Grounded Theory of (Dis) Empowered Outcomes in Healthcare Interventions

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Abstract

The human body is a complex, finely-tuned, and ever-evolving "open system" which is always trying to regain good health. Being an open system, the human body relies on surrounding ecological systems for its sustenance, survival, and growth, making it susceptible to the consequences of these ecological systems. One of the biggest concerns for human health in the 21st century is the ever-increasing obesity rate and its associated mortality rate. Of equal concern is the resultant loss of productivity and the net impact of this on publicly-funded healthcare expenditures. Years of research and investment in health-promotive programmes have failed to stymie the growing obesity epidemic. Evidently, current intervention strategies are not working and are in desperate need of remodelling. Obese individuals attempt to remedy the status quo, but often fail to achieve healthy changes in their lives. These individuals appear to be disempowered entities who seem to have given up on their quest for a better quality of life.

The purpose of this grounded theory based enquiry was to develop a substantive theory of the phenomenon of consumer empowerment. The study was designed to explore the multi-level, cross-disciplinary complexities associated with the obesity epidemic and to find a workable solution that would assist with curtailing its growth. The key aim of this research was to understand the social processes that either empower or disempower individuals during episodes of consumption. In total, 24 individuals participated in this enquiry by sharing their stories of weight gain and their personal experiences with the weight-management programmes they tried to help them improve their quality of life. The data collection and analysis was guided by the philosophical viewpoints of constructivist grounded theory.

This study revealed two core categories that helped explain the processes that either empowered or disempowered individuals during episodes of consumption: *feeling entrapped* and *co-creating empowerment*. Data analysis revealed that the processes which either empowered or disempowered individuals during various episodes of consumption were mediated through individually-acting and ecologically-acting influences. Analysis results further suggested if empowered outcomes were desired, then they could only be attained through genuine cooperation and participation amongst members of society at all levels: individual, communal, institutional, and political. Over-reliance on either the individual actor or ecological actor to contribute while the other refrains from contributing would not achieve the desired outcome. This is a significant departure from the current conceptualisation of achieving empowered outcomes. This situation can only be resolved by redefining and operationalising empowerment as a *co-created endeavour*, one that depends on multi-actor participation.

This enquiry presents the impetus for researchers to conceive broader definitions of *empowerment* as well as *consumer empowerment* phenomenon that includes not just individual participation, but also ecological contributions to the process. This research has the potential to inform the broader literature on empowerment theory.

To the “Memories”

Ms. Mandakini C. Sahasrabuddhe

29 May 1923 – 13 January 2006

Professor Vinayak M. Shirke

27 April 1929 – 26 December 2015

Our Guardian Angel

‘Neil’

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Key Abbreviations

List of abbreviations used throughout the thesis itemised in alphabetical order:

CGT: Constructivist Grounded Theory

GDP: Gross Domestic Product

GT: Grounded Theory

EST: Ecological Systems Theory

LHT: Learned Helplessness Theory

OECD: Organisation for Economic Co-operation and Development

SCT: Social Cognitive Theory

TRA: Theory of Reasoned Action

Chapter 1: Introduction

Managing weight and keeping it at a healthful level has become a priority in recent times, be it at an individual level or at a societal level. Obesity is not only a pressing issue for countries and societies with abundant food resources; it is a global issue, with serious consequences for the overall health and well-being of society at large (Prentice, 2006; Swinburn et al., 2015; Toomath, 2016). The situation has been termed a 21st century epidemic, with serious financial consequences for most nations, such as drops in national productivity, and subsequent implications for healthcare expenditures. To put it in perspective, for the first time in the history of the civilisation, the mortality rates of preventable diseases like diabetes, hypertension, stroke, and cancer will outstrip those of infectious diseases which have plagued the world for hundreds of years (Bauer, Briss, Goodman, & Bowman, 2014). It is suggested that many parents of obese children will most likely outlive their own offspring, which is an unfathomable change for the social fabric of any society (Franks et al., 2010; Moore, Wilkie & Desrochers, 2016; Olshansky et al., 2005 ; Puhl & Latner, 2007).

Nearly 30% of New Zealand's population is classified as obese. When compared to obesity statistics from other Organisation for Economic Co-operation and Development (OECD) countries, New Zealand is ranked third in terms of having the highest population percentage classifying as obese (Stats NZ, 2011). As a case in point, the veracity of the problem is all the more confounding for the United States of America, which is the world's largest economy (based on GDP). If nothing were to change, it is predicted that by the year 2030, the United States alone would have 86.3% of its adult population classified as being overweight, with 51.1% classified as obese (Wang, Beydoun, Liang, Caballero, & Kumanyika, 2008). It is

also projected that by year 2030 the net economic consequence of this growing epidemic will be to the tune of US$500 billion in lost productivity alone (Lavizzo-Mourey, 2012). These taxpayer resources could instead be invested in social and infrastructural programmes for the betterment of communities on the whole.

It may seem like a simple task to manage one's weight and maintain it at a healthful level, but the reality is that it is not so simple. Studies have shown there are various sociological, physiological, and ecological factors that impact on an individual's ability to maintain a healthful weight level and the associated quality of life benchmarks (Keller, 2010 ; Levitsky & Pacanowski, 2012 ; Yoshizawa, 2012). This sentiment is echoed by Block et al. (2011) when discussing food and its relationship with well-being: "the existing paternalistic, normative model of the relationship of food to health is partially responsible for creating a society of paradoxical eaters: those who consume entire boxes of fat-free cookies while trying to cut calories" (p. 5). Several other factors have a role to play too; one of the foremost being the idea of free will, an idea routinely advocated by the food industry. Free will ideology promotes the consumer's individual freedom to consume, without inhibitions, whatever is desired (in terms of food type and quantity). Thus the responsibility is steered away from the state or any state-level intervention and placed directly on the consumer. Further factors that contribute to the growing epidemic are ease of access to food and an abundance of highly processed, energy-rich food sources that are invariably loaded with high levels of salt, sugar, and food additives (Bray, Nielsen, & Popkin, 2004; Toomath, 2016).

Food Types and Patterns of Consumption

Over the years, changes in the food supply and the subsequent altered patterns of consumption have significantly contributed to the growing obesity epidemic and associated healthcare crisis of the 21st century (Wansink, 2007; WHO & Consultation, 2003). There have

been significant changes in patterns of food consumption at the societal level (Ledoux, Adamus-Leach, O'Connor, Mama, & Lee, 2015; Trude et al., 2015). Eating processed foods, eating commercially-prepared meals, and eating out has become the norm; such food consumption habits have become socially acceptable for many consumers (Pabayo, Spence, Casey, & Storey, 2012). This has a couple of direct consequences for consumption-related health outcomes. Highly processed foods are laced with additives which make them more palatable (e.g., sugar, salt, and fat) and which are designed to make them shelf-stable for purposes of storage and re-use (e.g., preservatives). Food manufacturers have taken these practices a step further by adding supplementary nutrients like vitamins and minerals to processed foods in order to make them appear healthier than they actually are (Schermel, Emrich, Arcand, Wong, & L'abbé, 2013). Toomath (2016) suggests that "the very notion of processed-food is based on the fallacy that you can deconstruct food then recreate it again in an improved form through modern technological processes" (p. 86).

The situation is further complicated by the fact that over the past 30 years, the hospitality industry has continually increased the portion sizes of food being served. This altered practice seems to be driven by the hospitality industry's need for profit maximisation (Gillespie, 2012; Hamid, 2009; Schlosser, 2012). However, the practice gets emulated even outside the industry when individuals consume larger portions of home-cooked meals, generally sitting around the dinner table (Hamid, 2009). Commercially-prepared meals are normally served in portion sizes which are far greater than what is required for the body's basic needs of satiation and daily energy intake. Consequently, individuals end up consuming larger quantities of energy-rich food, which the body is unable to process as efficiently as it should, and which then get stored in the body mostly as fatty tissue (Garcia, Sunil, & Hinojosa, 2012).

Excessive consumption of food has brought yet another factor to light in recent times, that of food addiction (Liu, von Deneen, Kobeissy, & Gold, 2010). Food addiction, like other addictions to substances, is increasingly being recognised as a clinical condition, mediated through what is known as the *serotonin pathway*. Addiction is clinically defined as "…dysfunctions in brain reward, motivation, memory, and related circuitry that lead to biological, psychological, social and spiritual manifestations" (APA, 2000). Many individuals addicted to energy-rich foods consistently crave these foods, must consume them in order to achieve satiation, and frequently experience loss of control over their consumption habits, ultimately suffering health consequences for their consumption behaviours (Davis et al., 2011; Ifland et al., 2009). Even if these individuals wish to limit, and sometimes avoid addictive consumption tendencies, such attempts eventually fail leading to excessive weight gain. Studies have shown food addiction has various symptomatic commonalities with other illnesses such as drug addiction, with similarities in associated mood swings, a loss of control, and neural and psychosomatic modifications in individual behaviour (Fraser, 2013; Gearhardt, Corbin, & Brownell, 2009). Food addiction, when combined with ease of access to energy-rich food, creates perfect conditions for *binge-eating*, with its own consequences on an individual's health and well-being (Epstein, Leddy, Temple & Faith, 2007 ; Ledoux et al., 2015 ; Ludwig, Majzoub, Al-Zahrani, Dallal, Blanco & Roberts, 1999).

Since the discussion now has turned to food addiction, yet another related biological condition needs to be accounted for, that of epigenetics and its implication for obesity. This stream of science (biological) is mostly concerned with how prenatal (intrauterine) conditions ultimately affect the molecular processes of foetal gene expression later on in life (Warin, Moore, & Davis, 2016). Research shows that the prenatal conditions and nurturing provided by the mother's body have implications for how the foetus grows up and deals with nutrition as well as stress and other socio-psychological processes. It is postulated that the biological

and sociological processes are in fact intertwined across the lifespan of an offspring (Wardle, Carnell, Haworth, Farooqi, O'Rahilly & Plomin, 2008; Yoshizawa, 2012). The role of epigenetics and obesity is well captured by Landecker (2011) who quotes "The uterus is a social and relational space, not just a biological space. In critical periods of development the body goes through plasticity and openness to the environment…in which nature and culture enfold upon each other. This is not a simple formula of a pregnant mother nourishing her child with the food she eats, but how food can affect the very systems that metabolise food" (p. 174).

Socio-economic status may be another factor influencing patterns of consumption and obesity. A recent study investigating the link between an individual's socio-economic status in early life and an individual's approach to food consumption yielded some worrying results (Ferdman, 2016 ; Moore, Wilkie & Desrochers, 2016). The study was designed to investigate why obesity is more prevalent in economically-deprived populations when compared to populations with abundant access to financial and other types of resources. Ferdman (2016) measured how individuals from different socio-economic backgrounds consumed foods in a controlled environment (i.e., in a lab setting). Results showed that compared to individuals growing up in resource rich environment, individuals who grew up in deprived conditions consumed food even when they were not hungry or had already consumed quantities of food required for normal satiation. The study concluded that growing up in deprivation trains individuals to eat when they can, instead of when they need to, and such habits stay with these individuals for life. With individuals who have grown up in deprivation, there seems to be a two-pronged driver of consumption which includes a fractured ability to self-regulate and consistent access to unhealthy foods (Ferdman, 2016; Moore, Wilkie, & Desrochers, 2016).

Yet another factor researchers have suggested contributes to the growing obesity epidemic is a lack of culinary skills conducive to preparing healthy food, or an individual's

lack of ability to cook and feed themselves and their dependent family members in a healthy way (Eisenberg, Miller, McManus, Burgess, & Bernstein, 2013; Hartmann, Dohle, & Siegrist, 2013). These researchers have discussed the inability of many individuals to maintain an optimum level of nutritional balance in the meals they cook and/or consume throughout the day. This has far-reaching, lifelong consequences for the health of individuals and their immediate families, especially for the health of dependent children. Literature has demonstrated a considerable link between the growing incidence of childhood obesity and parents' lack of culinary skills and ability to model healthy consumption choices for their children (Moore et al., 2016). Studies have also shown that healthcare professionals are equally lacking in some of these basic culinary skills, particularly when they are entrusted with the role of disseminating information about making healthy consumption choices to their clients (Myrdal, 2010). There is a growing voice in the research fraternity that advocates not only treating obesity, but also finding a holistic solution for preventing it, particularly through enhancing individual and communal culinary abilities through training and education (Eisenberg & Burgess, 2015).

Lastly, a factor that contributes to the types and quantities of food being consumed by individuals is cultural influence and its inherent impact on consumption choices (Grier et al., 2012; Moschis, 1985; Olvera & Power, 2010; Warin et al., 2016). It is well documented that food and culture are part of the same puzzle and are intricately linked with each other at multiple levels. Food, types of food, and quantities of food being consumed in different cultures vary drastically. Consequently, individual perceptions of what constitutes a healthy diet, as well as a healthy or socially acceptable weight also differ significantly (Tiu Wright, Nancarrow, & Kwok, 2001). Multi-country studies have demonstrated most Caucasian cultures would regard normal body weight based on the body mass index (BMI) as a good indicator of health and well-being, as opposed to certain Pacific and African cultures, which would regard higher

than normal body weight (based on BMI) as a good indicator of prosperity and reproductive compatibility (Bordo, 2003; Furnham, McClelland, & Omer, 2003).

In summary, the current discussion evidently suggests that maintaining a healthy lifestyle and an appropriate level of food consumption is a challenging task for many individuals. Social, personal, interpersonal, biological, socio-economic, and cultural influences have a role to play in people's attempts to manage their health and well-being. The growing incidence of obesity and its associated health consequences is in urgent need of a workable, and perhaps global, framework that offers a multi-level solution to the epidemic. The current debate in the literature regarding obesity suggests that the problem goes beyond the realm of individual consumption choices and is intricately connected with the growth in industrialisation of food manufacturing and associated practices of food marketing.

Consequences of Food Marketing

Within the global debate on managing the obesity epidemic, one of the more pervasive issues is the impact of food marketing. Food marketing seems to be receiving an ever-increasing amount of financial backing, making it possible for food manufacturers to further entrench their efforts in selling mass-produced food commodities (Gillespie, 2012; Toomath, 2016). The mass production of these food commodities gives consumers ready access to highly processed, energy-rich foods, making it harder for consumers to reduce their energy intake at meals. Food marketing has become a major industry in itself, evolving over 200 years and growing to include a total revenue of US$1.6 trillion annually in the US alone (YTD 2010), with future projections of total revenue reaching US$1.8 trillion by end of year 2020. On the back of such high volumes of revenue generation, food marketing is a significant contributor to the GDP of a nation, which also makes food retailing one of the major areas of employment

within the services sector of developed economies (Gillespie, 2012; Swinburn et al., 2015; Toomath, 2016).

Literature suggests it is not the marketing itself, but the types of foods that are marketed and consumed which are the real drivers behind the global obesity epidemic (Madzharov & Block, 2010; Story & Faulkner, 1990; Wansink, 2007). Since the late 1970s, when the United States Senate Select Committee on Nutrition and Human Needs (under the leadership of Senator George McGovern) singled out fatty foods as the key factor driving the obesity epidemic, food manufacturers collectively decided to reduce the levels of fat in food commodities (Senate, 1977). Based on current evidence, this decision led to fat being substituted by sugar and plant-based oils in many of the food commodities to make them more palatable in the absence of fat (Torrens, 2013). The issue is further complicated by the fact that food labelling on products being marketed may or may not be fully transparent about the actual caloric content or even offer a complete list of ingredients (Sacks, Veerman, Moodie, & Swinburn, 2011; Whitelocks, 2013; Williams, 2005). This makes it harder for consumers to choose between products that are genuinely healthy and products that may seem healthy but are not.

The issue starts to get murkier when data reveals that food manufacturing and processing has taken an industrial form. Food manufacturers are constantly outdoing each other by finding industrial or chemical additives that make food look healthier and taste fresher, especially when displayed on supermarket shelves (Moss, 2013). While most of the chemical additives that are added to manufactured food commodities are approved for human consumption, the resulting food products which are created through industrialised manufacturing practices and processes may not be as healthy as they seem. Blythman (2015) offers an insider's view of the food industry and quotes: "So much of the taste has been beaten

out of the ingredients in factory production. It introduces flavours that aren't pleasant, so then they have to use masking flavours […] What you get in the end is a long list of ingredients – salt, and multiple ingredients for sweet taste, citric acid for freshness, gummy things and starches. That's how you create processed food, it's very clever" (p. 18).

Finally, the growing influence of institutionalised models of food marketing hinder an individual's attempts at living a healthy lifestyle (Moodie et al., 2013). Businesses engaged in food marketing use portion size as a strategy to harness competitive advantage, and in the process, they hope to capture ever-increasing market shares. Economies of scale dictate bigger portion sizes to be the norm, since the set-up costs for producing smaller portions are only marginally smaller (Hamid, 2009). Eventually the process shifts from manufacturing bigger portions to selling bigger portions to consumers under the guise of providing value for money. All of this has a detrimental impact on the health and well-being of consumers. There have been many attempts by policymakers of successive governments to control and contain the practices of food marketers. Most attempts are either met with public debate centred on free will ideology, in terms of freedom of individual choice and freedom to consume, or discussions about individual responsibility (Nestle, 2013). Evidently, there have even been consistent attempts through lobbying to stifle any policy changes, mostly under the proposition that policy changes could cause losses in productivity and jobs, both of which are politically unsettling for prevailing governments (Sacks, Swinburn, & Loff, 2012; Toomath, 2016).

In summary, institutions responsible for the production and marketing of food commodities have complicated the debate around the obesity epidemic even further. The food industry's response to obesity always seems to be centred on an individual's right to choose and ability to consume in moderation. It is evident that the current institutional models are set up in a way that turns the consumer into a *defeated* or *disempowered* entity—absolutely willing,

but categorically unable to maintain his or her weight at healthful levels (Moodie et al., 2013; Wenk, 2014).

Health and Wellness Interventions

According to the literature, individual consumption choices and the consequences of food marketing are not the only reasons why obesity has become such an enduring challenge to manage. Studies have pointed to enduring levels of failure rates associated with health intervention programmes, indicating that in general, these programmes are not achieving healthful outcomes for communities (Wing & Hill, 2001; Wing & Phelan, 2005). The literature on health intervention strategies shows active advocates of the need for multi-level approaches to finding workable and/or sustainable solutions.

Most intervention programmes that are offered commercially put the onus on individuals or consumers to make the behavioural changes required for achieving healthy outcomes, which means most programmes are targeted at the individual level. In addition, studies have also shown such interventions that depend solely on an individual's willpower or self-discipline are destined to fail, owing to variety of psychological, socio-economic, cultural, and physiological reasons (Lang & Froelicher, 2006; Panter-Brick, Clarke, Lomas, Pinder, & Lindsay, 2006). Weight-management and weight loss has become a worldwide industry in its own right, and the industry is expected to become a $200 billion industry by the end of 2020 (Markets, February 2015; Toomath, 2016). Over the years, the number of individuals participating in weight-management programmes has grown significantly. Yet, in spite of this, the upsurges in obesity rates do not show any signs of slowing down.

Weight-management programmes are defined as "a set of practices and behaviours that are necessary to keep one's weight at a healthful level" (Frey, 2013, p. 1). These

programmes are generally promoted to and used by individuals seeking control on quality of life indicators such as *improved life expectancy, self-reported health status,* and *self-reported mental* and *emotional well-being* (Caplan, Bowman, & Pronk, 2007; Lowry et al., 2000). These programmes are usually designed and delivered by qualified professionals such as nutritionists, pharmacists, naturopaths, fitness consultants, and dieticians, to name a few. Weight-management programmes are delivered in combinations of one-on-one consultations, which generally include recommendations for meal-replacement products, recommendations for lifestyle modification, and suggestions for engaging in moderate physical activities. Such programmes are increasingly being delivered via the Internet and with cloud-based user applications mostly designed and delivered via personal mobile devices (Glasgow et al., 2011; Heymsfield, Van Mierlo, Van Der Knaap, Heo, & Frier, 2003).

On present evidence, over time, most programmes demonstrate high to moderate dropout rates, or disengagement rates (Wing & Hill, 2001; Wing & Phelan, 2005). Generally, during the initial stages of most programmes, individuals tend to lose modest amounts of weight; however, studies show these individuals do not remain engaged in the programmes long enough to achieve their desired outcomes. In addition, programmes are often not successful in helping individuals achieve significant weight loss. For example, a 12-month randomised trial of a low-fat, low-carbohydrate meal replacement programme resulted in participants losing no more than 4% of their body weight, with some participants loosing very minimal amounts (Foster et al., 2003). There are multiples studies with similar results in the literature. There are two factors that seem to be consistently driving the failure rates of various programmes: the ability of the individual to choose the right type of programme that works for them, and the ability of the expert consultant to understand the needs of the individual, and then design a programme that truly works for that individual.

It is evident the current intervention strategies and programmes do not seem to be working, owing to the fact that weight-management and health intervention is a multifaceted phenomenon, and current solutions are perhaps too narrowly focussed in their modalities. Current intervention programmes do not seem to be producing the desired results; instead, studies have been advocating for a multi-level approach to finding workable and sustainable solutions to mitigate the obesity epidemic (Kleinert & Horton, 2015; Lang & Rayner, 2012). This dilemma is fittingly captured in the quote by Lang and Rayner (2007): "Part of the search for solutions must be the investigation of not just what the drivers of obesity over time have been but how they interact. Too many analyses of obesity are locked into disciplinary 'boxes' when, given the complexity and breadth of such drivers, it is likely that obesity requires a broader interdisciplinary analysis and a sustained society wide response" (p.165).

In summary, maintaining weight at a healthful level is a multifaceted challenge, and any intervention strategies put in practice to help reduce weight to a healthful level would have to offer a multi-level solution. Having outlined the problem of obesity and the potential factors that contribute to the growing obesity epidemic, including patterns of consumption and failure of weight-management and health intervention programmes, it is important that the discussion now sets out the broader purpose for this research enquiry.

Phenomenon under Investigation

The ongoing discussion on patterns of consumption, food marketing, and the associated obesity epidemic would suggest that consumers generally appear to be disempowered entities in the current marketing ecosystem (Moodie et al., 2013). In spite of the growing influence of food marketing on society's health and well-being, there are consumers (individuals) who are able to refrain from engaging with the current discourse and who seek or take control of their own health and well-being. These consumers would then

appear to be *empowered entities* who are able to disengage themselves from the *reflexive* identities promoted by food marketers. These subtle changes point to the fact that perhaps some sections of communities are slowly learning to seek and take control of their own individual consumption processes. This raises the following questions: Are we witnessing an era where the consumers are fighting for their fair share of power, of authority, and ultimately, of control in the market place? Are we moving towards an era of the empowered consumer (for individuals and communities alike)?

Incidentally, the contemporary industrial model is shifting away from centralised production and distribution of goods and services to a decentralised model, where the consumer plays an active role in controlling production and consumption processes (Achrol & Kotler, 2012). Here, the consumer can ultimately adorn the identity of a *prosumer*; instead of remaining a docile receiver in the act of consumption, that is, a *consumer*. Broadly speaking, if consumers are willing participants in this change of orientation, then from an academic point of view, we need to understand these changes. Exploring the dialectic outcomes of empowered and disempowered consumers will be an interesting and intellectually challenging journey to take. Enhancing our understanding would not only benefit theory formulation, but also benefit the improvement of future marketing practices, which in turn, would be beneficial for the individual consumers as well. A deep-seated understanding of empowered or disempowered consumption outcomes will equally benefit policymakers to make informed decisions regarding intervention strategies in order to improve quality of life indicators for society as a whole.

We are currently experiencing an obesity epidemic where maintaining healthful weight is increasingly becoming a task of epidemic proportions. Studies have shown weight loss programmes have poor success rates in helping consumers achieve healthy weight loss.

It becomes clear that there is a need for an enquiry to better understand if and how consumers are empowered or disempowered during episodes of consumption. This research enquiry proposes to investigate the key concept of consumer empowerment (CE) within the domains of health intervention programmes. *Consumer empowerment* is defined as a "positive subjective state evoked by increasing control over consumption" (Watheiu et al., 2002, p. 299). This definition is very similar in its ethos with the broader definition of health promotion outlined by the Ottawa Charter for Health Promotion (Epp, 1987), wherein *health promotion* is defined as "the process of enabling people to increase control over, and to improve, their health…[and the process involves] create[ing] environments conducive to health, in which people are better able to take care of themselves." This definition fits the context of this enquiry.

At the beginning of the 21st century, there were signs of evolutionary changes occurring within the marketing discipline, and signs indicating how modern marketing has become a facilitator of market systems, rather than playing the traditional role of market controller (Cova, Dalli, & Zwick, 2011; Oliver, 2006; Vargo & Lusch, 2008; Vargo & Lusch, 2004; Watheiu et al., 2002). This gradual power shift from producers to consumers consequently highlights the importance of consumer empowerment within marketing theory and practice (Bekin, Carrigan, & Szmigin, 2006; Ramani & Kumar, 2008; Samli, 2001; Shankar, Cherrier, & Canniford, 2006). Literature on consumer empowerment has revealed that the concept of consumer empowerment is rooted in theories of empowerment and power. Consumer empowerment's complex rootedness in theories of empowerment and power is enhanced by the fact that these two concepts are studied in a variety of disciplines, such as sociology, community psychology, feminist theory, and even healthcare management (Friedmann, 1992; Gutierrez, 1990; Moreau, 1990; Ouschan, Sweeney, & Johnson, 2006; Pigg, 2002).

Since the beginning of the 1980s researchers within the social sciences have shown considerable interest in the concepts of empowerment, power, and consumer empowerment, and this is reflected in the literature (Conger & Kanungo, 1988; Holosko, Leslie, & Cassano, 2001; Lin, 1998; Newholm, Laing, & Hogg, 2006; Ouschan, Sweeney, & Johnson, 2000; Sturdy, Grugulis, & Willmott, 2004; Watheiu et al., 2002). Empowerment as a phenomenon is studied in a wide range of disciplines, which leads to a situation where each domain tries to define and conceptualise it within its own traditional discourses (Conger & Kanungo, 1988; Croft & Beresford, 1995; Fatout, 1995; Gibson, 1991; White & Johnson, 1998). Broadly speaking, empowerment, power, and consumer empowerment are conceptualised as multi-level concepts, which are inherently context- and population-specific (Schulz, Israel, Zimmerman, & Checkoway, 1995; Zimmerman, 1995). This complexity is further compounded by the dialectic relationship between the concepts of empowerment and power within the social sciences domain (Neal & Neal, 2011; Prilleltensky, 2008; Serrano-Garcia, 1994).

In summary, consumers are willing to play a much bigger role in the current marketing ecosystem than previously imagined by marketing scholars (Achrol & Kotler, 2012; Ritzer, Dean, & Jurgenson, 2012). Within the discourses of food-related consumption practices and the discourses of entrenched food marketing practices, the majority of consumers appear to be disempowered entities—entities wishing to live healthy lives, yet feeling disempowered to achieve those outcomes for themselves. The current health intervention strategies are unable to offer sustainable solutions which would remedy the prevailing situation. Broadly speaking, consumers are seeking to empower themselves to play a much greater role in the prevalent consumption practices and to achieve better health outcomes for themselves.

Delimiting the Enquiry

When it comes to developing a universal conceptualisation of consumer empowerment, one has to be mindful of the complexities involved that stem from the concept's interconnectedness with theories of power and empowerment. Zimmerman (1995), commenting on this complexity, states that "understanding empowerment in a specific setting for a particular sample of individuals is possible, but it has to be connected to the experience of the research participants as they state it, and contextually grounded in their life experiences" (p. 596). Scholars have proposed empowerment is a multifaceted and multi-level construct (Rocha, 1997; Schulz et al., 1995). Evidently, if one wishes to investigate such a complex phenomenon, then the context chosen for the research enquiry also needs to demonstrate an in situ multi-level and multifaceted complexity.

Many possibilities for such contexts exist within the health promotion domain, including weight management, smoking cessation, and substance abuse intervention programmes, to name a few. Most of these programmes are promoted by commercial organisations and sometimes by not-for-profit organisations to improve the well-being of vulnerable populations within society. One of the key issues faced by most providers is the participant attrition rates associated with such interventions (Wing & Hill, 2001; Wing & Phelan, 2005). In the past, most of these intervention programmes were purely targeted at the individual level, apportioning failure rates to a lack of individual commitment towards the behavioural changes needed for successful completion (Lancaster & Stead, 2005; Lawlor, Frankel, Shaw, Ebrahim, & Smith, 2003; Stokols, Allen, & Bellingham, 1996).

Since the mid-1900s, scholars have chosen to broaden the discussion around these intervention programmes through the lens of *ecological systems theory* (Bronfenbrenner, 1977, 1994; McLeroy, Bibeau, Steckler, & Glanz, 1988; Stokols, 1992). Unlike current intervention

strategies which are oriented towards individuals and their abilities to bring about meaningful changes in lifestyle, the social-ecological perspective advocates for reorientation of health intervention programmes to include individual, interpersonal, organisational, and communal drivers, and public policy into the framework. The social-ecological perspective seems promising enough to attempt a multifaceted and multi-level research endeavour for exploring the concept of consumer empowerment. Stokols (1992) states that "a basic assumption underlying the ecological perspective is that healthfulness is a multifaceted phenomenon encompassing physical health, emotional well-being and social cohesion" (p. 8). For the purpose of this research enquiry, weight-management interventions will be explored through the lens of the social-ecological perspective, and the rationale for this will be discussed in the literature review (Chapter 2).

The Research Gap

The phenomenon of consumer empowerment has been studied since the early 1980s, however some of the most basic questions around its conceptualisation still remain unanswered. It is evident that most published research assumes empowerment as a given outcome if it leads to increased levels of customer satisfaction, improved commitment, and enhanced word of mouth propensities (Füller, Mühlbacher, Matzler, & Jawecki, 2009; Pires, Stanton, & Stanton, 2005). Instead of explaining or discussing its basic conceptualisation, most studies assume it to be achieved, holding other study outcomes as surrogates.

Investigating consumer empowerment is a complex endeavour, mostly because of its interconnectedness with the phenomena of empowerment and power (Pigg, 2002; Prilleltensky, 2008; Rappaport, 1984; Schulz et al., 1995). Studies are unable to point out if consumer empowerment should be assumed as a process that leads to a state of being empowered, or if it should be conceptualised as an outcome in itself (Zimmerman, 1995).

This dual conceptualisation lends itself to a situation where consumer empowerment cannot be defined through a singular, universal definition (Bekin et al., 2006). This duality also hinders most attempts at conceptualising a singular, theoretical model that outlines the processes which lead to empowered or disempowered outcomes for individual members of society.

Empowerment is broadly conceptualised as types of power experiences ranging from individual to socio-political spectrums of social life (Rocha, 1997). This raises further questions with regard to the role played by an individual member of society in the processes that lead to empowered or disempowered outcomes. The conceptualisation of empowerment equally falls short by not elaborating on the roles played by communal and political institutions in assisting with or hindering the processes that lead to empowered outcomes (Prilleltensky & Prilleltensky, 2007). It is evident we do not sufficiently understand the phenomenon of consumer empowerment. The current understanding certainly lacks deep-seated insights and clarity and makes it a concept worthy of further investigation. This enquiry is not intended to develop any predictive models of consumer empowerment, but in essence tries to provide understanding of the processes that empower or disempower the study participants as they live through their weight loss experiences. This enquiry focusses on two key questions to better understand how individuals experience disempowering and/or empowering outcomes in episodes of consumption:

Research Question 1 (RQ1):	**How do individuals experience disempowered outcomes in episodes of consumption?**
Research Question 2 (RQ2):	**What are the processes that bring about empowered outcomes in episodes of consumption?**

Thesis Outline

Chapter Two – Literature Review

This chapter presents the conceptual, empirical, and methodological foundations of this thesis. It provides a comprehensive review of the current state of knowledge with regard to our understanding of empowerment, power, and consumer empowerment. It presents some of the theories that help explain the interconnectedness of the context chosen for this research enquiry. It summarises the gaps in the current knowledge base and proposes a research strategy for this enquiry.

Chapter Three – Methodology and Method

This chapter provides a description of the qualitative research strategy used (grounded theory) and the issues relating to the research design and data analysis of this research enquiry.

Chapters Four and Five – Findings

These chapters present the findings of this study. Chapter 4 outlines the core categories and properties that emerged from data analysis to reveal the processes that lead to disempowering outcomes for individuals in episodes of consumption. Chapter 5 outlines the core categories and properties that emerged from data analysis to reveal the processes that assist with achieving empowered outcomes for individuals and society. Both chapters include the interpretations of the core categories and their respective properties.

Chapter Six – Discussion and Implications

This chapter provides a detailed discussion of the results and positions them within the broader literature on empowerment, and particularly within the literature on consumer

empowerment theory. It also discusses the results in terms of their implications for marketing theory. Contributions of the research are outlined along with some of its limitations and some directions for future research. The chapter concludes with recommendations for marketing practitioners, weight loss consultants, and policymakers, and it offers a few concluding thoughts on the overall research journey.

Chapter 2: Literature Review

Introduction

Obesity has become a global challenge of epidemic proportions with serious societal and economic consequences for many nations around the world. Individuals are seemingly wedged between the growing influences of industrialised food manufacturers and the influences of individual and ecological factors (e.g., individual, interpersonal, institutional, and political factors) on food consumption. These multi-pronged drivers of overconsumption and obesity appear to be turning individuals into helpless and disempowered entities. Sections of society are increasingly becoming worried about the health consequences of their consumption choices and are actively seeking to engage in health intervention programmes. Yet, people are struggling to integrate meaningful, sustained changes to their health to improve their lives, and many obese individuals are feeling defeated in the face of this challenge.

Based on current evidence, weight management programmes are not offering optimal solutions, or perhaps not having the desired influence on the targeted population. Maybe the solutions offered are too narrow in their approaches, and perhaps a holistic approach is needed to address and curtail this growing epidemic. Literature suggests obesity and its associated health complications to be a multifaceted phenomenon, and any research strategy designed to find optimal solutions needs to be multifaceted in its quest. A framework based on social ecology theory offers a promising approach to exploring the real challenges associated with health intervention programmes, and therein may offer some solutions to abate this growing epidemic.

This thesis takes an approach based on grounded theory to explore the complexities associated with the current weight management programmes, through the lens of ecological systems theory. The purpose is to investigate and understand the processes that could empower individuals to seek control and take control of their consumption choices, which would bring about healthy changes in their lives. The hope is to make a small but meaningful contribution towards refining, or perhaps remodelling the health intervention strategies as well as their modes of delivery in order to improve societal well-being. The first step of this research journey is reviewing the extant literature.

The first three sections of this chapter review literature on the concepts of empowerment, power, and consumer empowerment, with the intention of critically analysing and discussing various conceptual issues relating to theories of empowerment, power, and consumer empowerment. The key concept of empowerment remains an anchor for this literature review, while concepts of power and consumer empowerment are discussed as subsidiary concepts. Each of these first three sections introduces and reviews the concept within the extant literature, outlines the definitions, and finally offers a summary discussion on various models outlined by past research. The fourth section of this chapter focusses on the context of this enquiry: weight management programmes. It also discusses the suitability of this context for this enquiry and review two theories associated with general health intervention programmes, learned helplessness theory and social cognitive theory, as well as the theory of reasoned action. The fifth section reviews the literature on ecological systems theory and explain its role in investigating current modalities of health intervention programmes. It outlines the role and the purpose of utilising a framework based on ecological systems theory and justify the rationale for doing so for this enquiry. The chapter concludes by clarifying the research gap and offering a rationale for why we need to extend our conceptual understanding of the phenomenon of consumer empowerment.

Conceptualising Empowerment

The key theoretical concept which governs this research enquiry is that of empowerment. A detailed review of literature suggests that empowerment theory started taking centre stage from the early 1980s. The core ideas of empowerment theory were rooted in the social movements of the 1960s and the self-help movements of the 1970s and later decades (Bandura, 1982). Over the years, empowerment theory has been interpreted differently by various disciplines. Some of the early work on empowerment can be traced back to Freire (1973), who suggested a strategy to liberate the oppressed people in the world through educational empowerment. Since then, empowerment has been studied across various disciplines for many years. Yet, a singular overarching framework which could be used to describe the processes and various components of empowerment seems elusive. This makes the task of operationalising empowerment strategies very difficult for researchers and practitioners alike.

Historically, the concept of empowerment has been used in its narrow form: a person with authority (i.e., with sovereignty) imparting power to someone else for a certain purpose. The word *impow'rd* was used in 1667 by John Milton in his book *Paradise Lost*. The term's ubiquitous denotation of "authorising/licensing" might be as old as humanity, whereas its modern form is known to have been in usage since at least 1849 (Lincoln, Travers, Ackers, & Wilkinson, 2002). *Oxford English Dictionary* lists the following meanings of empower: "to invest legally or formally with power or authority, to impart or bestow power to an end or for a purpose, and to gain or assume power over."

Empowerment is conceptualised and elaborated on in a variety of disciplines in line with their own philosophical traditions. Some of the prominent disciplines which have taken a keen interest in theories of empowerment over the years are community psychology,

political studies, sociology and social work, women's studies, healthcare sciences, and management sciences.

Empowerment Process vs. Outcome

Difficulties in conceptualising empowerment are compounded by dichotomising approaches taken by scholars, where some consider it as a process, and some consider it as an outcome of the process of becoming empowered. Literature suggests that the concept of empowerment incorporates both the *process* of becoming empowered, and the *outcome* of such a process; that is, the state of being empowered (Schulz et al., 1995). Some studies have used this conceptualisation interchangeably, which clearly points to the fact that there a level of confusion prevails. It is equally true that both the concepts are distinctly different form each other. As a process, empowerment is considered as a multi-level phenomenon, and as an outcome, empowerment is considered as a singular phenomenon. On the issue of understanding empowerment, Zimmerman (1995) quotes "it is useful to distinguish between empowering processes and empowered outcomes because the former refers to how people, institutions, and communities become empowered, whereas the latter refers to the consequences of the processes" (p. 583).

As a Process

One of the major difficulties associated with investigating empowerment as a process was outlined by Rappaport (1987). He suggested empowerment process is not a singular entity, but in fact made up of many processes that work at three different levels: individual, institutional, and communal. At an individual level, empowerment denotes personal control, a proactive approach to life, and an acute understanding of the socio-political environment faced by a social actor. At an institutional level, empowerment stems from mutual co-operation between actors where one actor shares resources to enhance the other actor's skills

and abilities, leading to improved individual well-being. At a communal level, empowerment refers to groups of actors working together, to collectively improve quality of life for the entire community. If one wants to investigate the process of empowerment, the challenge is in how one delineates between the three different levels of empowerment (individual, institutional, and communal), because on the surface, these processes seem almost simultaneously interdependent.

As an Outcome

Christens (2012) suggested if one wants to investigate empowerment, then it can only be done by investigating the outcomes of the process, not the process itself. This idea clearly suggests empowerment is basically conceptualised as an outcome, which is a state of being empowered. An individual's ability to affect the outcome of a situation includes both the belief that "an action will lead to a desired outcome and the belief that he/she can perform the effort required to attain the outcome" (Bandura, 1982, p. 127).

Empowerment Perspectives

Understanding empowerment is complicated further by the fact that it is conceptualised by various scholars from different disciplines, each with their own philosophical approaches for outlining the concept, thus yielding a wide variety of perspectives on empowerment. Disciplines such as community psychology, political sciences, sociology and social work, women's studies, healthcare sciences, and management sciences all offer unique perspectives on empowerment.

The community psychology discipline offers a wide-ranging perspective by indicating that empowerment is essentially a mechanism by which individuals, institutions, and communities gain mastery over their resources and competencies (Rappaport, 1987). This gives

rise to one of the major complexities associated with investigating the concept, since empowered outcomes depend on whether one is considering an individual, an institution, or a community group (Peterson & Zimmerman, 2004; Rappaport, 1987). At an individual level, empowerment links individual strengths and competencies to improvements in personal control, a proactive approach to life, and an acute understanding of socio-political environment (Peterson & Zimmerman, 2004; Prilleltensky, 1994; Rappaport, 1987). In an institutional context, empowerment stems from two types of processes: 1) those that enable institutional members to attain individual empowerment which gives rise to an empowering institution; and 2) those that enable institutions to co-exist and deal with other institutions, the result of which is an empowered institution (Peterson & Zimmerman, 2004; Zimmerman, 1995). Generally speaking, community psychologists believe that improved quality of relationships between the units of analysis (e.g., at individual, institutional, and communal levels) and the broader environment, irrespective of relative power dynamics, represents empowerment as an outcome.

Within the political sciences, assisting the disadvantaged, oppressed, and less fortunate sections of the community (i.e., individuals, ethnicities, and communities) and assisting them to acquire increased political power is deemed an empowered outcome (Banducci et al., 2004; Regalado, 1988; Weissberg, 1999; West, 1990). Researchers in this domain often compare the empowerment concept against the notion of powerlessness, which is contrary to the actual intent of the empowerment movement. The real motive is to enhance political participation of the poor or ethnic minorities in order to correct the problematic situation of power imbalance (Friedmann, 1992; Regalado, 1988). West (1990) stressed that empowerment must not be understood as merely a "power grab," in other words, as the oppressed taking the power away from the dominant. Rather, empowerment must be seen as a process of creating a fair society in which oppressive power is eradicated, and the power of various groups is more or less balanced. On the whole, although political studies focus primarily on the notion of

powerlessness, the general tendency is that it is understood as a lack of skills to create beneficial outcomes within power-based relations (Weissberg, 1999).

In sociology and social work, a socio-political activism is evidenced in the research on African American (black) empowerment by Solomon (1976). In this domain empowerment is seen as a process by which social workers facilitate self-help efforts of clients living within marginalised and impoverished communities (Adams, 2008; Gutierrez, 1990; Moreau, 1990). Social work strategies are designed to bring about changes in the predominant social order (Moreau, 1990). Hence, the role of the social worker is to facilitate the development of critical consciousness amongst different people who found themselves in different kinds of oppressive situations. In this field, the assumption is that powerful groups oppress the powerless, and that qualified social work intervention is needed to educate people about the underlying power dynamics and bring about changes to the existing social order.

Women's studies focusses on the relational aspect of empowerment based on notions such as benevolence, compassion, companionship, cooperation, and consensus (Darlington & Mulvaney, 2002; Goodrich, 1991). Accordingly, empowerment is defined as a process of "using one's power to empower another—increasing the other's resources, capabilities, effectiveness, and ability to act" (Goodrich, 1991, p. 38). While eschewing a masculine understanding of power grounded in perceived patriarchal hierarchies, feminist researchers emphasise the process's feminine aspects—reciprocity, dialogue, and interactivity—which are to be approached in neither authoritarian nor overly intrusive ways. It is also recognised that the feminine approach, or reciprocal empowerment, could be initiated by any person with authority, not only by women, to help others to achieve their goals (Darlington & Mulvaney, 2002).

Within the healthcare sciences, the subject of empowerment activities is primarily viewed through the processes of nursing professionals caring for their clients (Gibson, 1991; Kuokkanen & Leino-Kilpi, 2000; Loughman, Snipes, & Pitts, 2009). Gibson's (1991) empowerment model for nursing depicted the nursing domain as a facilitation of clients' self-efficacy and self-control, mediated via client-nurse interactions, based on trust, empathy, and collaboration. Moreover, Gibson argued that nursing as a profession can be seen as an enabler (empowering facilitator) of positive changes in the health patterns of clients and the wider population. Kuokkanen and Leino-Kilpi (2000) suggested empowering processes as an institutional function which needed to start within the professional development of the nursing fraternity. They argued that empowerment meant professional growth of nursing experts, a process by which hospital employees increased their ability to serve their clients.

Within the management sciences domain, the works of Conger and Kanungo (1988) and Thomas and Velthouse (1990) laid the initial foundation for empowerment studies. They proposed that empowerment consists of two major aspects: relational empowerment and motivational empowerment. Relational empowerment is enhanced by strategies that (re)allocate resources to reduce the power of certain social actors while enhancing the power of underprivileged ones. Motivational empowerment is based on the precept that individual social actors have an inherent need for power, and hence empowerment is achieved by allowing the "social actor to fulfil their intrinsic need for self-determination" (Conger & Kanungo, 1988, p. 473). Additionally, Lincoln, Travers, Ackers, and Wilkinson (2002) reviewed wide-ranging literature and concluded that empowerment had become "a floating concept, which means different things in different organizations and further, means different things to different people within organizations" (p. 287). Table 2.1 lists the different conceptualisations of empowerment as process and as outcome from the various disciplines.

Table 2.1: Conceptualisations of Empowerment

Fields	Source	Empowerment as Process	Empowerment as Outcome	Relevant concepts
Community Psychology	Katz, 1984	Providing better access to and control of renewable community resources such as community healing	Synergy in resource creation	Synergistic paradigm of empowerment
	Rappaport, 1987	[Linking] individual strengths and competencies, natural helping systems, and proactive behaviours to social policy and social change	The quality of the relationship between a person and his/her environment, community….	Empowerment as general theory
	Prilleltensky, 1994	Promoting the values of self-determination, collaborative participation, and distributive justice	The morality of empowerment	Empowerment ethics
	Zimmerman, 1995	Efforts to gain control, access to resources, and a critical understanding of one's socio-political context	Mastery and control, resource mobilisation, socio-political participation	Psychological empowerment
	Pigg, 2002	Leadership education in communities	Interpersonal and collective social action	Mutual, social, and self-empowerment
	Peterson & Zimmerman, 2004	Organisational efforts to generate psychological empowerment amongst members	Organisational effectiveness in intra-, inter-, and extra-organisational spheres	Organisational empowerment
	Christens, 2012	Collaborating with competence, bridging social divisions, facilitating empowerment, mobilising networks, and passing on the legacy	Increased inter-group interactivity	Relational empowerment
	Regalado , 1988	Political participation, political representation, and political engagement of ethnic minorities	Power groups unable to ignore concerns, interests, and demands of a minority	Political empowerment

Political Studies	West, 1990	Eradication of oppression and creation of fair society	Society consisting of various groups of equal power, i.e., authentic culture	Authentic empowerment
	Emener , 1991	Facilitating and maximising opportunities for people with disabilities	Improved civil rights of people with disabilities	Self-empowerment
	Friedmann, 1992	Mobilising the poor for political participation	Emancipation, development	Powerlessness
	Weissberg, 1999	Acquiring relevant skills and competency to deal with power/authority	Autonomy, independence	Ideological empowerment
	Banducci et al. 2004	Ensuring political participation of minority groups	Increased political participation by minorities	Minority empowerment
Sociology and Social Work	Solomon, 1976	Self-direction and helping within black communities	Increased social effectiveness of black communities	Black empowerment
	Gutierrez, 1990	Social work interventions that promote strengths, engagement, specific skills, and resource mobilisation	The absence of powerlessness and oppression amongst women of colour	Women of colour empowerment techniques
	Moreau, 1990	Helping individuals to understand the dynamics of self- and other-oppression; neutralising structural reproduction of oppression	Individuals free of oppression-enabling habits	Self-disempowerment
	Rocha, 1997	Various power experiences ranging from atomised individual empowerment to community empowerment	Marginalised communities' needs are satisfied	Ladder of empowerment
	Adams, 2008	Social workers facilitate self-empowerment	Self-empowered person	Empowerment though self-help
	Goodrich, 1991	Enhancing another person's ability to act and make decisions	Increased relational power within families	Feminine empowerment

Women's Studies	Darlington & Mulvaney, 2002	Compassion, companionship, collectivity, community, cooperation, communion, consensus, and competence to enhance oneself and others	An egalitarian environment that fosters equality, mutual respect, mutual empathy, mutual engagement, and mutual responsiveness	Reciprocal empowerment
	Lopez-Claros & Zahidi, 2005	Ensuring equality for women in the following critical areas: economic participation, economic opportunity, political empowerment, educational attainment, and health and well-being	Low or minimal gender gap	Gender equality
Healthcare Sciences	Gibson, 1991; 1995	A process of assisting individuals to control the factors that impact their health	Nursing as a driver of positive changes in health	Empowerment model for nursing
	Kuokkanen & Leino-Kilpi, 2000	Professional growth and development in the nursing profession	Empowered, skilled, and knowledgeable nursing experts	Empowerment as professional growth
	Loughman, Snipes, & Pitts, 2009	Providing hospital employees with the discretion and ability to better serve customers	Feelings of empowerment amongst employees	Empowerment perception
Management Sciences	Conger & Kanungo, 1988	Creating conditions for increased task motivation through the development of a strong sense of personal efficacy	Increased belief in one's personal efficacy	Relational and motivational empowerment
	Thomas & Velthouse, 1990	Influencing the following task assessments: the sense of impact, meaningfulness, competence, and self-determination	Favourable specific and global cognitive task assessments and interpretations	Empowerment as intrinsic task motivation
	Spreitzer, 1995	Self-esteem, access to information, and rewards influence psychological empowerment	The four dimensions of psychological empowerment: meaning, competence, self-determination, impact	Psychological empowerment
	Lincoln, Travers, Ackers, & Wilkinson, 2002	Organisational processes through which power is bestowed for a purpose	Employees gaining more symbolic (perceived) power while managers maintaining the control	Symbolic empowerment

In summary, each discipline studies and conceptualises empowerment differently, while some of the prominent themes remain the same. Empowerment is inherently connected to social processes which are an interplay between four key entities: individuals, institutions, communities, and socio-political frameworks. Whether the process of empowerment ends up with an empowered or disempowered outcome depends entirely on the stances taken by these four entities. The key is in how these entities interact with others when given an opportunity to share resources, enhance skills and abilities, and participate in collective action to bring about meaningful changes in the lives of all the actors involved in the process. This interplay between various social actors is equally evident in how the concept of empowerment gets defined by various scholars.

