight loss, and sought to compare this with the current perceptions of those who had undergone a weight loss process. The results of this research were largely consistent with previous research within the area of weight loss, body image, and identity shifts. However, one benefit is that the current research was able to bring together several topics that had been explored in previous research such as; Western beauty ideals, stigma, support, and weight loss outcomes, and explore these across the weight loss process from prior to weight loss through to the maintenance phase.

It was found that one of the difficulties that were faced was a lack of understanding from others. This could be seen in all phases including prior to weight loss, during weight loss, and during maintenance. There was a sense of being misunderstood and a feeling of frustration as a result of this. All participants experienced a mixture of both satisfaction and dissatisfaction with their post weight loss bodies. So although they had reached a shape closer to societal beauty standards, there were still areas that they felt unhappy with. There were differences as to whether participants were able to accept these, or whether these imperfections became something they placed importance on, and thus became distressing. Therefore, finding ways in which to cope with imperfections is likely to be beneficial to those who lose weight.

New difficulties appeared to arise during weight maintenance, with the most pertinent of these being a lack of support and jealousy from others. In addition to this, it was found that positive outcomes of weight loss (such as compliments) had the potential to be viewed from a negative perspective, and have the opposite effect than what was intended.

It appeared as though having an expectation of life being ‘perfect’ after weight loss was more likely to lead to dissatisfaction, while having some form of education or insight about what life and their physical appearance would be like was more likely to result in higher levels of satisfaction. Although it varied as to how congruent expectations and current perceptions were, and how satisfied the participants were post weight loss, all participants expressed that they prefer their current state, and would not want to return to their former self prior to weight loss.

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Appendix A: Research Advertisement

Reaching and Maintaining Goal Weight: Expectations VS. Reality

This study seeks to look at individuals who have undertaken a weight loss journey. I am interested in your expectations about how you thought you would feel once you had achieved desired weight loss, and whether this corresponds with how you actually felt once you reached this.

I am interested in talking
to people who are:

- *Female*
- *Over 18 years old*
- *Have been on a weight loss journey and maintained a significant weight loss (see note below) for at least 6 months*



Participants will be asked to take part in a one off qualitative interview in a quiet, private location

All interviewees will be given a \$10 voucher to The Warehouse as a thank you for their time

To learn more please contact Cushla Loomans on:

Ph: (027) 305 0050

Email: cushla87@hotmail.com

This research is supervised by

Dr Armon Tamatea and Chrissy McCracken

This research has been approved by the University of Waikato ethics committee 14:72

NOTE: Significant weight loss is in accordance with BMI changes. Please be aware that you will be asked for details so that I can calculate your BMI

Appendix B: Information Sheet

Reaching and maintaining goal weight: Expectations vs. reality

Purpose of the research

Within Western societies there is the 'thin ideal' in which being of a lower weight and smaller body shape is seen as being superior, and those who are classified as being overweight are often looked down on. Because of this those who are overweight often seek to lose weight. Reasons behind starting on a weight loss journey may include wanting to gain health benefits, wanting to fit clothes better, and wanting to feel better within themselves. Despite weight loss often being seen as something that offers a solution to many problems, there are at times potential down sides to weight loss that are often not talked about and these may affect how an individual feels at the end of their weight loss journey.

This qualitative interview process will seek to look at how individuals perceive of themselves after they have lost weight, and how this compares to how they envisioned they would feel before embarking on their weight loss journey. It will also examine what the impact is on the participants if there are any discrepancies between how they thought they would feel about themselves and their body, and how they actually feel after weight loss. This research will also examine any other changes the participants thought weight loss would have on their lives, and whether these occurred, or whether there were any unexpected changes that they experienced. It will focus on females over the age of 18 years, and those who have maintained their weight for at least six months. I am looking for participants to take part in a one-on-one interview using open ended questions.

Individuals interested in taking part in this research will be asked to give details so that I can calculate changes in Body Mass Index (BMI). This information includes start weight, current weight, and height. The BMI is only being used within this study as a measure to determine change in weight for participant selection purposes, and will not be used for any other reason. The information given will remain confidential.