Defining Empowerment

Literature on psychology, community psychology, sociology, political studies, healthcare sciences and management sciences published over the years has revealed multiple definitions for empowerment. Each of these definitions takes a different approach to defining the concept, but for the purposes of this review they are categorised into four separate groups based on how the primary concept was operationalised by the researcher(s). These four groups include definitions with an individual focus, a managerial focus, a communal focus, and an all-inclusive approach.

Individual Focus

- "Empowerment is a construct that links individual strengths and competencies, natural helping systems, and proactive behaviours to social policy and social change" (Rappaport, 1984, p. 3).
- "A social process of recognizing, promoting and enhancing people's abilities to meet their own needs, solve their own problems and mobilize the necessary resources in order to control their lives" (Gibson, 1991, p. 359).

- "The development of understanding and influence over personal, social, economic and political forces impacting life situations" (Schulz et al., 1995, p. 310).
- "The discovery and development of one's inherent capacity to be responsible for one's own life" (White & Johnson, 1998, p. 38).

The definitions above are focussed on individualised empowerment, primarily focussed around an individual's ability to seek and take control of life circumstances. The key focus is on the process of or the inherent need for self-determination when faced with life situations that undermine an individual's ability to remain in control at all times. This approach to defining empowerment is discussed later within the context of motivational empowerment perspective.

Managerial Focus

- " [A] process for providing individuals with more control by placing boundaries around an area of potentially acceptable behaviour allowing the individual to test and experiment with a variety of choices" (Fatout, 1995, p. 57).

The above definition takes a governance approach to the idea of individual empowerment. It is much more authoritarian in its outlook, and it is typically operationalised by entities (e.g., institutions and organisations) which want to facilitate empowerment, yet want to be in total control of the processes that enable empowered outcomes.

Communal Focus

- "A process of enhancing feelings of self-efficacy among organisational members through the identification of conditions that foster powerlessness and through their removal by efficacy information"(Conger & Kanungo, 1988, p. 474).

- “Empowerment involves the process of increasing personal, interpersonal and political power so that individuals, families and communities can take action to improve their situations” (Gutierrez, 1994, p. 202).
- “A social action process in which individuals, communities, and organizations gain mastery over their lives in the context of changing their social and political environment to improve equity and quality of life” (Nutbeam, Harris, & Wise, 2010, p. 29).

The above definitions are primarily focussed on defining empowerment as a group phenomenon, whereas it is described as a social process and a multi-entity endeavour. These definitions go beyond the individual focus and into the domain of ecological influences that assist with achieving empowered outcomes. This approach to defining empowerment is discussed later in the context of the relational empowerment perspective.

All-inclusive Approach

- "[Empowerment means] making it possible for people to exercise power and have more control over their lives. That means having a greater voice in institutions, agencies and situations which affect them. It also means being able to share or exercise power over someone else, as well as them exercising it over you” (Croft & Beresford, 1995, p. 62).

This final definition takes more of an all-inclusive approach to operationalising empowerment. It has elements of individual and ecological entities exercising power over each other in an interdependent fashion, ultimately striving to achieve empowered outcomes for all members of the community. This definition of empowerment encompasses elements of motivational, relational, and reflexive perspectives to achieving empowerment, all of which are discussed later in a segment on models of empowerment.

All of the above definitions were chosen from studies that predominantly focussed on the phenomenon of empowerment. The studies were primarily debating and sometimes assessing the roles played by individuals and communal, institutional, and political bodies in achieving empowered outcomes for everyone involved. It is evident that empowerment is about taking or seeking control and bringing about a meaningful change in one's life circumstances.

Models of Empowerment

The literature points to a variety of conceptual discourses that outline the nature of empowerment, and how empowering or disempowering processes unfold within the social context. Empowerment is conceptualised as an individual, interpersonal, institutional, communal, and socio-politically interconnected phenomenon. These conceptual discourses include relational, motivational, value-based, resource-based, and dynamic empowerment.

Ecological vs. Individual Empowerment

Conger and Kanungo (1988) have conceptualised empowerment as a phenomenon that is either relational or motivational in its outlook. Within the relational perspective, empowerment is treated as a function of the dependence and/or interdependence of social actors. Empowerment is enhanced by strategies that allocate resources to reduce the power of certain social actors and redistribute resources to enhance the power of underprivileged social actors. The emphasis is primarily on the sharing of resources, power, and authority (Burker, 1986; Christens, 2012; Zimmerman, 1995). The emphasis is also on the idea of setting up processes by which resource allocation can be attained as efficiently as possible (Moreau, 1990; Schulz et al., 1995). Christens (2012) later expanded the relational conceptualisation of empowerment, declaring it to be composed of four facets: collaborative competence, bridging social divisions, mobilising networks, and passing on the legacy.

Christens suggested that relational empowerment strategies work as an inter-group phenomenon, where the group is able to build, rely on, and sustain long-term empowerment via the sharing of tangible and intangible resources. The key idea is to form a network of competent players to bring about empowered outcomes, even for those that lack the necessary capabilities or the resources to do so. The ultimate goal is to make empowerment a sustainable goal for longer periods of time, and this is viewed as an "enabling process." It is evident that relational empowerment as a process is ultimately reliant on one group of social actors helping others to become empowered or achieve empowered outcomes.

Within the motivational perspective, the assumption is that individual social actors have an inherent need for power; hence, empowerment is achieved by allowing the "social actor to fulfil their intrinsic need for self-determination" (Conger & Kanungo, 1988, p. 473). Under this conceptualisation, empowerment has its base within the consumer's motivational disposition. In essence, rather than hoping or assuming someone would share authority and/or resources with the social actors, it is assumed that the actors take control and seek to be empowered, making it a self-driven process. Motivational empowerment is in fact conceptualised as a cognitive model of task motivation (Thomas & Velthouse, 1990). The proposed model has four facets: self-determination, meaningfulness, competence, and impact. *Meaningfulness* refers to the individual's assessment of the task at hand, and whether they see it as meaningful enough to participate in the act itself. *Competence* refers to an individual's ability to effectively participate in the activity. *Impact* refers to the individual's ability to alter or change the outcome of the activity he or she participates in. This intrinsic task motivation to acquire power or resources seems to be the key driver behind the conceptualisation of motivational empowerment. Under the motivational perspective, empowerment is viewed as an enabling process rather than a process of dependency. Zimmerman (1995) suggests if individuals have sufficient motivation and show initiative,

they can learn to seek or take control over life circumstances. This individual motivation is driven by the need to acquire, mobilise, and gain mastery over resources, within the given situational or socio-political climate. It is this mastery over resources which makes individuals become their own advocates and seek control over life events. The next model adds another element to the discussion on empowerment, that of distributive justice.

Value-based Empowerment

Prilleltensky (1994) suggested the presence of three interconnected values, or facets, that play an important role in conceptualising empowerment by driving empowerment: collaborative participation, self-determination, and distributive justice (Prilleltensky, 1994). *Collaborative participation* is where the individuals or communities that are affected by empowerment interventions are part of the decision-making process; this an idea closely connected to the idea of relational empowerment. *Self-determination*, or the inherent capacity to carry out one's personal objectives in life, is very similar to the idea of motivational empowerment. *Distributive justice* promotes fair and equitable distribution of resources at the micro-social level (or at the individual level) and also at the macro-social level (or at the level of social and political action) to attain empowerment (Schulz et al., 1995; Speer & Hughey, 1995). Prilleltensky's model not only talks about the need for individually-driven and communally-initiated processes of empowerment, but it also brings in the concept of access to and efficient management of resources at all levels to achieve global empowerment.

Resource-based Empowerment

Within their respective conceptualisations, Conger and Kanungo (1988), Christens (2012), and Prilleltensky (1994) discuss empowerment as a process that transfers power between individuals. Pigg (2002) offers an alternative viewpoint, suggesting one can hardly transfer actual power; however, one can transfer power resources. His model conceives

empowerment practices to be made up of three interdependent processes: mutual empowerment, social empowerment, and self-empowerment. *Mutual empowerment* and *social empowerment* processes involve helping systems that empower those who cannot empower themselves. *Self-empowerment* processes are generally driven by the social actors themselves out of their need for self-determination. The overall conceptualisation is similar to that of earlier studies; however, there is a key difference in how the transfer of power which enables empowerment is conceived and outlined by the researcher; the emphasis is on the availability of resources and on the social actor's ability to bring about resource integration to achieve empowered outcomes.

Open-ended Empowerment

Scholars have also conceptualised empowerment as an open-ended or dynamic concept, making it an enduring task if one wishes to study it at an individual level. Zimmerman (1995) suggests that understanding empowerment at an individual level is particularly difficult, as it may manifest itself in a variety of skills and behaviours across individuals. Empowerment is also known to be context-specific, as each individual will have to harness different competencies to achieve an empowered outcome. Schulz et al. (1995) add to the complexity by stating that empowerment is in fact a dynamic state, and it can fluctuate with time between empowered or disempowered outcomes. This clearly points to the idea that studying empowerment needs to be a population-specific activity. It may help with developing substantive theory, but the generalisability of that theory will be limited to the specific context of or to the population of the study.

In summary, studying empowerment is a complex undertaking, owing to its multifaceted disposition. The complexity is further pronounced since all of these conceptualisations (i.e., relational, motivational, value-based, resource-based, and dynamic

empowerment) are interconnected and do share certain similarities. The phenomenon is also demonstratively context- and population-specific in nature. This entire discussion points to the fact that any research strategy deployed for exploring (dis)empowered outcomes would need a context that demonstrates similar levels of multifaceted complexity, as illustrated by the phenomenon itself.

Summarising the Phenomenon of Empowerment

On current evidence, the concept of empowerment seems to be regularly featuring in many disciplines including community psychology, political studies, sociology and social work, women's studies, healthcare sciences, and management sciences. Such a multifaceted concept presents its own challenges when one wants to study the concept in isolation within the domain of one particular discipline, which in the case of this study is within marketing sciences. Each discipline hypothesises empowerment as a multidimensional concept and carries out research to understand how it is deployed for achieving empowered outcomes. Tengland's (2008) meta-analytic study investigated the very nature and characteristics of empowerment, and based on his analysis, Tengland suggests empowerment can be a property (a state, disposition, or ability), a professional possession (a tool or skill), and a communal status (a status relational in nature). This clearly shows that empowerment is primarily an interdependent and interconnected phenomenon which relies on the collective abilities and willingness of social actors to participate and achieve meaningful outcomes for themselves. This calls for a research strategy which has the capacity to explore the interdependencies of social actors who are involved in the processes that either empower or disempower other social actors.

Another issue that has been raised by the complexity of understanding empowerment is the nature of empowerment in itself. The majority of the literature does not make a

distinction between the process of becoming empowered and the outcome to that process (i.e., the actual state of being empowered). The terminologies for process and for outcome are used interchangeably within the literature, wherein both are frequently considered as empowerment. This dual nature of the concept perhaps adds to the difficulties in providing a universal definition of empowerment. This also makes the task of investigating it that much harder. The plethora of definitions of empowerment presented earlier in this chapter points to the fact that there exists no single, universal definition of empowerment. Some of the earlier definitions are concerned with issues of power and powerlessness, while the later ones discuss an individual's ability or capacity to bring about empowered changes. To directly quote Bekin et al. (2006), the "literature on empowerment within the social sciences is paradoxical and inconclusive with no consensus on its meaning" (p. 33).

It is therefore obvious that empowerment is a phenomenon that is intrapersonal, interactional, negotiated, motivational, and relational, and which could evolve over a series of episodes. There is still a lack of consensus on how many facets or dimensions empowerment truly has. Empowerment appears to be a multifaceted concept, and the attempt to explore it seems a complex undertaking, as aptly captured by Zimmerman (1995): "The development of a universal and global measure of empowerment is not an appropriate goal because it may not mean the same thing for every person, organisation, or community everywhere" (p. 587).

Conceptualising Power

Power has always been considered a fundamental component of social systems and is omnipresent in all kids of social exchange relationships. To directly quote Russell (1938), "the fundamental concept in social science is Power, in the same sense that Energy is the fundamental concept in physics" (p. 10). In almost all of the literature on empowerment, the

concept of power appears frequently. This happens to a point where some of the literature categorically focusses on the dialectical relationship between the two concepts (Croft & Beresford, 1995; Molm, 1981; Rocha, 1997; Shankar et al., 2006).

To have a meaningful discussion on empowerment, we must discuss its obvious linkage to theories of power and explore the intricate relationship between the concepts of power and empowerment within social exchange processes. It is evident in the literature that power and empowerment have a dialectical relationship (Harrison, Waite, & Hunter, 2006; Speer & Hughey, 1995; Starkey, 2003). Croft and Beresford (1995) categorically defined empowerment to be an exercise of power between agents at an individual and/or institutional level. This interdependency was captured by Rocha (1997), who conceptualised empowerment as various types of power experiences. One might also argue why a discussion on power is warranted at this stage. A recently published study by Inesi et al. (2011) hypothesised "power" and "choice" as substitutable constructs, and "freedom to choose" has been inherently linked with theories of empowerment as well as theories of consumer empowerment. Watheiu et al. (2002) described consumer empowerment as "helping consumers choose what they want, when they want it, and on their own terms" (p. 298). Inesi at al. (2011) argued that power and choice may have been studied under separate traditions in the past, but ultimately both concepts are rooted in an individual's sense of personal control. The basic concept of personal control also features regularly within theories of empowerment and of consumer empowerment (Dixit, Lundstrom, & Pendleton, 2012; Fisher & Smith, 2011; Gabriel & Lang, 2006; Schulz et al., 1995).

This research enquiry is primarily focussed on the phenomenon of consumer empowerment; hence this enquiry keeps the discussions of power and empowerment limited to the domain of social sciences. It is equally important that this dialectical relationship between power and empowerment be explored and understood if one wishes to comprehend the

phenomenon of consumer empowerment. Power is conceptualised through a variety of viewpoints. It is perceived as a resource which dictates the relational outcomes within community members, depending on how the resource is harnessed or utilised for various purposes. Power is also conceived as an embedded phenomenon which drives various societal discourses and constructs social identities or roles for communal members. Power can be conceptualised as a relational resource and as an embedded phenomenon. It can also be conceptualised through the lenses of consumer sovereignty, discursive power, and socio-cultural power.

Power as Relational Resource

Within the domain of the social sciences power is conceptualised in four different ways. These conceptualisations differ depending on the role power plays in relationships. Power is broadly categorised into the following concepts: social power, relational power, psycho-political power, and reflexive power.

The concept of *social power* is primarily concerned with an individual's ability to control resources (Keltner, Gruenfeld, & Anderson, 2003). These resources that can be controlled can be physical resources or social resources. Physical resources include control of commodities such as food, shelter, or money, and even the control of punishments such as physical abuse. Social resources can include resources such as affection, friendship, or shared decision-making, and in the case of punishment, verbal abuse. Speer and Hughley (1995) described three ways in which social power is utilised as an instrument of control. Firstly, this can happen via transfer of resources from those who have it to those who need it the most. Secondly, power gets used to construct barriers, or to hinder participation in debates, around communal issues. Thirdly, social power gets used by way of controlling information and intellectual capacity building activities which hinder the processes of community engagement.

Within the social sciences, power is conceptualised in terms of being generally utilised as a structural force, where those in authority use it as an instrument of exercising control over those who lack power or resources.

The concept of *relational power* is concerned with the power imbalances between the two actors engaged with each other (Serrano-Garcia, 1994). This means the real source of power lies with the possession of resources, in the form of material (e.g., gold) or non-material (e.g., skills and knowledge) resources by one social actor over another. Keeping with the same logic, these resources then are possibly transferable in nature, and hence intuitively linked with processes of empowering the recipient, or the social actor that receives the resources. Power dependency is then directly related to the magnitude of the power imbalance between the social actors involved in an exchange. This perspective takes the stance of treating the two social actors as agents that are involved in a relationship which is predominantly unequal in nature.

The concept of *psycho-political power* is concerned with using power to bring about liberation in the communal or political context (Prilleltensky, 2008). With psycho-political context, power is understood as a tool to promote wellness, bring an end to oppressive forces within communities, and facilitate their liberation from systems of subjugation. This conceptualisation of power does not demonstrate strong linkages with the notion of individual empowerment. Within this perspective, power is in fact conceived as a networked phenomenon where the network is made up of individuals, institutions, communities, and political bodies.

Throughout the current discussion empowerment is viewed through what is known as the *liberal humanist lens*. This conceptualisation of power offers an objectified view of power, which then suggests power can be exercised by one social actor over another (Berlin, 1969). This view also suggests that empowerment can be viewed as a loss of power from one actor to another, or acquisition of power by one actor from another (Lincoln et al., 2002). From this

perspective, power then becomes an object that can be owned, acquired, or lost, and a tool that can be used by one social actor over another (Dean, 1999; Shankar et al., 2006).

Power as Embedded Phenomenon

This interpretation of power and subsequent empowerment as an object is contrary to the seminal work done by Michel Foucault (1980). Foucault (1980) proposed an alternative viewpoint which suggests power is not an object which can be acquired, used, or lost by producers or consumers. He suggested power creates the societal discourses that give rise to actors who then take the roles of either producers or consumers within the discourses of knowledge creation. Foucault's understanding of power is essentially that it is an embedded phenomenon "inscribed in discourses and language structures, operating through all our social practices, producing subjects" (Shankar et al., 2006, p. 1025). The fundamental proposition is that power is present everywhere in the societal discourses, and its basic role is to designate relationships between social actors. He considers power as a property of relationships within the discourses of society, and these relationships are complex and power-dependent in nature.

Foucault's conceptualisation is very similar to the concept of reflexive identities of consumption (Beckett & Nayak, 2008). It is argued that individuals themselves assume the role of consumer under the influence of the technologies deployed by institutions (Beckett & Nayak, 2008; Gabriel & Lang, 2006). Commercial institutions use communicative technologies to create aspirational identities, and individuals willingly participate, and later consume such identities, ultimately self-assigning the role of a consumer. This self-identification occurs through a process called reflexivity (Beckett & Nayak, 2008). With *reflexivity*, the individual first segregates thoughts and actions, and in doing so starts to question their own behaviour; this stepping back and reflecting on one's thoughts and actions creates new identities of self, usually under the influence of power that is exercised internally as

opposed to being imposed externally as the individual governs themselves to create new identities, thus morphing into a consumer (Foucault, 2003). This societal discourse of power then produces identities such as institutions and consumers that exist in interdependent relationships.

Power and Consumer Sovereignty

The consumer sovereignty perspective dictates that consumers work as independent autonomous entities which are able to demand quality products at fair prices, thereby acting as agents that drive commercial institutions to act in good faith (Ellis et al., 2011). The consumer is able to play the role of a social actor who can, if needed, exercise power by sharing resources or withholding them, thereby punishing institutions via boycotting their offers. Understanding and exploring power within the consumer sovereignty paradigm, then, is a function of assessing who influences whom in the relationship between institution and consumer (John & Klein, 2003). This conceptualisation proposes that consumer power (or empowerment) could be explored through the relative power imbalance between various social actors that either work in tandem to enable or work against each other to hinder empowerment processes.

Discursive Power

The concept of discursive power puts consumers and institutions on a similar platform and proposes power to be a co-created force between free agents who are willingly engaging with each other in a free market economy. Kozinets et al. (2004) describe that in this idea, "the wills of consumers and producers turn out to be far more overlapping, mutual and interdependent than commonly recognised" (p. 671). These free agents, or individual consumers, are simultaneously objectified by institutional powers, and individual consumers know when to take that control away from the institutions. Under this perspective, consumers learn to play multiple roles and assume multiple identities—some promoted by the institutions,

and some rejecting the ones promoted by the institutions (Beckett & Nayak, 2008; Gabriel & Lang, 2008). The emphasis is placed on capturing the variety of experiences of consumers, either working in tandem with the institutions, or at times rejecting institutional advances. The experience captured needs to be persistent and of a longitudinal nature.

Socio-cultural Power

The socio-cultural power perspective assumes consumers as helpless entities under the control of oppressive forces exerted by institutions. Institutions use reflexive identity creation (e.g., marketing communication) strategies as a means of disciplining and converting citizens into consumers (Murray & Ozanne, 1991). Research done within this paradigm is less concerned with understanding objects of power and more inclined to explore strategies used by consumers in avoiding, manipulating, and managing the oppressive tactics used by institutional bodies.

In summary, power is characterised as a sociological, relational, and psycho-political process within the social sciences. Within all of these conceptualisations, power is generally treated as a capacity of a social actor who either supports or impedes the well-being of another social actor through the means of tangible or intangible resources. Within all of these conceptualisations, power is treated as a transferable entity or an object. On the contrary, reflexive power is treated as an embedded phenomenon, a property of market-based relationships, which in turn gives rise to identities such as consumers and institutions. This concept of reflexive power, coupled with what is known about the growing evidence of effects of institutional manufacturing and marketing of food sources, points to disempowering outcomes of consumption and related helplessness felt by communities.

From the various conceptualisations of power, it is obvious that power and empowerment are dialectically connected to each other. This raises some key questions or

issues pertaining to this research enquiry. For example, if the conceptual connection between power and empowerment is so evident and strong, will this pose problems with investigating only one phenomenon in isolation? It also raises questions relating to the research strategy, which calls for a research strategy and philosophy that can handle the interconnectedness between power and empowerment. This will be discussed in detail in Chapter 3.

Defining Power

Within the literature, *power* is defined in multiple ways by various scholars based on the foundational principles of how power is utilised in social relationships. The most notable definitions are those of social power, relational power, and psycho-political power.

- *Social power* is defined as "an individual's relative capacity to modify others' states by providing or withholding resources or administering punishment" (Keltner et al., 2003, p. 267)
- *Relational power* is defined as "a social relationship characterized by the presence of two agents, within a historically asymmetrical material base, which are in conflict over resources which one of them controls and the other covets" (Serrano-Garcia, 1994, p. 9).
- *Psycho-political power* is defined as "capacity and opportunity to fulfil or obstruct personal, relational and collective needs" (Prilleltensky, 2008, p. 119).

All three definitions of power have a common thread running through them: resources which act as the means of sharing or seeking or controlling power in a relationship. The presence of power resources was discussed earlier in the previous section, wherein it was discussed Pigg (2002) suggested empowerment processes depended on sharing or controlling

power resources. Hence, the dialectical relationship between power and empowerment is intriguingly stronger than previously assumed.

Empowerment as Power Experiences

Rocha (1997) conceptualised empowerment as range of power experiences embedded within the communal fabric of society which could range from individualistic at one end to political at the other end. To illustrate this, Rocha (1997) proposed a typology ladder of empowerment which depicts empowerment experience as moving from the individual level to the socio-political level, seemingly from *me* to *we*. This is shown in Figure 2.1.

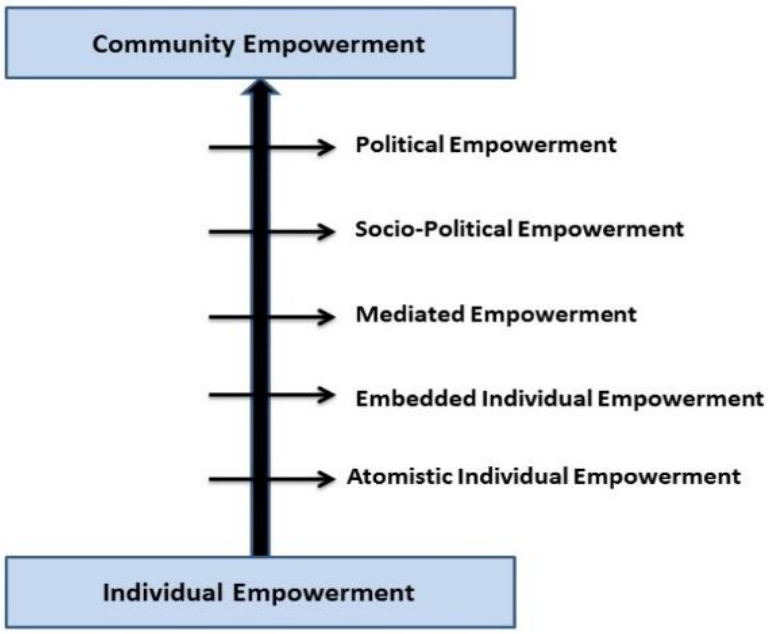

Figure 2.1: Charting the Empowerment Ladder

At the atomistic level (atomistic individual empowerment), empowerment is generally viewed as a solitary condition which is not dependent on social and structural influences of power. At this level, empowerment is self-driven and resides within the motivational disposition of an individual. (Conger & Kanungo, 1988). At the embedded level (embedded individual empowerment), empowerment is dependent on external influences such as

favourable social and structural relations within communities. This type of empowerment is conceptualised from the relational perspective, wherein other social actors assist an individual to achieve empowered outcomes at the individual level (Conger & Kanungo, 1988).

The next stage three levels of empowerment experiences (mediated, socio-political, and political) are essentially achieved under the watchful eye or assistance of trained professionals. All of these empowerment experiences are driven by issues of access to communal resources and changes in public policy envisioned for improving communal well-being. Rocha (1997) points to a broad assumption that powerful groups are fundamentally oppressing the powerless and that qualified social work intervention by trained professionals is needed to educate individual members of society to bring about empowered outcomes for the community as a whole.

Summarising Power and Empowerment Phenomenon

In summary, power is conceptualised as a resource which is utilised to either subjugate or liberate the wider sections of society. Under the liberal humanist viewpoint, power is conceptualised as a resource, tangible or intangible, which could be utilised to control others for the benefit of those who possess it. It is also conceived as a transferable resource which could be shared amongst various members of the community to bring about fairness and equity. The concepts of power and empowerment seem to be interdependent and inherently connected with each other. It would be fair to say that the very notion of power (as a resource) appears to be the underlying driver of the process that either empowers or disempowers individuals in their lived experience.

Research also demonstrates that empowerment processes are essentially made up of a range of power experiences that an individual goes through in the quest to achieve their desired goal (e.g., well-being). This dialectical complexity has consequences for the chosen research

strategy to investigate the processes that may or may not lead to empowered outcomes. Based on the discussion so far, the cultural power perspective offers a promising opportunity to investigate the range of (dis)empowering experiences of individuals living through health intervention programmes.

Conceptualising Consumer Empowerment

As previously noted, the key research topic of this enquiry is consumer empowerment. Commercial institutions are increasingly finding ways and opportunities to empower consumers while they go about participating in consumption episodes. It is not a one-way street. In fact, consumers relish such opportunities when they are invited to participate in the proactive initiatives of firms and institutions (Kotler & Levy, 1969; Rodríguez-Ardura & Martínez-López, 2008). Current literature demonstrates that consumers also feel empowered by the increased competition in the market place and by the advent of web-based technology which offers them better control over consumption choices (Mendes-Filho & Tan, 2009; Moynagh & Worsley, 2002; Pitt, Berthonb, Watson, & Zinkhan, 2002).

Consumer empowerment strategies, in turn, have demonstrated reciprocal benefits for the commercial institutions, with outcomes of improved customer satisfaction, enhanced word of mouth propensities, better consumer loyalty, and significant improvements in institutional bottom lines (Hunter & Garnefeld, 2008; Mendes-Filho & Tan, 2009; Oliver, 2006; Ramani & Kumar, 2008). Having witnessed the favourable outcomes of empowerment initiatives, institutions are consistently finding ways to incentivise consumers, to share tacit and explicit knowledge, and to harness their creativity while they are at it. The key drivers are to engage motivated and involved consumers to act as co-producers, or co-creators, in the design and subsequent offer of products which have a higher likelihood of commercial success (Füller et al., 2009; Umit Kucuk & Krishnamurthy, 2007). Marketing literature evidently assumes

empowerment as institutions delegating decision-making power to or sharing decision-making power with their consumers during episodes of product or service consumption (Fuchs, Prandelli, & Schreier, 2010; Ouschan et al., 2006). Consumer empowerment remains an assumed rather than an actual outcome if it leads to enhanced financial performance for the institution. Thus, the theoretical bases of consumer power and the processes that lead to consumer empowerment are little understood (Denegri-Knott, Zwick, & Schroeder, 2006; Shankar et al., 2006).

Consumer Empowerment Perspectives

Within marketing literature, empowerment has been studied from several broad perspectives. These include the perspectives of customer service, consumer power, macro-trends, and market practices.

The *customer service* perspective represents a direct extension of the managerial perspective to the customer service context. It focusses on empowering frontline service employees to deliver better service experiences for wider consumer groups (Bowen & Lawler, 1995; Chebat & Kollias, 2000; Kumar & Pansari, 2016; Raub & Robert, 2013). Chebat and Kollias's (2000) study shows that empowering frontline employees leads to lower levels of role conflict or ambiguity and higher levels of self-efficacy, job satisfaction, and adaptability, while these perceptions, in turn, mediate the positive impact of empowerment on employees' consumer centric or prosocial behaviour.

The *consumer power* perspective encompasses the areas of research such as consumer sovereignty (Denegri-Knott et al., 2006; Kucuk, 2012), creative resistance (Firat & Venkatesh, 1995; Holt, 2002; Murray & Ozanne, 1991), and discursive constitution of agency (Denegri-Knott et al., 2006). These streams deal with various alternatives of consumer status in both the marketplace and society at large. Consumer sovereignty entails a belief in the self-determined,

rational, and dispassionate market choices of social actors, in this case consumers, acting in a collective manner through boycotts and consumerist movements such as collective purchase power and consumer protection laws (Denegri-Knott et al., 2006). For instance, Watheiu et al. (2002) operationalised consumer sovereignty as "the consumer's ability to specify and adjust the choice context" (p. 299) and showed that it creates positive subjective feelings of increased control. However, simply expanding a choice set may not be perceived as "true" empowerment; rather, providing consumers the option of reversing any changes to a choice set can generate empowered outcomes.

The *macro-trends* (e.g., social, cultural, and technological) perspective attributes empowerment to changing market conditions (Broniarczyk & Griffin, 2014; Wright, Davies, & Elliott, 2006) including the introduction of the Internet (Harrison et al., 2006; Kucuk, 2012; Pitt et al., 2002; Urban 2004; Wolfinbarger & Gilly, 2001). Wright et al. (2006) argue that historical development in retailing practices such as increased merchandise variety and self-service has created empowered consumers. Similarly, changes in the decision environment such as greater choice possibilities, as well as information access opportunities, have led to the same effect (Broniarczyk & Griffin, 2014). Moreover, the development of the Internet is also seen as the main driver of consumers acquiring or harnessing more market power (Harrison et al., 2006; Krishnamurthy & Kucuk, 2009; Kucuk, 2012; Pitt et al., 2002; Pires et al., 2006; Urban, 2004; Wolfinbarger & Gilly, 2001).

The *market practices* perspective links empowerment to goal-driven market practices such as co-production and value co-creation (Büttgen, Schumann, & Ates, 2012; Füller et al., 2009), promotion of information symmetry (Camacho et al., 2015; Urban, 2005), and consumer-driven practices (Boyd et al., 2012; Cova & Dalli, 2008). While some researchers argue that consumers' greater involvement in service co-production leads to greater perception

of being empowered (Füller et al. 2009), others see empowerment to be the very condition that enables co-production (Büttgen et al., 2012; Fuchs et al., 2010). From this perspective, the empowerment process is governed by market actors who create or are given opportunities by firms to control their own destiny and make decisions that affect their lives. These processes are usually characterised by a series of interactions between consumers and institutions wherein consumers learn to gain greater access and control over resources (Ouschan et al., 2006; Pranic & Roehl, 2012; Rudolph & Peluchette, 1993). Similarly, market practices tend to promote empowerment through the reduction of information asymmetry where expert advice and customer advocacy play a significant role in achieving empowered outcomes (Urban, 2005). Table 2.2 provides a summary of the four main perspectives in the marketing sciences.

Table 2.2: Empowerment Perspectives in the Marketing Sciences

Perspectives	Research Areas	Authors	Consumer Engagement Outcomes
Customer Service	Frontline service employee empowerment	Chebat & Collias, 2000	A situation in which a manager gives customer contact employees the discretion to make day-to-day decisions about job-related activities
Consumer Power	Consumer sovereignty	Denegri-Knott et al., 2006 Watheiu et al., 2002	Self-determined, rational, and dispassionate market choices of consumers acting collectively command marketers' market action and decisions The ability to shape (to expand as well as to constrain) the composition of one's choice set
	Creative resistance	Holt, 2002	Consumers' ability to creatively use brands as cultural resources and challenge old, dysfunctional branding strategies
	Discursive constitution of consumer agency	Denegri-Knott et al., 2006	Consumer ability "to establish discourses producing normalised and acceptable forms of engagement, thereby changing a field of action, expanding what is possible to do" (p. 964)
Macro-trends	Marketplace (e.g. retailing) evolution	Davies & Elliot, 2006	Skills and confidence with structural-context changes (e.g., increased choice, self-service in retailing) are crucial to realising a sense of empowerment
	Changes in decision environment	Broniarczyk & Griffin, 2014	An environment of consumer empowerment where consumers have both the opportunity and the tools needed for optimal decision-making
	Increasing multi-culturalism	Broderick et al., 2011	Empowerment occurs when people successfully address market vulnerabilities that arise due to increasing multi-culturalism in the marketplace
	Rise of the Internet	Harrison et al., 2006 Kucuk, 2012	Internet empowers consumers by providing them with relevant information and enabling informed choice Increasing consumer capabilities to voice their complaints on the Internet

Market practices	Co-production	Füller et al., 2009 Fuchs et al., 2010	Empowerment is the extent to which consumers participate in a firm's new product development programmes "A strategy firms use to give customers a sense of control over its product selection process, allowing them to collectively select the final products the company will later sell to the broader market" (p. 66)
	Information symmetry	Camacho et al., 2014 Urban, 2005	Expert advice: equips people with sufficient knowledge and autonomy to allow them to exert control over a certain decision Customer advocacy: becoming a faithful representative of customers' interests; providing customers and prospects with open, honest, and complete information
	Market practices	Cova & Pace, 2006 Boyd et al., 2014	"Letting consumers take control of variables that are conventionally pre-determined by marketers (e.g. brand meaning)" (p. 1090) "The perceived ability (of a consumer) to influence the brand attitudes of others through the exchange of brand information" (p. 520)

In summary, consumer empowerment is conceived and viewed differently based on the philosophical stances of the researchers studying the phenomenon. The discussions categorically range from marketing practices that work at empowering individual consumers to the ones that seek to empower the employees instead. A consumer's self-determination and choice to engage or disengage from marketing discourses has an impact on the consumer's ability to co-create empowered outcomes and on the perceptions of co-creating empowered outcomes.

The net outcome of empowerment is equally dependent on the prevailing market conditions and the willingness of institutions to create a climate conducive for achieving empowered outcomes. The term *consumer empowerment* tends to harbour the latent attribution of powerlessness within the process of resource integration between the individual consumer and the institution. The assumption is individuals initiate the engagement as powerless entities when engaged in consumption processes, while their power increases manifold once the exchange becomes co-creative in nature. In other words, empowered outcomes can only be achieved when the institutions allow or co-create it to happen. The phenomenon of consumer empowerment is certainly an interesting and multifaceted construct fit for further research.

Facets of Consumer Empowerment

There are complexities and challenges associated with conceptualising and investigating consumer empowerment. One of the key challenges in investigating consumer empowerment is the lack of existing research and holistic literature on the topic. The concept is equally and fundamentally connected to issues of power, control, and governmentality. The current evidence suggests that even if empowered outcomes were to be achieved, one

could never be sure if they genuinely benefit the individual as they purport to. Literature also suggests empowerment may not even be a desired outcome in all situations.

Context-specific Outcomes

Empowered outcomes are highly context-specific, which means studying consumer empowerment can create additional challenges. To quote Christens (2012), "empowerment processes tend to unfold differently in different contexts, sometimes in ways that are asynchronous, paradoxical and enigmatic in nature"(p. 115). This idea also points to the fact that this enquiry will most likely result in theory that is substantive, rather than formal, with limited generalisability to the wider population.

Willingness of the Consumer

Willingness of consumers outlines their willingness to participate in consumption episodes, and their ability to influence decisions and outcomes as an important precondition to the occurrence of empowerment (Cova & Dalli, 2008; Cova et al., 2011; Watheiu et al., 2002). The empowerment process is governed by actors who either create or are given opportunities by institutions to control their own destiny and make decisions that affect their lives. These processes are usually characterised by a series of interactions between the consumers and the institutions, wherein consumers learn to gain greater access and control over resources. Although institutions can offer opportunities for empowerment via delegating and sharing decision-making authority, this merely creates favourable conditions for empowerment; it may not actually lead to empowerment (Rudolph & Peluchette, 1993).

Governmentality Perspective

The definitions of empowerment and consumer empowerment definitions a governmentality perspective of the process of consumption (Beckett & Nayak, 2008; Bekin

et al., 2006). This suggests there is an underlying acceptance that somehow consumers are lower on a power ladder in relation to the institutions, and they need to be guided towards a point of empowerment by the institutions. This idea is similar to the one expressed by Dean (1999) that "in order to act freely, the subject must first be shaped, guided and moulded into one capable of responsibly exercising that freedom through systems of domination" (p. 165). If the subjects (e.g., individuals or consumers) are to be shaped, moulded, and guided by a dominant entity (e.g., an institution), then one has to question: Will they ever really be empowered? Who will ultimately benefit from such controlled or co-created empowerment—the institution or the consumer?

Ambiguous Outcomes

Institutions are willing to create conditions to support processes leading to consumer empowerment during episodes of consumption, yet their true motives remain ambiguous at best. One needs to question the roles played by the consumer and the engaging institution in co-creating consumption experiences which could lead to consumer (dis)empowerment (Denegri-Knott et al., 2006; Oliver, 2006; Vargo & Lusch, 2008). The key logic behind co-creating consumption experiences seems to be to first engage and later on to harness the consumer's productive, intellectual, and sometimes entrepreneurial capabilities during the consumption episode. The consumer first provides an input to the process of co-creation (i.e., the consumer becomes a part-producer), and later derives value from the same episode by becoming a consumer, ultimately playing the part of a prosumer (Arvidsson, 2011; Ritzer et al., 2012). Arvidsson (2011) calls this institutional practice a form of "consumer management governmentality," where value co-creation is implemented as a dialogical, mutual, and symbiotic smokescreen, hoping to extract surplus capital from the participating consumer groups. This certainly raises some questions: Can value co-creation processes truly empower

the consumer as is suggested? Or, will they ultimately disempower the consumer during episodes of consumption?

Undesired Consequences

Undesired consequences help outline some of the drawbacks associated with empowered outcomes. The discussion so far has focussed on the role of and the need for consumer empowerment, which raises an interesting array of questions: Is consumer empowerment desirable in all situations? Will the consumer ultimately benefit from being empowered? Will it be equally productive for the institution to empower all the consumers it encounters? The consumer's motivation to seek choice and control over consumption processes seems to be the central driver of consumer empowerment. Although Watheiu et al. (2002) have argued against this idea of consumers having greater choice and control, they have outlined three reasons why greater choice may be counterproductive and at times counter-intuitive for consumers: inability to exercise self-control, regret, and information overload. When offered free choices, consumers might end up consuming products that can cause harm (e.g., cigarettes). Freedom to choose can also lead to overconsumption and an associated feeling of regret or dissonance. Lastly, too much choice can heighten feelings of anxiety and stress while consuming.

In summary, consumer empowerment as a concept seems to be in its embryonic stages, and it is heavily intertwined with the concepts of power, empowerment, and governmentality. It certainly brings into question the roles played by consumers and institutions in achieving empowered outcomes, mostly for the benefit of the consumer. It also appears to be a context- and population-specific phenomenon, with its own limitations in terms of generalisability.

Defining Consumer Empowerment

Within the marketing discipline there are couple of definitions of consumer empowerment which frequently appear in multitudes of studies:

- Consumer empowerment is a "positive subjective state evoked by increasing control over consumption" (Watheiu et al., 2002, p. 299)

- Consumer empowerment is a "strategy firms use to give customers a sense of control over [a] company's product selection process, allowing them to collectively select final products" (Fuchs et al., 2010, p. 65)

Both definitions are primarily focussed on the process of individuals making or choosing between the offers and propositions made by institutions and feeling empowered due to the ability to control the interaction in these episodes of consumption. The ability to make a choice as well as to be in control of the act of choosing is perhaps linked to the empowered outcomes in both instances. Based on the current discussion around conceptualising consumer empowerment, it is to be noted that both the definitions still do not address the fact that the institution seems to be in control of the transaction. The consumer's choice is made from a finite number of options being offered by the institution. It also does not address the consumer's right to return or reverse the choice once made, which could possibly hint at a holistic or a genuine empowered outcome. The definitions need to be much broader in their ethos or philosophical stance than they currently advocate to be. Based on the current discussion, it is evident that consumer empowerment is an intriguing phenomenon, but one which lacks conceptual clarity. The following section offers a theoretical perspective on how consumer empowerment processes are broadly conceived within social sciences literature.

Models of Consumer Empowerment

Within the marketing discipline, consumer empowerment plays an increasingly important role within the domains of consumer behaviour psychology. The advent of an internet-based knowledge sharing economy has drastically changed the extant market conditions, making it easier for individual consumers to take charge of their patterns of consumption. Sawhney and Kotler (2001) suggest the Internet has effectively transformed the marketplace into an "information democracy" where the consumer is able to seek, produce, share, and control information or knowledge. This change in orientation makes for a better informed, more knowledgeable consumer, and therefore, it makes the consumer an empowered entity (Foucault, 1980).

Theoretically, there are two competing discourses operating within individualised empowerment practices; the first is called the consumerist model and the second, the liberational model (Croft & Beresford, 1995; Starkey, 2003). The *consumerist model* defines empowered living as "an enhanced ability to understand implications and subtleties, to discern priorities, to participate assertively, and to reach for true compromise rather than choosing from a shortlist of unsatisfactory options" (Donlan, 1993, p. 31). The focus of the consumerist model is on offering individuals the choice they deserve when consuming goods and/or services. The model is criticised for being too narrowly focussed because it only lets the consumers choose from a finite number of options, some of which may be unsatisfactory in nature. The model also tends to ignore the structural and relational power discourse operating within the delivery mechanisms of goods and services which are mostly controlled by the commercial institutions.

The *liberational model* has a holistic approach to empowerment. In this model, empowered living is defined as "a process of personal growth and development which enables people not only to assert their personal needs and to influence the way in which they are met,

but also to participate as a citizen within the community" (Barnes, 1997, p. 71). The liberational model promotes the idea of empowerment beyond the individual discourse and extends the concept to be applied to society and community as a whole. It also acknowledges that true empowerment needs to question the structural and relational power discourses operating within systems of delivery mechanisms for goods and services. At first glance, it may seem like a continuum, going from consumerist to liberational model, but they are two distinctly different ways of thinking about empowerment.

Summarising Consumer Empowerment Phenomenon

In summary, understanding the nature of consumer empowerment as a concept seems to be a multi-level, complex undertaking. Its dependency on concepts of empowerment and power makes it that much harder to be conceptualised as a stand-alone entity. There is an ongoing debate around the actual meaning of consumer empowerment and how it is operationalised within the prevailing marketing discourse. Like empowerment, it also grapples with dual conceptualisation, in other words, of whether it should be conceived as a process or an outcome. It equally harbours the definitional ambiguity around whether it is defined as an outcome or as the process that leads to the outcome.

The concept is also highly context- and population-specific, which makes the task of transference and generalisability that much harder to achieve. Literature also points to the fact that the current discussion around conceptualising consumer empowerment always conceives the consumer as a dependent entity—one which is governed, or to put it differently, controlled by the institutional discourses of free will, participation, and systems of dominance which control the processes as well as the outcomes that lead to consumers feeling empowered after consumption episodes. This begs the question, will the consumer ever be truly empowered? If the institutional discourses are in control at all times, who benefits from such micro-managed

and controlled empowerment? Should the individual consumer or the society at large give up on the utopian desire of achieving empowered outcomes?

For the purposes of this research enquiry, there are a couple of definitions which broadly capture the nuances or perhaps the standpoint from which this enquiry shall be conducted. The first definition which resonates with the purpose of this research defines the process of empowerment as "the discovery and development of one's inherent capacity to be responsible for one's own life" (White & Johnson, 1998, p. 38). The second definition that resonates with the research purpose defines consumer empowerment as a "positive subjective state evoked by increasing control over consumption" (Watheiu et al., 2002, p. 299). Both these definitions intrinsically capture the starting point of this enquiry which is the wish to explore the processes that (dis)empower individuals in various episodes of consumption.

Choice of Context for this Enquiry

This research enquiry needs a suitable context to help study the phenomenon of consumer empowerment. The following section outlines and justifies the fit between key research questions and the context chosen for this enquiry. The chosen context primarily needs to help answer the research questions governing this enquiry: How do individuals experience disempowered outcomes in episodes of consumption? What are the processes that bring about empowered outcomes in episodes of consumption?" Participants were sought from groups of individuals that were currently or in the past engaged with weight management programmes, and generally demonstrated high levels of involvement with such interventions. These intervention programmes are generally designed and delivered by trained professionals in order to assist individuals to bring about healthy (behavioural and lifestyle) changes in their lives through modified patterns of food consumption. The chosen context demonstrated the capacity to offer insights into the pattern of individual consumption choices, as well as to capture the

eventual outcomes of such choices. These individual life experiences with consumption as well as with weight management interventions offered the potential to help investigate the underlying processes that either empower or disempowered individuals during various episodes of consumption.

These weight loss interventions are categorically designed to offer enduring and healthy changes in the lives of individuals who engage with them, although current evidence shows contrary outcomes. A key problem faced by all of these programmes is the high levels of attrition rates associated with them, wherein most participants enthusiastically commit to interventions early on, only to disengage with the programme in a short span of time. These higher than normal disengagement rates from the programmes can be theoretically explained by three separate frameworks*: learned helplessness theory* (LHT) (Abramson, Seligman, & Teasdale, 1978), *social cognitive theory* (SCT) (Bandura, 1986) and the *theory of reasoned action* (TRA) (Ajzen & Fishbein, 1980).