Approval for this research has been given by the ethics committee of the School of Psychology of the University of Waikato. This research project is being supervised by Dr Armon Tamatea and Chrissy McCracken.

Research participants will be given a \$10 voucher to The Warehouse as a thank you for participating within this research.

The researcher: Cushla Loomans

I am a 27 year old Pakeha student who has an honour's degree majoring in psychology, and I am currently doing my masters in psychology. Part of the reason I have chosen to undertake research on this topic is because of having gone through weight loss myself.

The interview process

The interviews will be conducted one-on-one, and will take place either in a quiet room in the University of Waikato, or in a location of your choosing. Interviews will last approximately between 1hr to 1hr 30mins, although this may vary. We will only meet once for an interview; however you will be able to contact me after the interview process if you have any questions.

I will have a range of topics to be covered during the interview but will be using more open style questions to allow you to talk about things that you find most important in regards to your weight loss journey and how you feel about your body. If you give permission the interview will be recorded. Interviews are private and confidential and any identifying information such as names will not be used and will be replaced with a pseudonym.

You will be emailed the transcript of your interview within eight weeks after the completion of the interview, and will be invited to comment or make corrections to it. Any changes will need to be emailed to me within three weeks of being sent the interview transcript. If I do not hear back from you I will assume you are content to leave the transcript as it currently stands. If agreed to by you I may contact you after the interview process if I need to clarify any information from your interview or if I have any follow up questions. This will be done via phone or email and will not require a face to face meeting.

Results of the research

The results of this research will be used and combined with past research to make up my masters thesis. This will be completed by the end of next year (2015).

Right to withdraw

Your participation in this research is completely voluntary. If you choose to take part you are able to withdraw at any point, up until four weeks after the interview has taken place. If you withdraw, any information from your interview will not be used.

During the interview you are free to decline to answer any questions that are asked. Any questions that you may have in regards to the research I will answer honestly and fully.

Contact details

Email: cushla87@hotmail.com

Phone or Text: (027) 305 0050

If you have read this information sheet, are female, over the age of 18years, have been on a weight loss journey, and maintained your goal weight for at least six months and would like to take part in this research, please contact me using either the email address or phone number given above. Please also feel free to contact me if you have any further questions.

Dr Armon Tamatea (Supervisor)

Email: tamatea@waikato.ac.nz

Phone: (07) 838 4466 ext.8669

Ethics committee (Dr Nicola Starkey)

Email: nstarkey@waikato.ac.nz

Phone: (07) 838 4466 ext.5157

This research is being supported by a FASS masters scholarship.

Below are the contact details for services that deal with body image issues and depression:

Crisis Assessment Treatment service (C.A.T. team): 0800 505 050

Depression Helpline: 0800 111 757

Appendix C: Consent Form

CONSENT FORM

Research Project: Reaching and Maintaining goal weight: Expectation vs. Reality

Please complete the following checklist. Tick (✓) the appropriate box for each point.	YES	NO
1. I have read the Participant Information Sheet (or it has been read to me) and I understand it.		
2. I have been given sufficient time to consider whether or not to participate in this study		
3. I am satisfied with the answers I have been given regarding the study and I have a copy of this consent form and information sheet		
4. I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without penalty		
5. I have the right to decline to participate in any part of the research activity		
6. I know who to contact if I have any questions about the study in general.		
I understand that my participation in this study is confidential and that no material, which could identify me personally, will be used in any reports on this study.		
I wish to receive a copy of the findings		
I wish to view the summary report of my interview		

Declaration by participant:

I agree to participate in this research project and I understand that I may withdraw at any time. If I have any concerns about this project, I may contact the convenor of the Psychology Research and Ethics Committee (Associate Professor John Perrone, Tel: 07 838 4466 ext 8292, email: jpnz@waikato.ac.nz)

Participant's name (Please print):

Signature:

Date:

Declaration by member of research team:

I have given a verbal explanation of the research project to the participant, and have answered the participant's questions about it. I believe that the participant understands the study and has given informed consent to participate.