Learned Helplessness Theory (LHT)

Through the 1960s, researchers conducted studies on dogs, during the course of which dogs were exposed to unpleasant tones and painful stimuli while their behaviours were observed (Maier & Seligman, 1976). During the studies, one set of dogs was restrained, unable to escape from exposure to the unpleasant events. Later in the study, the dogs were unrestrained, but they did not show any motivation to walk away from the unpleasant situation. These studies provided the foundations for the learned helplessness hypothesis (Abramson et al., 1978; Jackson, Maier, & Rapaport, 1978), which states that when an individual suffers a persistent lack of control over their life circumstances, and isn't able to escape from unpleasant events no matter how hard they try to, they start to exhibit a total lack of motivation to take control, which is called learned helplessness. This lack of action and overwhelming perception

of helplessness is quickly transferred to other situations in life to a point where it eventually turns into habitual helplessness. For example, individuals who are unable to exercise control over their patterns of food consumption and the resultant weight gain generally demonstrate facets of leaned helplessness in their behaviour (Finley et al., 2007). These feelings of helplessness later transfer to other aspects of their lives, including personal and professional circumstances.

Individuals suffering from learned helplessness generally demonstrate three separate, but interrelated outcomes: motivational effects, cognitive effects, and negative emotions. *Motivational effects* can be explained by literature which suggests when faced with unfavourable life situations, individuals try to adopt strategies to avoid or walk away from unpleasant situations or outcomes. With multiple failed attempts at avoiding such situations, the individual quickly learns that behaviours and outcomes are independent of each other. This situation hinders further acts of learning and quickly translates into low motivation, or a total lack of motivation, to avoid unpleasant life situations (Maier & Seligman, 1976).

Cognitive effects, or changes in cognitive abilities, can be explained by the response-outcome interdependence suffered by an individual. Over a period of time, this leads to impaired learning abilities and cognitive abilities. Even when an individual is faced with a situation from which they could realistically escape, their lack of ability to evaluate the situation, which is evidence of impaired learning, stops them from escaping. This lack of motivation and the reluctance to learn new skills to assist with avoiding unpleasant situations sends them further down the perpetual cycle of helplessness (Wortman, Panciera, Shusterman, & Hibscher, 1976). This lack of motivation and ability to learn generally results in emotional outcomes such as depression, anxiety, and heightened negative emotions. This state of heightened *negative emotions* is generally persistent until such time that the individual learns

to dissociate the response from the outcome and seek control over the situational circumstances. Literature suggests professional intervention to upskill such individuals and assist them with getting out of the helplessness loop is one possible strategy to remedy the situation; however, it primarily focusses on the individuals who are unable to help themselves (Adams, 2008; Gutierrez, 1990).

Obese individuals generally display all of the psychological symptoms outlined by the literature: motivational effects, cognitive effects, and negative emotions. Over time, their feelings of learned helplessness transfer into feelings of defeat wherein individuals give up on their quest for a healthy life and feelings of disempowerment set in (Moodie et al., 2013; Wenk, 2014). Zimmerman (1995) has suggested empowerment and learned helplessness to be polar opposites on the same continuum. From the point of view of this enquiry there are two issues that need to be explored further: the processes that drive these obese individuals to the point of disempowerment, and the fundamental reasons behind health intervention failures with their current rates of disengagements as demonstrated by individuals seeking help. It is obvious the current discussion is able to theoretically explain why individuals experience disempowered outcomes, but it is not able to offer insights into how to reverse the phenomenon.

Social Cognitive Theory (SCT)

Social cognitive theory has been regularly cited in the literature to explain why obese individuals are unable to maintain a healthy lifestyle. Social cognitive theory is underpinned by the assumptions that an individual is a purposeful entity who is goal-directed and inherently motivated by beliefs of self-efficacy and outcome expectations. To quote Bandura (2001) directly, “the capacity to exercise control over the nature and quality of one’s life is the essence of humanness” (p. 1). Originally known as theory of social learning, social cognitive theory postulated that human behaviour was contingent upon an ongoing interaction between an

individual and his or her social environment. Social cognitive theory has since elaborated on this with by identifying five facets of social learning: psychological determinants, observational learning, environmental determinants, self-regulation, and moral disengagement.

The facet of *psychological determinants* captures the basic tenet that individual action is contingent upon maximising benefits all along attempting to minimise associated costs. The decision to take a specific action is also contingent upon beliefs of self-efficacy and a propensity to demonstrate socially acceptable behaviours, all along with the expectation that such action will produce a favourable outcome. Self-efficacy is an important factor which determines the individual's capacity and capability to carry out a task and to do it successfully. In such cases, perceptions of self-efficacy lead to the consequence of increased motivation to participate in the task at hand, which has a significant effect on the outcome of achieving or completing the task. Individuals who show high levels of perceived self-efficacy generally show heightened task motivation, and stay involved in the act longer, for example, by exhibiting strict adherence to dietary guidelines and the proposed physical activity to achieve healthy outcomes (Finley et al., 2007; Lowry et al., 2000).

The facet of *observational learning* proposes that an individual's ability to carry out a task is heavily influenced by the surrounding environment and interaction with cultural beliefs, other individuals within the community, discourses of media and institutions, and political interactions. People are reflexive learners and learn by observing events and people they meet as part of their lived experience. The resultant behaviours are hence contingent upon role-modelling, whether positive or negative. This clearly points to the fact that if one wants to bring about behavioural changes conducive to a healthy lifestyle, they have to be supported by groups or communities which would encourage positive role-modelling.

The next facet of *self-regulation* pertains to an individual's capacity to endure short-term negative consequences of their actions in order to achieve positive outcomes in the long run. One need not demonstrate strong willpower to endure negative consequences of their actions, in fact one needs to harness skills and capacities to manage any adversarial outcome. The onus is placed on the individual to set goals and monitor self-performance by acquiring skills required to bring about healthy changes in one's lifestyle, while also asking for assistance in bringing about positive healthy changes to status quo. Table 2.3 outlines all of the five key aspects of social cognitive theory discussed so far.

Table 2.3: Conceptualising Social Cognitive Theory

	Concepts	Description
Psychological	Reciprocal determinism	Environmental factors influence individuals and groups, but individuals and groups can also influence their environment and regulate their behaviour
	Outcome expectations	Beliefs about the likelihood and value of the consequences of behavioural choice
	Self-efficacy	Beliefs about personal ability to perform behaviours that bring desired outcomes
	Collective efficacy	Beliefs about the ability of the group to perform concerned actions that bring desired outcomes
Observational	Observational learning	Learning to perform new behaviours by exposure to interpersonal or media displays of them, particularly through peer-modelling
Environmental	Incentive motivation	The use and misuse of rewards and punishments to modify behaviour
	Facilitation	Providing tools, resources, or environmental changes that make new behaviours easy to perform
Individual	Self-regulation	Controlling oneself through self-monitoring, goal-setting, feedback, self-reward, and enlistment of social support
Behavioural	Moral disengagement	Ways of thinking about harmful behaviours and the people who are harmed that make infliction of suffering acceptable by disengaging self-regulatory moral standards

The final aspect is that of *moral disengagement* which can be shown by individuals, communities, and institutions towards other members of society. These behaviours are prevalent in institutionalised models of market entrenchment for economic gain. Such examples are abundant, as with those institutions who market high salt, high sugar, and high fat foods to the wider population. Such practices are decontextualised, or normalised, by raising issues like free will and consumer choice versus nanny-state ideologies when formulating policy interventions. On one hand, the free will of a consumer is promoted in an attempt to harness economic gain, while the individual is blamed for not making healthy consumption choices when engaging with the offerings promoted by the same institution advocating for free will based choices. The onus is placed upon an individual to attain the skills and knowledge required to refrain from consumption practices which are not conducive to a healthy lifestyle.

Theory of Reasoned Action (TRA)

The theory of reasoned action, along with the closely related theory of planed behaviour, is one of the most widely researched and applied theories of the belief-attitude-behaviour relationship (Ajzen, 1991; Armitage & Conner, 2001; Chase, Reicks, & Jones, 2003; McConnon et al., 2012; Dunn, Mohr, Wilson, & Wittert, 2011). The fundamental idea behind the theory suggests that most conscious and planned behaviour is goal-oriented and rational in nature. Over the years various studies have proven the fundamental utility of TRA in predicting as well as explaining conscious social behaviours (Armitage & Conner, 2001; Sheeran & Taylor, 1999).

The basic framework for the theory consists of three behavioural antecedents (attitude, subjective norms, and perceived behavioural control) which in turn affect the intention of that individual to perform a behaviour (e.g., leisure seeking, physical activity, diet control), whatever that behaviour may be (Dunn, Mohr, Wilson, & Wittert, 2011). *Attitude* refers to

how an individual perceives the behaviour under consideration as having either a favourable or unfavourable outcome for themselves. It comprises of beliefs, knowledge, and values which are important to the individual wanting to engage with the planned behaviour. If the individual social actor sees positive outcomes to their overall well-being, then they are more than likely to engage in the act, such as, for example, participating in physical activity to keep fit.

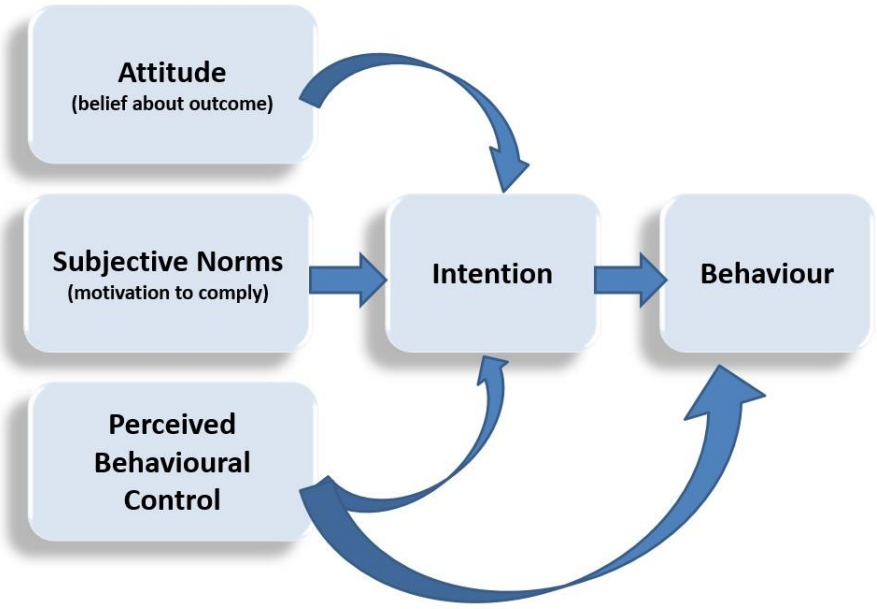

Figure 2.2: Theory of Reasoned Action (TRA)

The second facet of TRA framework is *subjective norms,* which are primarily concerned with the level of social scrutiny and pressures endured by a social actor, and its net impact on the propensity to participate in planned behaviours (Ajzen, 1991). It generally involves behavioural motivation to perform behaviours to appease one's wider social network and individuals of social significance (e.g., opinion leaders, family members, and communities). The framework also suggests that a positive attitude and motivation to perform certain planned behaviours is not sufficient in itself. The third facet of *perceived behavioural control* outlines that one needs access to necessary resources as well as abilities to perform the behaviours. As a case in point, wanting to engage in healthy consumption behaviour requires

that the individual has sufficient access to resources (monetary and material) to carry out the act of healthy consumption (McConnon et al., 2012).

Over the years various studies have proven the utility of planned behavioural models to predict individual as well as group behaviours (Armitage and Conner, 2001). The theory has been widely used within the healthcare literature to predict individual behaviours for improving health-related and well-being outcomes through improved consumption choices, physical activity, and weight-loss, to name a few (Conner, Norman & Bell, 2002; de Bruijn, Kroeze, Oenema & Brug, 2008; Ogden, 2011; Paisley & Sparks, 1998).

Some studies however have shown that the framework is weak when used for predicting complex behaviours such as diet control and associated weight loss (Palmeira, Teixeira, Branco, Martins, Minderico, Barata, & Sardinha, 2007). This is perhaps owing to the nature of complexity associated with the range of behaviours associated with food consumption, such as procurement, preparation, cooking, and serving food (Dunn et al., 2011).

A meta-analytic review suggests the TRA framework is unable to capture all of the predictors of behaviours involved in the complex act of food consumption. Kim, Reicks, and Sjoberg (2003) point out when the complexities attached to decision-making go up exponentially, the TRA framework is not able to help predict behaviours across populations. The situation is further complicated by the fact that individuals often underestimate their own propensity to engage in unhealthy behaviours (under-reporting quantities and frequencies of unhealthy food consumption) (Reid & Hammersley, 2001).These individuals also tend to overestimate their intentions of engaging in healthy consumption behaviours (overestimating the fruit and vegetables consumed as part of daily routine) (Bogers, Brug, van Assema, & Dagnelie, 2004). This argument is further supported by McConnon et al. (2012) who suggest

"[consumption and] weight control is a non-volitional behaviour, [which makes] making it difficult to detect [a] direct relationship between intention and behaviour" (p. 317).

Additional criticism of the TRA framework is centred on its inability to account for the processes of automaticity, wherein individual decision-making is guided by habitual rather than planned engagement processes (Kim et al., 2003). A systemic review of past studies has also shown that most studies utilise a cross-sectional rather than longitudinal approach to applying the principles of planned behaviours and studying their short-term outcomes (Hackman & Knowlden, 2014). Disempowerment is an enduring challenge and one that is centred on multi-level and multi-actor engagement processes. The TRA framework is perhaps able to explain the processes that drive consumption choices including indulgent consumption behaviours at an individual level, but may not be sufficient for explaining the processes that could remedy the situation, especially when the process of (dis)empowerment is dependent on multi-level and multi-actor participation.

In summary, the current discussion points to a couple of key issues with an individual's ability to maintain his or her weight at a healthful level. The first issue has to do with the inability to manage behavioural changes required to achieve the outcome of optimum weight, eventually giving into the negative emotional effects such as learned helplessness. The second issue is a of lack of motivation to learn new skills by harnessing intellectual and physical resources to perform new behaviours required to set a personal goal (e.g., a healthful weight level) and then strive to achieve that goal. Both issues seemingly rely upon an individual's inherent capacity for and sustained levels of willpower, and individuals eventually take the blame when the optimum outcome of a healthful weight level is not achieved (Hamid, 2009; Levitsky & Pacanowski, 2012). All of the theories discussed so far (learned helplessness, social cognitive, and reasoned action) have put the onus on the individual social actor to harness the

capacities and resources needed to bring about healthy changes in their lives and achieve empowered outcomes for themselves. Based on current evidence, individually targeted and mediated health interventions do not seem to be working (Lang & Froelicher, 2006; Rayner & Lang, 2012). At the outset, a holistic interventional approach is required to understand the practical realities of individuals suffering from weight management issues with the hope of finding workable solutions for a healthy community. Warin et al. (2016) have captured the enduring need for a multi-dimensional research enquiry to explore the obesity epidemic in the following quote: "[obesity] is extraordinarily difficult to conceptualise [since it is] a dynamic, multi-directional and multi-dimensional process that spans intracellular and social environments across time and space" (p. 66).

The theories discussed so far predominantly focus on an individual's skills and cognitive abilities to deal with life situations. The obesity challenge is much too broad and complex to expect the individual to make all the effort to remedy the situation. As expressed by Stokols (1996), "most public health challenges … are too complex to be understood adequately from single (individual) levels of analysis and, instead, require more comprehensive approaches that integrate psychological, organisational, cultural, community planning, and regulatory perspectives (ecological)" (p.283).

Ecological Systems Theory (EST)

The ecological systems perspective offers an opportunity to explore this multifaceted complexity associated with the challenges of obesity. Ecological systems theory is heavily influenced by some of the basic conceptualisations of *systems theory*. Within systems theory, a *system* is defined as "an organised whole made up of components that interact in a way distinct from their interaction with other entities and which endures over some period of time" (Anderson, Carter, & Lowe, 1999, p. 4). Scholars believe all living and non-living entities are

basically various types of systems in themselves. These systems have properties which can be investigated through studies, wherein systems theory essentially offers a framework for organising these systems together. The systems generally have an input, a through put, an output, and a feedback mechanism which under ideal circumstances works to keep the system in balanced mode. Each system has its unique "boundary" with its own property, or an in situ limitation, which helps it to be clearly distinguished from other surrounding systems. To elaborate, a living human being is a complex system itself, wherein the outer skin of the body works as the boundary of that living system.

There are two basic types of systems: *open* and *closed* systems. Whether a system is open or closed is essentially determined by how permeable the boundary of that system is. It is proposed that systems essentially grow and sustain themselves through exchanges of energy which can be tangible or intangible in nature. For a human being (as a system) to survive, it needs tangible resources such as food, shelter, and clothing, while also needing intangible resources such as information, social cohesion, a sense of belonging, and others. The more permeable the boundary of a system, the more interaction the system has with the surrounding environment, and the more open that system is said to be. Scholars suggest open systems are better at growing, surviving, and thriving in the long run when compared to closed systems, which become entropic.

Closed systems are generally characterised by impermeable boundaries which do not allow for energies to flow into or out of the system. The health of the system depends on its ability to remain open or permeable. The system theory's input-output-feedback model is too simplistic to capture all of the intricacies of human lives, and the intricate relationships humans have with their surrounding environments. In a real-life context, the human body as a system

is far too complex and is deeply involved in variety of energy exchanges with its surrounding environment since birth.

From the ecological systems theory viewpoint, a living being (human) who is unable to lead a healthy lifestyle is essentially conceived as an open system (Von Bertalanffy, 1968). An *open system* is one which is capable of exchanging tangible and intangible resources with the surrounding environment it is nested in. An individual's health is influenced by a variety of influences, some of which are under his or her sphere of control, and some of which are beyond his or her control. This sentiment is well captured by Yoshizawa (2012) when he states, "responsibility for health and disease is found not only in biological pathways, but is diffused horizontally in the intersections of social, political and economic structures and pattern of geography that affect nutrition" (p.356).

Health intervention programmes have recently come under criticism for being too narrowly focussed in their intent and design. Perhaps there is a need for a framework which is able to go beyond singular level intervention to multi-level intervention programs or strategies (Lang & Rayner, 2012). Ecological systems theory offers an opportunity and a framework to better explain current failures or disengagement rates of individually targeted intervention programmes.

Ecological Systems Framework

Any study designed to understand the human-environment interaction needs a framework that can explore all its facets and intricacies, and the ecological systems framework offers one such framework. The ecological systems model is a multi-layered model which attempts to offer a comprehensive view of the human body and its interaction with the surrounding environment (Bronfenbrenner, 1977). The ecological systems framework evolved in the 1870s and took centre stage in the mid-1960s and early 1970s. The framework was used

by behavioural psychologists to track the processes that govern human development under the consistent influences of surrounding environments (Bronfenbrenner, 1977, 1994). Bronfenbrenner (1994) describes the ecological environment "as a set of nested structures, each inside the other like a set of Russian dolls. Moving from the innermost level to the outside" (p. 39). The basic tenet is that the human-environment interaction is a dynamic and ongoing process which is composed of social, cultural, historical, and institutional discourses of lived experiences. Panter-Bricka et al. (2006) point out an additional benefit of the framework when doing behavioural research: "Behavioural change is notoriously difficult to initiate and sustain, and the reasons why efforts to promote healthy behaviours fail are coming under scrutiny…A social ecological model focusses attention on the contexts of behaviour when designing, implementing or critically evaluating interventions" (p. 2810).

One of the key advantages of utilising the ecosystem framework for carrying out research is outlined by Allen and Friedman (2010), who suggest "the ecosystem perspective provides a framework that permits users to draw on theories from different disciplines in order to analyse the complex nature of human interactions within the social environment" (p. 3). Interestingly enough, empowerment is conceived as a multifaceted and multi-level concept, and the empowerment discourse ranges from individually-mediated to communally- and politically-mediated outcomes. The ecological systems model has the individual at the core of the model, encapsulated within communal and socio-political influences around the outside. There seem to be parallel themes in both the models which could in fact assist this research enquiry. Rosenfield (1992) outlines yet another benefit of an ecological systems based enquiry, stating that "the conceptual framework must transcend disciplinary bounds, yet, draw on the previous knowledge and experiences of those disciplines. A new type of research should emerge that enables the analysis of a particular problem to be located in the transdisciplinary conceptual framework and to be analysed accordingly" (p.1352).

The ecological systems perspective is based on certain basic assumptions about human health; and essentially advocates interventions that bring about collective well-being of the society at large (Stokols, 1992). One of the key assumptions is about the need to understand how an individual interacts with and is simultaneously influenced by the environment he or she lives in. More often these influences can be of various kinds, such as behavioural, biological and environmental. Hence, any intervention strategies designed must be targeted at multiple levels with an ability to offer multi-level solutions. Within the healthcare intervention context, researchers have proposed a variation to Bronfenbrenner's (1977) original five-system model, proposing a five-stage health intervention model instead (McLeroy et al., 1988). The five-stage model consists of intrapersonal factors, interpersonal factors, institutional factors, communal factors, and finally the influences of public policy framework on individual health status. (See figure 2.2).

SEM: Obesity

Levels	Influences
Social/ Policy	Chemicals in food and packaging Agricultural food programmes and policies
Community	Access and affordability Outdoor spaces Community and social norms
Institutional	Food options on offer Physical surroundings Access to health promotion services
Interpersonal	Family culture and traditions Caretaker behaviour Time pressures
Individual	Genetics Epigenetics Knowledge, attitudes and behaviours

Figure 2.3: Social Ecological Model of Health Outcomes

At an individual level, human genetics and epigenetics play a major role in the need and capacity to consume food sources and the body's ability to utilise or store the net energy consumed. Individual attitudes towards food sources and knowledge of healthy sources of food,

including optimum levels of consumption (e.g., portion size) also influence weight maintenance. Over and beyond this, the individual ability to maintain healthful weight levels depends crucially on regular access to health-promotive advice, access to affordable healthy foods, and access to various opportunities conducive to leading a healthy lifestyle. At the interpersonal level, an individual is also influenced by the cultural norms around food consumption and the individual's ability to create time and space to consume healthy foods. All of these factors are interconnected and generally interdependent on each other, which ultimately influences health outcomes for each individual.

At institutional and communal levels, relationships can be categorised into various types. Some relationships can exist between the individual and the various institutions that produce and market foods and other commodities consumed by that individual on a routine basis. Some relationships can involve seeking support from others which fulfil the role of health advocacy or health promotion services. There can also be relationships sought with institutions and which may be sought for spiritual, educational, communal, or other social reasons. All of these engagements, or relationships, can equally be essential parts of an individual's daily life and can have a degree of influence on an individual's resultant health and well-being.

Finally, the influence of existing legislative policy framework on an individual's health status is evident too. Policies which prioritise health and well-being of communities and society as a whole will always work to protect members of the society from forms of infringement imposed by individuals or institutions as a whole. Drafting protective policies and designing a legislative framework by itself is not enough, however. It is equally important to prosecute breaches as and when they occur. All of this needs consistent monitoring and budgetary investments to actively promote health advocacy and run programmes for communal health promotion.

Summarising Health Interventions and Ecological Frameworks

Maintaining one's weight at a healthful level is a multifaceted challenge, and any intervention strategies put in practice would have to offer a multi-level solution. This dilemma is fittingly captured by Lang and Rayner (2007) when they state, "part of the search for solutions must be the investigation of not just what the drivers of obesity over time have been but how they interact. Too many analyses of obesity are locked into disciplinary 'boxes' when, given the complexity and breadth of such drivers, it is likely that obesity requires a broader interdisciplinary analysis and a sustained society wide response" (p. 165).

The current discussion has raised many questions about various issues of empowerment processes, issues of power, and issues of consumer empowerment. This research enquiry is limited to the consumer's individual empowerment perspective. In saying that, I, as the researcher, am acutely aware of the practical realities of the consumer, and I am aware that these cannot be considered in isolation from the individual's communal, socio-political, and contextual influences. Clearly, any intervention strategy that promotes health will have to be multifaceted and multi-level in its approach. Any research strategy that aims to investigate health intervention programmes will equally have to be multi-level in its approach. Based on the current literature review, it is evident that empowerment operates at multiple levels, mostly at individual, communal, and political levels. This five-stage model of health promotion guided by ecological systems theory offers a fitting framework from which to investigate how empowerment or disempowerment processes operate within the context of weight management interventions.

Based on the discussion so far, the ecological systems model exhibits all the features essential to explore the intricacies of a human body, its interaction with environmental

influences, and its net impact on patterns of food consumption as well as the outcomes of obesity and ill-health. Broadening the understanding of the processes that lead to obesity and related disempowering outcomes would possibly assist with improving health intervention strategies for the future. The next chapter provides discussion and justification of an appropriate research strategy and suitable methodology to assist with this enquiry.

Chapter 3: Methodology and Method

Introduction

The purpose of this investigation was to explore the lived experiences, either empowering or disempowering, of various types of weight loss interventions as described by the participants of this study. The key research questions which set the scope and the boundaries for this research are listed below.

Research Question 1 (RQ 1)	**How do individuals experience disempowered outcomes in episodes of consumption?**
Research Question 2 (RQ 2)	**What are the processes that bring about empowered outcomes in episodes of consumption?**

This first section of this chapter begins by explaining the rationale for the methodological stance I adopted for this enquiry, including why the methodological stance fit with the chosen context of this research. The second section of the chapter provides an overview and comparison of the two theories relevant to this research: grounded theory and constructivist grounded theory. The third section provides a detailed discussion of the research design philosophy adopted for this research: interpretive research design. The fourth section describes the actual method, or processes, I implemented for this enquiry. The fifth section demonstrates the data analysis process, which was carried out within the tradition of constant comparative analysis. The final section discusses the trustworthiness of the data analysis.

Rationale for Chosen Methodology

This enquiry hoped to capture the lived experiences of participants as they embarked on the journey towards healthy living and improved quality of life. The aim was to gain insights into this journey through first-hand narratives of participants' experiences. The literature review revealed qualitative research traditions to be most appropriate for this, especially when investigating a phenomenon in its most natural setting and interpreting that phenomenon in terms of the meanings participants give to their experiences. It is apparent that the context chosen for this enquiry, weight management intervention programmes, exhibited certain unique features: an evident power distance and resource imbalance (or intellectual power gap) in the dyadic relationship and an outcome dependent on the process of resource integration. Hence, the chosen methodology had to uncover the participants' lived experiences of empowerment or disempowerment when they engaged with various health intervention programmes. The basic premise is that no single method could fully explain the subtleties of human experience or capture the complete meaning behind each and every lived account. Yet, I needed to choose a method that offered an opportunity to explore the multiple realities of participants under investigation.

There were a variety of qualitative methods available to capture these narratives, such as ethnography, phenomenology, memory-work, agency theory, and grounded theory. After much discussion with my supervisory team, it was proposed that Charmaz's version of grounded theory should be adopted for this research enquiry (Charmaz, 2014). This decision was solidified further after I had an opportunity to participate in a three-day methods workshop conducted by Professor Charmaz, including a one-on-one session with Professor Charmaz to seek advice and clarity on methodological issues regarding the project.

Constructivist grounded theory, as a research strategy, allowed for a fully immersive data-gathering experience during singular and multiple interview sessions with the participants. It offered a unique opportunity for me, as researcher, as well as for the participants, to co-create various open-ended experiences (or episodes) of knowledge sharing. Additionally, the chosen methodology was well-suited for the relativist ontological stance I took during the investigation. At the beginning of the investigation, my understanding of the processes that lead to empowerment or disempowerment were very limited. I needed a research strategy which allowed for fully-immersive insights into the lived experiences of participants under investigation. I needed a methodology that allowed me the flexibility to probe participants about their empowering or disempowering experiences over time, at times through multiple in-depth interview sessions. I also needed a methodology that allowed me to become an active participant in the process of the knowledge sharing experience, and constructivist grounded theory allowed for such procedural flexibilities.

Strauss and Corbin (1998) suggested grounded theory was designed to help the researcher explore the nature of a complex phenomenon, especially when the phenomenon is little understood or there are substantial gaps in the current literature. Strauss and Corbin (1998) outlined eight methodological assumptions of doing grounded theory research which were fittingly relevant to my research enquiry:

I. Researchers need to get out into the field to discover what is really going on or to gain first-hand information taken from its source.
II. Individuals living in the community are actors, and they take an active role in responding to problematic (life) situations.
III. Individuals act on the basis of the meaning they assign to situations.
IV. These meanings are defined and redefined through social interactions.

V. Researchers must show sensitivity to the evolving and unfolding nature of events (process).

VI. Researchers must show an awareness of the interrelationships amongst conditions (structure), action (process), and their consequences (outcomes).

The Methodology: Grounded Theory

Grounded theory was conceived by Glaser and Strauss (1967) and developed as a systematic approach for studying interactions; their goal was to produce a research method that would help researchers develop theories that fit the reality commonly referred to as substantive theory. It is proposed that grounded theory is induced from the data, rather than preceding the data (Lincoln & Guba, 1985a). Glaser and Strauss (1967) describe substantive theory as something that "… must closely fit the substantive area in which it will be used[,] … must be readily understandable by laymen concerned with this area[,] … must be sufficiently general to be applicable to a multitude of diverse, daily situations within the substantive area[,] … [and] must allow the user partial control over the structure and process of the substantive area as it changes through time" (p. 259).

During the era when grounded theory was conceived by its originators, most of the studies were led by a variety of methods using logico-deductive processes. Logico-deductive processes were predominantly used for the purposes of verification, as opposed to grounded theory, which is more inductive in nature. Yet, grounded theorists recognise that when used appropriately, grounded theory relies on both inductive and deductive processes of generating concepts and data analysis. Strauss and Corbin (1998) suggest that "at the heart of theorizing lies the interplay of making inductions (deriving concepts, their properties and dimensions form data) and deductions (hypothesizing about the relationship between concepts, the relationships

are also derived from data, but [from] data that have been abstracted by the analyst from the raw data)" (p. 22).

The objective in grounded theory is to develop theory from multiple sources of data which are encompassed in a core category according to related properties and concepts. At the outset, it is important to note that within the literature there is still an ongoing debate around what constitutes data. Glaser's (1998, p. 8) proclamation that "all is data" does not bode well with many researchers, including the ones who have refined the original grounded theory (Charmaz, 2005; Anselm, Strauss, & Corbin, 1998). As a researcher, I am of the opinion that Glaser's comments regarding data were taken out of context, and I concur with his point of view that anything that comes your way is data. Glaser (1998) has in fact clarified what he meant when he explained, "incidents that come the researcher's way…from the briefest of comment to the lengthiest interview, written words in magazines, books and newspapers, documents, observations, biases of self and others, spurious variables…is data for grounded theory" (p. 8).

Grounded theory involves systematic steps of sampling, data collection, coding, and analysis, using a method called constant comparative analysis (Glaser & Strauss, 1967). *Constant comparative analysis* is defined as a process that includes comparison, integration, delimiting, and writing theory (Glaser & Strauss, 1967). In this process, each piece of data is continuously compared with each piece of relevant data so as to generate theoretical concepts, and then these concepts are further compared with all other data, in order to generate interrelationships and theoretical concepts. Constant comparison offers the flexibility to code concepts, refine concepts, and even extend those concepts. These concepts are later grouped together into categories, which depict the problems, issues, and concerns under investigation. Coding the data in open and focussed manner and then assigning the data to core categories

and subsidiary categories helps with the emergence of meaning over a period of time. According to Glaser (1998), "in grounded theory there is no need to force meaning on a participant, but rather a need to listen to his (or her) genuine meanings, to grasp his (her) perspectives, to study his (her) concerns, and to study motivational drivers" (p. 32).

In doing grounded research, one has to move between the processes of induction, where categories start to emerge from data, and deduction, where one needs to consider how these categories fit with other data. This type of analysis helps the researcher to capture themes, patterns, and properties of the phenomenon under investigation, including some of the complex processes of the phenomenon under investigation. Grounded theory also allows the researcher to make creative or imaginative leaps to explore plausible connections between emerging concepts and extant theories. Ezzy (2002) elaborates this abduction as the process that "makes imaginative leaps … to general theory without having completely empirically demonstrated all of the required steps" (p. 14). This entire process of induction – deduction – abduction is iterative in nature and helps with generating emergent theory from the data. This shall be covered later under the section on analytical processes.

Current literature reveals that the original method had been refined and re-refined by researchers such as Strauss and Corbin (1990), and subsequently, by Charmaz (2005; 2006; 2014). Glaser (2002), who originally wrote the *Handbook of Grounded Theory Research* with Strauss, had however taken a dim view of both subsequent refinements. With regard to the descriptive procedural roadmap suggested by Strauss and Corbin, he thought it forced the data to fit the theory, which was contrary to the original ethos of emergence in doing grounded theory research. Charmaz (2006), on the other hand, had proposed the social constructivist version of grounded theory, which Glaser remarked was just another method for qualitative data analysis. With three separate versions of the methodology, there has been a lot of debate

within the academic fraternity with regard to its utility and trustworthiness. For the purpose of this research enquiry, I made the decision to proceed with the Charmaz's version of grounded theory, also known as constructionist grounded theory (Charmaz, 2014).

Constructivist Grounded Theory (CGT)

Constructivist grounded theory, in principle, follows the guiding principles of classical grounded theory, but it does not subscribe to the positivist assumptions and processes involved in the data analysis stages of theory development. Constructivist grounded theory offers the researcher increased flexibility and a level of creativity while undertaking the enquiry, while also being more reflexive and emergent in nature when compared to the classical version. Table 3.1 outlines the differences between classical, or objectivist, grounded theory and constructivist grounded theory.

Table 3.1: Objectivist versus Constructivist Grounded Theory

Grounded Theory	
Objectivist	**Constructivist**
Assumes an external reality	Assumes multiple realities
Assumes discovery of data	Assumes mutual construction of data
Views data as unproblematic	Views data as problematic, relativist, and situational in nature
Assumes the neutrality, passivity, and authority of the observer	Assumes the observer's value priorities, positions, and actions to affect views
Aims to achieve context-free generalisations	Views generalisations as partial, conditional, situated, and time-specific
Aims for parsimonious, abstract explanation	Aims for interpretive understandings
Views data analysis as an objective process	Acknowledges subjectivities throughout data analysis

Constructivist grounded theory offers a substantive theory which is modifiable and is pertinent to the specific population under study. Similarly, empowerment or disempowerment is conceptualised as a population- and context-specific phenomenon, which makes constructivist grounded theory an ideal strategy for investigating the phenomenon. One of the key features of constructivist grounded theory is its ability to offer an equal space to the participant to openly participate in the process of knowledge sharing. This lack of power imbalance, wherein the researcher does not attain a privileged position, was crucial to this research, especially for a topic like empowerment, where issues of power were omnipresent in the discussion itself. This version of grounded theory also encourages the researcher to become part of the induction-abduction-deduction process, where the knowledge always remains a co-created outcome, as opposed to becoming a mere passive observation. As the research process and the data analysis unfolded, it became ever more obvious that of the various versions of grounded theory, the constructivist version was the best choice. Having discussed the choice of methodology for this enquiry it is now important to put it in perspective and offer insights into its interconnectedness with interpretive research traditions. The next section outlines the philosophical perspectives and stances taken by me as a researcher when carrying out this enquiry.

Interpretive Research Design

Interpretive research, also known as qualitative research, is defined by Denzin and Lincoln (2005) as "a situated activity that locates the observer in the world. It consists of a set of interpretative, material practices that make the world visible … qualitative research involves an interpretative, naturalistic approach to the world. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or to interpret, phenomenon

in terms of the meaning people bring to them" (p. 3). Qualitative research traditions acknowledge that there are various ways of making sense of the world. Hence, the goal of the qualitative researcher is to explore the world view of the research participants, rather than his or her own (Crotty, 1998).

There are various qualitative research approaches routinely utilised by researchers, and each of them have their own traditions of rigor, and each work within different implicit and explicit philosophies. The one common theme that governs all qualitative research is its ability to contribute to the process of revision and enrichment of understanding, rather than to pure verification of theory (Denzin & Lincoln, 2000). There is considerable overlap in terms of procedures and techniques in the different approaches to qualitative research, and they have a number of features in common, such as person-centeredness and open-ended starting points (Hyde, 2000). Most of all, qualitative research methodologies offer an opportunity to independently design and undertake a study on a multifaceted, multi-level phenomenon such as consumer empowerment, and explore its intricacies through the narratives provided by willing participants. When undertaking an interpretive, or qualitative, research enquiry one must outline the enquiry's ontological and epistemological stance at the outset. These stances help set the boundaries for how the researcher will "see the world and act in it" (Denzin & Lincoln, 2000, p. 19). This also helps to outline "a basic set of beliefs that guide action" (Guba, 1990, p. 17).

Ontological Stance

An individual's life is socially constructed, and heavily networked, though sharing of experiences that help build one's reality and give a sense of cohesiveness and meaning to life (Goulding, 2005). Humans give their actions meaning relative both to the events and to the people they share their lives with. Thus, there are many constructed realities that are heavily

entrenched within one's fabric of social and cultural boundaries (Schwandt, 1994). This research adopted the position that there are multiple realities which are dynamic, complex, and multifaceted in nature.

Epistemological Stance

Epistemologically, this research proposed the researcher and participants to be interactive and inseparable. No individual was privileged in this enquiry, and the researcher and participants worked collectively and equally to co-create meaning via interacting with each other (Van Manen, 1990). This led to an epistemological stance of social constructionism that guided the process of knowledge creation. Constructionist epistemology is described by Crotty (1998) as "the view that all knowledge, and therefore all meaningful reality as such, is contingent upon human practices, being constructed in and out of interaction between human beings and their world, and developed and transmitted within an essentially social context" (p.42). Furthermore, Denzin and Lincoln (2005) have commented on social constructivist epistemology stating it "assumes a relativist ontology (multiple realities), a subjectivist epistemology (co-created knowledge), and a naturalist (based in a natural world) set of methodological procedures" (p. 24). This epistemology favours interaction in which participants can tell stories about how they enact and construct meaning in their daily lives. This research enquiry subsequently engaged with participants through an interactive method of data gathering.

Methodological Stance

This research enquiry primarily sought to understand the experiences associated with the phenomenon of consumer empowerment or disempowerment via engaging with participants' lived experiences. Additionally, this research enquiry sought to understand how those participants coped, managed, and made sense of two separate outcomes of consumption

experience, namely, empowered and disempowered outcomes. The aim was to collect the life stories around specific events in participants' lives. There are various methods suggested for collecting such stories: in-depth interview sessions, self-written participant narratives, and focus group sessions. Ultimately, keeping in line with constructivist grounded theory, I decided to carry out in-depth intense interview sessions to collect life stories from all of the participants (Charmaz, 2014; Creswell, 1997; Crotty, 1998; Denzin & Lincoln, 2005; Glaser, 1998; Goulding, 2005; Haug, 1987).

Positioning the Researcher

I begin this section by placing myself in the driver's seat as the researcher carrying out this research enquiry in consideration of the advice of Janesick (2000): "The qualitative researcher must describe and explain his or her social, philosophical, and physical location in the study […] honestly probing his or her own biases at the outset of the study, during the study and at the end of the study (p. 389). I believed that in order to produce good quality research, a researcher must select a research paradigm that was congruent with their individual beliefs about the nature of reality. As individuals, we are constantly influenced by our historical, cultural, political, and social backgrounds, which are contextually linked with our world view and sense-making processes. Ontologically, I considered myself a relativist: one who believes in multiple realities. This belief was fittingly captured by Lincoln and Guba (1985b) when they said that "realities are social constructions of the mind, and that there exist as many such constructions as there are individuals" (p. 43).

I also believed that as a researcher I was part of the research process as it unfolded, and therefore, epistemologically, I took the stance that I did not remain an objective, non-intrusive participant observer to the process of knowledge sharing. In fact, I became an integral part of the sense-making and knowledge sharing processes throughout the interviews. When I entered

the field, I was guided by my perceptions, motivations, socio-cultural norms, and beliefs which interacted with those of the participants in the study. I would also emphasise at this point; that having spent time working as a research assistant during my time in the industry, and having attained my Master of Philosophy degree within the qualitative traditions, I was well-equipped to carry out the enquiry with this group of participants. A couple of issues are noteworthy at this juncture: firstly, maintaining objectivity and secondly, sensitivity to the emergent themes during the research process. As the research process unfolded, the interplay between the participants and I, as researcher, as well as the interplay between myself and the resultant data led to an immersive experience. This at times can blur the objectivity, and sensitivity, of the researcher to the emergent data. Those situations were avoided or perhaps minimised by having regular discussions with both members of my supervisory team.

It is important to outline the basic assumptions made, or perhaps a good practice to state the researcher's viewpoint having engaged with the research process over a period of time. As such, my basic assumptions and viewpoints were as follows:

I. I always remained an intimate and at times passionate participant in my research and was not simply a silent observer to the process.
II. Having had the opportunity to spend time with the literature, I entered the field sensitised to the extant literature.
III. Prolonged and multiple interview sessions offered me the opportunity to build rapport as well as trust with my participants, which helped with extracting richer, denser descriptions of life events.
IV. My data analysis and interpretations were based on my world view, and it is understood that another researcher might interpret the same information differently.

I chose weight management interventions as the context for this enquiry. Having struggled with my own body weight over the years, I was able to relate to the phenomenon under investigation and perhaps better connect with the research participants as well. This allowed me to engage with my research participants more deeply and to fully explore the subtleties of their life experiences while sharing my own. Throughout the research journey, I realised that some of the life stories of the participants resonated with my own life experiences. In such instances, I was able to relate to their experiences, as well as perhaps fully understand my own experiences, and this helped offer further insights into the phenomenon under investigation.

Suitability of the Context for this Enquiry

Based on the extant literature reviewed, it became apparent that the chosen context to investigate the phenomenon of consumer empowerment needed a context which would exhibit certain distinctive features:

I. Evident power distance between the expert and obese individuals seeking assistance
II. Multi-layered complexities attached to these episodes of engagements
III. An outcome dependent on the processes of resource integration and co-creation

The chosen context for this enquiry was therefore weight management programmes. Literature denotes weight management programmes do exhibit the features desired for this enquiry. Weight management programmes are generally designed and delivered by qualified professional service providers; thus, there is a presence of power distance between the service providers, or experts, and the obese individuals seeking help, or the consumers. The actual source of power lies with the possession of resources. In the case of weight management programmes, resources are in the form of non-material objects, specifically the skills and

knowledge that one social actor has over another. These resources are transferable in nature and may be intuitively linked with processes of empowering the consumer. This research enquiry is primarily concerned with exploring the relationship shared by professional service providers and their clients over a period of time.

Professional services are defined as "complex services, customized and delivered over a continuous stream of transactions" (Lovelock, 1983, p. 10). These services are characterised by an inability of the client to confidently evaluate the quality of services provided to them, post consumption. These professionals have undergone years of training and have mastered their craft in terms of skills and knowledge, and they generally receive remuneration for their services. Having undergone years of training, there is an obvious resource imbalance, or intellectual power gap, between the professionals and the consumers who are wanting to live a healthy life.

A professional service provider can demonstrate good intentions to empower the consumer, but it is easier said than done. Experts have to be sensitive to the consumer's deep-seated feelings of powerlessness and their structural position in the relationship, a sentiment captured by Pease (2002) in the following quote: "Professionals are supposed to be experts, but the power in their experience can disempower clients…professionals are placed in the positions of power over others through their institutionalised position, which also undermines the activity of empowerment" (p. 137). This prevalent power distance within the relationship makes weight management programmes an appropriate context for investigating the phenomenon of consumer empowerment.

Most weight management interventions are delivered via face-to-face consultation sessions. Such programmes are contractually binding for finite amounts of time, usually six to twelve months. This provides an opportunity for professionals and individuals seeking

assistance to have several consultations spread across the contractual term. A typical weight-management consultation involves measuring an individual's current BMI, followed by sharing information and setting goals for weight reduction (Carrier, Steinhardt, & Bowman, 1994). Professionals willingly share resources with consumers in the form of knowledge and skills that are required for achieving and maintaining healthful weight. This is an intimate process where consumers have to share personal information and integrate resources, both intellectual and physical, to get the outcome they desire. These consultations may result in consumers achieving the healthful weight they desire or they may result in undesirable outcomes, such as little to no change in weight levels. These outcomes could well be dependent on consumers' resource integration abilities and on willingness to fully participate in the processes of seeking healthy solutions for themselves. Based on the evidence, it was obvious that weight management programmes were an appropriate context for the purpose of this research enquiry because they exhibited all three of the required features.

Constructivist Grounded Theory: The Method

As a researcher, I felt a level of uncertainty in undertaking grounded theory research. Glaser (2011) aptly captured the level of uncertainty felt by a typical novice researcher when embarking on a grounded theory based journey in his quote: "In a grounded theory study our questions are constantly changing, our sample is unpredictable, and our analysis is constant throughout. We do not know what we are looking for when we start. Everything emerges. We do not preconceive anything. The research problem emerges, our sample emerges, concepts emerge, the relevant literature emerges, and finally the theory emerges. We simply cannot say prior to the collection and analysis of data what our study will look like" (p. 176).

Doing constructivist grounded theory research generally involves a systematic pattern of sampling, at first purposive sampling and later theoretical sampling, followed by data

collection in the form of interviewing, followed by coding, initially open coding and later focussed coding, and finally data analysis using constant comparison. Figure 3.1 shows the general process of constructivist grounded theory research.

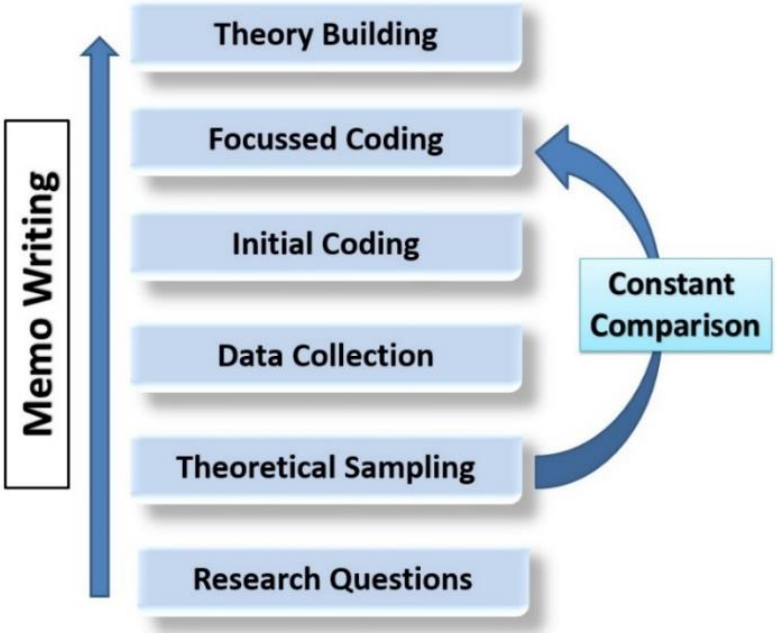

Figure 3.1: Constructivist Grounded Theory (Process)

Grounded theory is known as a "complete package," and its originators suggested that one should have faith in the process and just do it. When I started the research journey, I was not sure if I was doing everything that had to be done in the right manner or if I was staying true to the traditions of grounded theory. It took the good part of two years before I could fully comprehend and become confidant with the process and the emergence of core and subcategories post analysis. The research was carried out in two phases. The first phase involved recruiting and interviewing individual participants using purposive sampling strategy while simultaneously transcribing, coding, and analysing the interviews. Some of the participants were later invited for the second phase of the data collection. During the second phase, some participants were interviewed multiple times, since they showed the potential to offer deeper insights into their individual experiences during their first phase interviews.

Discussion questions for interviews were specifically guided by the need for theoretical saturation or by instances where the participants were specifically asked questions about the emerging categories or about the properties of the category. The following section attempts to provide a step-by-step overview of how the research unfolded, including how grounded theory traditions were followed to collect, code, and analyse the data.

Participant Recruitment

Participants were recruited by inviting volunteers to join the study (see Appendix 2). The participant recruitment process was started after the project was approved by the ethics committee (see Appendix 4). Posters inviting participants to join the research were placed around the greater Auckland region. Additional participants were recruited or were referred to me after citing the invitations through community notice boards.

The Manukau Institute of Technology (MIT) generously offered to provide its teaching spaces and meeting rooms for running the interview sessions. Being a teaching institution, MIT was conveniently located close to public transport hubs and offered ample free parking. Participants were offered the option of meeting at other public spaces such as cafés and public libraries if they chose not to meet at the institute.

Prior to interview, each participant was informed about the purpose and nature of the research via a participant information sheet (see Appendix 1). This information sheet was used to set expectations around the actual research process, and the participants were encouraged to seek further information before agreeing to join in. Each participant was given an opportunity to read and sign a consent form before interviews commenced (see Appendix 3). Participant anonymity was maintained by assigning each participant a pseudonym and storing all transcripts in a locked cupboard.

Participants were considered for inclusion based on two specific criteria: 1) participants were able to identify themselves as regular users of weight management programmes (current and past users) and 2) participants were willing to articulate their experiences in written and spoken English during interview sessions. Throughout the interview process, participants were reminded to refrain from mentioning their names. Later, when reviewing the transcripts for errors, sections where names were spoken were edited out. Most participants were very cautious about their anonymity, while others were not, and in fact a couple of them were happy to be identified as willing participants for the enquiry.

Characteristics of Participants

Participants came from all walks of life, ethnicities, socio-economic statuses, and genders, which accounted for an interesting research journey. I ended up interviewing 24 individuals from 13 different ethnic groups. In total 7 participants were interviewed for the second time and a further 3 participants were interviewed on three occasions. The youngest participant was 21 years old and the oldest was just over 60 years old. Of the original 24 participants, 13 were female, 9 were male, and 2 withdrew due to concerns of privacy. Each one of them had an interesting and unique story to tell, yet there were incidences discussed that were consistent across the whole group. In spite of all these differences, we had a common a goal to achieve: finding a sustainable solution to curtail the ever-increasing epidemic of obesity. Table 3.2 provides a demographic profile of the final research participants.

Table 3.2: Profile of Research Participants

	Pseudonym	Gender	Age	Ethnicity
	TAMMY	F	40	New Zealand Indian
	MISSEY	F	51	North American
	NIWEE	F	34	New Zealand European
	METHY	F	48	Zimbabwean
	HANSINI	F	21	New Zealand European
	RISINA	F	26	New Zealand Māori
	JOANN	F	51	New Zealand Māori
	VALERY	F	41	Pacific Islander
	KAMINI	F	38	British
	BETHANY	F	24	Chinese Malaysian
	SHAMAL	F	34	Middle Eastern
	ALWYNA	F	48	Scottish
	TRISHA	F	53	British
	RYDER	M	28	North American
	LESLEY	M	36	South African
	ARYAN	M	34	Malaysian
	RODNEY	M	51	New Zealand European
	GERARD	M	55	New Zealand European
	OVI	M	61	New Zealand Māori
	WATTY	M	54	New Zealand European
	CALVIN	M	60	British
	GREG	M	52	New Zealand European

Sampling (Purposive & Theoretical)

According to Glaser and Strauss (1967), the process of sampling is dependent on the need for more data as the theory starts to emerge from of the data at hand. This allows for flexibility in selecting participants that can become part of the research enquiry and add depth to the data. This also offers the opportunity to diversify types of participants when the need arises. Hence, grounded theory researchers do not determine the number of participants in an enquiry, especially during the planning stage. For years there has been an ongoing debate in literature as to what is considered theoretical as opposed to purposive sampling (Charmaz, 2006). Coyne (1997) has suggested that one must conceive theoretical sampling as a type of purposive sampling which is driven by the need for more data in subsequent phases of data collection. Glaser (1998) advocates the use of constant comparison analysis, which helps with saturation as well as enrichment of data, and which guides the further data collection decisions, including helping to avoid bias with sampling methods.

Charmaz (2014) offers a list of benefits of using theoretical sampling. She suggests theoretical sampling helps in generating inclusive categories and provides firmly grounded analysis which helps establish a stronger connectedness between the data and the process of analysis. According to Charmaz (2014), theoretical sampling has some procedural characteristics:

I. It is a process of seeking and collecting pertinent data to elaborate and refine emerging theory.
II. It develops the properties of emerging categories until no new properties emerge.
III. It brings explicit systematic checks and refinements into the analytic process.
IV. It distinguishes grounded theory form other types of qualitative research.

This research enquiry took a broader perspective in its investigation by viewing weight management interventions through the multi-layered lens of the social-ecological perspective. In line with this multi-layered context, it was important that the sampling method demonstrated a certain level of flexibility which was evident within the characteristics of purposive and theoretical sampling. Before any formal attempts for theoretical sampling were initiated, the immediate sampling strategy focussed on recruiting a purposive (convenient) sample. Participants were invited to take part in a research interview as long as they fit the criteria of having undergone weight management interventions within the past five years. The process of intensive interviewing was followed up with transcription of the data, followed by coding and memo writing sessions, and finally culminating in comparing the results with other data through the process of constant comparison. After the initial phase of data analysis, or the first set of 13 interviews, some of the core categories started to emerge, and hence subsequent interview processes focussed on following the traditions of theoretical sampling.

The research became a process of interviewing, simultaneous memo writing, and data analysis through the process of constant comparison, which generally brought out the need for theoretical sampling. Theoretical sampling helped with refining and sometimes exhausting some of the emerging core categories as they were conceptualised through the process of analysis. As the core categories started to emerge, there was an urgent need to explore them fully; hence, further sampling was guided by this process of developing and fully explicating the entire range of variances in the properties of each category. Theoretical sampling helped with remaining focussed on the types of data being collected and also with the range of questions that were asked to the next group of participants. This type of sampling further helped with enriching the evolving patterns of relationships between the various core categories. This was helpful, since it started to offer some initial insights into the research questions set out

during the initial stages of enquiry. Both research questions were about the underlying empowering or disempowering processes at play for individuals in episodes of consumption.

Theoretical sampling helped with ongoing data collection, especially in the second phase of the research. Some participants were interviewed a second or third time, and the theoretical sampling process helped with setting out new lines of questioning, which were queried and discussed in subsequent interviews. Asking a new set of questions based on the simultaneous analysis was an interesting process that unfolded through a chain reaction: induction-abduction-deduction. The memo writing and subsequent analysis helped with the inductive process of generating categories; it also helped with the deductive process of establishing the underlying relationships between the categories and establishing their fit with the data. Abduction is another somewhat natural step between induction and deduction, and it helps the researcher make the leap from induction to deduction. Ezzy (2002) explains, "abduction makes imaginative leaps…to general theory without having completely empirically demonstrated all the required steps" (p. 14). This process of abduction is very difficult to explain on a piece of paper, but I felt it like an emergent phenomenon, something occurring naturally within my research space.

After having been through the process myself, I can claim to understand the purpose and nature of theoretical sampling. Theoretical sampling guides your enquiry, enriches your categories, adds depth to your analysis, and helps with explaining a phenomenon or the underlying processes as they unfold. One is able to evaluate each new property of the core category and question its interconnectedness with the other core categories until a clearer picture starts to emerge. This process, more than anything, needs time and a constant comparison between everything; that is, between each bit of data and all other data. Figure 3.2 shows the induction-abduction-deduction process.

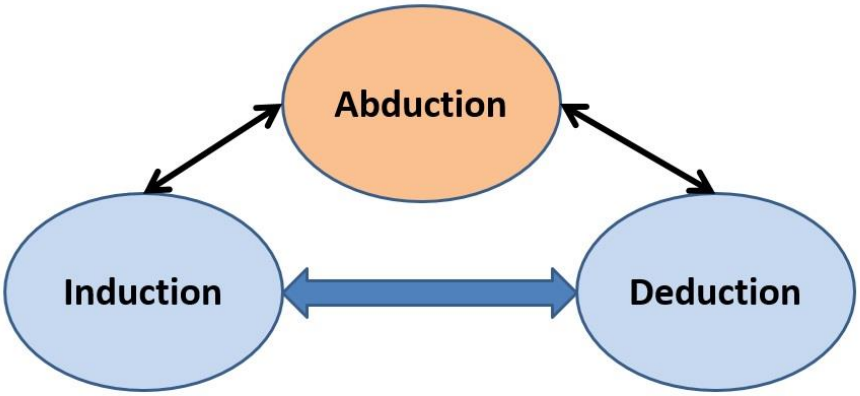

Figure 3.2: Process of Induction-Abduction-Deduction

Intense Interviewing

Intense interviewing is one of the preferred methods for data collection in constructivist grounded theory. The method promotes an in-depth and often intimate discussion of the participant's experiences which goes beyond the normal limits of conversational etiquette. It can be classified as an interaction which is controlled, flexible, emergent, co-created, and designed to elicit deep-seated insights from the participant. Lofland et al. (2006) describes it as "directed conversation to explore an experience or issue about which the research participant has deep first-hand knowledge" (p. 99). The conversations are initiated by the researcher but mostly driven by the participants with the help of intermittent prompts by the researcher. This particular data collection strategy works well with grounded theory, as it is open-ended but directed, shaped but still emergent in nature, and paced yet unrestricted in its scope and intent (Charmaz, 2006).

The interview process and the nature of the conversations varied depending on how involved the participants were with the topic. Some participants were very focussed and passionate about the topic, and so the conversations were mostly guided by them. A typical interview lasted for about 45–50 minutes. Other interviews lasted much longer (for about 90–100 minutes, and a couple lasted only 30 minutes). All of the sessions in phase one started with

a line of questioning which was formally signed off and approved by ethics approval, but over time the altered focus of the conversations led to completely new lines of questioning. Generally, the first 10 minutes of conversation were guided by me as the researcher. Once the participants were at ease, they started to open up and proceeded to offer deeper insights into their personal experiences with various intervention programmes. Interviews were audio-taped while I noted down key terms spoken by the participants, so as to ask probing questions about those terms later on in the conversation. Some of these key terms became the focus of the open coding process, wherein some of the in vivo codes were naturally generated, and a couple of them ultimately became the object of the focussed coding process.

While conducting the interviews, I made notes to capture non-verbal gestures, expressions, and other emotions displayed by the participants. This unspoken communication helped with capturing the context, such as a participant's excitement, or in some cases despair when feeling overwhelmed with the topic of weight management. If non-verbal expressions were obviously intense, then the expressions were probed further for clarity. All of this was essentially a big learning curve for me which was exciting and exhausting at the same time. With all the planning that goes into an interview, one can never be prepared for things that do not go to plan. Technology failures can strike when least expected, for example, in the form of my Dictaphone taking an unexpected break (it stopped working) at the beginning of an interview. I had to rely on memory and a notepad to capture as much as I could during that conversation, which was quickly jotted down as a first reflection memo while I sat in a parked car outside a supermarket. I later shared the memo as well as the open coding file with the participant to make sure it had captured everything discussed that afternoon.

Member Checking

After each interview, I offered each of my participants an opportunity to read through their transcripts and my initial coding file, so as to make sure I had captured all the elements of our conversation. Only two of the participants requested copies of the transcripts and the coding file and were happy with the data capture. One of them pointed out a couple of missing words or phrases which were later rectified. Some of the participants were keen to stay involved in the research; some even wanted regular updates on findings and wanted to contribute further. Some of them were approached later and a few were re-interviewed on more than one occasion, which added richness to the data and helped with the ongoing analysis.

Memo Writing

When doing grounded theory research, researchers are encouraged to write memos from the start of the research process until such time that all of the analysis is completed and documented (see Appendix 5). Memo writing is encouraged as it provides opportunities to capture all of the researcher's thought processes. Memo writing also helps with the data analysis stage; as new ideas and connections are made, documenting them helps with maintaining consistency throughout the research process. Researchers are encouraged to write memos to themselves and to remain open to new ideas and connections they might find within the data or with any external stimuli. The first set of memos for each participant was written immediately after the interview so as to capture the discussion and to put it in the context of the whole enquiry (see Figure 3.3).

It is advised to assign names or titles to these memos, as this helps later when sorting the memos as part of the constant comparison process. Generally, memo writing helps with developing fresh ideas, finding connections between new concepts, and discovering gaps in current collection strategies. The memo writing process is pretty much constant throughout the

research journey and even when all the interviews were done and theoretical saturation was achieved, memo writing continued until research was complete. It offered an opportunity to explore, question, and express ideas as and when they came up. Some of the memos were written first thing in the morning or in the middle of the night, as and when new connections between the core categories started to emerge. I shared and discussed memos with my supervisory team regularly to make sure that the analysis was logical and coherent in nature. Figure 3.3 provides a memo sample.

Memo: 20th October 2015 - Initial memo - ALWYNA

This was my 6th interview with a 48-year-old Scottish lady who moved to New Zealand in her teen years and married young and came from a family that owned and ran a Bed 'n Breakfast service back in the days so food was and still is a BIG part of her life, especially traditional Scottish food that tends to be rich in caloric content. Very interesting discussion that talked about her weight going up and down a few times, drastically at times, throughout her life and struggling to keep up with it, in spite of managing other challenges such as looking after an ailing mother and two kids who each had different needs. Has tied diets of various types and have worked for a period of time but became unsustainable over a period of time. Used to work as a Cardiac Rehab technician and was training to be a rehab nurse but did not like the stance taken by most of the consultants and dietitians around putting patients on spot and blaming them for the lack of treatment adherence. Does not trust the whole set-up and its approach in dealing with the real issues, which thinks have to be based on providing encouragements rather than threatening behaviours demonstrated by many in the field. Over the years has ascertained the fact that stress as a big contributing factor on her individual weight gain and is looking to get out of current situation (employment) hoping it might be the basic cause of the problem.

Figure 3.3: Writing Initial Memo

A total of 20 transcripts were analysed using the method of constant comparison. In all 340 pages of transcript were read and re-read and coded over a period of 18 months. The initial coding was shared with and approved by my supervisory team. Further coding and analysis was shared with the team on a regular basis and feedback was sought before the next phase of interviews were initiated. The process also resulted in 44 pages' worth of memos which were simultaneously written as the analysis went on until the end of thesis writing process.

Theoretical Sensitivity

In classical grounded theory, the idea of a researcher doing a literature review before entering the field is a contentious one (Glaser, 1998; Anselm, Strauss, & Corbin, 1998). The

unpredictable and somewhat emergent nature of grounded theory makes it harder for researchers to know exactly what type of literature might be needed as the analytical process unfolds. Classical grounded theory suggests a researcher should not contaminate their viewpoint and should remain open to new ideas. In effect, the researcher should remain reflexive throughout the research. This stance may be valid, but for a novice researcher who is encouraged to seek ethical approval before data collection, it is not very realistic in its ethos. It is important to note that in the case of this research, completing the literature review before entering the field did not hinder the analytical process in any way. I remained open throughout the process and the constant comparison naturally started to point towards further literature which I had previously overlooked during the initial review.

Constructivist grounded theory, which was what I chose for this research enquiry, suggests the literature review can be done either before entering the field or simultaneously throughout the process of constant comparison after entering the field. In fact, Charmaz (2006) suggests a simultaneously conducted literature review helps the researcher to ask probing questions about the emerging concepts "from multiple vantage points, [to] make comparisons, [to] follow leads, and [to] build on ideas" (p. 135). The constructivist stance on the literature review feels more natural in its intent and design. On various occasions, new concepts and interconnections between the core categories and concepts emerged, which led to re-engaging with literature so as to substantiate the claims that were made during the memo writing process. On such occasions, the analysis was halted until supporting literature was sought and reviewed and further memos were written to that effect. The more reading and reflection occurred, the more writing followed, either in the form of refining the literature review (Chapter 2), or sometimes refining the memo writing processes itself.

Over time, as the core categories were refined and a supporting narrative was written in the findings, more reading and writing was undertaken to understand how everything fit within the broader literature. Literature review on systems theory was initiated much later during the analysis process, an example of how the need for emerging literature guided the enquiry until the end. Systems theory in itself was very broad and was spread across humanities, natural sciences, engineering, medical sciences, and social sciences. It took longer to understand some of the key features and processes of systems theory and then delineate the social sciences perspective of the theory than it took to conceptualise the core categories themselves. Further on, when core categories and their interconnections were established, the systems theory perspective started to connect almost all of the core categories and the complexity of analysis increased manifold. It became harder to explain the emerging model in one attempt; hence, the model itself had to be broken down into two separate models, which made the job of elaborating the underlying processes much easier than it had been in the first instance. One has to go through the journey to truly understand some of the key concepts of grounded theory, especially the concepts of purposive and theoretical sampling, the process of constant comparison, and finally the concept of theoretical sensitivity. Reading a book or completing training workshops is a good starting point, but grounded theory only truly makes sense after experiencing it first-hand.

Constructivist Grounded Theory: The Analysis

Coding the Transcripts: Phase 1 (Open Coding)

Once data collection (intense interviews and memo writing) commenced, the analysis process began and became the starting point for theory development. Analysis was basically the process that converted raw data into theoretical concepts which further elucidated the social process at play. After data collection, interview transcripts were coded either line-by-line or

paragraph-by-paragraph. This led to substantive or open coding, through which concepts, dimensions, and properties of raw data were revealed. Glaser (1978) describes substantive coding as a "way to generate an emergent set of categories and properties which fit, work and are relevant for integrating into a theory" (p. 56).

The emphasis was on labelling these open codes and categories with prominent words found within the data itself with the help of gerunds. The underlying process was trying to code for social and social-psychological processes with specific emphasis given to the participants' underlying acts or actions. The process of initial coding was undertaken either as word-by-word coding or as line-by-line coding to understand participants' actions and to answer the basic question: "What is happening here?" Figure 3.4 provides an example of line-by-line coding.

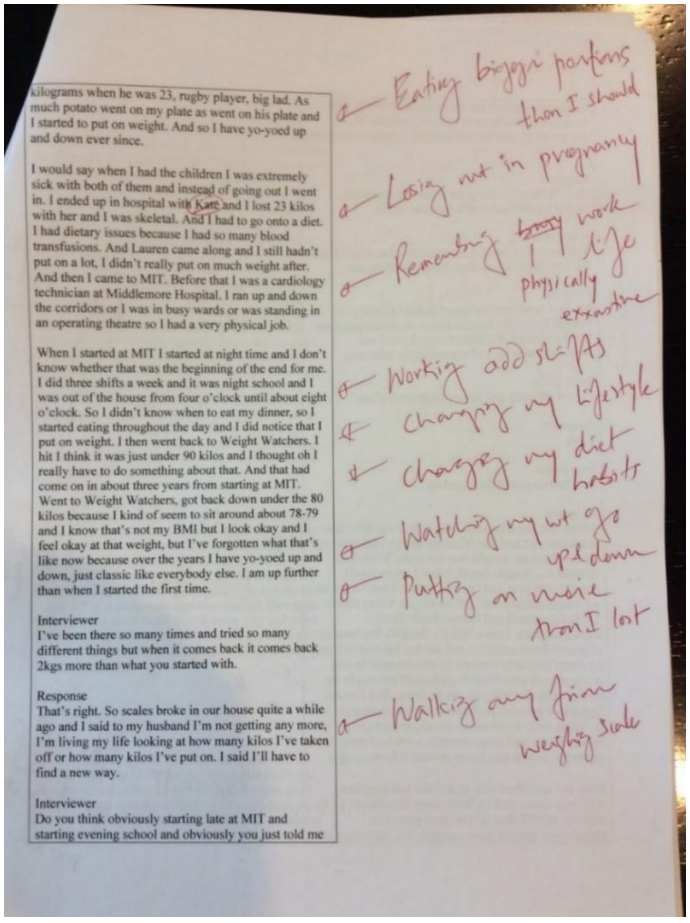

Figure 3.4: Line-By-Line Coding Frame

Draucker, Martsolf, Ross, and Rusk (2007) explain the grounded theory analysis process as follows: “Open coding is the initial close, line-by-line or word-by-word examination of the data for the purpose of developing provisional concepts […] Selective coding is the examination of the data for the purpose of unearthing the core category and achieving the integration of the theoretical framework” (p. 1138). In practice, which over time becomes routine, each transcript was printed on paper and then read through a couple of times before initiating the coding process. As suggested by Charmaz (2006), gerunds were used for coding lines or paragraphs, and at times, entire sections.

Sometimes I found myself listening to events described by participants that I had already coded after previous interviews. When recurring events like these started to emerge through the constant comparison process, it started to point towards the interconnections between the core themes very early on in the process. After finishing the coding processes for each interview, all the open codes were populated in a separate folder labelled “my open codes.” Then I wrote a reflective memo to myself about what was happening in the lives of participants. Table 3.3 provides a sample of open codes and the subsequent reflective memo.

The focus was to illustrate the social processes at play and how the participants were describing or re-living the episodes. Initially, the process took a very long time to complete and even after coding an entire transcript, it was re-read to make sure the coding process had in fact captured all of the significant events discussed during the interview. Later on, the process became a routine, and a helpful one, as it became more time-saving and efficient. It was important to be aware that once this became routine, it was very easy to miss significant events while coding. To mitigate this, on a couple of occasions, I re-coded transcripts in an attempt to refine or re-capture the underlying processes that were missed in the initial reading.

Table 3.3: Collection of Open Codes and Memos

Open Codes	Discussion - Memo
Acknowledging Scottish heritage Cultural food habits Celebrating food habits Working in a food business Immersed in cultural food habits Participating in food preps Embracing the lifestyle Consuming rich food sources Supporting the family Juggling with food and family priorities Remembering childhood weight gain Eating bigger portions Losing weight in pregnancy Remembering all hard work put in Working odd time shifts Changing my pattern of eating Watching the weight go up Eating multiple times Putting on more than I lost Refusing to get on weighing scales Struggling with work life balance Eating more than I should ….cont.…..	A middle-aged woman of Scottish heritage has grown up with food as big part of who she is and ended up living with her sick mum and family who have enjoyed the rich food based lifestyle for many years. Has had weight as a constant issue in life with it going up and down many times but clearly related to stress levels she suffers with demands on her time from sick family member(s) and growing kids with different sorts of food allergies or needs of special diets. Working in a stressful work environment and working odd shifts during the day adds to the stress and associated food binges she suffers and has suffered for more than 20 years. All of this hit a low point when mum passed away and she did not get time off to grieve and get over the emotional stress that comes with it. Has decided to take control and seek help from family members to get her back on track and look after herself, put her needs first. Does not want to engage commercial products/dietitians since she believes they treat you like kids and too authoritative in their approach and find opportunities to put you down/on a guilt trip to achieve an outcome, which has very little positive affirmation and support and in the end all this ends up costing a lot with the outcomes that do not last (transient weight loss).

As the data analysis progressed through the process of constant comparison, concepts were refined, extended, and cross-referenced with the entire data set. Once again, continuous memo writing helped with achieving this and with discovering what the participants were trying to say during their conversations and what underlying social processes were at play. This

was an exhaustive journey and took much longer than I imagined during the planning stages of the research. I had to constantly look for events or incidents that were somewhat similar in nature (as described by the participants), all along looking for different or completely new lived experiences that were dissimilar in nature. This process of constant comparison was later used to group similar experiences together while putting the dissimilar aside in a separate list.

Constant Comparative Analysis

Constant comparison was the key process that helped with the data analysis and conceptualising stages of the research. Each interview typically yielded 40–50 open codes which were later grouped into categories that could describe what underlying process were at play. The first set of interviews (interview 1 and interview 2) was compared so as to start the process of constant comparison. The first set of codes from the interview 1 transcript was written on a whiteboard in **blue**. Next to this first set, the second set of codes from the interview 2 transcript was written on the same whiteboard in **black**. Individual codes from the two code sets were paired based on how similar they were. Codes from the second set that could not be paired by similarity (new codes) because they were not found in the first set of codes were written towards the bottom of the whiteboard. Figure 3.5 documents this process.

As can be seen in Figure 3.5, concepts that were similar to both transcripts were written in the whiteboard margin in **red**. Dissimilar concepts (from codes not able to be paired by similarity) were written in the whiteboard margin in **black**. This process continued after re-reading both interview transcripts, all along trying to make sense of "what was happening in the data." Over time, new connections started to emerge and the process continued until the 20-plus open codes on the whiteboard were narrowed down to 8 open codes which summed up what was said by the participants during their respective interviews.

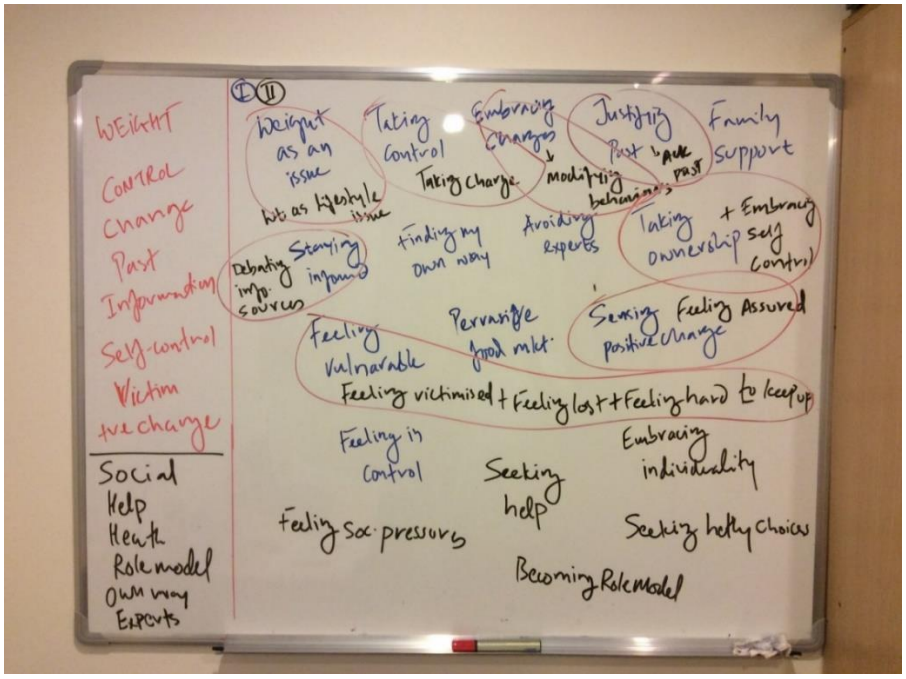

Figure 3.5: Initiating the Process of Constant Comparison

Constant comparison requires researchers to have faith in the basic principles of grounded theory and to just get on with the process. The researcher has to learn to read each of the open codes, understand the basic social processes as they are described by participants, and find similarities of expressions in the participants' experiences. Referring back to Figure 3.5, this can be seen where certain open codes were grouped together. Similarities of expression such as "feeling vulnerable," "feeling victimised," "feeling lost," and "finding (feeling) hard to keep up" were identified and a **red circle** was drawn around them to group them as one, as the basic social processes and the contexts in which they were described were very similar in nature. With constant comparison, the researcher is encouraged to stay close to the data and re-read the relevant sections of transcript to make sure that these types of groupings are appropriate, can be substantiated further, and are not based only on a hunch.

The more data analysis I did, the more memos I ended up writing, and the more data it seemed to produce. At one point, I wondered whether I was reducing the amount of data to a manageable size, or increasing it, making it too complicated to be analysed. Over time I could

see the emergence of new concepts and connections, and this encouraged me to examine the data even further. It was exciting and tiring at the same time, since I was rediscovering some of the processes outlined by the literature review, while also discovering new connections not yet made in the extant literature. All along I remained close to the data while trying to understand the many reasons behind each of the participants' experiences as they were narrated to me. The constant comparison process, including memo writing, continued until the first 13 interviews were transcribed, coded, and then compared with the rest of the data, and the entire process resulted in almost 51 open codes. This was treated as the first milestone in the analytical process. Table 3.4 below provides the first set of open codes.

Table 3.3: First Set of Open Codes (Post 13 Interviews)

Weight and issues	Taking control	Vulnerability	Seeking help
Avoiding help	Role-modelling	Inspired outcome	Family support
Vanity issues	Responsible marketing	Legislative change	Empowered outcome
Role of education	Meaningful change	Balancing act	Pervasive food mkt.
Cultural factors	Co-created emp. / two-way street	Lack of community support	Life Skills
Spending up	Living with guilt	Disempowering exp.	Debating foreign foods
Value of local produce	Sources of industrial power	Process of self-discovery	Aspiring to be free
Eating at odds with the norm	Physicality of lifestyle	Taxing foods	Food addiction
Overconsumption	Binge rehabs	Migration	Experiencing new cultures/foods
Breakdown of families	Seeking comfort foods	Being bullied for weight	Wanting to break the mould
Learning to question the norms	Sport to play leading role	Debating the true nature of free will	Teaching to reduce self-harm
Making health part of curriculum	Ethics of food/alcohol sponsorships	Victimising the victims for profits	Shocking institutionalisation of bad food
Incentivising healthy living	Need for empowered leadership	Reducing barriers to health	

This took time, faith, and lots of re-examining the same transcript excerpts repeatedly. What was described by the participants was questioned regularly, including what was not being

said or what perhaps remained unsaid during interview. Later on, this process helped with writing many sets of analytical memos. The only way to connect the dots was to write an analytical memo to myself, all along explaining the concepts or the processes underlying the phenomenon under investigation (see Appendix 5).

Coding the Transcripts: Phase 2 (Focussed Coding)

As the analysis went further subsequent questions emerged such as "When are participants acting the way they do? How are participants acting? What are the consequences of the participant's actions?" Eventually the open codes started to connect conceptually with other open codes, or they started to collapse into a major code. This iterative process led to the second phase of coding called focussed coding. The focussed coding helped with generating substantive theory from the data on hand. Charmaz (2014) suggests "Engaging in focused coding is the second major phase in coding. These codes appear more frequently among your initial codes or have more significance that other codes. In focused coding you use these codes to sift, sort, synthesize, and analyse large amounts of data" (p. 192).

Throughout the research process, which involved constant comparison, writing memos, focussed coding, and data analysis, a whiteboard became a very useful tool. Every process was noted and illustrated with the help of a whiteboard. As I worked, a quote I had read in the past started to resonate: "How do I know what I am thinking unless I see it?" For a neophyte researcher like me, this was really helpful and perhaps saved me from drowning in my own data. This process of thinking out loud with the help of a whiteboard was very helpful in communicating my thinking process with the supervisory team. The first round of focussed coding yielded a total of 4 focussed codes: "living through consumption," "feeling disempowered," "wishing for control," and "seeking my role model." A set of analytical memos were written to explain the underlying processes and find the connections between the

codes so as to answer the question: “What is happening here?” Figure 3.6 depicts the interim results of the focussed coding process.

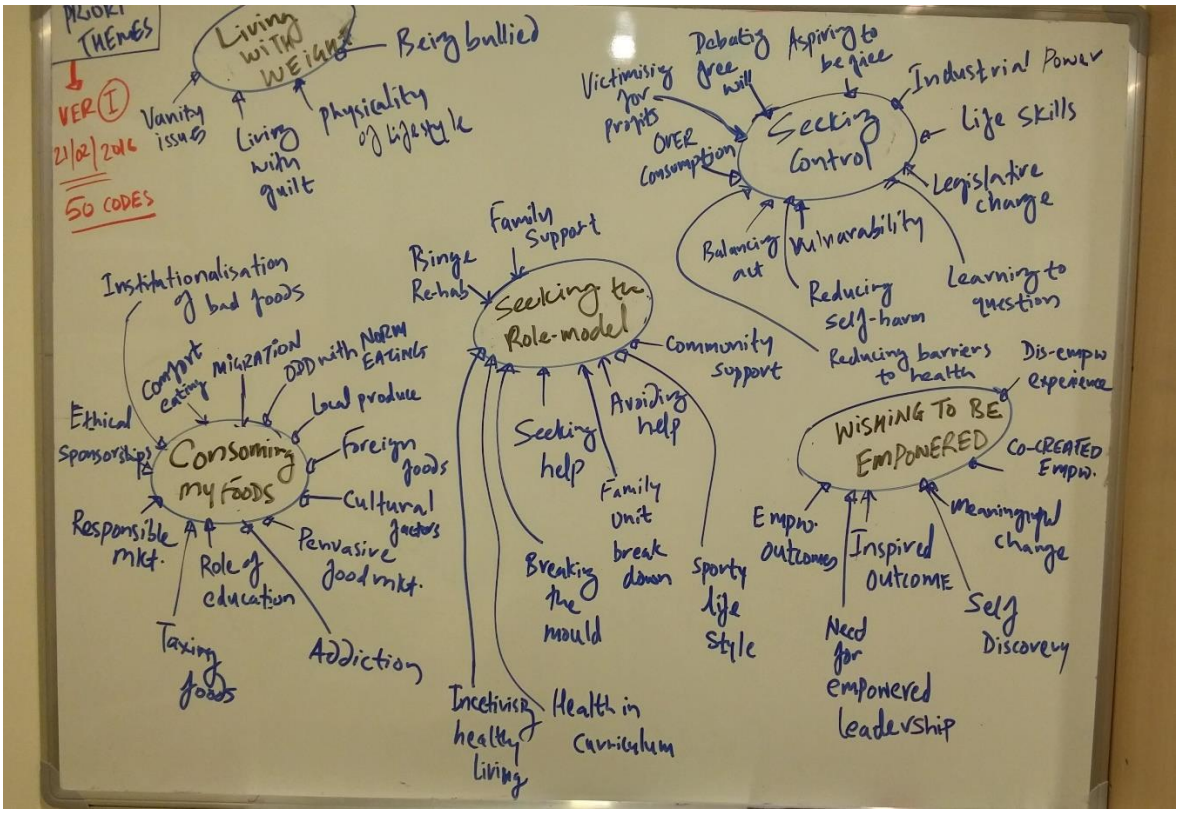

Figure 3.6: Process of Focussed Coding

Focussed coding generated 5 focussed codes were which were able to explain some of the 51 open codes generated by the process of constant comparison during open coding. These 5 focussed codes were “living with weight,” “consuming my foods,” “seeking control,” “seeking the role model,” “wishing to be empowered.” All of these focussed codes were based on initial interpretations of what the participants were trying to convey through all conversations over a period of ten months. To further illustrate how and why specific open codes were grouped under a prominent focussed code, I will use “seeking control” as an example. The open codes of “over consumption,” “balancing act,” “reducing self-harm” and “victimised for profits” were analysed in the context of how participants were constantly struggling with health outcomes related to food consumption.

In spite of wanting to do the right thing, participants felt vulnerable and perhaps unable to help themselves, but they were constantly wishing for a measure of control in their lives. Some debated whether they had sufficient life skills for reducing self-harm, some questioned the free will ideology, and some questioned pervasive food marketing. Hence, many hoped for legislative change to bring about a measure of control in the marketplace. The feelings of not being in control, and of wanting to be free, were both evident. Hence, specific open codes naturally collapsed into the focussed code of "seeking control." Table 3.5 lists the open codes that led to "seeking control" as a focussed code. The codes were constantly analysed and re-written to best capture the meaning of the underlying social processes.

Table 3.4: Open Coding Leading to a Focussed Code

Focus Code	Open Codes
Seeking Control	Gaining life skills
	Learning to question
	Reducing self-harm
	Doing a balancing act
	Debating food tax
	Debating free will
	Reducing barrier to health
	Legislative change

The entire process of coding and analysis was greatly assisted by the data management software NVivo (10). Using the software helped in sorting and categorising the data and capturing participants' quotes verbatim. The process of sorting quotes into major and minor nodes started to offer a visual summary of the ongoing analysis. It also made it easy to find connections between the various nodes during the writing process. Figure 3.7 provides a screenshot of coding using NVivo (10).

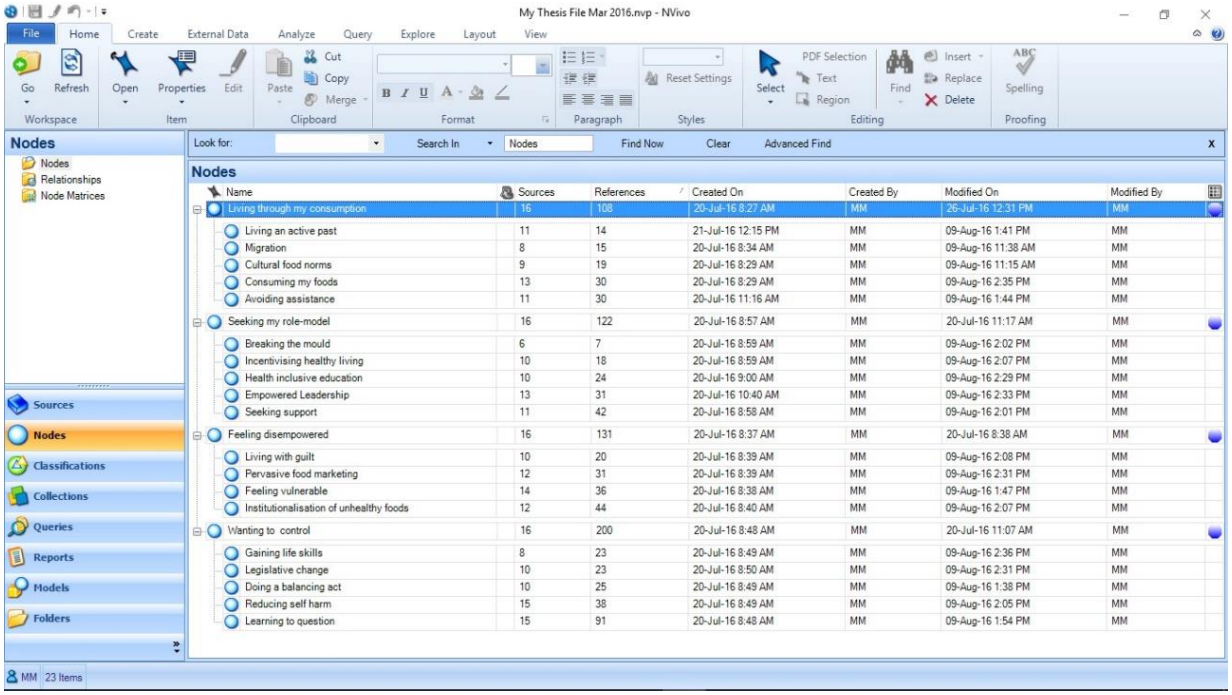

Figure 3.7: Coding Window for NVivo (10)

After a few more iterations, a pattern, or story, that could answer the key research questions started to emerge from the data. The analytical memos started to provide descriptions of what was evidenced by the data, and the interpretations started to point towards the major findings of the research. Through this, the very process of synthesising the findings started to occur naturally. The analysis, the memo writing, and the mind-mapping with the help of the whiteboard continued until the end of the writing process.

Trustworthiness

Trustworthiness of data analysis is generally concerned with the accuracy of the research. Whether the data produced by the research is trustworthy or not impacts the credibility of the research. In constructivist grounded theory research, three key criteria are used to determine trustworthiness: credibility, originality, and resonance (Charmaz, 2006)

Credibility

One of the key considerations to ensure credibility of the data stems from whether the findings provide enough evidence that a researcher's claims are factual and arise out of the data itself. To ensure credibility that my claims were factual and derived from the data, I consistently used participant narratives in determining and presenting the findings. In addition, the core categories, or the properties, and the underlying sociological processes at play were outlined and discussed in line with the research questions. I used memo writing from the outset of the enquiry and continued it until analysis was complete. This continuous memo writing helps to build trust in the data as well as providing evidence of the analytical process, which spanned a period of two years. Additionally, these memos were intermittently shared and discussed with my supervisory team to seek their opinions and feedback in regard to the authenticity of the sociological processes that were emerging from the data.

Originality

Originality is concerned with how the study is able to challenge as well as extend the current understandings of the phenomenon under investigation. The findings of this research (outlined in Chapter 4 and Chapter 5) offer insights into the processes that lead to empowered or disempowered outcomes. The discussion of the findings and their implications challenges the current conceptualisation of the processes that lead to empowered or disempowered outcomes, and it offers insights into the theoretical and social significance of these processes. In addition, this research adds to the extant literature by addressing the current gaps in the literature around some of the key concepts of empowerment and consumer empowerment. The research was also able to provide recommendations for improving future marketing practices and policy decisions (see Chapter 6).

Resonance

Resonance refers to the ability of the data to provide a genuine representation of the participants' experiences. The first question that needs to be answered when assessing resonance is as follows: Has the data truly captured the participants' experiences as intended by the method of data collection? To ensure the data collected truly captured participants' experiences, I gave each participant the opportunity to read through the interview transcripts and make sure data captured was accurate and any rectify any omissions. A couple of participants chose to do this, while others declined the offer. The second question that needs to be answered is as follows: Do the study findings make sense to the participants themselves? To ensure the study findings made sense to participants, the participants who agreed to participant in repeat interviews were given full access to the analysis process and the research outcomes. The repeat interviews were designed to validate the outcomes of the research, and to check if the analysis genuinely resonated with the participants' weight management experiences. Chapters 4 and 5 outline the findings of this grounded theory based enquiry.

Chapter 4: Results Part One

Introduction

The purpose of this research enquiry was to investigate empowering and disempowering experiences as described by individuals living through various health promoting interventions for weight management and obesity. It was designed to generate substantive theory about consumer empowerment processes during episodes of consumption. The first research question which set the scope and the boundaries of this research was as follows:

Research Question 1 (RQ1): How do individuals experience disempowered outcomes in episodes of consumption?

This chapter presents interpretive results on the processes which led to disempowering outcome for study participants (RQ1). At the beginning of the chapter the core category emerging from results is introduced. Results are presented according to the core category and the properties, or themes that were found within the core category and these results are substantiated by participant narratives. It is worthwhile noting that each of the themes (properties) of the core category are elaborated further with the help of subthemes (sub-properties or sub-processes). This intricate interplay between the *themes* and *subthemes* helps with outlining the underlying sociological processes that either empower or disempower individual social actors on their weight loss journey of seeking health and well-being. At the end of each theme section, results are summarised to answer the research question. Finally, an in-depth summary offers insights into how individually- and ecologically-driven consumption processes lead to disempowered outcomes for individuals and communities alike.

Core Category: Feeling Entrapped

Grounded theory based analysis showed that disempowered outcomes are underscored by various processes that ultimately impact upon the overall health and well-being of individuals as they go through consumption-related life experiences. These processes, which can be grouped into properties of the core category that lead to disempowered outcomes are subsumed under the core category *feeling entrapped*. The six main properties (themes) of processes found are presented in Figure 4.1.

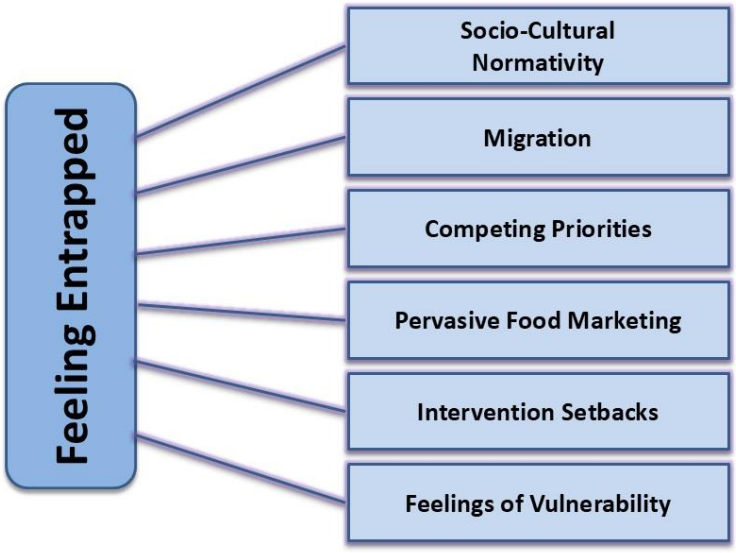

Figure 4.1: Core Category: Feeling Entrapped

Results showed feeling entrapped is an outcome of the process of indulgent food consumption, including overconsumption, that leads to unhealthful weight gain, and when coupled with declining health status and associated loss of control over life circumstances, this process eventually gives rise to pronounced feelings of perpetual entrapment, or feelings of disempowerment. This core category of feeling entrapped is essentially comprised of six

properties (themes): *socio-cultural normativity, migration, competing priorities, pervasive food marketing, intervention setbacks,* and *feelings of vulnerability* (see Figure 4.1).

Socio-cultural Normativity

This property describes the primary reasons why food is consumed, or perhaps overconsumed, by individuals, and it describes wider implications on consumption practices in daily lives of individuals and communities alike. Data analysis pointed to two distinct facets of consumption practices, some of which are driven by social consumption norms, while others are driven by cultural influences on consumption practices. Social consumption norms are formed through the socialisation processes that individuals go through from childhood, wherein they are purposefully trained to follow certain consumption practices by their parents or caregivers. Similarly, individuals also learn consumption behaviours from childhood by observing and mimicking the wider social networks they are exposed to. As they are introduced to the practices and norms of their culture at home and in their wider social networks, individuals learn to follow rituals as well as routine cultural practices and consumption norms. This twofold influence on consumption practices ultimately resulted in the naming of the property *socio-cultural normativity*. This property is elaborated further by three subthemes: *social cohesion, obligatory group norms,* and *cultural consumption norms.*

Social Cohesion

Social cohesion describes episodes of consumption in which the act of consuming food connects and binds individuals in social and sometimes situational bonds. In these instances, the purpose of consumption goes beyond satisfying hunger, as food is used for the purposes of entertaining others, socialising, enhancing social cohesion, and enhancing connectedness within families and between community members. Participative consumption acts as the social

"glue" that brings individuals together and ties them into social and structural bonds. Participants in this study were fully aware of these underlying processes, but found it difficult to cut back on social cohesion associated consumption practices.

Alwyna describes how she unwittingly participated in overconsumption practices within the domestic context of her life. Cooking and sharing bigger quantities of food with her husband, who had a big appetite, in effect led her to overconsume.

> Married life came along, and I wasn't used to feeding a fellow who is six-foot-four and a hundred kilograms. (When he was 23, rugby player, big lad.) As much potato went on my plate as went on his plate, and I started to put on weight. And so I have yo-yoed up and down ever since.

She described sharing meals with her husband as her way of connecting with him over dinner, which happened to be the only time during the day they (as a couple) could sit down and be together. Over a period of time, this resulted in excessive weight gain which was possibly unwanted and unintentional.

Watty discussed his love of food and how his tendency to overconsume was mostly related to his socialising with friends and family over the weekends.

> I love food, absolutely love food…I don't count my calories. It's always in the back of my mind but look, you know, we are going to a friend of mine's birthday down in Hamilton on the weekend. We are going to stay with my mum. My mum makes the most amazing meals; like, I don't even want to count my calories. It will be horrendous.

Watty pointed out his love for his mother's home-cooked treats and how frequently, he would consciously ignore the calories when he ate at her place. He acknowledged that he needed to control the tendency to do this, although he also thought participating in these events kept him

connected to his family and friends, and he would never do anything that would undermine his ability to seek social cohesion.