Researcher's name (Please print):

Signature:

Date:

Appendix D: Interview Schedule

Interview Outline

1. In general, can you tell me what your weight loss journey was like for you?

Weight issues prior to weight loss

2. How long has weight been an issue for you?
3. Do you remember a specific point that you decided weight was an issue?
 - a. If yes, can you tell me about this?
4. Have you tried to lose weight many times in the past – if yes:
 - a. How did you go about this?
 - b. What were the outcomes of these attempts?
5. Can you tell me about any health issues that you may have experienced as a result of being overweight?

Body image prior to weight loss

6. How did you feel about your body before losing weight?
7. Can you tell me about any ways in which how you felt about your body affected your social life?
 - a. Going out with friends
 - b. Relationships with family
 - c. Romantic relationships
8. Can you tell me about how you felt within your work life and/or school life before beginning your weight loss journey?
9. Were you ever subjected to weight related bullying or stigma?
 - a. People you didn't know
 - b. Work colleagues/peers
 - c. Friends
 - d. Family members
10. In what ways, if any, did how you felt about your body before weight loss affect:
 - a. How much exercise you did?
 - b. The type of exercise?
11. In what ways, if any, did your mood or how you were feeling about your body affect what you ate or how much you ate?
 - a. How did you feel after eating?

Weight loss journey

12. What was going on for you in your life around the time that you decided to lose weight?
13. What was the deciding factor that led to you deciding to lose weight?
14. What did you envision the benefits of weight loss would be for you?
15. How did you think you would feel about your body after weight loss?

16. What other aspects of your life, if any, did you hope would change as a result of weight loss?
17. What support, if any, did you have during your weight loss journey?
18. What additional type/s of support do you think would have been beneficial for you?
19. Were there any other factors, other than the support you received, that you felt helped you to reach your goal weight?
 - a. E.g. fitting smaller clothes/receiving compliments
20. What barriers, if any, did you experience during your weight loss journey?
21. In what ways, if any, did you change your eating habits?
 - a. How easy or difficult was it for you to maintain these changes?
22. In what ways, if any, did you change your exercise habits?
 - a. The type of exercise (strength training/cardio)
 - b. How often you exercised
 - c. How easy or difficult was it for you to maintain these changes?

After weight loss (at goal weight)

23. Can you describe what your thoughts/feelings were when you reached your goal weight?
24. When you reached your goal weight what were your thoughts about your body?
25. Can you describe what your relationship with your body was at that point?
26. What changes, if any, did you notice in your relationships with others:
 - a. Friends?
 - b. Family members?
 - c. Romantic relationships?
27. Thinking back to before you lost weight; did you think your relationships with others, such as friends, family members, or romantic relationships would change? If so, were your expectations of change the same or different to the changes that did occur?
28. Did you notice any health benefits as a result of your weight loss?
29. In what ways, if any, has your life changed in a positive way as a result of your weight loss?
30. Is there anything that you are unhappy or dissatisfied with as a result of your weight loss, if so what are these?

Maintenance

31. Do you perceive your body any differently now that you have maintained your weight for a period of time, than you did when you had initially lost all your weight?
 - a. If yes, in what ways?
32. Now that you have maintained your weight for a period of time:
 - a. What areas or aspects of your body, if any, do you feel satisfied with?

- b. What areas or aspects of your body, if any, do you feel dissatisfied with?
- 33. How do you feel when you see yourself in the mirror or in photos?
 - a. Is this how you envisioned/thought you would feel?
 - b. Wearing clothes versus no clothes
- 34. Do you still struggle with comfort eating (if it was a problem in the past)?
- 35. These next few questions are looking at your personal identity
 - a. In one sentence, can you describe who you were as a person before you lost weight?
 - b. In one sentence, can you describe who you thought you would be as a person once you lost weight?
 - c. In one sentence, can you describe who you are now as a person now that you have reached your goal weight and maintained it?