Obligatory Group Norms

Obligatory group norms describes the social obligations (pressures) faced by the participants to take part in episodes of consumption, at times against their own wishes. The narratives showed participants were subject to social pressures that led to participating in unhealthy consumption practices which they considered to be counterproductive to their overall health and well-being. Furthermore, acts or attempts of non-participation were readily questioned by group members. Participants pointed out how engaging in consumption of unhealthy foods at *social events* had increasingly become a socially acceptable phenomenon.

Trisha's narrative captured her experiences of attending social gatherings regularly, and in it she questioned the consumption norms that were forced on her each time.

> I mean like Pacific Islanders, for example—it's their culture to actually eat, and they all have these big get-togethers and they eat their taro and this, that, and the other. And they might not make the right food choices, but that is just part of the way they live…Even if you have actually eaten before you go, you are expected to actually eat: Why aren't you eating? Have something to eat. Eat, eat, and it's almost like you are being culturally insensitive if you say, "look I'm really not hungry." You actually have to put something on your plate and eat it…It is a social thing isn't it, and it is a social situation; it's a cultural expectation that you actually partake.

Trisha was never averse to the idea of participating in the act of consumption, but she had issues with the calorie content of foods that were on offer when she participated in these events. She wondered if the community as a whole ever questioned the health consequences of their consumption practices.

Kamini talked about her experiences of trying to avoid the pressure of obligatory group norms. Her non-participation at social events where drinking alcohol was a group norm consequently got her ridiculed for her behaviour.

> I went to a gathering that I got invited to…People were drinking and although I'd stated several times, "I'm fine with Coke; I'm fine with water." They kept pushing me, and every time they got the wine out it was like, "you don't want any, are you sure?"…Because they were making me feel that I was wrong; that there was something wrong with me: Look at us having a great time and you're weird because you're not drinking.

Kamini questioned the social pressure on individuals to show belonging to the group and show acceptance of its consumption norms. She believed surrendering to these social pressures and associated consumption norms was in fact detrimental to health and well-being. She had since avoided being put in situations where she would be expected to partake in consumption behaviours that were not conducive to her own health and well-being.

Tammy, a young mother, offered insights into her struggle with the food choices she had to make for her children, and the ones that were made by fellow parents when socialising occurred away from home.

> Yeah, when they [the children] are with their friends, every mum is trying to show her affection…so candy and chocolates…the drinks are sugar drinks…How do you stop your child when everyone is having McDonald's?…I think slowly it has become a bit of a status thing too…People think this is how you should be eating; these are the things you should be doing...Yeah. I'll tell you something. I am not used to having anything with my meal [to drink] alright. People made fun of this. When we went out people [would] think you are trying to save money by not ordering a drink…Yeah.

Tammy believed every member of the society needed to take a stand and work towards promoting healthy eating habits right from childhood, instead of choosing the easy path. Later in her interview, she suggested adults were in fact setting inappropriate (unhealthy) standards of socially acceptable consumption behaviours by choosing the easy and convenient option (McDonald's). Having struggled with her own weight for years, she felt let down by the growing level of social acceptance given to unhealthy food choices. Socialising with people over lunches and dinners brought out similar experiences for Tammy. She would consciously refrain from consuming unhealthy foods at meal times, but was put on the spot by others on many occasions. She would eventually give in and order alcoholic beverages with her meals, feeling let down by the situation. She resented that fact that all of this would put additional pressure on her resolve to lose weight and keep healthy.

Similar issues were discussed by Risina during her interview, when she spoke about her engagement with religious organisations. Risina questioned the role of churches in setting the norms around consumption practices as well as promoting Sunday feasts in conjunction with "Morning Prayer" sessions.

> At church we are encouraged, "don't smoke or drink," but we eat all of the, you know [unhealthy food spread]. And they say, in the bible or whatever it says that: Don't smoke and drink. Don't eat too much meat; but it's like, they ignore that one. Oh, they ignore that one and they focus on these two [smoking and drinking]. But—and then we were at church and having these huge feasts and everybody is already big.

Risina thought the church was in fact contradicting its own teachings and must take a leadership role in promoting communal health and well-being. She hoped instead for these institutions to become epicentres of education, all along encouraging individuals to look after themselves.

Cultural Consumption Norms

Cultural consumption norms describe the role of cultural influences on food preparation as well as consumption practices. These consumption practices are so ingrained in the cultural fabric of the society that any attempt to critique them is met with discourses of cultural insensitivity. Participants talked about various cultural influences on food preparation as well as on consumption practices which at times led to unhealthful weight gain.

Bethany, a young woman studying for her master's degree, had recently moved countries (from Malaysia to New Zealand), and was able to explain the differences between two different cultures, and its influences on associated food consumption.

> In Malaysia we have really good food. All of us have five or six meals a day. It's quite normal…We actually take breakfast and then we have morning tea and then we have lunch, afternoon tea, and then we have dinner and then we have supper. So that is all the time.

Bethany described the usual Southeast Asian cultural practice of food consumption. The number of meals taken during the day were evidently higher when compared to the typical Western norms of consumption. This resulted in higher than usual caloric intake, generally beyond the ranges recommended by the healthcare fraternity.

Shamal explained she grew up in the Middle Eastern continent and talked about similar consumption practices, wherein the number of meals is significantly higher than is usually recommended.

> There is a breakfast and then there is something in-between and then there is lunch, which is equivalent to dinner here, which is about three o'clock. That's the dinner and then there is the supper, which is another big

> meal…Then there is something after supper. If you are staying out late you still munch on something. So it's about six meals.

She remembers her mother took pride in her role as a homemaker, spending countless hours preparing and serving food for the whole family. As an adult, Shamal emulated the examples set by her mother, with weight gain and other health-related outcomes for herself. Shamal and Bethany both talked about growing up in cultures where food preparation and consumption was a major part of their daily lives. Food was so central that even household conversation and group bonding for extended family was connected to food consumption practices.

Results showed that growing up in a household with strong cultural and religious beliefs plays a big role in what type of food is prepared and consumed by the entire family. There is a sense of pride in participating in the culinary acts of food preparation as well as in consumption at community events. Alwyna talked about how her family members were expected to take part in the cooking practices and to follow set patterns of food consumption practices.

> Scottish bred and born...Scottish upbringing…A lot about our house is about [being] Scottish and how we do things, and food is a big part of that and family and all the rest of it…celebration and how you do things, how you make things… Robbie Burns' night, which was the 25th of January, that's the big haggis night. I was expected to be there, standing and cooking the dumpling or doing the tatties and the meats.

Alwyna was very mindful of the fact that her cultural food preparations were noticeably higher in calories, yet ensuring the authenticity of flavours always trumped ensuring the healthiness of the food being served, with obvious consequences for the overall health of the family.

In summary, data analysis revealed various socio-cultural influences impacting consumption, and at times, overconsumption of food. Culture influenced food preparation, participation in the act of consumption, and other associated behaviours, dictating what type of

food was consumed and in what quantities. It also dictated the behaviours expected from all the participants during the episodes of consumption. Culture also happens to be an important part of these episodes of consumption. Cultural influence on expected consumption behaviours is a way of saying, “this is how we do things here.”

Migration

Data analysis revealed yet another issue closely connected to food consumption: migration and subsequent access to foreign foods resulting in impacts on the health of migrants and indigenous peoples. Within the context of this research enquiry, migration is understood in a broader context to include the migration of both people and foods. As a property of the core category, migration refers to the process of people moving to other countries, either willingly, or sometimes under duress, and the resultant changes in food consumption. It also refers to the migration of foods, where non-native foods are introduced to local/indigenous populations. This, in turn, has impacts on the health and well-being of the local population. Migration processes are elaborated further by two distinct themes: *migrating to new foods* and *overwhelming new foods.*

Migrating to New Foods

All participants who moved to New Zealand in recent years described their journey slightly differently. However, they had fairly similar reactions to the new foods and consumption practices they were exposed to. Most of them moved here because they were attracted by New Zealand’s reputation as a clean and green, outdoor living, sports-playing nation. On arrival, some participants found the abundance of food sources and the constant supply of energy-rich foods interesting, perhaps alluring, and in time, overpowering. The new food climate resulted in altered patterns of consumption, with obvious consequences for their health.

Trisha, a middle-aged lady born in Europe, described the changes she had noticed in herself as well as in her fellow European migrants. She put her erratic weight gain down to altered lifestyle, including easy access to energy-rich foods, and discussed the impact of this on the overall health of the migrating population.

> You hear a lot about people from other cultures as well coming from their own country and they just bloom when they come here. I've heard about Europeans as well. I mean you come over to New Zealand and I don't know what it is...Maybe it's the lifestyle.

Born and brought up on the island of Jersey in the Channel Islands, Trisha later moved to New Zealand where she found the ready access to processed foods very alluring and exciting. She attributed her fluctuating weight to her family's decision to migrate to the new country.

Kamini's experience also offered a first-hand glimpse into the struggles of post-migration weight gain.

> [When] I came to New Zealand in 2008, I was 79 kg. [She is currently 109 kg]…We didn't really eat [any] kind of takeaway food—that was actually quite expensive…[Here] we got the leaflets…$20 for three pizzas and fries and garlic bread. We were like, that's like 10 pounds [sterling]...We lived in England there wasn't really that availability…now there's a food court at Manukau Mall, there's a food court at Pakuranga, and there's a food court down at Hunter's Plaza...It's just so available everywhere.

Her initial excitement of having easy access to processed foods, just a phone call away, and without a hefty price tag, died down over a couple of years, once she started noticing her increasing waistline. She blamed her weight gain not just on changed lifestyle, but equally on easy access to unhealthy foods, including the sheer pervasiveness of it, which was evidently missing in her life back in England.

Shamal, an Iraqi woman, was forced to immigrate to New Zealand, essentially fleeing the wars in the Middle East. She had a different experience to share. Forced migration meant living through starvation in the transit camps. After arriving in New Zealand, she suddenly found herself surrounded by abundant food sources. Shamal treated this abundant food supply as an opportunity to express her newfound freedom through consumption.

> We started the migration process from Iraq, and we travelled to Jordan, and I was thin by force because we didn't have money to eat. So we were starving, basically. Then I came to New Zealand in 2000 and all of a sudden all the food is available, and you know they say when you come to New Zealand you do put on weight with pies…Yeah.

Her expression of freedom was twofold: initially having escaped starvation in the warzone, and later having the means or resources to procure and consume almost anything she desired. Unfortunately, the forced migration later led to the breakdown of her family unit, and to compensate for her loss, she started using consumption as a way to find comfort, distracting her from the difficult realities of life.

> I mean, constraints and the way you are limited in how to express yourself or everything comes out to the surface when you are in a different culture…You know there is nothing that stops you…Yeah exactly...So I think amidst all the trouble [breakdown of family unit], and I was still in my teens. I was 18 when we came here. I think I found comfort in just eating whatever I wanted to eat.

All of those changes occurring in succession led to her excessive weight gain, and she has struggled with it ever since. Clearly, migration and associated food consumption had a role to play in her post-migration weight gain.

Overwhelming New Foods

Participants also noted the migration of foods and the lasting impact this had on health and well-being, primarily for indigenous populations. Aryan talked about how during the Second World War, the American troops unintentionally introduced Spam to the Malaysian subcontinent, and it later became part a staple part of the local diet, leading to health consequences.

> So when Americans came in [arrived to the shores]…they bring the culture of eating Spam because the soldiers are eating spam. And they say, eh, spam is really nice…[Spam] is basically salt, sodium, high content of salt, high content of fat…They [the soldiers] bring in maize. They bring in wheat. They bring in barley. All these things add up to their [the local] diet.

Aryan described how Spam, as a food, was designed to provide soldiers on the battlefield with instant access to a calorie-rich meal. It eventually became a popular and cheaper food item for the local Malaysian population, almost becoming part of the staple diet. Aryan was disheartened by the fact that it was so easy for non-native foods to be introduced to his country and become part of routine consumption, leading to unhealthy outcomes and health consequences for the local population.

Joann, a middle-aged Māori woman, also protested against non-native foods, stating how she perceived them to be incompatible with the bodies of the indigenous population. She went a step further and suggested that over time, the indigenous population had suffered the most from this foreign food invasion in terms of declining health outcomes.

> A lot of what white people have brought to our country is not good for our bodies. Sugar is one of them. So we call sugar poison…white [people's] food is good for white people, but they don't get fat. You know what, [it's]

> because white food is culturally compatible to [with] white people, but not to [with] us Māori ones.

Later in the discussion, Joann questioned the true intent of introducing foreign foods, suggesting perhaps it was done as a way of diminishing local resistance to foreign invasion, which perhaps made it easier for the invaders to conquer New Zealand.

> I think to some extent alcohol was a tactic of colonisation to dull and desensitise (Māori and Pacific Islanders). It's a tactic…one's traditional food which is connected to our body types…Back in the traditional days for Māori we didn't have alcohol. We didn't have sugar. We ate off the land. It was all natural…Māori didn't have processed food. We just ate birds and a lot of seafood, a lot of fish, which is healthy stuff.

Joann suggested that foreign invaders who brought their native foods and consumption practices with them had a detrimental impact on the health of the indigenous population. She debated whether the root cause of the Māori obesity epidemic was due to the population's exposure to innately incompatible foreign foods.

In summary, results suggest the migration of people as well as the migration of foods plays a role in patterns of consumption and related health outcomes. Changed surroundings and circumstances coupled with access to calorie rich, sometimes abundant food sources impact patterns of consumption for migrating populations, while the introduction of foreign foods plays a role in altering patterns of consumption with its capacity to overwhelm indigenous populations.

Competing Priorities

Competing priorities outlines the processes that make it difficult for individuals to prioritise personal health over all other competing urgencies in life which sometimes subsumed the mental and physical resources needed for achieving personal health and well-being. Results showed that for many individuals, prioritising personal health and well-being over everything else in their lives was not an easy task. This led to the emergence of competing priorities as a theme or property. This property describes the factors that hinder an individual's ability to fully engage with the processes that could bring about healthy changes in their lives. Three distinct subthemes were found within the theme of competing priorities: *ease of access, stressful lives,* and *socio-economic pressures.*

Ease of Access

Participants described that work-life balance priorities resulted in a need for easy access to food sources, which were often unhealthy food sources, and this competed with the need for healthy consumption. Easy and consistent access to energy-rich foods and associated overconsumption seemed to be a major precursor for excessive weight gain over a period of time.

Aryan, an oil rig engineer, noted the impact his busy work life and consistent access to abundant food sources had on his health.

> So on and off, I always come into luxury hotels. And luxury hotels—they always serve the best food, the finest food…oh, this food will be great for me, and I enjoyed the breakfast and the buffet and everything. But I started to have a very big waistline: 150 kilos. That was the worst ever, and I felt so heavy and all my clothes didn't fit anymore.

Aryan narrated his experiences of having to travel frequently around the world, living in luxurious hotels, at times for periods of up to three months, and not having access to home-cooked meals. Having consistent access to commercially-prepared foods led to Aryan's inadvertent consumption of a high-calorie diet. The result was excessive weight gain, which bordered on morbid obesity, at a very young age.

Watty, a commercial manager, described a very similar experience. Being forced to travel for work commitments for many years meant living a sedentary lifestyle in addition to having easy access to commercially-prepared foods.

> I guess from an activity perspective, most of my working career has been inactive. So, it's been in an office, in an aeroplane. I spent 10 years travelling around [the] Asia-Pacific [region] and Europe. I was based out of Singapore, and so I spent most of my time in an aeroplane, in an aeroplane airport lounge, in hotels, which is not good for someone that struggles with their weight on an ongoing basis.

Watty had struggled with obesity throughout his teenage years, and his fondness for fried foods meant he ended up consuming more than he should have, with eventual health consequences.

For most participants, the discussion focussed on how ease of access always played a part in overconsumption. Niwee, a young graduate in her first job, which happened to be located right next to a food-court, found she had access to food whenever she pleased.

> I got a job as a child support officer …And I put on quite a lot of weight there, because it's right beside the food court…Oh yeah. I'm really bad when it comes to burgers, pies, anything like that I crave. That would be my first choice, usually, so yeah, being right next to a food court where I could go and get whatever.

While Niwee's experiences of overconsumption and resulting health outcomes were not related to a travelling lifestyle, they were very similar to the experiences of Aryan and Watty, and the overconsumption eventually led to her excessive weight gain.

Stressful Lives

Participants described how a lack of time to focus on healthy consumption put them in situations which were inherently counterproductive to their maintaining their own good health. Many participants talked about leading stressful lives, and it came down to not having enough time and space for oneself, and having difficulties prioritising one's own time and space in a way that it helped to improve personal health and well-being. Living though competing priorities, participants had to choose strategies that relieved stress and brought about healthy lifestyle changes.

Alwyna talked about being put in a stressful situation because of her work commitments and how it led to unhealthy consumption choices.

> When I started [working] at night-time…I did three shifts a week, and it was night school, and I was out of the house from four o'clock [p.m.] until about eight o'clock [p.m.]. So I didn't know when to eat my dinner…So I would eat the dinner before I would go to work at four o'clock in the afternoon…But when I came home I was absolutely starving so I was eating the leftovers.

Alwyna talked about working the evening shifts, which were at odds with her usual dinner time, and as a consequence, she ended up consuming more through the day than she ideally should have. Alwyna's altered pattern of consumption became a frequent event throughout the week, which carried on for more than three years of her working life. She contemplated, in

hindsight, whether this was the trigger which led to her unhealthful weight gain and the consequences of ill health.

Methy described her lack of time to eat a proper lunch, and the stressfulness of the situation, which was characteristically counterproductive for her own health.

> We're down to half an hour lunch. So it comes to lunchtime and by the time we've left our class it's already 10 minutes into lunchtime. We have to leave the class 10 minutes before we've got to be back. So you end up grabbing something really quickly and eating on the run.

Methy explained that on many occasions, the lack of time, coupled with her body's hunger pangs, made her seek energy-rich foods on the go. Most of these foods were usually loaded with excess quantities of sugar and fat, which rendered them unhealthy. She understood that this is how human brains have evolved to work through millions of years of evolution; humans are wired to seek high-calorie foods to ensure survival. Methy explained she would prefer not to be put in such precarious situations, but she felt powerless to bring about any changes to her status quo.

Rodney, a single father, had opted for promotion within his department. This put him in a position of authority, but he ended up working in an uncooperative and stressful team environment. The position also demanded he put in extra hours and deal with various departmental and institutional issues.

> Again, I think a contributing factor was work. I was head of department at the time; stress, a lot of stuff going on, you know, politics within. And my doctor would say to me: "Why do you work in that place? Why do you actually work in the place?" And then I suppose at that point was the point at which I realised—well I didn't realise—I had to change.

Over time, Rodney found these situations overwhelming and very stressful. The increased stress levels ultimately altered his consumption habits and sleeping patterns in addition to increasing his frequency of substance abuse, as he frequently resorted to smoking for stress relief. The outcome of all this was excessive weight gain that later culminated into a diagnosis of early onset diabetes.

Like Rodney, Tammy also described her struggle with stress. She managed multiple children while working extended hours, resulting in stressful life and her eventual excessive weight gain.

> These days you do find people after having three or four children they have a really beautiful waist line, but that's not the case for everybody else. So for those people who do not manage to maintain that lovely waist line, they have a reason. I have four kids; what do you expect? I am very stressed; what you expect?

Tammy resented the fact that a few individuals within her social network expected her to look after her own weight as well as they did. She thought these social expectations put her in the spotlight at social gatherings, which added to her stress levels, and was in fact very unhelpful. In the end, all of it resulted in Tammy seeking comfort in excessive eating, which was not helpful in her constant struggle to achieve weight loss.

Socio-economic Pressures

Socio-economic pressures are described as externally driven stressors that affect an individual's life and an individual's ability to prioritise health over these ecological stressors. These stressors, by nature, are sometimes beyond the control of the individual's ability to bring about healthy changes in their lives. Food is primarily consumed for satiation of hunger, sustenance and survival. Satiation of hunger in daily life is fundamentally driven by access to

resources; individuals have to buy food and feed themselves as well as the bigger family unit. In the absence of these resources, which are mostly economic, the cost of food becomes a key driver of procurement, and this may lead to unhealthy choices.

As Methy described it in her interview, when the resources needed for procuring food were in shortfall, healthiness of food was no longer a priority.

> I bought fish for the family on Sunday. We had salmon, beautiful salmon fillets, but it's so expensive. Salmon fillets for my family is about sixty bucks [dollars], and that's one meal. If I buy some mince and make us a pasta, it's not quite as healthy, but man, it's a hell of a lot cheaper.

For Methy, it was a constant struggle between feeding a large family, wanting to eat healthily, and dealing with the added stress of being a single mother looking after a house full of teenage kids. She would visit the supermarket looking to procure healthy products, but invariably walked away with products on discounted offers, which were not always the healthiest.

Socio-economic status also encourages the habit of eating whatever is served on the plate and eating when you can, and not wasting food, as described by Risina, a young Māori woman who moved to the city from a provincial town a few years ago.

> Back then it was just like have a good life, finish what you leave on your plate, and don't waste food. So that's the kind of way we were raised. Don't waste your food. And because we were poor when we were younger, we didn't really have the luxury.

The primary focus was on satiation and survival for now, and not so much about the long-term consequences of consumption. Growing up, Risina was limited by her family's ability to spend money, which was not readily available, on food. Her mother would cook according to what the limited resources afforded while they lived on a farm, which meant she did not necessarily

cook to produce healthy meals. Later in life, having moved to the city, Risina never really consciously changed her cooking and consumption habits, and over the years this affected her health status.

Participants also described their struggles with leading stressful work lives, coupled with caring for their extended family members and how this hindered their ability to lead a balanced and healthy lifestyle. In most instances, they had to prioritise their family member's health needs over their own. Alwyna described her experience with a loved one in palliative care.

> So when mum was diagnosed with cancer, it was a chemotherapy option for palliative care. So I lived on the cycle of chemotherapy: day 1, day 4, day 9, day 12, dah, dah…Now through those three years I definitely put on weight because I didn't exercise. I was eating at odd hours at night because I was getting up, you know, mum had medication at two o'clock in the morning and I would get up [and say] "oh I'm hungry."

Alwyna discussed living through a stressful period in her life and its impact on her ability to look after her own health and well-being. Alwyna's stress at work was integrally connected with caring for her sick mother at home. All of this meant she had to prioritise her mother's health needs over her own for a few years. The demanding workload, associated stress, and disturbed sleeping patterns, coupled with eating at odd times, ultimately had a detrimental effect on her own health.

Risina, a young Māori woman, talked about her experiences of three competing priorities in her life: looking after her husband's health, getting herself a tertiary education, and assuming the role of breadwinner for her family.

> I had a lot of issues going on with my husband's health. I was just worried constantly, so I kind of put myself second then, and it was all about him…I am doing my Master's and then come home late; kind of pick him up from the gym at like eight or nine (p.m.), come home and then we would be so tired to cook, so we would just go through the drive-through…"I want McDonald's."

Risina talked about her consistent lack of willpower to cook and consume healthy foods. At the end of day, the drive-through options sounded ever more appealing to her and were convenient as well, with obvious implications for her own health.

Valery took a broader view of the situation, somewhat away from the individualised focus. She looked at the situation through a multi-layered perspective and talked about modified socio-economic priorities which were impacting the overall health of families as well as of communities as a whole.

> When I hear my parent's story when they come from Samoa…Everything was affordable; [with] $10 you could easily do your week's shopping…My father said he really just feels sorry for people right now because mothers are having to work. You've got no choice, and housing is unaffordable. So they're pushed out further and further…there's just so much that is attacking that whole family unit. Do I like hearing about child poverty in New Zealand—no, no.

Valery described how societal priorities had changed, and that there were many external socio-economic influences which were putting communities under increasing levels of stress and associated hardship. She later reflected on how all of these stressors were having detrimental effects on the well-being of the communities as a whole.

In summary, results suggest living a healthy lifestyle is not as easy as it seems when it is a balancing act to prioritise health over everything else in life. There are a variety of

individual and circumstantial stressors that eat away at the very resources individuals needs to look after themselves. Stress in itself causes the human body to prepare for a flight or fight response, and in so doing, the body stores every bit of energy it consumes, generally as fat cells, for when it might be needed for survival in times of uncertainty. This efficient storage of energy is the precursor for weight gain and subsequent obesity. Data analysis also pointed to a few ecological influences that resulted in unhealthy outcomes for individuals. One of the issues frequently talked about was that of the ever-increasing popularity and availability of unhealthy foods.

Pervasive Food Marketing

Results also revealed that the ever-increasing popularity and availability of unhealthy foods was due in part to the ever-increasing influences of food marketing, resulting in the theme of pervasive food marketing. Pervasive food marketing outlines the increasing influences of food marketing and its impact on patterns of consumption and subsequent impact on the health and well-being of communities. Communities willingly, or sometimes unwittingly, participate in these processes of pervasive institutionalisation of unhealthy foods and accept these behaviours as unmodifiable or normal. Some participants questioned food marketing discourse and how it was implemented, as well as who benefited from it in the end. Most participants accepted that there was a role for food marketing within society, yet they were increasingly suspicious of its ideology which hindered communal well-being. Data analysis revealed three subthemes within the overall theme of pervasive food marketing: *self-promotive free will, dominant market forces,* and *sponsored consumption norms.*

Self-promotive Free Will

Free will is an ideology that argues in favour of an individual's right to exercise choice when participating in various episodes of consumption and holds consumers accountable for

the choices they make. Participants found it hard to believe how free will ideologies were used by food manufacturers to openly peruse their own economic agendas. They were concerned with how pervasive the ideologies had become, and that the average individual consumer was unwittingly participating in these enterprise-promoted consumerist ideologies. Aryan's narrative captured the tone of this perspective well.

> Oh my God, we've been brainwashed…It has to do with the power of commercialism, consumerism…the power of manufacturing. Deceive the consumer. But the consumer is not being deceived, but in a way that they feel good about themselves, kind of getting themselves fatter and bigger and heavier and lazier. Oh gosh.

He wondered if the free will ideology had gone a bit too far and was entrapping the communities for its own benefit. He went on to state that the average consumer was not able to see through the real motives of the industrial food giants, but in fact was happy to engage with the enterprise-promoted consumerist ideologies.

Calvin pointed out that the free will ideology, when put under spotlight, and when questioned about its real intent, invariably reverted the arguments back to one of personal responsibility.

> It's just extraordinary how when you are out with children you suddenly see the [candies and lollies on display], and you try to see the supermarkets and the shops and the adverts through their eyes. So if you've got a philosophy that says it's all about personal choice and personal responsibility and market forces will dictate, well clearly there is no evidence that that actually works.

He thought these arguments of personal responsibility were inherently flawed because some of these food marketing campaigns were designed for children, who were yet to develop sufficient cognitive abilities to be responsible for themselves. The onus was then put on the

accompanying adults to set guidelines as well as limits around consumption habits. In his opinion, arguments of free will ideology and personal responsibility hardly ever worked as he pointed to the current rise in childhood obesity around the globe.

On various occasions, participants discussed how selling unhealthy food commodities was quickly becoming a socially acceptable norm. They criticised the institutions for taking a somewhat opportunistic stance (i.e., "we sell what the market wants") rather than taking an ethical stance and participating in the genuine processes of enhancing communal health and well-being. Niwee noted the pervasiveness of fast food outlets in her neighbourhood.

> I mean you think 30 years ago there was just McDonald's. We've got so many more different outlets and more coming from overseas. So I think there's just more out there, and with everybody trying to get a piece of the market, there's just, you know, a lot of advertising around fast food and bad products.

Niwee commented on how the market space seemed to be offering more and more unhealthy choices over time, and was surprised by the increasing pervasiveness of enterprises offering unhealthy food choices. She debated how easy it was for food manufacturers to set up businesses in New Zealand without ever being questioned about the real impact of their products on the wider society. She was not opposed to food marketing, but was worried about what was being marketed as food, and its net impact on the health of the community.

Kamini talked about how unhealthy food offerings were within easy reach of an individual no matter where they turned. She had been actively trying to lose weight for over a year, and felt frustrated with the choices of food offered at the cafeteria at work.

> I've gone across now to our canteen and there's…a variety of fried things… pastries and whatever…You might think [they] are healthy, but actually you

> discover they're not…Yeah, by saying here, get a pie and a Coke for $5, but here's a salad, oh your salad will cost like $10.

She mostly avoided having lunch at the cafeteria. When she did, she would struggle to find anything that would be considered remotely healthy. She wondered if she was the only one who thought there was something wrong in the way unhealthy food choices were normalised, promoted, and institutionalised.

Dominant Market Forces

Dominant market forces emerged as another subtheme under the theme of pervasive food marketing. This subtheme takes into account the availability of resources and the enterprise's ability to dominate the discourses around food manufacturing and consumption practices. Participants questioned how unhealthy food promotions were backed by big money, while health-promotive initiatives received minuscule amounts of funding under the current funding regime. They suggested that health-promotive messages were getting easily drowned-out by the loud noises made by unhealthy food manufacturers.

Calvin argued that this had become a norm, and communities hardly ever questioned these routinised practices of promoting and selling unhealthy foods. His frustration, and even anger, was visible during the interview; he was desperately trying to lose weight, while feeling unsupported by all of the ecological influences on his health. Calvin pointed to a contradiction which he struggled to make sense of on many levels. He described his experiences with the public hospital's cafeteria, which was primarily selling foods high in sugar, fat, and sodium.

> Well there's something perverse. This is the influence of market forces and the profit…There was the push back from schools about healthy eating…Of all places to have a push back. You go to a hospital [cafeteria]; it's hardly full of healthy food options. It's just bizarre.

Calvin considered the healthcare institutions as the pillars of the society who were meant to uphold the highest standards of communal well-being. He said for the hospitals to engage in promoting unhealthy foods was considered not just extraordinary, but somewhat disappointing too.

Methy had a tone of genuine concern at the time of her interview. She was amused at how multi-billion dollar campaigns run by food corporations were winning the battle for consumers' attention over the little-funded local campaigns that advocated healthy consumption practices.

> You know, companies like the big chocolate companies and Coca Cola have spent billions of dollars on advertising. The "5+ A Day" [government funded health promotion]; they've got like a million-dollar campaign or something, you know. When you look at the difference in how much money is spent on the advertising, it's phenomenal.

She believed as a society we had allowed for this to happen to ourselves, and we did not seem to question how big money was able to exert so much power over our routine consumption habits and resulting health outcomes.

Joann was very blunt in her approach, and questioned the very role of food manufacturers. She believed they were set up for providing quality foods for satiation of hunger, but her own observations pointed to other major issues.

> Absolutely I think [we should be] holding food providers responsible and asking exactly "what is their relationship to the funds?" Because if they are driven by funds and not health, then we have to question the whole integrity of their provision…Well, I think…there is another agenda that is not being fully disclosed.

Joann wondered why food corporations were spending billions of dollars on promoting their foods and questioned if the foods being marketed were actually of substandard quality and hence needed to be sold via promotion. She thought communities should take a more proactive approach and ask manufacturers about their true intent, which she argued should not be anything more than providing healthy foods and looking after communal health.

Valery suggested that dominant market forces had displayed far reaching effects and were more pronounced within the low socio-economic communities than any other.

> You know they've got four kids, and they've only got a hundred dollars to live, and it's a family of six, so really what are you going to spend that hundred dollars on? You're going to spend it on noodles, the dollar loaves of bread that have got no nutritional value whatsoever…They're really doing it hard…It's the low-income earners and people in lower socio-economic [areas]; they are predominantly at that scale of obesity because everything that's good for us is actually expensive: fruit, vegetables.

She also suggested that underprivileged communities got victimised more than others and paid a heftier price, health-wise, for the decisions made by food enterprises in attempts to stay competitive and protect their own market dominance. She described how low-income families had to survive on minimal amounts of resources, and their choices were often driven by cost of procurement. She would still want food marketers to compete, but to promote healthy products instead and still have an economically viable future for themselves.

Calvin described it as "victimisation of the victims," while empathising with the practical realities of low-income families and their consumption choices.

> I am well educated. I earn a decent amount of money. I live comfortably. I can make informed choices, and yet even I find it difficult. So if I am finding it difficult I shudder to think how people can cope on some of the salaries

> that they earn…Well my God, you know...So I think…Lots of people are getting rich over the unhappiness, actually, of the most vulnerable.

He suspected that enterprises marketing food commodities were primarily driven by maximising their own profit margins, at the cost of communal well-being. He genuinely questioned the effects of market forces on the health and well-being of the underprivileged communities and wished that communities collectively scrutinised such market dominance.

Sponsored Consumption Norms

Data analysis revealed sponsored consumption norms to be another subtheme within the theme of pervasive food marketing. Participants' narratives suggested that institutionally promoted consumption discourses and ideologies were often very deviant in their motives, leading to consumption norms that were categorically unhealthy for those who engaged with them. Recent sponsored consumption discourses have moved away from healthy diets towards unhealthy diets. Sponsored ideologies were primarily focussed on the social appeal of foods, rather than on their healthiness. Participants believed the current consumption discourse was too focussed on how "tasteful" food needed to be, how "attractive" it needed to look, and how it made the consumer more socially attractive, suggesting it made individuals look hip and cool, while at the same time pushing how cheaply and easily available food needed to be. Some of the participants expressed how rapidly food marketing had grown within the span of a few decades and how easily it had altered people's perceptions around consumption practices to be disturbing. Gerard readily pointed to the contradiction between how a local basketball player, who had made it big on the international stage and was idolised by younger kids, was actively promoting a drink laden with sugar.

> Steven Adams—one of New Zealand's biggest icons for basketball and he's advertising Powerade…I can't believe it. Here he is a man who makes

> millions and millions and now he's promoting a food or drink which is not healthy…We play basketball, we want to be good like him, oh let's drink Powerade. That's the subconscious bloody effect.

Having played sport in his university days, Gerard understood the value of sports nutrition, but argued against the use of artificial colours and sugar as nutritional supplements that had anything to do with a player's performance on the field. He not only questioned the pervasiveness of the campaign, but also the association between the sports star and the product he was happy to advocate for.

Niwee shared her experiences of how her children perceived a major fast-food provider as an opportunity for obtaining toys for entertainment, rather than for getting food to satisfy hunger.

> I think bad food advertising outweighs good food advertising, for children anyway. While I love a great salad…That's not going to appeal to a child. The Happy Meal with the burger and the chips and the toy is going to win over a wrap or anything else.

Niwee discussed the issue further, wondering how much care and attention was really paid to the quality and healthiness of the food being promoted by using a toy as the bait. She would want her kids to make healthy choices, but knew the pervasive lure of a toy would always win over rational, healthy food choices in the end.

Joann was fascinated by how communities did not see the fundamental contradictions in many acts of sponsorship, which she found detrimental to the overall health of society.

> Look, I think food marketing can be really irresponsible around associating things like alcohol with sport. I think that's an irresponsible way to market.

She questioned the very nature of product associations which seemed counter-intuitive to her, such as the association of alcoholic beverages with sports through endorsements, considering the health-promotive quality of playing sports. She suggested current food marketing campaigns had made the average individual go "sleepwalking" into the trap of unhealthy consumption behaviours, with obvious implications for communal health.

Greg questioned a different type of association deployed by food manufacturers—one raising suspicions in the minds of the communities towards something as natural as a *glass of water*.

> I really object to the bottled water industry because there is nothing wrong with the water in the tap. I just refuse to buy…Yeah, I really resent the fact that that industry has now made us suspicious of the water that comes out of the tap—that somehow it is bad for us or less good for us than the stuff in the bottle…I hate that.

Greg also pointed out that all manufacturers sourced their water from the same source that provisioned water to each household, the same water which was in fact carefully processed and perfectly safe for drinking purposes. Yet the bottled water industry was very suggestive in its communication that somehow their supply was safer for human consumption. Greg considered this behaviour very surreptitious in its intent, and demeanour, and this made him angry during the course of the interview.

In summary, pervasive food marketing and its rapid growth in recent decades did not go unnoticed by the participants in this study. Individuals found this rapid growth of unhealthy, highly processed, and often cheaply sold food commodities a disturbing trend, with detrimental consequences for the overall health of the community. Most participants suggested institutions running food marketing programmes needed to behave responsibly and take ownership for their

actions as well as work with the communities to find a healthy balance. All of the participants were trying to lose weight, or had lost weight after considerable effort, and were acutely aware of the trappings of the pervasiveness of unhealthy food marketing. For individuals and communities, pervasive food marketing has become an institutional, economic, and societal issue with implications for the health and well-being of all its members. The pervasiveness of unhealthy foods is increasingly making individuals feel like vulnerable, disempowered entities, categorically unable to bring about change to their status quo.

Intervention Setbacks

Participant narratives revealed that individuals living with excessive weight gain actively engage with various weight management interventions, yet on several occasions could not achieve the desired results for a variety of reasons, which added to their feelings of disempowerment. Consequently, the property of intervention setbacks emerged from data analysis. Intervention setbacks outlined some of the fundamental reasons why commercially run health-promotive intervention programmes are not as successful as they are generally perceived to be. The data also showed that in spite of their phenomenal growth in recent decades, these programmes are not achieving the results that they so routinely promise through their campaigns. Many participants talked about their past experiences with such programmes, and discussed the very reasons why these interventions ultimately failed to live up to their promises. These intervention setbacks eventually intensified the sense of helplessness for most participants who were struggling to keep their weight at healthful levels. These intervention setbacks are elaborated further under three subthemes: *unnatural routines*, *paternalistic ethos*, and *transactional relationships.*

Unnatural Routines

The subtheme of unnatural routines highlighted some of the basic challenges associated with weight management intervention programmes and their associated high disengagement, or dropout, rates. Most commercially available weight management programmes generally recommended some form of diet modification, or modified consumption norms, in conjunction with increased physical activity. Most participants described their inability to cope with these recommended changes in consumption practices, including the alternative foods which were offered to remedy unhealthful weight. For most participants, this move away from the routine was difficult and unnatural to a point where walking away from the programme was an easy option. Over time, most participants fell back into their routine habits of consumption, which led to regaining all of the weight lost during the intervention stage. A few participants tried engaging with more than one type of programme with similar results, that is, failure to achieve desired results.

A routine medical test suggested Calvin was a prime candidate for a pre-diabetic condition, and he decided to join a reputable weight management programme to seek help. He described his eight-week engagement with a nutritionist who basically put him on a drastic weight reduction regime, citing various studies on meal-replacement therapy.

> Yeah, so they put me on a liquid replacement diet…plus low energy vegetables that they would allow you to eat in the evening, water and it was pretty ruthless…So all the choice was taken away. You knew you just had to have a banana shake or a chocolate shake or a vanilla shake and that was it.

In spite of initial apprehensions, he later decided to follow through with the programme and managed to lose some of his excess weight, but the thought of having nothing but milkshakes for dinner became overwhelming. Despite a supportive home environment, he walked away

from the intervention and gained back all of the weight he lost within a month of finishing the programme. He researched other intervention options, but soon realised they all had elements of unnatural routines, with a predictable outcome.

Tammy had tried various programmes over the years ranging from crash diets, to meal replacements, to seeking help from a naturopath for detox diets. Almost all of them had elements of therapy where one was expected to break away from routinised consumption and consume foods that were not part of their usual meals.

> The branded people, they will help you lose the weight but…By the time you have finished achieving your goal you are so tired of eating what they told you to that you just want to [give up]…That is the reason those [programmes] fail, because it's not a natural way of eating.

Tammy stated no matter which programme she followed, the end result was the same. It ultimately became a test of willpower to stay the course, which was mentally and, at times, physically exhausting. These consistent failures with weight management interventions had made her anxious, stressed, and resentful for having her hopes of a healthy life crushed each time.

Another regular feature of commercial weight management programmes focussed on keeping track of caloric consumption versus expenditure. Niwee pointed out that the emphasis was on reducing the amount of calories consumed during the day and then extrapolating it to the predetermined weight loss target for each individual client.

> So I tried a variety of different, I suppose diets, and I found them to not really work. They were too hard [to follow]….I've always known about calories. I looked into Weight Watchers, and I thought, that won't be for me. I can't work out how many points; it's a points system.

Niwee did some research to find out if a popular intervention programme would help solve her excess weight issue, but after reading blogs including past client experiences, she decided against engaging with them. In spite of being a person who loved number crunching and being very meticulous at that, she could not quite work out how and if the programme would actually bring about desired results.

Paternalistic Ethos

Intervention setbacks revealed another subtheme of specific failure: paternalistic ethos. Paternalistic ethos refers to the authoritarian nature of the relationship between the nutritionist providing or guiding the intervention programmes and the participants seeking assistance for health needs. Here, consultation sessions are generally initiated in a congenial manner, but over time the advisors seek complete control over the interactions. For many participants, this power imbalance in the relationship was substantial, and for most part, they did not seem to appreciate the undermining nature of the interactions with nutritional experts. This eventually led to the participants choosing not to engage with the advisors or walking away from their assistance.

Alwyna had originally trained and worked as an outpatient care manager for a major healthcare facility, and in the past had the opportunity to work with individuals seeking health interventions. Having had first-hand experience with the actual interactions between support seeking individuals and nutritional experts, she was not surprised with the high dropout rates of the programme. She described how instilling fear in individuals seeking help to make sure they were following the programme was a routine practice and how it was promoted within the facility.

> I think dieticians lay down the law clinically, and I think they put fear into patients: “If you don’t do this, if you don’t do this, you know...you are

> looking at a triple bypass" [cardiac surgery]. There is no kind of positive affirmation…I think it would be the most demeaning place to be.

Alwyna also pointed out that over time, the individuals she would see admitted to the facility, having suffered a *major-medical incident*, were in reality the same individuals who had walked away from the intervention programme in the past. She attributes these failures, in part, to the nutritional experts' unwillingness to share or relinquish power in the relationship. Her past experiences were off-putting enough for her that she decided not engage with them when she needed intervention herself.

Risina, a young Māori woman, sought help from a nutritionist who was personally recommended to her by a close friend she was studying with at the time. She described how the nutritionist approached the whole situation from a typical Pākehā (New Zealand European) perspective from the start, and was very authoritative in her demeanour.

> Oh we'll see, but I didn't go back, because she kept making comments about…but why do you eat that…I was just like because it was what I grew up on. I didn't feel like she had that cultural understanding…I don't think she understood or handled it too well so I didn't go back to her.

In order to strictly follow through the programme, Risina had to bring about major changes in her patterns of consumption. If she did fall back into her old habits, then she was constantly reprimanded about it. She was equally questioned about her food choices and her cultural consumption norms. Eventually, she could no longer deal with the undermining nature of the interactions and the lack of cultural sensitivity, and she walked away from the programme.

Transactional Relationships

Another specific intervention setback was apparent in the largely transactional relationship between participants and weight management programmes, giving rise to the

subtheme of transactional relationships, which highlights how commercial weight management programmes encouraged individuals to join the programme, but had no intentions of building or sustaining a genuine consumer-centric relationship with them. Many participants commented on the fact that unlike other professional service providers (e.g., doctors, accountants), the weight management programme advisors, for the most part, were solely focussed on revenue generation. Some of the techniques used by these advisors for engaging with participants and getting them to commit to the programme were debatable as well. The emphasis was on assisting the participants to lose weight in the shortest time frame possible, and as soon as the goals were achieved, further engagement ceased. There was no follow-up and no post-programme support provided whatsoever. This was disheartening to some of the participants, who needed guidance and assurance, in spite of having achieved the immediate goal of weight loss.

Tammy had engaged with various commercially available weight management programmes over the years, and almost all of them had a similar approach to client management. She thought that the nutritionists were as important as other healthcare practitioners, such as doctors and nurses, which one would encounter in healthcare facilities.

> These weight management companies, they take money from you up front. It is a package deal based on how much weight you are supposed to lose. And they say the day you finish achieving it you're gone…They don't give you any hand-holding beyond that which I feel is very, very important.

Most of Tammy's interactions with nutritionists were in one-on-one sessions, wherein a lot of intimate details were shared and expert interventions were sought. For Tammy, these episodes of engagement were private and personal experiences, where trust and commitment were an integral part of the process. Unlike her, the weight management advisors did not consider commitment to be that important once she had achieved her desired goals. The pure

transactional nature of their approach to advising was off-putting for Tammy, who ultimately decided to seek help from a naturopath (an alternative medical advisor).

Risina talked about peer recommended meal-replacement therapy that was being marketed and used by her friends. The basic idea was to get clients to pay for the meal replacements up front, and if they were unable to afford it, then a money lending option was offered through another business.

> It's like protein shakes, and lots of my friends are on it and they are trying to get me on it…The first package is 30 days and it's something like $600…So they actually encourage you to take out a credit card and pay for it…Then put back what [money] you would be spending [have spent] on food.

Risina had witnessed how some of her friends had struggled to keep up with the therapy, on top of being stressed out about having to repay the borrowed amount on the credit cards. She grew increasingly suspicious of the real motive (i.e., profiteering) behind the weight management programme and hence decided not to take up the offer.

Alwyna talked about being at a low point in her life where she really needed help and found the slick communication campaign of a commercial weight management programme hard to resist. She did manage to lose some weight, but soon realised she was put through a set programme that only focussed on weight loss, and did not really care about upskilling her or bringing about genuine changes in her dietary routines.

> I would never think about going back to Weight Watchers. I don't want to…They give no dietary advice, no support. You get given a diet…You walk in, you stand, you weigh, you pay…Long-term, does it actually instil dietary habits for the rest of your life? No, I can tell you that—NO.

Alwyna wondered if she actually learned any new dietary skills which she could put to use for the rest of her life. Almost all of the weight she had lost crept back when she fell back into her routine. All through the programme the emphasis was on getting Alwyna's body weight to a predetermined number, and not about offering real dietary solutions to help keep her weight at a healthful level. It is fair to say Alwyna was not happy with the transactional and overtly commercial stance taken by her advisors and decided not to approach them again.

In summary, intervention setbacks highlighted some of the reasons for high disengagement, or dropout, rates of participants engaging with weight management programmes to bring about healthy changes in their lives. Weight management interventions have seen a rapid growth in popularity as well as a net increase in number of providers in recent times. It has become a booming industry in its own right, yet the obesity epidemic remains a challenge around the world. Participants described some of the basic reasons why intervention setbacks occurred, and how the failure outcomes made them feel helpless and increasingly vulnerable.

Feelings of Vulnerability

The aforementioned heightened feelings of vulnerability revealed in participants' narratives pointed to the main theme of feelings of vulnerability. Feelings of vulnerability describes the sense of helplessness and situational entrapment felt by individuals living with unhealthful weight, all along seeking meaningful changes to their status quo. The factors that make individuals feel vulnerable are broad, ranging from individual health status, to inability to participate in life events, to ongoing failure with various healthcare intervention programmes, to issues of body image and stigmatisation associated with excessive weight gain. Feelings of vulnerability are specified further by four subthemes: *food addiction, healthcare dependence, ominous body image, and mediated stigmatisation*.

Food Addiction

The food addiction subtheme found in participants' narratives describes the addictive tendencies of certain food commodities that make it harder for individuals to curtail their consumption. This makes the individuals feel vulnerable, since achieving control over addiction is a difficult endeavour, with individuals suffering through acute withdrawal symptoms. During the course of interviews, the theme of food addiction, including awareness of how widespread the issue was, came up for discussion. Some participants discussed their experiences with food addiction, and noted how over a period of time the addictive nature of certain types of foods, and the associated comfort eating, became normalised, routinised, or socially acceptable. Participants also talked about how taxing unhealthy foods is widely discussed as part of the solution, but is not as effective and would not necessarily help the status quo.

Alwyna was getting concerned with her weight and decided to actively research her food habits to understand how to better manage her diet. Her own research pointed out the risks attached to consumption of fruit-based sugar, especially from citrus fruits, which she adored. Amongst all of the commonly consumed liquid beverages besides water, and some types of teas, fruit juices are invariably recommended over soda-based drinks. She assumed she was doing the right thing by consuming a beverage considered healthy, without factoring in the addictive tendencies of fruit-based sugar. She decided to cut back on orange juice, and subsequently suffered withdrawal symptoms, and became very conscious of her own juice addiction.

> I absolutely adore orange juice and fruit juice, no sweets…Now I'm talking that I can sit and drink three litres in a day if it was there in the fridge. I don't. I don't but I could…I am actually going through withdrawal at the moment

> because I haven't had fruit juice since last Thursday, and I can [could] belt somebody.

Aryan also acknowledged the addictive tendencies of sugar and how one needed to increase the quantity in one's diet to keep getting the familiar taste response from the brain.

> The other thing is that, because how many years have you been putting sugar into your body, your sugar level has increased. For example, normally you put one tablespoon of sugar in your tea, but then you increase it by two tablespoons and three tablespoons. And if you go to one tablespoon, it's not sweet enough.

For Aryan, knowing that sugar laden foods were addictive was one thing, but tying to reduce the quantity of sugar in his tea was not as easy. He talked about how various manufacturers would deliberately include sugar or sugar substitutes in various packaged foods, and how his brain learned to quickly reject any processed foods which would not offer him the *sugar hit* he was craving.

Kamini factored in not just the sugar, but the excessive fat content in commercially-prepared foods, on top of acknowledging how the evolution of humans was in part to be blamed for addiction to certain types of foods.

> They call it, the bliss point of sugar and fat. They do have an addictive quality…What do we take in say from the food, the high fat, high energy stuff, and we conserve it. So it's probably quite hard to make individual people responsible for themselves…It is because you know, it's like, you know, throwing a drug addict into a room full of every kind of drug and then saying don't take it.

She suggested it was unfair to blame individuals for giving in to these addictive tendencies, as they might be powerless to control the evolutionary predispositions to seek out foods with

maximum nutrition (energy), at minimal procurement effort. She contemplated whether humans were prone to addiction by design, and not by choice.

Tammy, a busy professional woman, had noticed similar tactics being adopted by food manufacturers, especially during her trips to the supermarkets, where she made it a point to read the labels before buying.

> I think it again comes down to the same thing that I was saying. I know in the US, these food companies who are putting all this artificial sweetener in their drinks, in their food. Everybody loves sweet stuff, so they get addicted. When you get addicted you want to go back and have the same thing.

On a few occasions during her interview, Tammy suggested that there was a subtext to food addiction, and that commercial food suppliers were using this to their advantage. She talked about how her teenage kids had become the victims of this trap, and how she had to consciously cut back on buying foods with addictive qualities during her routine grocery shopping.

Trisha and Kamini both pointed to the current debate about taxing unhealthy foods as a solution to curtailing the obesity epidemic, a debate which is gaining support around the globe.

> So it's probably the same with food…You look at cigarettes, how much they have been taxed, people will still carry on smoking if they want to, and I feel that it would be the same as food. How to enforce, you put sugar tax, or you might discourage, but people will still pay more to get the food that they want. [Trisha]

> Sugary drinks, you couldn't put enough tax on them…so when they're talking like add 10% on and that will "discourage" people. I mean, for less than a dollar at the supermarket, you can get their own brand, so if you're

> going to add 10% on that, that makes it $1.10. I'm not going to say, I'm not paying 10¢; it just doesn't make any sense to me. [Kamini]

During their respective interviews, they both pointed out the inherent link between addiction and consumption of substances which were known to have addictive qualities, and that in spite of ever-increasing cigarette taxes, the tobacco industries were still not out of business. They also questioned the minuscule increase in taxes (10%) proposed, stating this was not high enough to deter consumption.

Healthcare Dependence

Another subtheme that emerged as part of feelings was vulnerability was that of healthcare dependence. This subtheme describes the outcomes of excessive weight gain and the declining health status associated with it which forces individuals to seek healthcare assistance, sometimes for prolonged periods of time. For some participants, this forced dependence on healthcare providers was undermining their *sense of control* over life events, which brought out feelings of fear, panic, and an amplified sense of vulnerability.

For Rodney, the discovery of a chronic medical condition was upsetting enough, on top of realising that his food pantry at home was not conducive to his altered health status. Rodney found this sudden loss of control over personal life events a big challenge to cope with; it was something he had never experienced in the past.

> In 2011, [I] was going along my merry way, as you do, [I] had got up to sort of like 105kg…but I was kind of losing weight…Then I went along and said I shouldn't be losing weight and he (the GP) tested my blood sugar and he said okay you've got Type 2 diabetes. I had to change who I was, but I went to the supermarket that afternoon and I thought, okay I should start buying things, because I looked in my cupboard and I thought, shit, all that stuff in there has got all sugar in it. And so I went to the supermarket trying to look

> for stuff without sugar in it, and it was a panicky event. I couldn't find anything really with no sugar.

A trip to the grocery store made his sense of helplessness even worse, upon discovering that he could not essentially find or buy any packaged food which would be considered healthy and safe for him to consume. He could never really get over the fact that his compromised health status had increased his sense of vulnerability.

Watty narrated a similar experience during his interview. He was always aware of his excess body weight through his adolescent years, but it was just that, and it was never presented as a health issue until he reached his 40s.

> When I got into my early 40s, we were living in Singapore, [I] got to the highest I had been at 84–85 kgs. I started to have health problems. So I went to the doctor: very high blood pressure. So they put me on blood pressure pills, cholesterol pills…So all of a sudden the weight issue was starting to have health impacts.

When Watty grew older his weight became an urgent health concern that forced him into a cycle of support seeking and medical dependency on multiple lines of treatments. The fact that he could not even kick a ball in the field with his teenage son made him angry and equally frustrated. The sudden change in health status made him feel unhappy that he had let himself and his family down, as he felt he had turned into a middle-aged, unhealthy, vulnerable man.

Ominous Body Image

The subtheme of ominous body image describes the amplified feelings of vulnerability felt by participants living with excessive body weight, and its impact on self-perceptions of body image. Going through various consumption practices, and subsequent weight gain, brings

vanity issues to the forefront. These vanity issues are characteristically off-putting and make individuals segregate or detach themselves from socialising at communal events.

Bethany, a young Malaysian woman, talked about how overtly conscious she became of her body image, and how others around her perceived her excessive weight gain.

> I cannot make a conclusion saying that people are looking at me because I am oversized, but I feel that they are actually looking at me…On the street, I just feel like everybody is looking at me, and I have very low self-esteem. I have to look on the floor. I don't make eye contact with them at that time.

This weight gain consequently affected her self-esteem, self-worth, and feelings of happiness and contentment with life experiences. Bethany's heightened awareness of her body image forced her to shop differently for clothing and accessories. Her focus shifted to concealment, rather than on trying to make a fashion statement, which was hard for a young woman to cope with.

Watty described issues of body image associated with his weight and the impact this had on his social engagement.

> For me it was a bit of a vanity issue. I didn't want to be overweight, particularly when I was in my 20s, and I wasn't married at that stage. So didn't want to be overweight. So trying to lose weight was more about vanity than anything else at the time.

When Watty was out and about at social gatherings, while his mates would find it easy to have conversations with the opposite sex, he would find his self-confidence shaky at the best of times. With his being overweight, he always wondered if he was not seen as a prospect for companionship or courtship by the opposite sex.

For Calvin, sitting down on a couch playing with the youngest member of his extended family was the last place he expected body image issues to crop up. Being taller than that average male (at six-foot-plus), he always thought he could hide his weight when out and about in the community. Calvin described being put on the spot by his granddaughter on a few occasions about his increasing waistline, and how he found those comments depressing, off-putting, and how they amplified his feelings of vulnerability.

> I've had a bit of [a] cholesterol problem, and so I was getting signals from my GP about cholesterol, about diet, about exercise. And I was worried about strokes and those things…When your grandchild is only two or three years old [and] starts to comment about your stomach, it does have a...makes you wonder a bit.

Mediated Stigmatisation

The subtheme of mediated stigmatisation that emerged highlighted the various stigmatisation processes that make obese individuals feel vulnerable, and on occasions, feel like ostracised members of society. Participants alluded to an underlying culture of weight gain, and social discourses of stigmatisation that made them feel anxious. They often questioned the culture that expects everyone to look the part (i.e., to look healthy and attractive) at any cost or risk being stigmatised by others.

Kamini pointed out that social stigmatisation processes generally had an opposite effect on obese individuals, which usually propelled them further into cycles of overconsumption and additional weight gain.

> Feeling judged because of your weight is making people feel bad about it… is counterproductive…Society thinks I'm bad and therefore if I'm bad, I'm sad and depressed because I'm bad, then I'll eat more…Putting out all these messages about how terrible obesity is and what a scourge obesity is [is]

> pushing overweight people away, and saying you can't do that anymore and judging them is not going to make them feel better.

Kamini questioned why individuals with substance addiction (e.g., alcohol/drugs/tobacco) were offered better support and care by society, but obese individuals generally received the exact opposite treatment. She felt disheartened by the overall attitude of society towards obese individuals and felt let down.

Tammy, a young mother of two, talked about her weight-related body image and self-worth issues as deeply personal and emotional experiences. Like Kamini, she found unsupportive social commentary about her weight gain sending her self-worth down into an out of control tailspin, which was very hard to recover from.

> Personally, it's a huge issue. I don't feel good. The clothes don't fit well. It is the whole image that is affected by the weight…So when I say that weight bothers me, it's very personal. When I am not feeling good in myself and I look in the mirror and I don't feel happy about my weight, about how I am looking… It's the society and the people and the comments that really make me go extremely unhappy…I felt [feel] vulnerable and negative and that basically puts me into a spiral.

Excessive weight gain and associated body image issues were deeply personal experiences to discuss during an interview, especially considering participants were discussing them with me, a novice researcher, and these participants had only met me for the first time. I felt privileged to have strangers put so much faith and trust in me, allowing me candid access to their personal struggles.

Many participants talked about how vanity issues made them feel extremely vulnerable and, to a certain degree, victimised. Shamal, a young mother, talked about the stigmatisation and bullying she experienced in her teenage years from her own siblings for being slightly

overweight. Shamal also pointed to her habit of seeking relief through consumption (i.e., through eating comfort foods) each time she felt vulnerable.

> I was quite chubby. I wasn't fat-fat, per se, when I was a kid, but I was always chubby. So I always had a belly as a little girl. And when I reached teenage-hood my older brother and my older sister used to bully me about it, like really, really bully me. They didn't realise that was really bad…I was going comfort eating all the time, all the time.

All grown up, she still finds it hard to let go. She also wondered if it had increasingly become an acceptable norm to ostracise unhealthy individuals and apportion the blame to them for their lack of normality.

Some participants suggested that stigmatisation discourse was so pervasive that it propagated through all levels of society and further victimised vulnerable individuals. Somehow being obese equated to an individual's lack of willpower, self-control, and sheer laziness.

> So we've got this culture which is making everyone fat and guilty…You've got to use money to get yourself fit and well. And so only a subset of society have [has] the resources to be able to do that…And they can't understand why those who have got nothing can't do it. And then they blame them for being useless, and it's just horrible.

Calvin commented on how obesity was in fact a societal issue, and yet the popular discourse usually blamed the individual for it. Calvin suggested healthy living was fast becoming one of life's luxuries, and those who didn't have the resources ended up becoming the victims and got blamed for their vulnerability instead. At a personal level, he found the contradiction very disturbing.

In summary, weight gain is associated with a variety of outcomes that make individuals feel vulnerable or like victimised members of society. These outcomes are dependent on addictive qualities of certain foods, acute or at times prolonged dependence on healthcare service provision, as well as on issues of body image, stigmatisation, and the resultant social seclusion felt by many. These feelings of vulnerability push individuals further into downward spirals of self-harm that usually intensify their feelings of *disempowerment*.

Summary of Core Category: Feeling Entrapped

Research Question 1 focussed on understanding what consumption processes ultimately disempowered individuals and communities during episodes of consumption. The results of analysis point to themes of consumption processes and subthemes of consumption sub-processes that exert influence at two levels: individual and ecological. Table 4.1 shows all of the themes and subthemes for this core category of *feeling entrapped*.

Table 4.1: Themes and Subthemes for Feeling Entrapped

Themes (consumption processes)	**Subthemes (consumption sub-processes)**	
	Individually Acting	**Ecologically Acting**
Socio-cultural Normativity		*Social Cohesion* *Obligatory Group Norms* *Cultural Consumption Norms*
Migration	*Migrating to New Foods*	*Overwhelming New Foods*
Competing Priorities	*Ease of Access* *Stressful Lives*	*Socio-economic Pressures*
Pervasive Food marketing		*Self-promotive Free Will* *Dominant Market Forces* *Sponsored Consumption Norms*
Intervention Setbacks		*Unnatural Routines* *Paternalistic Ethos* *Transactional Relationships*
Feelings of Vulnerability	*Food Addiction* *Healthcare Dependence* *Ominous Body Image*	*Mediated Stigmatisation*

Data analysis revealed various socio-cultural influences impacting consumption, including the migration of people and foods which had an impact on health outcomes. Living a healthy lifestyle is not an easy task, and there are a variety of individual and circumstantial stressors that eat away at the very resources individuals need to look after themselves. Stress in itself causes the human body to build energy reservoirs and store energy as fat cells. This storage of energy is the precursor for weight gain and subsequent obesity. The processes of consumption, or perhaps overconsumption, are complicated further by the rapid growth of food marketing in recent decades which has detrimental consequences for the overall health of the community. Obesity and its associated health outcomes have become an institutional, economic, and societal issue. The situation is complicated further by the fact that individuals engaging with various intervention programmes do not achieve the successful weight loss outcomes they are promised. Even after repeated attempts at engaging with different sorts of programmes, the successful weight loss outcomes are not achieved, and these failures enhance feelings of helplessness and vulnerability. The net outcome is individuals feel entrapped by consumption driven processes that lead to unhealthful weight gain, in turn resulting in overwhelming feelings of disempowerment. This downward spiral is depicted in the process model in Figure 4.2.

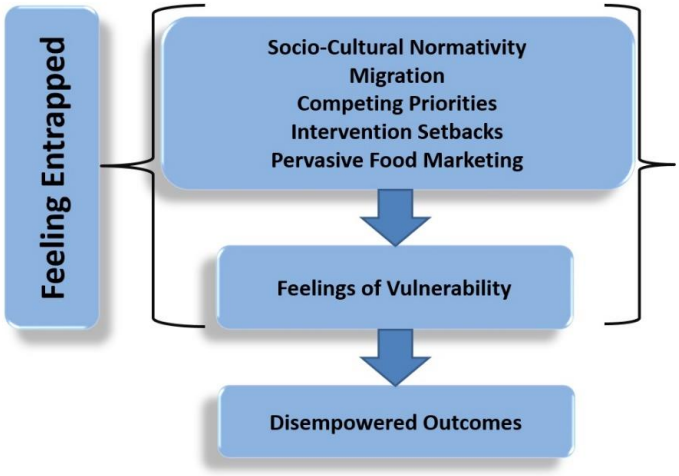

Figure 4.2: Process Model of Disempowered Outcomes

There are six major processes, or properties, that drive consumption practices, and provide insights into why individuals engage in episodes of consumption that inherently lead to unhealthful outcomes. Some of these processes are primarily under the sphere of individual control, while others are outside the sphere of individual control. Processes beyond individual control generally act through various ecological influences. A total of 18 subthemes (subprocesses) that lead to disempowered outcomes were identified for individuals living with unhealthful weight. Some of these processes worked at the individual level (n=7), while others worked at the ecological level (n=11). Summarising all of these processes that disempower individuals through various episodes of consumption is a challenging endeavour. Figure 4.3 shows all of the individually-acting processes and ecologically-acting processes that ultimately lead to disempowered outcomes during episodes of consumption.

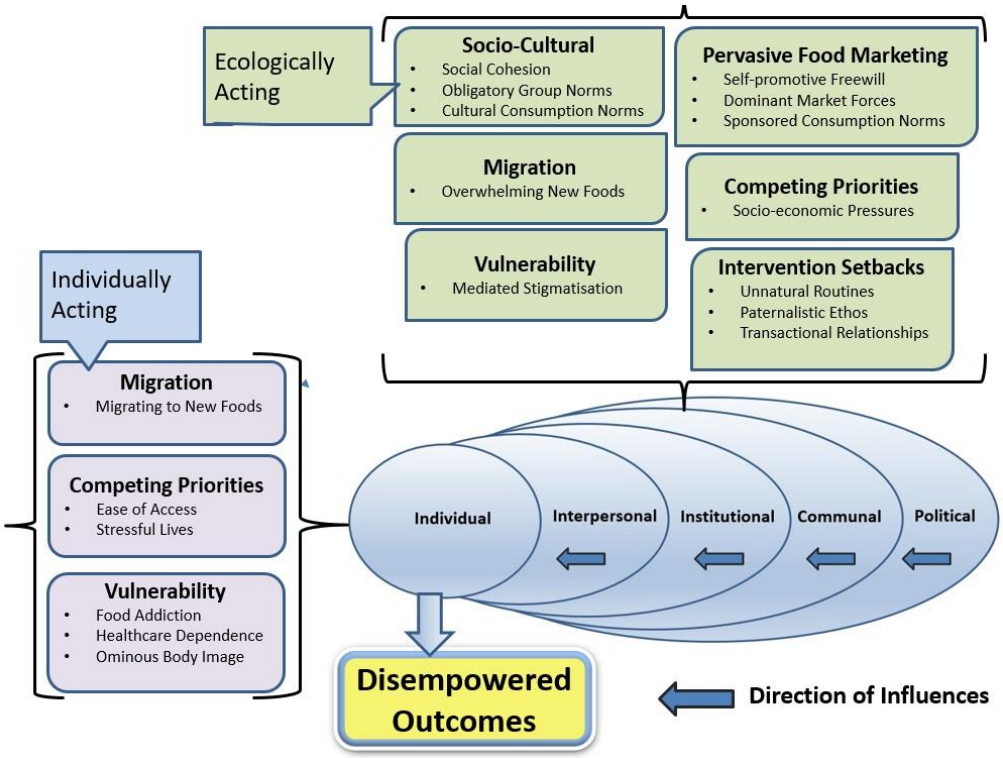

Figure 4.3: Individual & Ecological Processes Outlined

Figure 4.3 clearly demarcates the individually-acting processes on the left had side of the model from the ecologically-acting processes at the top of the model. The model also shows how both these processes work in tandem (collectively) and ultimately lead to disempowered outcomes for the individual social actor who is nestled at the core of the social-ecological model.

An ideal way to demonstrate the multi-level processes at play can be done with the help of taking the exemplar property of the core category *feeling entrapped*, and then explaining an exemplar theme assigned to that property: *competing priorities*. The third theme (process) of competing priorities has three separate subthemes (sub-processes): *ease of access, stressful lives,* and *socio-economic pressures*. On closer examination of the supporting participant narratives, it is evident that two of these subthemes, *ease of access* and *stressful lives,* act at the individual level, while the other subtheme, *socio-economic pressures,* mostly acts through ecological influences at the ecological level. The subtle difference between individually- and ecologically-driven processes can be explained better by contextualising it with the help of the participant narratives discussed in this chapter. In the following narrative, Alwyna talks about her *stressful life* and how she ended up consuming ever-increasing quantities of food over a period of three years, leading her to gain excess weight.

> When I started [working] at night-time…I did three shifts a week, and it was night school, and I was out of the house from four o'clock [p.m.] until about eight o'clock [p.m.]. So I didn't know when to eat my dinner…So I would eat the dinner before I would go to work at four o'clock in the afternoon…But when I came home I was absolutely starving so I was eating the leftovers.

Alwyna's individual stress was in part under the sphere of her control, and she could have chosen to walk away from her place of employment without the obvious health consequences.

During the interview, Alwyna also talked about an ecological influence that added to her stress levels and impacted her health and well-being. Caring for her sick mother round the clock meant Alwyna had to ignore her own health and face the consequences that followed. This represented a personal challenge which she could not refuse or walk away from; hence it was a stressful situation, or influence, which was far beyond her sphere of control.

> So when mum was diagnosed with cancer, it was a chemotherapy option for palliative care. So I lived on the cycle of chemotherapy: day 1, day 4, day 9, day 12, dah, dah…Now through those three years I definitely put on weight because I didn't exercise, I was eating at odd hours at night because I was getting up, you know, mum had medication at two o'clock in the morning and I would get up [and say] "oh, I'm hungry."

It is obvious that within the same theme or process of competing priorities there were sub-processes that acted at the individual level, while there were also processes that acted at the ecological level, with both resulting in unhealthful weight gain and associated feelings of disempowerment. Based on the grounded analysis so far, it is evident that the processes that disempowered individuals during episodes of consumption were context-specific, yet multi-level in character. The data clearly demonstrates that disempowered outcomes are multi-level phenomena, and any intervention programme that brings about empowered outcomes will have to have a multi-level approach to the problem. The next chapter engages with the data with the aim of answering the second research question, and explains the processes that could empower individuals during episodes of consumption with the support of participants' narratives.

Chapter 5: Results Part Two

Introduction

The purpose of this research enquiry was to investigate empowering and disempowering experiences as described by individuals living through various health-promotive interventions for weight management and obesity. This chapter focusses on the second research question for this enquiry, which was as follows:

Research Question 2: What are the processes that bring about empowered outcomes in episodes of consumption?

Grounded theory analysis demonstrated the processes that could lead to empowered outcomes, all of which could be subsumed under the core category of *co-creating empowerment*. This section begins by outlining themes (processes) and subthemes (sub-processes) of the core category, and later substantiates the outcomes of this research with participant narratives. Finally, a summary offers insights into how individually- and ecologically-driven (or reconfigured) consumption practices could lead to empowered outcomes for individuals and the wider community.

Core Category: Co-Creating Empowerment

This core category is essentially comprised of two themes: *prioritising health* and *desiring inspired leadership.* These themes (or processes) are visually represented in Figure 5.1. The next section elaborates on each of these themes of the core category, which are contextualised and discussed in detail.

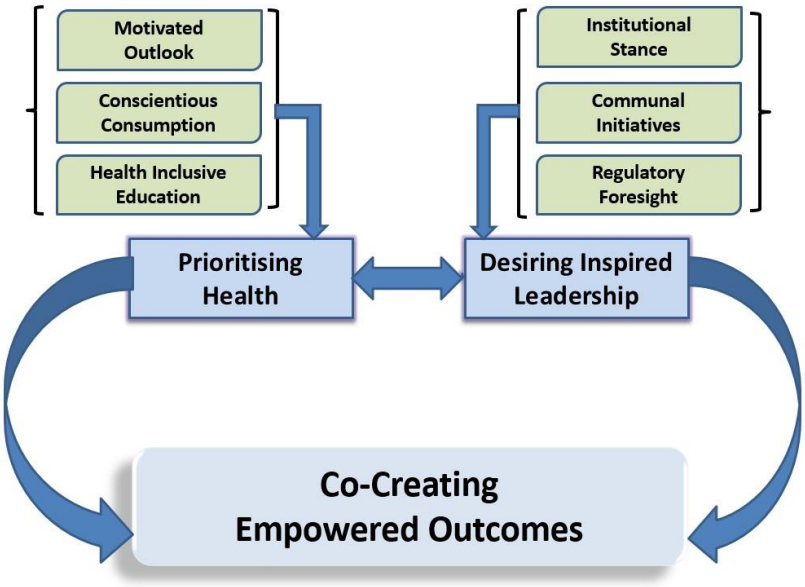

Figure 5.1: Core Category Co-Creating Empowered Outcomes Outlined

Prioritising Health

The theme of prioritising health describes how various initiatives, when acted upon, bring about much needed changes, or empowered outcomes, in the lives of individuals and communities. These are multiple initiatives that act through *reconfigured* approaches to individual consumption practices. These initiatives also assist individuals by enhancing their *self-care* abilities through remodelled systems of learning. The processes that drive these initiatives have elements of individualised inspirations (e.g., a degree of self-determination) that need to become part of this change and supporting communal initiatives to bring about changes at the ecological level. Prioritising health is further specified by three subthemes: *motivated outlook, conscientious consumption,* and *health inclusive education.*

Motivated Outlook

Motivated outlook describes the initial *steps* taken by the participants towards the path of seeking self-determination to bring about a meaningful change in their own lives. Most participants described this as an epiphany—a turning point in their journey towards seeking

control over life circumstances in order to achieve empowered outcomes for themselves. There seems to be a strong and genuine internal drive to stop giving in and take charge of the situation. Each participant approached it differently, but the definitive need for an empowered outcome remained the same.

Tammy described how having failed at various weight loss interventions, she finally decided to take charge of the situation. She realised by consistently placing the onus on an external agent to deal with her health issue, she had given up control, and was constantly blaming others for her failures.

> I am taking the control in my hand because I know over a long period of time letting the person [the nutritionist] take control over my life is probably not going to help me. You are giving away your power the moment you are saying it's not me…Personal empowerment is gone.

She had reconciled that from this point onwards she needed to accept part of the blame and then chart a course for the future where she would contribute equally to the process of living a healthy life. She described it to be the only way she was ever going to achieve an empowered outcome for herself.

Methy took a broader approach to her health issues and talked about seeking control not just with her weight, but also in all other facets of her life, including personal and professional contexts.

> Well, empowerment is important no matter what area you're look[ing] at, whether it's your weight, whether it's your job, whether it's any personal development…The more you actually take control of what's happening to yourself, the more empowered you feel.

She believed by taking control or being in charge of the situation, not only would she be able to bring about a change in her health status, but she would be able to bring about change in all spheres of her life. This inspired outlook drove her to start making changes in her consumption practices not just for herself, but for her family as well, and especially for her teenage daughter who was also struggling with excess weight issues.

Watty described the genuine urge to bring about change in his lifestyle which eventually led to his journey through weight loss.

> So we were heading back to New Zealand, and I said to my wife: "When we get back to New Zealand, I've got to make a change, and it's got to be a proper lifestyle change"…I think it has been getting to the point where there is a real strong driver…more of an internal driver.

Watty attributed this inspired outlook to his then declining health status and subsequent dependence on medical interventions, including utter unhappiness with his life circumstances. All of these factors contributed to stressful situations at home and at work. He talked about wanting to do the right thing by his family and felt motivated enough to seek solutions for his needs.

Valery took her newfound motivation to bring about healthy changes beyond just her own health and decided to become a role model for the rest of her family. She made sure her entire family was on a path of healthy living, including herself.

> I just thought, no we'll clean the pantry out of all the junk, because if I can't eat [it], I don't want my children to eat it or my husband, so [I] bought all the green teas, chicken breast, vegetables, fruit, almond nuts, you name it.

She took it upon herself to question every bit of consumption norm she had followed until that point in her life, and then decided to get rid of unhealthy foods from her kitchen pantry to make a fresh start.

Calvin described how his enlightened stage of self-determination made him come out of his shell, from underneath his feelings of entrapment, and talk about his weight, by acknowledging openly and honestly that it was an issue which needed to be resolved.

> Yeah, so much more active at getting help as opposed to feeling like there was nothing I could do…I am beginning now to apply that to all facets of my life, whether it is my career, whether it is my family and my weight. Because they are all interrelated. Because you can't just focus on your weight.

This motivated outlook made him realise that the feelings of entrapment had in fact affected all other facets of his life, and gave him the courage to seek help as well as to take part in strategies designed to help him.

Conscientious Consumption

The subtheme of conscientious consumption describes the variety of processes through which participants have learned to take the path towards healthy consumption. The processes started by questioning not just the food sources, but equally questioning the supply chain of the food sources, or the process of procurement of foods, including the authenticity of what was offered as a healthy food. This careful selection and consumption went beyond the personal boundary and into the wider social context for many participants.

Joann commented on how she carefully selected and kept an eye on what she put on her plate as food, and what variety of foods she consumed.

> There is always a lot of food. So as long as I make sure there is more greens on my plate than anything else I am fine. And meat only needs to be small portions, especially for me getting older. I am conscious of my meat intake now.

This ability to constantly question and justify why and how she consumed had become a routine for her and had resulted in big improvement in her health status, and overall satisfaction with quality of life.

> Well, we've had to redefine lollies as well…you want lollies, yeah, here's apricots. So the grandchildren know when they come to corker's house they have apricot lollies and they have grape lollies…So they think grapes and apricots, they think raisins and nuts are lollies.

Joann also talked about how she had taken the role of a role model for her entire family, and made sure they primarily consumed foods to stay healthy. During her interview, she talked about how her conscientious consumption stance was met with some resistance during the initial days, but later on the family realised that it was the right way forward.

Niwee described how she had modified her food selection, including choosing to shop with a local (fresh produce) grocer instead of making her usual trip to the supermarket.

> It's funny, I've actually had people comment at the veggie store, and we buy anything from yams to avocado to parsnip. We try everything. And so you walk in with a trolley and it's really full. I've actually had a couple of people say to me "wow that's a lot of veggies."

She commented on how her trolley looked devoid of high sugar, high salt packaged foods from the supermarkets, which were then replaced by fresh produce. She took pride in the fact that fellow shoppers were amazed by her focus on eating healthy, and she wished that everyone followed suit.

Tammy spoke about her heightened awareness of what she was feeding not just herself but her family as well. She described her current process of buying groceries and how dramatically it had changed and how conscientious she had become while buying everything that went into her shopping basket.

> If you can recognise what you are eating, if it's coming from something you know then it's good…If you are reading a long list of ingredients it's no good for you…Yeah, like in ice cream there should be milk, cream, sugar and some kind of fruit...If it's dextrose this and fructose that, then it's not [good] for you.

Tammy talked about buying as much fresh produce as possible, and if she did by processed or packaged foods, then she made it a point to read the label to make sure it was in fact healthy. She stated she wished she had the insights of her newly found procurement practice in the past, and then perhaps she would have averted her life journey through weight-related health issues.

Health Inclusive Education

Health inclusive education emerged as another subtheme of prioritising health. Health inclusive education refers to education that acknowledges the need for and makes health education an urgent priority for every member of society, including younger generations. Participants talked about how the current education system was fixated with numeracy and literacy skills, but lacked the much needed emphasis on health education which was perhaps more important for building a healthy society. Most of them commented on why a holistic approach to education was required and how health education had to be prioritised.

Aryan commented on his educational institution's official policy around supporting and encouraging the indigenous population to participate and achieve worthy educational outcomes for themselves. He suggested that the policy focussed solely on academic outcomes and

completely ignored the fact that many of the students were struggling with socio-economic issues, including health issues.

> We do have an issue here. I do believe that. And when they are saying about improving Māori and Pacific results [academic results], it's not just education. It's from their lifestyle, even eating. They are eating so much of all this greasy stuff.

He referred to the inherent link between consumption norms, resultant health status, and educational achievements of many of his students, and why it was beyond his control to achieve the outcomes expected by the institution as a whole. He wondered if the institution needed to put support systems in place for its students which would focus on health education also and not just on academic achievements.

Niwee talked about how her son's day care facility was taking the initiative to educate toddlers about healthy eating.

> At my son's day care [they have] what they call "green and red choice," so they've got to open up their lunch box every day, and I give my son one red choice thing a day which might be a little snack or a muesli bar. And he has to tell his teacher what his red choice is…So hopefully that continues throughout his education.

Niwee was pleased with the efforts put in by the carers and pleased that her son was learning a life skill, but wondered if this would genuinely become part of his lifelong learning. Her doubt was rooted in the fear that once he moved on from the day care facility to the primary school, this emphasis on health education would be lost in the prevailing schooling system.

Tammy took it upon herself to make sure she became the primary source of nutritional information and education for her daughter who was showing early signs of childhood obesity.

> I involve my daughter when I am cooking. She usually sits in front of me on the bar stool and just watches me cook…I tell her that I am using a small portion of rice…I tell her that rice has carbs (carbohydrates) so I am reducing the amount of it when I drain the water out of it.

Tammy suggested that education starts at home and that primary caregivers (her mother in her case) had a huge role to play in making sure the younger generations learned the right skills for a healthy lifestyle. Tammy later discussed how this emphasis on educating her daughter to partake in cooking had affected Tammy's choices of food procurement as well as her recipes for healthy meal preparations.

Trisha talked about reducing *self-harm* as a priority for any educational reform, and not just locally but globally. She suggested that early childhood centres, as well as the schooling curriculum, needed to focus on teaching children how to look after themselves.

> I mean there has been the "five plus" but there needs to be actually more than that. Maybe healthy diet and nutrition and self-care, self-efficacy, self-management needs to be introduced very, very early as part of the curriculum... So it is actually ingrained into the child's learning as they grow up.

Trisha pointed out that the current emphasis of the school curriculum was on children's ability to process and grasp information, rather than on learning life skills. She believed these self-harm reducing skills were far more useful for their lifetime and that included making health appropriate choices in every facet of life. She stated she would like to see this reform taking place sooner rather than later, especially with the current epidemic proportions of growth in obesity and associated mortality rates around the world.

Valery gave an example of a local school which had taken the initiative and prohibited children from consuming unhealthy foods on campus. She said these were pockets of good

initiatives throughout the society, but on many occasions, these were sporadic initiatives which were yet to become mainstream.

> I love—there are schools that are practically promoting healthy eating, and I suppose it's a start…I love hearing about the schools that say, you know, don't bring fizzy drinks, bring water, and they actually make it part of the school policy…Maybe we need health, what's the word, yeah we need literacy for health. We need to be educated in that.

Valery also suggested that banning unhealthy substances on campus did not work in its entirety unless the children were genuinely concerned about their own health and well-being. She emphasised the value of holistic *health education* through not just formal schooling facilities, but through all those institutions which were considered the guiding pillars of society.

In summary, the process that leads individuals towards empowered outcomes includes personal drive, or motivation, to establish control over life circumstances to bring about meaningful changes in quality of life indicators. This motivated outlook makes individuals question everything they have done in the past and become conscientious about the choices they make in the future. This process of self-discovery forces them to ask questions about their current *lack of ability* to prevent *self-harm*. This further raises questions regarding their inherent lack of skills needed for *self-care*, primarily arising out of the insufficiencies of the current educational system. They similarly believe the past cannot be changed, but one of the ways to prevent future generations from the current epidemic is through remodelling the current educational system into one that emphasises health inclusive education. Participants pointed out that their motivated outlook and conscientious approach to consumption were under individual control, but the path to empowered outcomes was a bit more complicated than that. There were ecological factors which had a role to play in achieving the empowered outcomes.

Desiring Inspired Leadership

A second pervasive theme in the narratives was that of desiring inspired leadership. That is, participants talked about the need for truly inspiring leadership at various ecological levels and the need for leaders to be able to work productively with each member of society to bring about empowered outcomes. Participants described empowerment as a co-created outcome, not a solo endeavour. Desiring inspired leadership describes the enduring need for an inspiring or empowering leadership style which works at multiple levels of the social-ecological model (i.e., at institutional, communal, and political levels). Participants talked about how the current styles of leadership were uninspiring, or at times dubious in their approach to intervention strategies which would bring about healthy changes in societal well-being. There were glimpses of *not-for-profit* institutions and *community funded* groups doing the right thing, but these were hardly considered mainstream. Most participants truly hoped for this to change through inspired leadership at various levels of the social-ecological system. Desiring inspired leadership as a theme (process) is elaborated further with three subthemes (sub-processes): *institutional stance, communal initiatives,* and *regulatory foresight.*

Institutional Stance

Institutional stance captures the variety of standpoints taken by institutions towards the health and well-being of their members, patrons, and the communities they serve. In the majority of cases, participants described how the institutions showed a lack of genuine leadership towards caring for the health and well-being of their patrons and communities. Participants talked about both types of institutions, *for profit* and *not-for-profit* institutions, and their respective stances towards the health and well-being of their members. These institutions took a stance that either had beneficial or detrimental influences on the health and well-being

of participating members. Most participants felt the status quo needed to change, and hoped that in the future it would change for better.

Watty did not have an issue with commercial food suppliers and their ability to promote their own product lines through various channels. His contention was around how it was done, and how up front and transparent the organisations were about the constitution of their offers, and the implications of this for the health and well-being of the community.

> Look—advertise, but make it very, very clear that when you advertise…You have to tell them what's in it, how many calories it is…It's like we are not going to stop you from advertising, but you need to educate at the same time. And so it needs to be very, very clear what this "will and will not" do for you.

Watty talked about how often the product labelling was done deceptively so as to highlight the "fat-free" selling proposition in dairy products, but it did not highlight how the flavours were maintained by adding unhealthy levels of sugar to the same product. This practice was routinised across the sector with very little effort put into promoting healthy consumption practices. He wanted organisations to be responsible and truthful in their approach and then give consumers a fair chance to make an informed decision.

Gerard talked about the for-profit, commercial organisations and their routine approach of discrediting any source of information which is seen as a threat to their own economic viability.

> Tobacco industry, alcohol industry, sugar industry is the next one...They were following exactly the same tactics that the tobacco industry used to use. So they're paying scientists to provide information that supports their position to discredit anybody [else].

Gerard thought that instead of embracing change or leading the change and supplying healthy products to the market, the current institutional attitude was that of resisting change at any cost. He indicated how this was just history repeating itself until such time that the communities realised it was not okay, and then took a stand with an emerging backlash.

Greg noted how commercial suppliers of alcohol who sponsored sporting events were quick to distance themselves from players who misbehaved or infringed upon civil law and order.

> We've got this alcohol company supporting it…Then you're really surprised when some league player gets drunk and beats someone up, but it's kind of like, "he's got it on his jersey. He's just supporting the sponsor"…Yeah, and it's not just a New Zealand thing, it's everywhere.

Greg explained these organisations were essentially selling a substance known for its capacity to hinder cognitive and decision-making abilities, yet hardly took responsibility for the consequential actions of the players they were so willing to sponsor. He said most of these organisations washed their hands of their own responsibilities by simply telling consumers to limit consumption, that is, by printing a label that said "drink responsibly." Greg said these organisations needed to demonstrate morally responsible behaviour.

Calvin described an institutional stance of a different kind—the overall of lack of support offered by his place of employment (an institution) to enable him to genuinely look after his own health and well-being. The institute consistently promoted *health and wellness* policy through multimedia platforms, but never offered the space and time to actually participate in those initiatives.

> Actually, while they're sufficiently worried about me that they're prepared to do something as opposed to saying, "I'm really worried about you could

> you just go and do something about it"…It doesn't seem to be part of the culture of the organisation.

Calvin was disappointed that his long working hours meant he had to find time outside of his work commitments to seek health and fitness intervention. He wondered if the institute's management only paid lip service to the idea, never offering its employees sufficient opportunity to embrace health and well-being.

Kamini talked about an institutional stance of third kind. She described how the general medical practitioners had changed their approach towards treating obese patients, and how they were embracing an all-inclusive approach to treatments.

> Yeah, I quite like the idea of what some GPs are handing out now is the "green prescription" where they go off and get some [help], and that's a big change from "let's just go to the doctor and get some pills."

With the routine diagnosis and writing of prescriptions, general practitioners were also enrolling their patients in community run programmes called *green prescriptions*. These community funded organisations were responsible for training and upskilling diabetic patients to help them make healthy consumption choices. A key part of this training involved taking patients on an educational trip to the grocery store and showing them how to buy healthy foods and justifying the choices made. Kamini suggested these programmes were working, but were only offered to those patients who were morbidly obese, although they should be offered to everyone needing help with making healthy consumption choices.

Communal Initiatives

Narratives revealed a lack of leadership shown by members of the community in terms of having meaningful discussion around health and well-being and the need for change in the way the obesity epidemic is dealt with at a communal level, highlighting the subtheme of

communal initiatives. Participants talked about the need for moving beyond the routine discourse of dealing with obesity, instead focusing on it as a type of *substance abuse* which needed urgent and genuine communal support. One of the consistent themes that emerged from their conversations was about taking a stand as a community, and urging policymakers to set finite targets and use a comprehensive intervention programme to bring down the current rate of obesity.

Tammy described how communities did not actively participate in a purposeful discussion around obesity, but were quick to offer support when substance abuse was brought up in a conversation.

> If you say that "I am quitting smoking" everybody is there to support you. If you say, "I am trying to lose weight,": "Oh, you look fine. Come and have something to eat. Think about it tomorrow."…Weight by itself might be a vanity thing but in reality it's leading to health issues.

She wondered if this non-participation arose out of a lack of understanding for how serious society needed to be about the rising incidence of obesity and its associated mortality on a global scale. She was dismayed with the lack of engagement and leadership shown by communities in general to support the members of society suffering from obesity and related health disorders.

A similar viewpoint was put forth by Kamini, who not only talked about her addiction to high-calorie foods, but about her realisation that it was no different than being addicted to smoking or drugs.

> I thought to myself at 109 kg, I just ram a variety of bad things into myself repeatedly; chocolate biscuits, cakes…Am I actually any better than the people that I'm saying, look at them smoking. How irresponsible…I think

> it's to do with how we judge…Substance abuse, but you don't actually think of food abuse do you.

Kamini wondered how communities were quick to brand smoking and drugs as substance abuse, but would never consider excessive consumption of food as "food abuse." She questioned how the communal discourse was ignoring its responsibility by not questioning the policymakers and urging them to treat obesity as food addiction or substance abuse.

Joann went a bit deeper into the role of the communities when it came to supporting each other, and demanded that the policy frameworks support initiatives that work for the betterment of communities as a whole.

> We are going to have a non-smoking Aotearoa [Māori word for New Zealand] in 2020, and we are positive about that. Aotearoa is going to be smoke free in 2020. It's nuclear free, we can be smoke free and same with sugar free. I think we have to be "sugar free" by 2030.

She pointed out how communities had come together in the past and fought for their rights, had taken a stand on being nuclear free and being smoke free as well. She wondered if another community initiated agitation was needed to force the policymakers to take the lead, and become sugar free in the next decade. Joann said it was up to the communities to take the lead and do the right thing.

> Obesity is the number one killer for us here in South Auckland…I think that discovery and development of one's built-in capacity requires more than what society is providing. I think society is denying discovery to some extent and not allowing full discovery.

Joann also talked about how the current communal climate is to not stand up for people's rights. In fact, she stated people have given up, or to put it differently, are giving into the addictive

qualities of diets based in excess sugar and fat and salt. She thought people were enslaved by the current system to consume without questioning, and felt sad about the lack of leadership shown by communities as a whole.

Bethany took a slightly different stance to it all and held individuals and communities responsible for what happens in the *market spaces*.

> Healthier food is more expensive than unhealthy food. It's simple, because of the demand. They know that a lot of people are getting more health conscious…So if we are able to make it like getting healthy food is not a trend but instead is a common daily routine for everybody, then that—in turn, unhealthy food will become [expensive].

Bethany suggested the only reason why healthy foods were expensive was because of the false perception that "what is good for you has to be expensive." She thought if all members of community were to come together and demand nothing but healthy products, then perhaps the situation might organically reverse itself.

Rodney expressed his frustration with not being supported by a well-known communal organisation which was set up in light of the growing incidence of diabetes.

> Well, I think the community based organisations, like for example Diabetes New Zealand, and probably a good example is the Smoking Cessation which I think is a separate organisation is funded to help the community. And it's the same with diabetes…Where someone gets diabetes they should have someone follow them up…I think to myself, "how come when I got diabetes no-one called me up?" Well the obvious answer is because they don't have funding to do that.

Rodney pointed out that organisations set up on similar principles to support *smoking cessation* programmes were better funded and were better equipped to help community members needing

help. He hoped that communities would come together and ask the policymakers to offer similar levels of support to members of society suffering the health consequences of obesity.

Valery talked about some of the recently set up communal organisations which were taking the lead and were supporting communities as best as they could, even on a miniscule budget.

> I know that there's a lot of really good organisations…You've got like the charity "Steps for Life" which is targeting, proactively going into schools and families, and actually getting the individuals and families to work together. I think they've just lodged an adult programme just recently.

Valery was happy that some members of the community had taken the lead and were doing the right thing, but explained most of these programmes were smaller in capacity, and were not able to reach each member of the society needing help. She hoped that one day there would be enough leadership shown by the communities and policymakers to genuinely work together on these preventable diseases.

Regulatory Foresight

Regulatory foresight describes the lack of leadership shown by current regulators when it comes to bringing about evidence-based, meaningful changes to the policy frameworks in order to achieve healthy outcomes for society as a whole. Participants talked about how the current leadership approach was more *reactive* than *proactive* in its philosophy, and how these approaches showed a genuine lack of empowered leadership. The data showed that there is a need for a comprehensive, community wide approach to obesity intervention, and it has to be better planned and executed to achieve the right outcomes. Participants suggested the starting point to all of this had to be an open and honest commitment on the part of the regulators to do

everything in their capacity to bring about sustainable changes to the current state of societal health and well-being, hence the theme regulatory foresight.

Gerard described that in most instances the current political leadership was more of a reactive type than a proactive type.

> Yeah, so we're not going to get empowered leadership…The only way we can drive it is public opinion, eventually [taking] public opinion to the stage where the government has to react. It becomes a reactive leadership, not an empowered leadership. They only ever react when they can see bad outcomes for them.

Gerard pointed out that the current policy framework only ever moved if there was sufficient backlash from members of society and the backlash had detrimental political outcomes for the governing body. He suggested the only way to could get meaningful policy change then is for the communities to stand up for their rights and force the policy decisions in their favour.

Valery talked about the level of apathy and sometimes inaction in political leadership on important issues concerning communal health and well-being. She argued that the current style of leadership would mostly likely look for an easy way out so as to shift the onus or blame back onto the community and hold individuals responsible for their own well-being.

> The things that are healthiest and the ones that we should be eating sometimes happen to be the most expensive [foods] that we can get our hands onto. What are the politicians doing about it? Nothing…Every time you question them the only answer is "people should be looking after themselves."

Valery pointed to the current data on obesity and said the political body had for too long chosen a path of ignorance and was not working hard enough to make sure communities had access to

healthy food sources. She thought improving access to healthful resources would be the first step in the right direction, and this needed regulatory intervention.

Calvin talked about food and nutrition, but also discussed the need for political initiative in providing resources to communities so they could engage in healthy behaviours.

> At the public policy level, a number of things could make it better. Having nice places to walk, safe places to walk, at all times of the day, which can be easily put into the design of urban environments, would be helpful.

For Calvin, the opportunity to participate in physical activity in a safe environment was equally important. In spite of being a six-foot-tall, well-built man in his late 50s, during his interview he talked about his feelings of insecurity when going out for post-dinner walks on couple of occasions, especially walking in low-lit streets around his neighbourhood. He wanted the political leadership to have a comprehensive approach when dealing with the obesity epidemic and come up with multi-level solutions to deal with the health issues.

Rodney argued that the current policy framework was sufficiently ready to bring about the changes we needed in the health and well-being policy of the country. He compared it to the current monetary policy which made sure that the inflation rate was never more than 2%, and if did go up, then the Reserve Bank intervened to bring it down to the predetermined levels.

> I mean, part of the mix is that what we actually need, they do it with inflation, create a law that says inflation should not go above 2%. Well, they should do the same goddamn thing for health-related things…We actually need to be saying to the politicians…We don't want our people getting all these stupid avoidable diseases.

Rodney questioned why the same could not be done for health and well-being indicators of a country. His idea was to set up an independent body which would set benchmarks for

communal health and well-being, and if the levels moved outside of the ideal range, then interventions would be sought until the outcomes normalised. He was looking forward to the day when the political body showed much needed foresight in dealing with all of the preventable diseases.

Gerard talked about the inherent link between the outlook of the industry and its impact on the policy on recommendations for consumption of foods through what is known as the food pyramid.

> Industry drove policy and the government policy came out that this is now the food pyramid; demonises fat and we make grains...really, really good…The same guidelines that came out of the [United] States in the 1960s. Well we need the leadership to now turn around and say "we got it wrong"… The government has to change it, so that's going to need empowered leadership.

He cited current evidence from a variety of sources which were questioning the industrial influence on how the pyramid was conceived and then recommended around the world. He argued that many governments around the world, especially within the OECD group, were aware of the detrimental outcomes of those recommendations, but were not prepared to accept that the current regulatory framework was outmoded and needed a fresh start. He suggested that it would take a lot of courage on the part of the leadership to accept that they got it wrong and was hoping for a truly empowered leadership to stand up in favour of the health and well-being of communities.

In summary, participants were clearly yearning for change, and hoping for truly inspiring leadership from all social actors, whether institutions, communities, or the country's political leadership. They hoped this multi-level, inspired demeanour would work at all levels

of the social-ecological system to help bring about a genuine, comprehensive, and all-inclusive healthy change in the lives of the individuals and communities who needed it the most.

Summary for Co-Creating Empowerment

Research Question 2 focussed on understanding what processes would ultimately assist in empowering individuals and communities during episodes of consumption. Data analysis revealed that such processes needed to act at two different levels: *individual* and *ecological*. Processes which mediated their influences at an individual level primarily acted as precursors which encouraged individuals to question, seek, and perhaps demand control over their life circumstances. This genuine need for self-determination drove them to take control, not only for their own consumption practices, but for the consumption practices of their extended family members as well.

However, data suggested this motivated outlook and the need for seeking control on patterns of consumption only remained one part of the solution, not the whole solution, which is in part dependent on ecological influences. Participants talked about the need for a reconfigured social-ecological system framework, where the communities, institutions, and policymakers have a role to play in working towards a common goal of achieving healthy outcomes for the entire society. Table 5.1 shows the individually-acting and ecologically-acting processes leading the empowered outcomes for social actors engaged in episodes of consumption.

Table 5.1: Themes and Subthemes for Co-Creating Empowerment

Themes **(consumption processes)**	**Subthemes** **(consumption sub-processes)**	
	Individually Acting	**Ecologically Acting**
Prioritising Health	*Motivated Outlook* *Conscientious Consumption*	*Health Inclusive Education*
Desiring Inspired Leadership		*Institutional Stance* *Communal Initiatives* *Regulatory Foresight*

Data analysis revealed individually-acting processes would have to work in tandem with ecologically-acting processes to ultimately *co-create* empowered outcomes for individuals and communities alike. Ultimately, individually-facilitated health prioritisation, when coupled with inspired leadership, would help in co-creating an atmosphere of collaboration between each member of the community and with the healthcare policy regulators. This collaboration would open up channels of frank and honest communication between multiple players within the social-ecological framework comprised of individuals, communities, institutions, and policymakers. Each member of this collaborative team would have to contribute resources (both tangible and intangible) to the processes of bringing about meaningful and healthy changes to the lives of each member of society.

This collaboration or *co-creation* is key to the process of achieving empowered outcomes, or to the outcome of becoming empowered. Participants of this study called for an urgent, collaborative interplay between all members of the social-ecological framework to make it happen, and this is captured well in the following quote by Calvin:

> Empowering leadership: We want multiple leaders because they need to work in all different parts of your life…It certainly is a co-created outcome…The trick is how do you turn that into a really constructive thing where it triggers the change behaviour instead of an excuse for not changing.

Based on the current analysis, it is noticeable that individuals are attempting to participate in co-creative processes with the right intent and resourcefulness. The same could not be said about the ecological influences impacting individual health. Individuals are actively trying to bring about consumption-related lifestyle changes that could assist them in achieving empowered outcomes, but the social-ecological systems are yet to respond in an all-inspiring, symbiotic manner. Hence, most of the individually-mediated consumption-related lifestyle modifications discussed by the participants were actual, while the ecological changes discussed were merely potential changes slated for the future.

Participants repeatedly pointed out that co-creating empowered outcomes was the only way empowerment could ever be achieved, at the individual and the societal level. The discussions also suggested that this reorientation in ecological influences would not occur naturally, but that individual members of the society would have to stand up for their rights and wishes, and in the process, hold ecological forces (members) accountable for their current stance. This includes raising awareness and raising genuine concerns at interpersonal, institutional, communal, and political levels.

The discussions in this chapter and in Chapter 4 outlined the processes that disempower, and could potentially empower individuals during the episodes of consumption. One of the key issues that emerged during the interviews, albeit only on a few occasions, was how participants perceived, or conceptualised empowerment at a personal as well as at an interpersonal level. Participants looked at empowerment as an important, and as a must-have aspect of their lives, but categorised empowerment in various ways. Even when they felt let down by their own

health status, resulting in feelings of disempowerment, this did not mean the notion of empowerment was totally missing from their lives. Some participants reported lack of empowerment with regard to their health and well-being, but were feeling sufficiently empowered in their professional lives. It did not hinder their ability to fully participate in their professional lives and seek full control on it. Empowerment was perceived as a *duality* as opposed to *dichotomy* in their lives.

Not being able to live a healthy life and the consequential feelings of disempowerment did not readily translate into other parts of their lives, including personal or professional interpersonal relationships. When participants were able to actively partake and control their daily routines, including performing the social and professional duties assigned to them, they felt in control, or empowered. During the interviews, this duality of empowered outcomes was discussed and equally probed on a few occasions. Each time the participants categorically pointed out that they perceived it as a duality, not as a dichotomy.

In co-creating empowerment, empowerment is an outcome which is dependent on two distinct process facets. Firstly, a conscious effort must be made by individuals to reorient their total approach to consumption, and this leads to much needed improvements in *quality of life* indicators such as healthful weight, coupled with improved health status and associated feelings of control over life circumstances. Secondly, ecological influences must be reoriented in such a way that would assist in bringing about healthy changes in the lives of individuals and the community as a whole. Data suggests this dual approach to finding a solution to the obesity epidemic would eventually give rise to empowered outcomes for individuals and communities.

Having discussed the overall summary findings, it is prudent at this stage in the thesis that a substantive model of empowered outcomes be displayed so as to holistically capture the phenomenon as it emerged from this grounded theory based study. Figure 5.2 provides a model

of (dis) empowered outcomes in weight loss interventions. The model fundamentally outlines the individually-acting and ecologically-acting influences which disempower, as well as empower, individual members of society and the wider community. This model equally demonstrates that empowering or disempowering processes are outcomes dependent upon individually-acting influences as well as ecologically-acting influences.

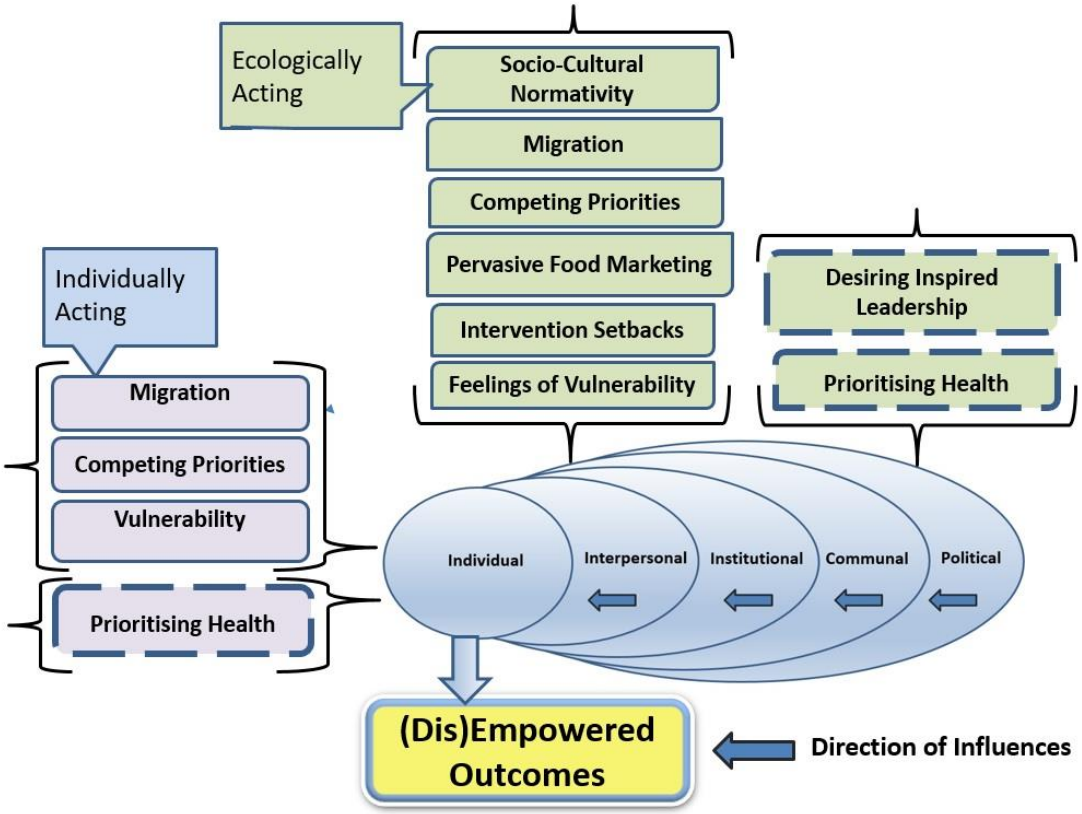

Figure 5.2: Outlining (Dis) Empowered Outcomes

Chapter 6: Discussion & Implications

Introduction

The purpose of this enquiry was to investigate the processes that either empowered or disempowered individuals as they lived through various weight management experiences. The outcome of this research makes a definitive contribution towards extending the understanding of the phenomenon of empowerment and of consumer empowerment as well. This chapter discusses the findings and implications and is divided into four sections. The first section provides an in-depth discussion that connects the overarching research questions and findings with the extant literature. The second section outlines the implications and contributions of this research. Specifically, it summarises how current research has informed present understanding of the phenomenon of consumer empowerment, including some of the theoretical contributions of this research towards behavioural theories inherently connected to the obesity literature. The third section offers insights into some of the limitations of this research. The final sections offer recommendations for future research opportunities and concluding commentary.

Discussion

Living a healthy life complete with maintaining a healthy diet and a healthy weight has become a challenging endeavour for many individuals. It is a multifaceted problem for which there is no single, simple solution. Individuals wishing to lead healthy lives often engage with a variety of weight loss intervention programmes, but many fail to achieve the outcomes they desire. Grounded theory based analysis of weight management intervention experiences identified a number of processes that can either assist (empower) or hinder (disempower) individuals. In the case of disempowerment, repeated setbacks, over time, turn obese

individuals into disempowered beings. The data also offers a glimmer of hope in possibly remedying the current situation through multi-actor participation processes that could empower the individual social actors to take control on individual and communal outcomes such as improved quality of life indices.

To investigate how (dis) empowerment occurs through episodes of consumption and associated weight loss interventions, two research questions were generated.

Research Question 1	**How do individuals experience disempowered outcomes in episodes of consumption?**
Research Question 2	**What are the processes that bring about empowered outcomes in episodes of consumption?**

The first research question primarily sought to explore the processes that lead to disempowered outcomes. The second research question sought to explore the processes that lead to empowered outcomes. Each of these processes will be explained separately in the following sections.

Clarifying Disempowered Outcomes

Becoming disempowered underlie a raft of processes, evidenced by the themes that emerged from this research, which work simultaneously to undermine an individual's will and ability to take control of the processes of consumption, which by and large lead to disempowering outcomes. These processes are complex, as they vary in terms of their nature and their intrinsic capacities to act, and in due course they can undermine the health and well-being of individuals wanting to lead healthy lives. The complexity is further enhanced by the fact that some of these processes act at an individual level, while others act at an ecological level, far beyond the realm of individual control.

One of the first themes to surface from the data analysis was socio-cultural normativity. This theme focussed primarily on patterns of food consumption. This theme indicates that food plays a major role in the social aspects of individuals' everyday lives that extend beyond the need for satiation, or the need to satisfy hunger. Food, and patterns of consumption, are culturally as well as socially connected, and are an important part of an individual's social life. Food is also used to enhance a sense of belonging within the wider community and to show inclusiveness towards cultural diversity of one's social life. Even if an individual's patterns of consumption are not deemed conducive to good health, many individuals find the social seclusion that results from not participating in social events involving food to be unfathomable. The persistent need for belonging presents a major challenge to those who are in urgent need of weight management intervention. This same sentiment is poignantly captured by Block et al. (2011): "No one sits down to eat a plate of nutrients. Rather when people sit down for a meal, they are seeking physical in addition to emotional and psychological nourishment – comfort, pleasure, love and community" (p. 5).

The role of food in socialisation processes has been a topic of interest since the 1980s (Moschis, 1985). Its role in cultural as well as ritualistic practices reflects roles beyond the basic purpose of satiation of hunger, and these roles are passed along from one generation to the next. This also has implications for how food is accessed, processed, and consumed, sometimes to the detriment of individual health and well-being. These intergenerational socialisation processes have a bearing on how children are raised and educated about food as nutrition versus food as an indulgence (Neeley, 2005; Ratzan, 2001; Videon & Manning, 2003). This relationship between consumption and obesity is deeply ingrained in the socio-cultural fabric of the community, and this is turning sections of society into disempowered entities (Beruchashvili, Moisio, & Heisley, 2014; Goldberg & Gunasti, 2007; Moisio & Beruchashvili, 2010).

The second theme that emerged from data analysis was migration. Migration is conceived as a process of transfer of both foods and individuals from one geographic location to another. These migratory patterns of people and foods impact on the health and well-being of society at large. When a society is introduced to new, non-native foods, this has the capacity to alter existing patterns of consumption in the indigenous society. The introduction of these new foods is sometimes facilitated by ease of access to abundant, and sometimes addictive substances, which creates a perfect atmosphere for overindulgence. Oversupply of novel food or food sources, when coupled with altered patterns of consumption, has a detrimental effect on the health and well-being of the exposed population (Gabriel & Lang, 2008; McDonald & Kennedy, 2005; Misra & Ganda, 2007). Data also suggests that for this to occur, the migrating population need not have to travel great distances. Sometimes the simple act of migrating from a rural to a metropolitan area is sufficient to fuel a massive change in patterns of consumption and resultant health outcomes (Bindon & Baker, 1985).

Historically, migration and its impact on public health policy was primarily focussed on the movement of people within and beyond continents and the inadvertent introduction of or spread of communicable diseases (Boyle & Norman, 2009). With ever-increasing patterns of global migration, in part made feasible by readily accessible and faster modes of transportation, the movement of people as well as foods has become the norm. The link between food migration and the fast-moving epidemic of obesity associated with migration of foods is not as visible as the spread of communicable diseases, and yet is critical to global public health (Borrell et al., 2008; Malmusi, Borrell, & Benach, 2010). All of these migration-driven deviations are inherently linked with the migrating population's ability to lead a healthy life and their capacity to seek health intervention when needed (Chavez, 2012).

The third theme to emerge out of data analysis was competing priorities. This theme outlined the multifaceted challenges individuals face which impact their consumption choices, their health, and their well-being. Literature suggests individuals need to prioritise themselves and their own health over and above everything else; however, this is easier said than done (Cooper & Fairburn, 2001; Gould & Clum, 1993).

Socio-economic pressures are a part of life, and the need to prioritise health amongst a multitude of other demands makes the task overwhelmingly difficult (Moore et al., 2016). This difficulty is further complicated when an individual needs to play the role of caregiver for others who are dependent on them; for example, when that individual has children, extended family members, or ailing parents needing care and attention. When personal responsibilities such as these are combined with social and professional obligations, it creates a perfect storm of time shortage. Withstanding the resulting depletion of the very resources one needs to look after oneself, such as personal time and space, becomes harder and this often culminates into the undesirable outcome of obesity (Lohman, Stewart, Gundersen, Garasky, & Eisenmann, 2009; Moens, Braet, Bosmans, & Rosseel, 2009; Zellner et al., 2006).

Competing priorities play an enduring role in procurement of food as well, especially when one does not have the financial resources to buy healthy food. On most occasions, the cost of procuring food trumps health needs, often leading to unhealthy consumption choices (Drewnowski & Darmon, 2005; Smith, Stoddard, & Barnes, 2009; Yach, Stuckler, & Brownell, 2006). Time and again studies have shown how unhealthy foods are abundantly and cheaply available relative to healthy foods (Janssen, Boyce, Simpson, & Pickett, 2006; Lohman et al., 2009; Rundle et al., 2009; Seiders & Petty, 2004). It then becomes a perpetually challenging situation, where one wants to consume conscientiously, yet the systems or institutional patterns are built to encourage contrary outcomes.

My data showed that access to abundant resources was equally detrimental for individual health and well-being. When the communal motives of consumption transcend beyond satiation of hunger, they often move towards food as entertainment, opulence, and indulgence, and the outcome of obesity remains the same. Whether this indulgent behaviour is by choice or by design, its culminating impact on health and well-being is always the same. (Chandon & Wansink, 2007; Moore et al., 2016; Wansink, 2007).

As outlined by the third theme, pervasive food marketing, these indulgent behaviours mentioned above are further entrenched into the individual psyche by the pervasive nature of food socialisation processes promoted by food marketers. Almost all participants touched upon the sheer pervasiveness of institutionally-driven food marketing campaigns in one way or another during their interviews. Their discussions focussed on how institutions had free rein over the markets, without ever being questioned about their real motives for promoting ideologies which conveniently benefited them. One of the foremost issues was that of the free will ideologies promoted by these institutions which seeks to argue against policy interventions, citing individual responsibility when it comes to making consumption choices as the reason against intervention (Brownell et al., 2010; Levitsky & Pacanowski, 2012; Moodie et al., 2013; Sacks et al., 2012).

Participants questioned the free will ideologies, especially in the face of ever-increasing incidences of childhood obesity and related mortality rates (Grier et al., 2012; Moens et al., 2009). The sheer nature of institutionally-sponsored deviant consumption norms came under participant scrutiny as well (Block et al., 2011; Madzharov & Block, 2010; Pabayo et al., 2012; Wansink, 2007). On a few occasions, participants described how the pervasiveness of food marketing had shifted societal discourses around consumption choices. Suggestions were made that the debate was no longer about healthy versus unhealthy foods, but instead had moved

towards how tasty and how aesthetically appealing food needed to be (Madzharov & Block, 2010; Schlosser, 2012).

All of these altered patterns of food consumption have an obvious impact on individual health and well-being. Participants talked about their attempts at actively engaging with various intervention programmes to remedy the situation; although these engagements with weight loss programmes did not always lead to the desired outcome of weight loss, leading to another emergent theme: intervention setbacks. This theme explains some of the reasons behind enduring failures experienced with weight management programmes.

One of the foremost concerns for participants was regarding how these weight-management programmes sought drastic, and at times, impractical changes in individual lifestyles, patterns of food consumption, and behaviours. For most participants, dealing with one or two changes was hard enough, let alone changing everything they did throughout the day. In the end, programmes were either too cumbersome or too tiring to follow through with, at which point most participants fell back into their old habits, resulting in further weight gain. The primary reasons for these failures were attributed to weight loss solutions that were never designed to be wrapped around, or customised to, the lives of individuals seeking help (Carrier et al., 1994; Lang & Froelicher, 2006).

Participants also talked about their dissatisfaction with the transactional nature of their relationships with the experts guiding them through such programmes. For most, consultations with experts were no different than seeking support from other health professionals such as general practitioners. Consultations were intimate encounters, and enabled by the sharing of confidential insights, sometimes requiring participants to confide in experts about issues that they would normally not even share with members of their own families (Fitzpatrick, 2004; Ouschan et al., 2006). The experts, however, routinely viewed these relationships as

commercial engagements, and were only engaged with their clients until the desired outcomes (degrees of weight loss) were achieved. Once the predetermined outcomes were achieved, any further engagement or support was only available through sessions that were contractually binding and incurred fees. This transactional nature did not bode well with many participants, and was off-putting for some. The outcome of obesity remained the same, as most participants, over time, regained the weight they lost during the programmes (Finley et al., 2007).

Participants suggested that the net outcome of repeated interventional setbacks essentially rendered them helpless, and gave rise to feelings of vulnerability, the final theme revealed by the data. One of the primary concerns narrated by many was the addictive tendencies of certain types of food, similar to substances for which other individuals with substance abuse problems sought treatment for (Davis et al., 2011; Gearhardt et al., 2009). Participants routinely talked about their inability to control excessive consumption of addictive foods. They described their feelings of helplessness and described the whole process of denial as being so painful that surrendering to the addictive urges seemed an easier way out for many (Fortuna, 2012; Ifland et al., 2009). These feelings of helplessness were not readily appreciated by other members of the community who instead chose to blame obese individuals for their lack of self-control. This mediated stigmatisation was so common that it gave rise to issues of body image, which occasionally led to depressive symptoms, as well as to social seclusion (Bordo, 2003; Schwartz & Brownell, 2004).

Beyond the psychosomatic issues related to excessive body weight, issues of medical dependency were discussed also (Bloomgarden, 2000; Hamid, 2009; Prentice, 2006). Many participants were not only living with excess body weight, but were also seeking medical intervention for a variety of pathological conditions, such as high blood pressure, diabetes, and hyperlipidaemia. Living with these conditions meant they had to concomitantly seek weight

loss intervention as well as medical interventions to keep healthy. These interventions were about more than losing excess body weight; they were also about staying fit, and in some instances, about staying alive. On a few occasions participants talked about recurring episodes of intervention setbacks which categorically undermined their self-esteem. These undermining experiences sent them into a tailspin of depressive symptoms, which resulted in indulgent food consumption (comfort eating) to seek relief (Heatherton & Baumeister, 1991; Onyike, Crum, Lee, Lyketsos, & Eaton, 2003; Ouwens, Van Strien, & Van Leeuwe, 2009). All of these events were clearly unhelpful and unconducive to their own health and well-being.

It is worth noting that all the themes discussed so far have found support within the extant literature. This is reassuring in some respects, since the data capture, including the analysis, was able to replicate existing research findings on theories of empowerment, power, and consumer empowerment. Figure 6.1 provides a process model of disempowered outcomes.

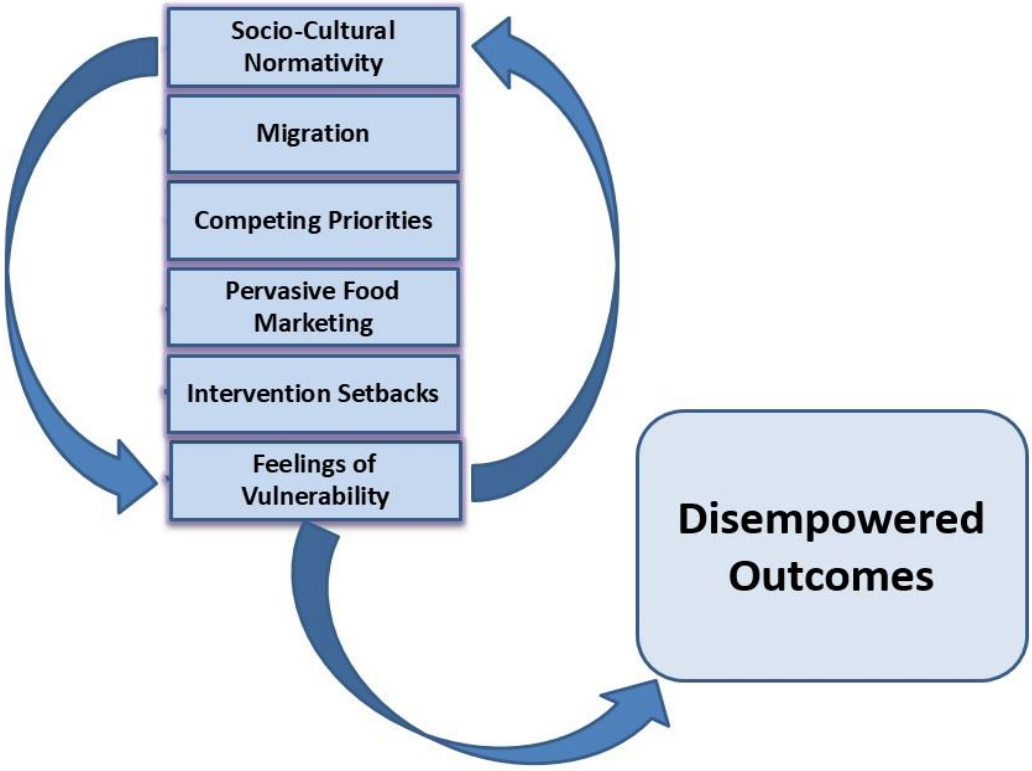

Figure 6.1: Process Model of Disempowered Outcomes

Clarifying Empowered Outcomes

Besides outlining the current issues of perpetual entrapment felt by most participants, data analysis was able to offer glimpses of hope for remedying the situation. It also offered a feasible, multi-layered pathway for achieving empowered outcomes by shedding light on the processes that assist with achieving empowered outcomes during episodes of consumption.

The first theme revealed by the data was prioritising health, which describes how individuals took it upon themselves to walk away from the perpetual cycle of consumption-related entrapment. The whole process usually started off with overwhelming feelings of resentment with their contemporary health status of obesity. Once the realisation set in, the process moved from feelings of entrapment to the process of starting to question other life events which were injurious to their personal health. Individuals reported that they started to question their own patterns of food consumption, including their historical patterns of food procurement. This process transformed individuals into what they called "conscientious consumers," those who would willingly engage with existing discourses of food consumption, but only on their own terms. These kinds of transformational identities have been documented previously by literature within the domain of consumption psychology (Achrol & Kotler, 2012; Broniarczyk & Griffin, 2014; Cova et al., 2011; Kotler & Levy, 1969; Kozinets, 2002; Shaw, 2007; Watheiu et al., 2002).

Participants talked about their fundamental lack of skills and abilities and rudimentary understanding of self-care strategies, noting this as a major hindrance in the process of becoming conscientious consumers. This intrinsic lack of self-care ability was partly attributed to the prevalent models of education which purposefully emphasise numeracy and literacy skills, yet ignore the healthy lifestyle skills that are important for all members of society. Participants suggested that existing educational models needed to be reoriented to include

health education in order to remedy the situation, an argument well supported by health promotion literature (Eisenberg & Burgess, 2015; Glanz, Rimer, & Viswanath, 2008; Perez-Rodrigo & Aranceta, 2001; Ransley et al., 2010).

Evidently, the process of seeking and taking control of life events became much broader for some participants, and their concern went beyond concern for themselves as individuals to include members of their immediate and extended families. This outlook marked a transition in engagement from the individual level to the communal level, and the process of role-modelling set in as some participants were motivated to set a better example for others. Literature suggests that role-modelling, also known as peer-support modelling, is beneficial to both those receiving and those providing the support (Dale, Williams, & Bowyer, 2012; Dennis, 2003). Those who were able to bring about transitions in their lives were noticeably happier with their improved health outcomes, although these individually-driven processes by themselves were not enough to bring about enduring levels of empowered outcomes for all.

Data suggested the processes that led to empowerment were equally dependent on ecological influences. These frustrations were readily discussed by many of the participants, and participants were willing to offer constructive suggestions with the aim of achieving empowered outcomes for all. This uncovered a second theme, desiring inspired leadership, which summarises the reoriented approach to ecological processes that would bring about empowered outcomes for everyone involved. The overall process is dependent on multi-level leadership initiatives (communal, institutional, and political) that are primarily designed to assist with co-creating empowered outcomes for society. During the interviews, it was suggested that at an institutional level, the onus should be on those involved in manufacturing and marketing foods to show leadership and make an effort to contribute towards achieving societal well-being. It was noted that the current institutional models were doing the exact

opposite, wherein their processes were solely driven by shareholder value generation ideologies (Schermel et al., 2013). A new model needed to emerge wherein societal health and well-being became a priority, over and above all other objectives which drove the institutional models of food supply (Lang, Barling, & Caraher, 2009). This needed input at the highest levels of institutional leadership, a somewhat inspiring outlook for the betterment of communities as a whole. This was considered as one aspect of the threefold solution (involving initiative at the communal, institutional, and political levels) to the wider problem.

Participants noted communities had a role to play in assisting individuals to achieve the healthy lives they so desired. Individuals by themselves could not simply be left accountable for their own health and well-being. Communities needed to provide unequivocal support, sometimes by raising their voices or taking a stand and seeking communal as well as political intervention for the betterment of society (Lang et al., 2009). Based on current evidence from this study, the lack of communal support was a big disappointment for many participants. Communal members either avoided participation, or at worse actively participated in the processes of mediated stigmatisation (ridiculing) of obese individuals. The underlying suggestion was that communities needed to change their stance and take a broader role in bringing about empowered outcomes, not just within episodes of consumption, but throughout all other facets of communal life. Similar themes have been discussed in the past, especially within the literature on marketing and community psychology (Cova & Dalli, 2008;Cova, Kozinets, & Shankar, 2012; Prilleltensky & Prilleltensky, 2007).

Similar suggestions were made regarding the need for inspiring leadership at the political level. Most policy discourses around food and nutrition are designed to keeping three separate initiatives at the forefront: human health, environmental impact, and food supply chains (Lang et al., 2009). Participants talked about how the institutional models of supply

chains were consistently given priority over the other two initiatives when fresh policy decisions were made. The ability of the institutions to lobby policymakers to draft policies that favoured them over other members of communities were discussed by a few participants. Participants questioned the type and nature of power exercised by these institutions on the overall food and nutrition education policy, and its net impact on communal well-being (Lang et al., 2009; Lang & Rayner, 2007; Miller & Harkins, 2010; Nutbeam, 2000). There were suggestions for reprioritising governmental resources so as to keep individual health at the forefront of current and future policy initiatives.

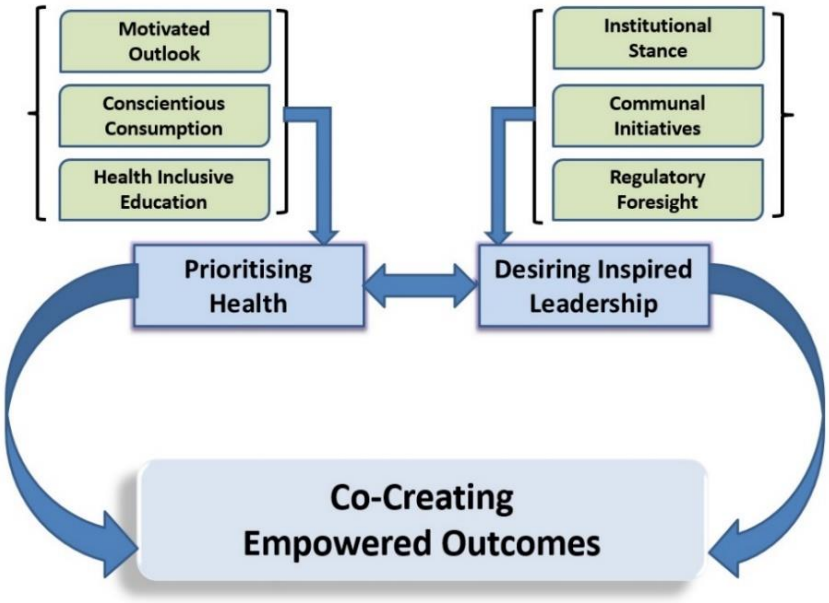

Figure 6.2: Process Model of Empowered Outcomes

The process model of empowered outcomes fundamentally depends on individual and ecological influences working in tandem to remedy the status quo for individuals and for communities. Data analysis pointed to a co-created process which would ultimately empower individuals during episodes of consumption. Data suggests individuals are conscientiously playing their part, and were readily involved in the process to bring about empowered changes

to their lives. However, the same cannot be said about the ecologically-driven processes at the communal, institutional, and political levels, wherein there is a need to initiate an all-inspiring outlook for achieving the desired outcome for all members of the society. Figure 6.2 depicts the process model of empowered outcomes.

In summary, the processes that empowered or disempowered individuals during various episodes of consumption were mediated through individually- and ecologically-acting influences. The majority of the participants were actively trying to remedy the situation with utmost sincerity, but were failing to bring about meaningful changes to their status quo. Their failures to achieve empowered outcomes were in part attributed to the lack of contributions from ecological forces, in other words, a lack of communal, institutional, and political support needed to bring about genuine change was clearly lacking. Data analysis suggests that if empowered outcomes are so desired, then they can only be attained through a genuine cooperation between each member of society, starting with individual participation and moving all the way up through to political participation. Having discussed the processes that lead to (dis) empowered outcomes, the discussion now turns towards the implications and contributions of this research enquiry.

Implications of the Study

Moving forward, the next few sections outline the theoretical contributions of this research enquiry towards conceptualising empowerment, towards theories of consumer behaviour, and towards food and nutrition policy. In terms of positioning this research in the extant literature, this research enquiry contributed to existing literature in four different ways. Firstly, it conceptualises and defines consumer empowerment through the lens of grounded theory. Secondly, it outlines a social-ecological theory of consumer (dis)empowerment. Thirdly, it offers insights into theorising and into the limitations of (three separate) behavioural

theories by capturing food related consumption behaviours as demonstrated by the study participants. Finally, it offers insights into the policy implications emerging from this research.

Reconceptualising Empowered Outcomes

The extant literature is devoid of a universal definition of the phenomenon of empowerment (Bekin et al., 2006). Most definitions attempt to define empowerment by taking a certain stance, for example, by defining empowerment from the point of view of an individual social actor, or through the point of view of an ecological actor (communal, institutional, political actor). As a case in point, White and Johnson (1998) defined empowerment as "the discovery and development of one's inherent capacity to be responsible for one's own life" (p. 38). This definition assumes that empowerment can only be achieved if one is willing persevere and commit to the required effort needed until he or she achieves the outcome. Alternatively, Gutierrez (1994) describes it as "The process of increasing personal, interpersonal and political power so that individuals, families and communities can take action to improve their situations" (p. 202). Herein, empowerment is seen as a process which is support-seeking and externally-driven under the guidance of ecological actors who would then assist individuals in achieving empowered outcomes for themselves.

Empowerment literature is also inherently connected to the conceptualisation of consumer empowerment. In light of that connection, it is fairly obvious that the inconsistencies in definitions are carried forward when defining consumer empowerment. For example, Watheiu et al. (2002) define consumer empowerment as a "positive subjective state evoked by increasing control over consumption" (p. 299). This definition describes a heightened state of engagement with consumption episodes that is enabled through the ability and opportunity to take control of consumption choices. Fuchs, Prandelli, and Schreier (2010) define consumer empowerment as a "strategy firms use to give customers a sense of control over a company's

product selection process, allowing them to collectively select final products" (p. 65). Both definitions take the stance of an institutionally-driven support system, primarily designed to assist consumers (individuals) in achieving empowered outcomes through the act of choosing.

Broadly speaking, empowerment gets classified as a process which is either dependent on the initiatives of *individual* or *ecological* social actors. This conceptualisation is similar to the one outlined by Conger and Kanungo (1988) wherein they categorise it as either a motivational or a relational phenomenon. My analysis suggests genuine empowerment can only be achieved if both the processes (i.e., individual/motivational) and ecological support systems (i.e., relational) are put in motion simultaneously. Over-reliance on either the individual actor or ecological actor to contribute, while the other refrains from contributing, will not achieve the desired outcome of empowerment. This is a significant departure from the current conceptualisation of achieving empowered outcomes. This can only be resolved by redefining and operationalising empowerment as a *co-created endeavour*, one that depends on multi-actor participation.

The first major contribution of this enquiry lies in suggesting a broader solution to resolving the conceptual and definitional ambiguities of the phenomenon of empowerment. This research presents the impetus for conceiving a fresh definition of empowerment—a broader definition—that includes not just individual contributions to the processes but categorically includes ecological contributions and which allows for individuals to fully participate in the process of consumption, yet be in control of the outcomes at all times. This includes the ability to walk away from episodes of consumption at one's own free will, without the fear of retribution or consequences. The emphasis is on an engagement process that ultimately empowers the consumers during episodes of consumption, whatever type of engagement that may be. This is clearly a much needed precursor to conceiving a broader,

multi-actor definition of consumer empowerment, and the following definition attempts to do just that. Based on the empirical evidence from the current research enquiry, consumer empowerment can be defined as follows:

"A co-creative process in which consumers have a corresponding sense of control on sharing tangible as well as intangible resources in commercial and non-commercial episodes of exchanges with communities, agencies, institutions, and political entities"

This fresh definition of consumer empowerment is conceived as a direct consequence of the empirical findings from this research and attempts to remedy the shortcomings of the current definition(s) outlined in the literature review. The current definition is conceived as a co-creative process; a process which involves multi-actor/multi-level participation between individual as well as ecological actors. The definition also emphasises the role played by a corresponding sense of control; specifically, the level of control exercised by all of the actors involved in the process whilst engaging with each other on multitudes of levels. The mechanism of exercising and experiencing control is mediated through tangible as well as intangible resources. These resources are meant for sharing and are also the means of achieving mutual levels of satisfaction between the exchange partners. The definition also places equal emphasis on the roles played by multi-actor exchanges which may be commercially or non-commercially motivated in their outlook.

Having discussed the conceptualisation of the phenomenon under research it is important the discussion now turns to the topic of contributions of this research enquiry towards theorising the processes that lead to consumer (dis) empowerments. The grounded theory approach was helpful in firstly outlining each of the processes and sub-processes that result in

feelings of disempowerment for the research participants. The grounded theory based enquiry was equally effective in outlining the major processes and sub-processes that could bring about empowered changes to the lives of individuals (research participants). The discussion is aptly titled socio-ecological theory of consumer (dis) empowerment.

Socio-ecological Theory of Consumer (Dis) Empowerment

Grounded theory as a research strategy offered an opportunity to explore the underlying processes which lead to empowered or disempowered outcomes for some individuals who have struggled with or are struggling with obesity. This research approach was a slow moving, yet evolving and revealing process which offered me the freedom to fully immerse myself in participants' narratives. Epistemologically, as a researcher, I became a willing participant to these co-created and re-constructed knowledge sharing episodes. This offered me deep insights into participants' consumption-driven experiences. Data analysis validated two types of simultaneously occurring processes, individually-acting and ecologically-acting processes, which lead to obesity and enduring feelings of disempowerment (see Figure 6.3).

This research enquiry also included the social-ecological framework (Bronfenbrenner, 1977, 1994) while investigating the phenomenon of empowerment. This was done on the back of the literature review which suggested that empowerment discourses had far-reaching consequences, not just for individual members of the community, but for the entire society. This enquiry was able to establish the roles played by each member of the social-ecological framework—those at the individual, interpersonal, institutional, communal, and political levels—in bringing about empowering or disempowering outcomes in episodes of consumption. In effect, therein lies the solution which could help them achieve empowered outcomes. The sentiment is well captured by Brennan and Parker (2014): "Before initiating change, it is important to create infrastructure to enable change" (p. 194).

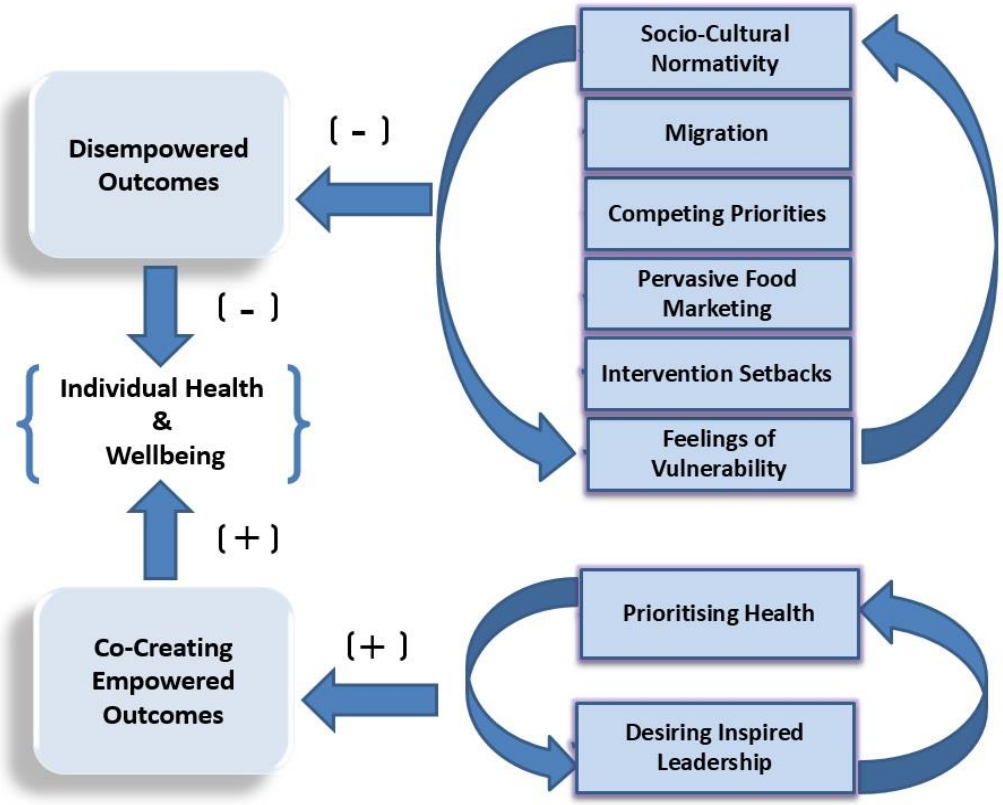

Figure 6.3: Process Model of (Dis) Empowered Outcomes

The ecological influences identified were also able to specify why weight management interventions were not always achieving the desired outcomes. Data suggests that merely questioning individual commitment (willpower) is not sufficient to remedy the situation and more needs to be done to curtail the ever-increasing rates of programme disengagement. This research recommends a twofold approach: one in which individual and ecological influences are factored into the design of the weight management intervention programmes being offered to individuals seeking assistance. The extant literature discusses most of these processes from a variety of research domains such as psychology, sociology, community psychology, social sciences, and healthcare sciences. This grounded theory enquiry brought all these perspectives together and establish a multi-level and complex process model of disempowered outcomes. The complexity of the model also explains why the current, individually-focussed weight loss

intervention programmes are not always effective in achieving their predetermined outcomes. This enquiry suggests taking a crucial stance or a move away from looking at interventional solutions outside (cross-disciplinary), instead of the usual discipline-based approaches at finding solution to an enduring challenge.

It may or may not be feasible to rectify all of the influences of individually- and ecologically-acting facets of consumption, but having a broad-based understanding of the roles they play in achieving health and well-being is a crucial step forward. This clearly explains the need for a multi-layered solution to the obesity challenge and serves as a possible precursor for experts to conceive and design multifaceted intervention programmes which would result in optimal outcomes for individuals as well as communities. This modified approach towards interventional strategies makes it a second prominent contribution of this research enquiry. The empirically conceived multi-layered model not only acknowledges the role of an individual but equally suggests the roles played by ecological actors in bringing about genuine change. The next section outlines the contributions of the current enquiry towards three prominent behavioural theories most commonly discussed within the domains of obesity and associated healthcare challenges.

Contributions to Existing Theories of Consumer Behaviour

This section outlines the connections between three distinct behavioural theories discussed during the literature review, and the empirical data and theorising of the current research. This research not only provides evidence of replication of prior research results, but it also assists with extending the current understanding of the phenomenon of empowerment with the help of extant literature. This is an attempt at higher level abstraction where the empirical outcomes of this research enquiry are utilised to extend our understanding of three existing behavioural theories commonly cited within the obesity literature, namely: social

cognitive theory (Bandura, 1986), theory of reasoned action (Ajzen & Fishbein, 1980) and theory of learned helplessness (Abramson, Seligman, & Teasdale, 1978). The social cognitive theory and the theory of reasoned action are both cited as theories that help explain planned behaviours, which pertaining to this research enquiry, are the sorts of behaviours involving food consumption and its consequences. The theory of learned helplessness helps explain some of the outcomes associated with excessive food consumption and the sense of helplessness that prevails in the behaviours of obese individuals. The next section illustrates the connections amongst these three behavioural theories and the empirical outcomes of this research enquiry. This process helps with reinforcing and perhaps validating the outcomes of the research in line with the theories themselves. The illustration also assists with extending our current understanding in relation to the theories to explain the processes of (dis)empowered outcomes in totality.

Empirical Outcomes and Social Cognitive Theory (SCT)

Social cognitive theory suggests that individual behaviours are contingent upon a social actor's ability and willingness to observe, participate in, and replicate behaviours of fellow members of the society. Emphasis is placed upon the social actor's beliefs of self-efficacy, wherein their performance is contingent upon their individual beliefs about their capacities to act or preform a certain behaviour. This includes an individual's reflexive identity creation under the influence of societal and media discourses. The empirical evidence from this research enquiry clearly points to the presence of all the facets and their implications for consumption-related planned behaviours demonstrated by the study participants. Table 6.1 on the following page presents the contribution of current research towards SCT.

Table 6.1: SCT and Study Outcomes

Facets	Outcomes	
	Theoretical	**Empirical support**
Psychological	Psychological factors which help set a pattern of belief about personal abilities (self-efficacy) and outcome expectations	Most participants had an inherent belief in their personal abilities to overcome their status quo (i.e., obesity and related outcomes), and were highly motivated to seek a genuine change to their health indices.
Observational	Learning new patterns of behaviours under the influence of interpersonal or through exposure to the communication media	The various discourses of media promoting unhealthy lifestyles and associated consumption norms under the guise of a market driven economy and free will ideologies were commonly occurring themes throughout the data.
Environmental	Environmental influences that make new behaviours possible	The interconnections between social as well as cultural norms and associated consumption issues were evidenced through various behaviours by many participants on various occasions.
Individual	Enduring short-term negative behavioural control for achieving better outcomes	All the participants that were interviewed were highly motivated towards the task of trying to lose excess body weight, even if it meant drastically changing their lifestyles and associated patterns of consumption.
Behavioural	The level of moral/ethical disengagement demonstrated by institutional and communal members while co-participating in acts of planned behaviours	Institutions involved in procuring, processing, and supplying food ingredients as well as foods were found to be driven by profit maximisation, as opposed to by building and sustaining communal health. The level of moral disengagement was evident throughout the data and the outcomes.

The data empirically supports all of the facets outlined by social cognitive theory, which is reassuring in the sense that this research enquiry was able to replicate prior research. In addition, social cognitive theory helps explain some of the processes that lead to disempowered outcomes for individuals living with persistent levels of obesity and associated health outcomes.

Empirical Outcomes and Theory of Reasoned Action (TRA)

The theory of reasoned action proposes that human action is contingent upon the attitudinal disposition of a social actor (positive/negative) towards socially acceptable behaviours (positive/negative norms) and upon the social actor's abilities to harness resources required to engage in the act of consumption. Empirical evidence from this research clearly supports the presence of all the facets of the theory of reasoned action and their implications for food-related consumption behaviours demonstrated by the study participants. Table 6.2 presents the connections between TRA and the outcomes of this research enquiry.

Table 6.2: TRA and Study Outcomes

Facets	**Outcomes**	
	Theoretical	**Empirical support**
Attitudes	Attitudinal disposition, either positive or negative towards the task on hand or expected behaviour	Most participants certainly showed heightened levels of positive attitudinal disposition towards wanting to lose weight and the enhancement in quality of life expectations which were part of the optimal solution.
Subjective Norms	Expectations of socially acceptable and responsible behaviours from each member of the society	Socially acceptable and responsible behaviours varied depending on the situation and were mostly represented on a continuum; at one end individuals showed genuine interest in behaving in a conscientious manner while in a few instances the behaviours were counterproductive to communal health.
Behavioural Control	Access to resources that assist with participating in or help refrain an individual from the acts of planned behaviours	This outcome represented itself in two different ways. Not having access to financial resources led to buying cheap unhealthful food sources. Having access to abundant resources led to excessive consumption. Both had detrimental effects on the obesity outcomes for most participants.

All the participants reported positive attitudinal dispositions towards the act of engaging in healthcare interventions to remedy their excess body weight and associated health outcomes. The methods employed by all the participants to rectify the status quo were vastly different in their modalities, but the outcomes were contingent upon societal norms or expectations around achieving an ideal body weight. A positive attitudinal disposition was not sufficient by itself to remedy the situation. Participants also talked about lack of resources to bring about changes to their patterns of food procurement and related consumption norms. Lack of resources meant some participants had to consider the cost of procurement over and above their enduring needs of health and well-being, which on occasions led to sourcing and consuming unhealthy foods. On the other hand, having access to abundant resources had a similar outcome for some, where the patterns of food procurement and indulgent consumption also resulted in unhealthy weight gain. The theory of reasoned action clearly helped explain some of the nuances of food procurement and consumption-related behaviours, as well as the outcomes of disempowerment felt by most participants.

Empirical Outcomes and Learned Helplessness Theory (LHT)

Learned helplessness theory suggests that when a social actor lives through circumstances of persistent lack of control over life events and is unable to escape the enduring situations despite trying, he or she can end up demonstrating a total lack of motivation to remedy the situation. Essentially the social actor starts to accept helplessness as normal and loses the will to seek out solutions to escape the situation. Empirical evidence for this research enquiry clearly points to the presence of all the facets outlined by learned helplessness theory, and some of the study participants demonstrated behaviours normally associated with learned helplessness. Table 6.3 presents the connections between LHT and this research enquiry.

Table 6.3: LHT and Study Outcomes

Facets	Outcomes	
	Theoretical	**Empirical support**
Physical Abilities	An individual's physical as well as intangible abilities to carry out the act/behaviour	There was a huge degree of variation in terms of participant's abilities to go through the behavioural process that would lead to weight loss and improvement in quality of life indicators. Some were limited in their physical capacities (overtly obese) or some were limited by their life circumstances to bring about much needed change.
Cognitive Abilities	The required cognitive capacities such as self-efficacy needed to engage in an act/behaviour	Part of the solution existed in the individuals' abilities to seek, process, and act on pieces of information that needed cognitive processing and subsequent behavioural change regarding acts of consumption. Simply knowing the right course of action did not always mean the correct path was chosen or acted upon–quite the contrary.
Emotional Abilities	Emotional well-being and associated levels of engagement with an act/behaviour	Trying to lose excess body weight and bring about the required change in lifestyle was an emotional journey; few of the participants were coping but most felt depressed, disheartened, vulnerable.

Most participants willingly acknowledged their issues of excess body weight and the feelings of helplessness that resulted from it. Participants also talked about enduring feelings of vulnerability that had set in over the years, having consistently failed at getting the outcomes they so desired through various health intervention programmes. Some of them pointed out the levels of difficulty one had to endure in trying to lead a healthy life whilst not being in control of various elements that had an impact on healthy consumption. Some of these issues were related to biological processes such as food addiction, some were related to lack of knowledge with regards to their own nutritional needs, and others were related to physical and sometimes

financial resources needed to lead healthy lifestyles. These personal and social situations combined with health intervention failures became overwhelming to the point where it had given rise to persistent feelings of helplessness.

Summarising Implication(s) for Behavioural Theories

Grounded theory based study comprehensively accounted for the three behavioural theories and associated patterns of food consumption, as well as the resultant health outcomes of those behaviours, although mostly at the level of an individual social actor. The theories do not fully account for the ecologically-mediated processes and their impact on the behavioural patterns (choices) of each social actor. All of the theories are able to partially explain the "top-down" processes that lead to disempowered outcomes, yet are unable to shed light on the "bottom-up" processes which could lead to empowered outcomes as outlined by Figure 6.3 in the previous section.

This study was able to explain all of the facets outlined by social cognitive theory. The theory emphasises the central role played by self-efficacy and its implications for the course of action taken by an individual (social actor) when participating in food-related consumption choices. Social cognitive theory is able to explain the processes that lead to disempowering outcomes for an individual social actor. It is also able to explain why enduring levels of unhealthful outcomes of obesity makes an individual feel like a vulnerable entity and leads to perpetual feelings of disempowerment. Individuals do not doubt their own self-efficacy to change the status quo, but are overwhelmed by circumstances to the point where they feel defeated. Part of the reason for this defeated feeling is their inability (doubts of self-efficacy) to remedy the situation in its totality. Social cognitive theory accounts for individually-mediated and for some of the ecologically-mediated processes that lead to disempowering outcomes, but the social actor seemingly lacks the skills, knowledge, and abilities needed to

modify not just their own behaviours (as individual actors) but the behaviours of ecological actors as well.

The theory of reasoned action similarly accounted for individually-mediated processes which lead to a social actor's consumption choices when it came to procuring and consuming food sources. The theory also accounted for why an individual might decide to make healthy consumption choices and why some actors make unhealthy consumption choices in their lives. These processes were sometimes contingent upon what was acceptable as a socially responsible behaviour when participating in communal acts of consumption. These processes were equally driven by access to resources which enabled individuals to procure and consume food sources that were conducive to good health. Sometimes these abundant resources had the opposite effect, and abundance led to excessive and indulgent consumption choices and health consequences of obesity. The theory of reasoned action was able to explain the motivational, attitudinal, and resource-based dispositions of an individual social actor and their impact on patterns of behaviours, although only at an individual level. Similarly to social cognitive theory, the theory of reasoned actioned could not fully account for ecologically-driven processes that drive consumption choices and their net impact on enduring levels of obesity.

The third behavioural theory which is intricately connected to empowerment literature is learned helplessness theory. This theory suggests one needs a *combination* of physical, mental, and emotional abilities to carry out or participate in an act or a behaviour which could lead to a meaningful outcome. There was empirical evidence to support a lack of the combination of *all* three kinds of abilities as demonstrated by the study participants; the impact on their health status, including feelings of disempowerment, was repeatedly discussed. Participants talked about possessing physical, as well as mental abilities to enact change in their status quo, but much in line with learned helplessness theory, once the emotional abilities

started receding, things spiralled out of control, resulting in perpetual feelings of entrapment. As such, the empirical evidence of processes leading to disempowered outcomes can be explained by learned helplessness theory. However, most of the processes were elaborated upon at an individual level, and learned helplessness theory can not explain the ecologically-mediated influences on the outcomes of entrapment felt by the study participants.

In summary, the empirical evidence supports the three behavioural theories that are routinely cited within the obesity literature and was able to explain behaviours associated with procurement and consumption of food sources. While evidence supported these theories, the theories were also able to explain the processes that lead to excessive food consumption and associated weight gain and the resultant feelings of helplessness (disempowerment). It is also evident that the theories were mostly able to explain the phenomenon of (dis) empowerment at an individual level, but did not offer reasonable explanations for the ecological influences on patterns of behaviours demonstrated by most study participants. This inability to explain the phenomenon of (dis)empowerment in terms of ecological influences might be considered a major shortcoming of these three behavioural theories. This grounded theory research was able to explain all of the processes that lead to (dis)empowered outcomes in acts of consumption, including ecologically-mediated ones, which is the third major contribution of this research enquiry.

Implications for Policy

The fourth and final contribution of this study is the resulting recommendations for multi-level policy interventions. An overwhelming amount of participant discussion highlighted the shortcomings of current educational policy that places extreme emphasis on numeracy and literacy skills, yet little emphasis on health and nutrition literacy, the most essential skill of all. Policy improvements were suggested at individual, communal, and

institutional levels. Most of the interventions were suggested to bring about enduring levels of positive and empowering changes to the lives of communities.

At an individual level, policy intervention was suggested to enhance individual ability for self-care, primarily through health literacy. Studies have shown health literacy plays an important role in individual well-being (Nutbeam, 2000; Ratzan, 2001). At the communal level, suggestions were made to separately fund and deliver obesity-related health-promotive programmes. Participants pointed out that other initiatives designed to stymie communal harm from ailments such as smoking and substance abuse were getting much more attention and support, and that the policy framework needed to include food addiction support as part of a wider communal approach to limiting the growing epidemic. At an institutional level, policy interventions were suggested to make the processes of procurement of food sources, of food processing, and of food supply chain activities as transparent as possible. Suggestions were made to make the labelling of food products as transparent as possible. Simple initiatives like displaying all of the ingredients of packaged foods in simple, easy-to-read language and including warnings for outcomes of excessive consumption were called for. This certainly calls for policy interventions at all stages of the food supply chain.

In summary, this research was able to play a small but definitive role in contributing and extending the current understanding of empowerment theory. The enquiry was greatly assisted by using a grounded theory based research strategy as well as an overarching process-based framework of social ecology. The outcome of this research suggests more work needs to be done to resolve the conceptual and definitional ambiguities within empowerment literature. The research was also able to outline why empowered outcomes cannot be achieved in isolation, and why collective, purposeful contributions from all sections of society are needed. This enquiry scrutinised the very notion of consumer empowerment and suggested the need for

further research. Finally, the research was able to outline policy level interventions to support the all-encompassing needs of individual as well as communal empowerment.

Outlining the Limitations

Having discussed the contributions of this research, the discussion now turns to some of the key limitations of this research enquiry. The first limitation is intrinsically connected to the choice of methodology (grounded theory), and the method (intense interviewing) adopted for this enquiry. Within grounded theory "all is data." Hence, data collection could be achieved in a variety of ways, and not just via in-depth interviewing, which was the chosen method for this enquiry. Other methods such as reflective journal writing, storytelling, and focus groups are equally effective, but were not engaged with for this research. Compared to an intense interview session, reflective journal writing, as well as storytelling, would give participants the ability to engage with their individual thought processes without the pressures of adhering to socially acceptable behaviours during the interview (Van Manen, 1990). It would also offer them time to think and reflect on their experiences and capture a deep-seated understanding of the processes that lead to various social behaviours. Focus groups would have allowed them an opportunity to share their stories with fellow participants in a predominantly supportive environment (Friend & Rummel, 1995; Haug, 2008). This simultaneous sharing of narratives between the participants and researcher would have shed light on themes that were perhaps missed during individual one-on-one sessions.

The second limitation of this enquiry had to do with the overarching social-ecological perspective taken during the investigation. This framework primarily comprises individual, interpersonal, institutional, communal, and political members. Data collection was only sought from individual members of that framework. This meant members of communal, institutional, and political groups were not included, nor were they consulted during the enquiry. This limited

the overall scope of the data collection strategy; hence, it only offered insights into individual perspectives on the processes that empowered or disempowered members of society.

The third limitation has to do with the domain and the context chosen for this research. This research chose to investigate empowerment within the management sciences domain, particularly within the domain of marketing science and within the context of weight management programmes. Early on, at the proposal stage of this research, other health interventions such as smoking cessation, alcohol addiction, and substance abuse programmes were discussed as possible alternatives. Most of these contexts have been studied for years, and if they had been chosen, then the enquiry would have perhaps focussed on recidivist behaviours (i.e., participants engaging in cycles of addictive consumption behaviours). The study would have perhaps revealed different social processes to the ones that emerged during the current enquiry.

The fourth and final limitation of this research is primarily concerned with the automated processes which guide consumption behaviours that are generally discussed under the domain of automaticity (Bargh, Schwader, Hailey, Dyer, & Boothby, 2012). Current research suggests the concept of automaticity transcends across various sociological processes such as emotional well-being, social connectedness, and moral judgements, as well as motivation and goal pursuit (Chartrand & Bargh, 1999; Dijksterhuis & Nordgren, 2006; Hassin, Uleman & Bargh, 2004; Suter & Hertwig, 2011). Within the healthcare literature, investigating issues around satiation and food consumption processes have demonstrated the role of automated processes, especially when individuals engage in various acts of indulgent consumption practices (Cohen & Farley, 2008; Moldovan & David, 2012; Wansink, 2007). My data analysis does point to a couple of such processes under theme of socio-cultural normativity (e.g., social cohesion and cultural consumption norms). These were primarily discussed as

conscious engagement processes and no attempt was made to investigate the underlying automated processes at play; doing so may have added to the depth and richness of analysis and hence remains a limitation of this research.

Research Opportunities

Having discussed the limitations of this enquiry, it is important to outline the research opportunities for the future. The first research opportunity is in going deeper into each of the sub-processes outlined within the multi-layered process model of (dis)empowered outcomes (see Figure 6.4) to find a workable solution to stymie the obesity epidemic.

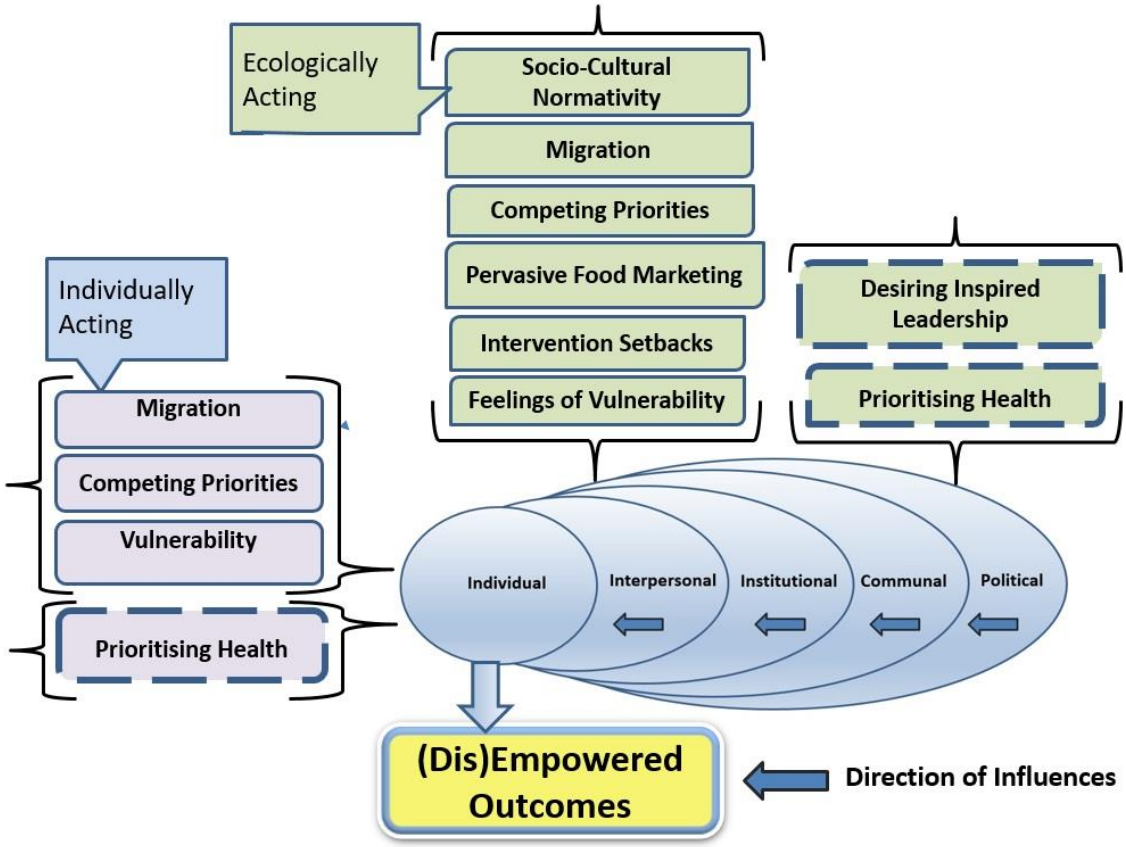

Figure 6.4: Multi-layered Process Model of (Dis) Empowered Outcomes

The model accounts for individually-acting processes which have an impact on feelings of disempowerment for an individual seeking a significant change to their status quo, yet failing to achieve it. The model also outlines various ecological processes which have a detrimental impact on the resultant quality of life and the outcomes of disempowerment. The directionality particularly shows that disempowered outcomes is a "top-down" phenomenon where the individual social actor is ultimately suffering the consequences of not only their own consumption-related choices, but the ones that are ecologically mediated as well. As opposed to the disempowered outcomes, the data showed the need for a "bottom-up" approach when initiating the process of change, a process which would lead to empowered outcomes for all. So not only there is evidence of two simultaneously acting processes that are empowering and disempowering in nature, there are layers of interconnection (sub-processes) within each major process which need to be explored further.

The second research opportunity is in exploring the current relevance and the suitability of Bronfenbrenner's (1977, 1994) social-ecological theory based model in present time (see Figure 6.5). The model generally has the individual social actor at its core, surrounded by all the ecological influences which ultimately have an impact on individual well-being. There have been studies which have similarly questioned the validity and the application of the model itself, but more research is certainly called for (Christensen, 2010; 2016). Over the years, literature has documented the ever-increasing influence of institutional lobbying on public policy and its impact on wider social issues (Fogel, 2009; Lang & Rayner, 2007; Miller & Harkins, 2010). It will be worthwhile to investigate if the social-ecological theory model in its current form holds true or if it should be realigned to reflect the dominant role played by modern institutional discourses. One possible avenue might be to study how institutional influences affect the food policies of a nation, and their net impact on quality of life indicators, primarily in terms of the obesity epidemic. This could then become a multi-disciplinary, multi-

country effort, one that would need a team of researchers and significant funding to take the project to fruition.

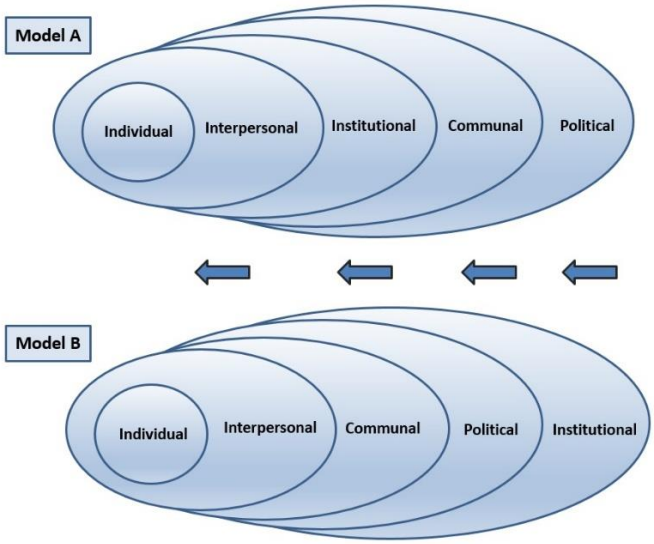

Figure 6.5: Current Model [A] versus Reconfigured Model [B]

The third research opportunity is in modifying the participant selection process itself. The current enquiry sought to include individuals who were engaged with weight management programmes in recent times. The enquiry could be opened wider to include not only the clients of intervention programmes, but the experts as well. This could offer deeper and perhaps holistic insights into the entire process, from conception to delivery, and right through to the actual engagement between the clients and the experts delivering these programmes. Individuals may have their own reasons for interventional failures, and the current enquiry was able to capture some of those. The experts may have their own reasons why the scope of their interventions is limited in the ability to bring about the much needed reduction in incidences of obesity and associated ill health. If the solution to the current problem (failure rates) is in collective contributions (co-creation) from each member of the ecological model, then the enquiry needs to take a similar stance, and allow everyone to participate in the research (or

knowledge sharing) process. To add depth to the enquiry, perhaps a longitudinal engagement is called for, one that is able to follow-up on a group of participants and experts over time.

The fourth research opportunity is related to the consumption-related sociological processes which were discussed by my participants during their interviews, but were outside the bounds of my research questions and hence were not investigated as part of the analytical process. There were a couple of key issues which deserve further investigation, namely taxation of energy-rich foods and the role of spiritual/emotional/social support systems to assist individuals needing help with leading a healthy lifestyle. These subthemes appeared repeatedly throughout multiple interviews and were discussed fairly briefly at the time. The subthemes appear to be the two ends of a continuum, where penalising and restricting unhealthy consumption is looked at as a possible solution at one extreme, and at the other extreme, designing and implementing multi-level support systems was discussed as a way forward to curtailing the growing epidemic of obesity. They seem interesting and topical enough to warrant further investigation, especially in the light of growing calls for taxing unhealthy foods globally. This clearly presents an opportunity for undertaking further research.

The fifth and final research opportunity relates to a contestable conceptualisation of consumer empowerment. Data analysis suggests that in order to achieve empowered outcomes, each individual member of the society has to contribute effort and resources to the co-created process. However, this raises a confounding question: When an individual is truly empowered, will he or she still assume the identity of a consumer? The basic conception of the term *consumer* remains that of a reflexive, externally-driven identity which is generally proposed by an institution offering its products for consumption (Beckett, 2012; Beckett & Nayak, 2008). This questions the basic notion of consumer empowerment and suggests it to be a misnomer. An empowered individual under normal circumstances would then resist and refuse any

suggestions of reflexive identity adoption. This discussion raises multitudes of questions regarding all of the extant literature and all of the research undertaken so far to explore the phenomenon of consumer empowerment. The very argument that the concept of consumer empowerment becomes a *redundant entity* would then become a perplexing situation needing to be resolved, possibly through further research. One possible avenue would be to seek and invite participants who have managed to bring about substantial transformation (healthy change) in their status quo, and now see themselves as empowered individuals. It would be interesting to explore their perspective on how they accept or reject and perhaps manage their identity as a consumer.

Concluding Commentary

At the beginning of this research journey, the concept of empowerment seemed like an intriguing and fascinating phenomenon worthy of further investigation. It is fair to say the challenge proved worthy of its reputation. Having studied the phenomenon for over five years, I still find myself captivated by its intrigue. The complexity is partially attributed to the nature of phenomenon itself, and how it is studied within diverse research traditions (e.g., community psychology, sociology, feminist theory). One common thread binding such diverse research traditions is how each tradition is seeking to answer the singular question: How to achieve empowered outcomes? It further drives the point that within the current discourses of sociological processes, such an outcome is not only sought after, but also hard to come by.

When I started this enquiry as a novice researcher, the topic of the enquiry (empowerment) became a priority, and the discussions around an appropriate context for the enquiry were put aside. A change in supervisory team reordered the priority from day one, and a decision was made to research a real-world problem (epidemic of obesity), and seek answers to the phenomenon (empowerment) within this wider sociological challenge. In hindsight, this

reorientation proved to be the right move forward and the proof lies in the thoroughness and robustness of this enquiry and in the sheer confidence I have in the research results. Going through this journey had a consequence for me, personally, as a researcher, which was twofold. I was able to review the extant literature and investigate the phenomenon of empowerment, which offered me deeper insights into its conceptualisations. I was also able to live through the grounded theory led research journey and had the opportunity to experience grounded research first-hand. It was indeed an interesting, informing, and life-changing research journey.

To put this enquiry in perspective, as a researcher, I can now confidently answer two key questions which have raised a lot of debate in the past, mostly when describing the nature of empowerment: 1) Is empowerment a process or an outcome? 2) How does one achieve genuine empowered outcomes? Based on the findings, I propose that empowerment is an *outcome*, sure enough there are processes that need to work, and perhaps have to be followed through but it remains an outcome. The answer to the second question is not as straightforward, but I propose empowerment can only be achieved if all social actors (individual and ecological) actively participate in the processes that are designed to bring about empowered outcomes. It can never be achieved as a unilateral endeavour, and it will always depend on collective participation.

Taking cues from the current discussion, I would now like to make recommendations for marketing practitioners, weight loss consultants, and policymakers. The recommendations for marketing practitioners include recommendations for food manufacturers and suppliers of food commodities as well as for institutions involved in marketing food commodities.

Recommendations for Marketing Practitioners

- The current systems of food procurement and supply are in need of an overhaul, and the onus is placed upon institutions to make the first move.

- Institutions involved in marketing foods need to sincerely work with communities to achieve genuine, consumer-centric outcomes of health and well-being.

Recommendations for Weight-loss Consultants

- The current models of weight loss provisioning are not working, and this needs to be acknowledged as a first step towards remedying the situation.
- All the future models of weight loss interventions need to recognise the role played by individual and ecological factors while designing client-centric solutions.

Recommendations for Policymakers

- Drafting of food supply and nutrition policies needs to make societal health a priority.
- Models of educational achievements must prioritise delivery of learning outcomes associated with self-care and culinary abilities in addition to numeracy and literacy.
- Future decisions around health-promotive funding must acknowledge and support a specific campaign for reducing the incidence of obesity.

All of these recommendations are primarily set out to improve societal health and well-being, and on the way achieve the key aim of this research: reducing the growing incidence of obesity.

In My Own Words

"Oh what a journey it has been, one made possible only because lots and lots of people showed faith in me, and I made sure I did not let them down. I still look at my first-ever proposal jotted down on the back of recycled paper and chuckle and say, 'really is this what I wanted to do?' Yes, my research aspirations have come a long way since, and what an exhausting yet enlightening experience indeed. Can I truly say I understand what it means to be empowered? Maybe, maybe not. There is so much about it that I still don't know. Would I like to know? Yes, absolutely. I think this is a good start, and there is lot more to do. Over and above everything

else, my only wish is that my research contributes in meaningful ways, with even a modest contribution for finding a workable solution that limits the growing epidemic of obesity, I will be pleased."

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Appendix

Appendix – 1: Participant Information Sheet

Date Information Sheet Produced:

25th August 2015

Project Title

Grounded Theory of (Dis) Empowered Experiences in Episodes of Health Interventions

An Invitation

Hello my name is **Milind** and I am a postgraduate student at **The University of Waikato**. You are invited to take part in this study about your experiences with weight-management programmes/courses. Your participation is voluntary and you can withdraw from this research if you wish but only up to two weeks after the date you have done the interview with me. This research will contribute towards my formal qualification of **Doctor of Philosophy (PhD)** through The University of Waikato.

What is the purpose of this research?

I want to talk to people who are currently participating or in the past have participated in weight-management programmes or have tried other methods to achieve healthy weight for themselves. I want to find out your current and or past experiences with weight-management regimes. This research will help policymakers, researchers and consultants, providing weight-management services, in understanding how to improve their services. The results of this research will also be published in academic journals for educations purposes.

How was I chosen for this invitation?

You have either answered a poster or a newspaper, email advertisement or your name was suggested to me from my network of colleagues, friends and family members. I requested acquaintances to tell me about anyone who had participated in weight-management programme, and had signalled to them that they might be willing to participate in my research. Once they indicated to me that you might be interested I have contacted you.

What will happen in this research?

Once you have read this Participant Information Sheet, and I have explained and answered any questions about my study, you are welcome to think about it for some time before joining this research. At this time, you will be given sufficient time to consult your family, Whanau, Hapu and Iwi before giving consent to join the research. We will organize an interview at a time and place to suit

you. This could be at my office at Manukau Institute of Technology, or a place in the community that suits you such as a public library or a coffee shop. The interview will be an in-depth discussion session which could last up to an hour or longer if need be. You will be encouraged to discuss your experience of undergoing various types of weight-management programme(s).

What are the discomforts and risks?

It is possible that the discussion about your experiences of weight-management programmes may raise uncomfortable issues for you. At any time you are uncomfortable with discussing your experience of weight-management programmes, we can take a break, move onto another topic or stop the interview. The interview can be discontinued all together, continued after a break or continued some other time. The choice is yours.

What are the benefits?

There may not be any immediate benefit to you participating in this research. Your contribution though may help others to understand experiences of participating in weight-management programme and will help decision makers to improve their future service provision and help more people in the best possible manner. This would be great help.

How will my privacy be protected?

To ensure your privacy is protected and the information you share remains confidential the taped sessions will be transcribed removing any personal details. Absolute care will be taken that the transcription does not identify you, your personal details and any other third party. I will ask you to assume a pseudonym that will be your research identity. I will be the only one who knows your true identity. The consent form you sign and the information you share with me will be kept apart in a locked cabinet with me during the research and after the study. The only people who will have accesses to the data will be me and my supervisory team of three, Professor John Oetzel, Asso. Professor Lorraine Friend and Dr. Djavlonbek Kadirov, strictly for purposes of this research. When the study is complete, the data will be stored on a password protected computer, the interview tapes will be stored secure and safe until all of it is destroyed after three years.

What are the costs of participating in this research?

The only cost to you will be the interview time. There is no expectation that you need to speak to me more than one time, the choice is yours.

How do I agree to participate in this research?

You can verbally communicate your agreement to participate in my study at the time of the interview and you can complete a consent form before the interview.

Will I receive feedback on the results of this research?

Yes if you wish, a set of summary of findings will be offered to you at the end of the study.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Professor John Oetzel, Department of Management Communication, Waikato Management School, The University of Waikato.

Whom do I contact for further information about this research?

Researcher's Name and contact information:

Milind Mandlik (Interviewer)
Senior Lecturer
Faculty of Business & Information Technology
Manukau Institute of Technology
(Manukau Campus)
Auckland
New Zealand
Tel: 09 – 975 4636
Mobile: 021-2673639
Email: milind.mandlik@manukau.ac.nz

Supervisor's Name and contact information:

Professor John Oetzel

Department of Management Communication

Waikato Management School
University of Waikato
Hamilton 3240
New Zealand

Tel: 07 - 838 4431

Email: joetzel@waikato.ac.nz

Appendix – 2: Participant Invitation Advertisement

VOLUNTEERS NEEDED FOR PhD RESEARCH

Research about Weight Management

My research aims to understand how people manage their weight and also related health issues and find ways to overcome/deal with it. We will research this from your perspective, looking specifically to understand your experiences (positive and/or negative) ones. With your assistance, the hope is to find a helpful and workable weight-management strategy for people within New Zealand and perhaps Australasia as well.

What Do I Need From You?

You need to be able to openly and frankly discuss your experiences with me in a *one-on-one* session, and if you decide to participate I shall come and meet with you for the interview. My invitation is open to everyone (men/women) who would like to contribute to my research journey.

If you or someone you know may be interested in being involved in my research, please contact me on:

Milind Mandlik

Senior Lecturer, Faculty of Business & Information Technology
Manukau Institute of Technology
Tel: 09 – 975 4636
Mobile: 021-2673639
Email: milind.mandlik@manukau.ac.nz

Appendix – 3: Consent Form

Project Title:

Grounded Theory of (Dis) Empowered Experiences in Episodes of Health Interventions

Consent Form for Participants

I have read the **Information Sheet for Participants** for this study and have had the details of the study explained to me. My questions about the study have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I also understand that I am free to withdraw from the study at any time, or to decline to answer any particular questions in the study. I agree to provide information to the researchers under the conditions of confidentiality set out on the **Information Sheet**.

I agree to participate in this study under the conditions set out in the **Information Sheet** form.

Signed: _____

Name: _____

Date: _____

Researcher's Name and contact information:

Milind Mandlik (Interviewer)

Senior Lecturer
Faculty of Business & Information Technology
Manukau Institute of Technology (Manukau Campus)
Auckland
New Zealand

Tel: 09 – 975 4636
Mobile: 021-2673639

Email: milind.mandlik@manukau.ac.nz

Supervisor's Name and contact information:

Professor John Oetzel

Department of Management Communication

Waikato Management School
University of Waikato
Hamilton 3240
New Zealand

Tel: 07 - 838 4431

Email: joetzel@waikato.ac.nz

Appendix – 4: Ethics Approval

Research Office

Waikato Management School

The University of Waikato

Private Bag 3105

Hamilton 3240

New Zealand

Amanda Sircombe

Research Manager

Phone +64 7 838 4376

Fax +64 7 838 4063

Email amandas@waikato.ac.nz

THE UNIVERSITY OF WAIKATO
Te Whare Wānanga o Waikato

MANAGEMENT SCHOOL
Te Raupapa

7th September 2015

Milind Mandlik

170 Cliff View Drive

Green Bay

Auckland

Dear Milind

Ethical Application WMS 15/131

Grounded Theory of (Dis) Empowered Experiences in Episodes of Health Interventions

As per my earlier email the above research project has been granted Ethical Approval for Research by the Waikato Management School Ethics Committee.

Please note: should you make changes to the project outlined in the approved ethics application, you may need to reapply for ethics approval.

Best wishes for your research.

Regards,

Amanda Sircombe

Amanda Sircombe

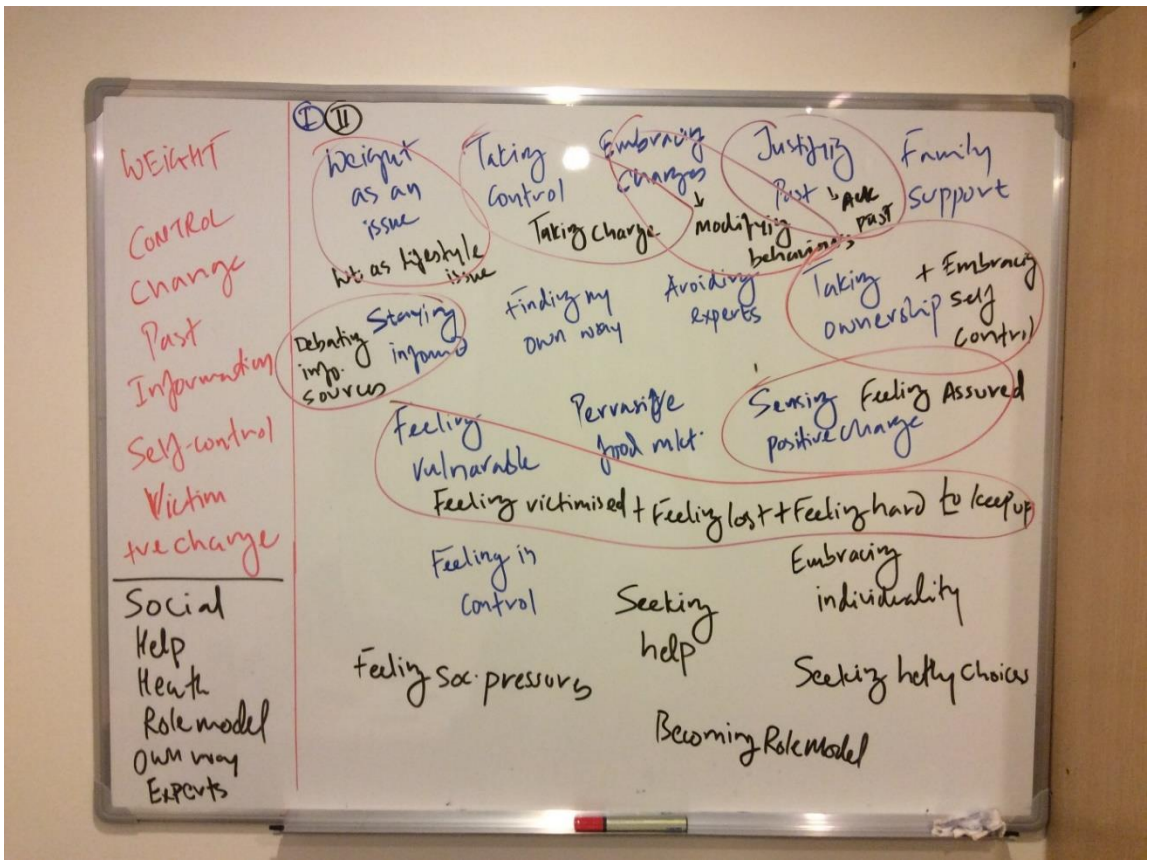
Research Manager

Appendix – 5: Memo Writing

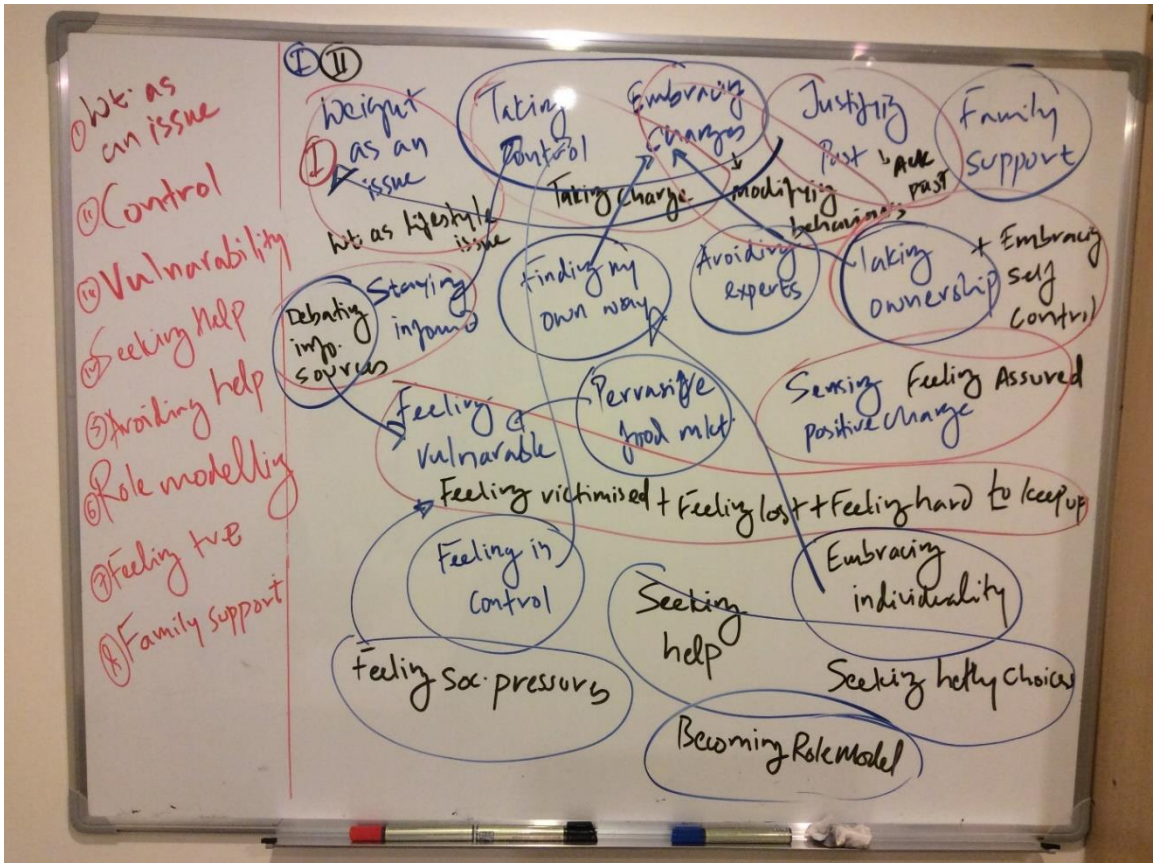
Set of Analytical Memos written using the method of Constant Comparison (Series 1)

18th October 2015

Each interview yielded close to 40 – 50 open codes, which were later grouped into categories that could describe what the basic process at play were. The first set of interviews (interview 1 and 2) were compared, so as to start the process of constant comparison. Basically the first set of codes were grouped together from the first transcript and were written on whiteboard in **blue colour** and next to it the second set from the second interview were written in **black colour**, based on how similar they were. Other codes (new codes) not found in the first set were written towards the bottom. The basic concepts that were similar were jotted down in the margins and then the new/uncommon codes were written at the bottom of the board.



This process was further worked on and after re-reading both the transcripts and trying to make sense of what was happening some new connections started to emerge and I could see some of these 20 plus codes on the board were further connected and new arrows were drawn to show these connections and ended up getting it down to 8 codes, which were basically summing up what was being said by both the participants during the interviews. The following image illustrates this maturation in thinking/analysis.



Based on the codes which emerged, the first set talks about how *Weight* is an issue at the forefront of our discussion and how both the participants have actively acknowledged it as a lifestyle issue, which makes them feel vulnerable and at times victimised by the society at large. The vulnerability felt by both the participants extends beyond just how they feel and does talk about societal pressures, expectations of participation in consumption rituals and the pervasive nature of food marketing and availability of unhealthy food choices. Even though both are feeling trapped in their own body and are actively taking steps to make much needed lifestyle changes, the journey is far from easy. End of the day, they each chose a different path, one actively seeking help and other refusing help on the grounds of having sought help in the past that had an opposite effect; sooner the period of consultation was over. Ultimately the issues are of taking/seeking to take control on weight and on one's life as well, including the issues of quality of life. Over period of time with or without help both have found solutions that worked for them and are trying to show others and especially family members how to avoid the same mistakes made by them in the past and how to look after one's self, and live a healthful life almost becoming a role model of sorts. Both having lived through this journey are feeling inspired and have a positive outlook for the future.

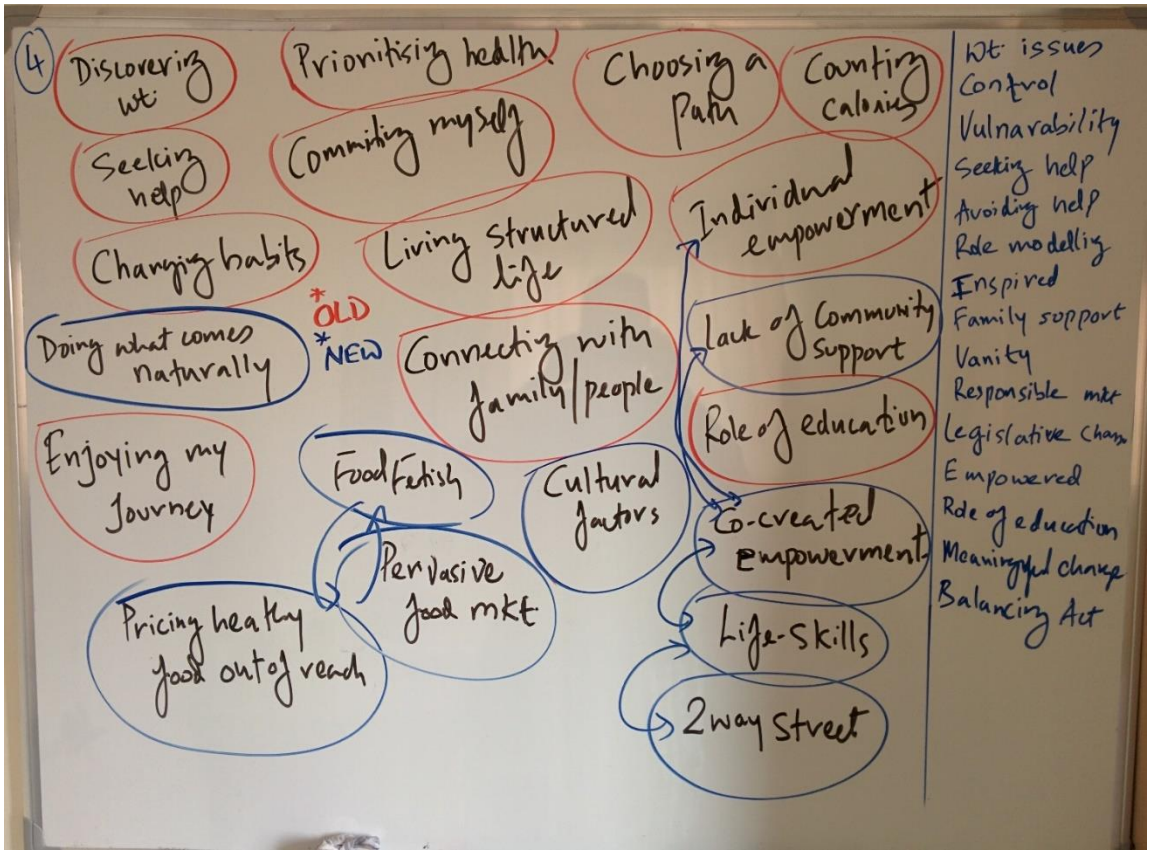
6th November 2015

Having done the first set of analysis, the third transcript was coded and all of the new codes were written on the whiteboard, followed by grouping them into codes which related to the codes that emerged from the first set (red circles) of analysis and new/additional codes (blue circles) were kept in a separate list. The issues of struggling with weight in the past and feeling vulnerable with it come up. Similarly other common codes of seeking control, seeking commercial help and that of re-connecting with family members came up. The codes which emerged for the first time in the analysis were issue of vanity which are inherently connected to issues of vulnerability with excess weight, but it went beyond just that and went into wanting to feel attractive enough to the opposite sex and wanting to start meaningful relationship which may culminate into a long-term relationship also seem

to matter, not just the weight. Further into discussion issues of pervasive food marketing came up and with that the participants talked about how legislative initiatives, coupled with education was needed to rid the society of this growing epidemic of obesity was discussed. The participant did not have an issue with marketing of foods as such, but did talk about the need for transparency and responsibility set upon such enterprises to have a meaningful economic and societal concern while marketing food commodities to the society at large. Having taken the steps to rectify his weight and health related issues, having connected back with the family as a result of all of these meaningful changes in the past couple of years, he feels inspired and empowered as well.

16th of November 2015

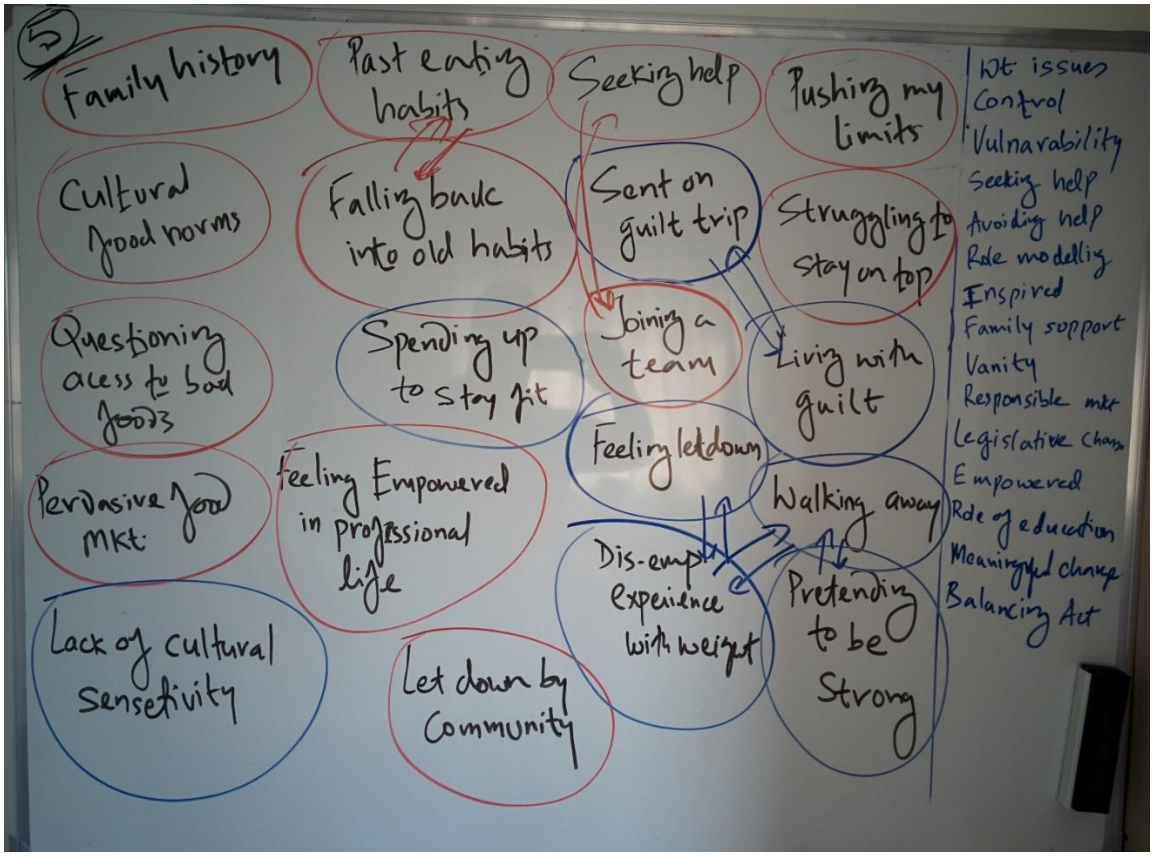
The fourth interview was undertaken and transcribed followed up with line-by-line coding and the codes were listed on the board and compared with the previous codes populated form the first three interviews. Some of the open codes were described differently but the basic arguments remained the same. The fourth interview divulged the following issues besides the one's listed form the previous iterations, viz. doing what comes naturally, food fetish, cultural factors, co-created empowerment, life skills, lack of communal support and lastly two way street.



Doing what comes naturally essentially points to the types of interventions or support sought by a person wanting to live a healthful life. Any intervention that suggest strategies that are hard to keep up with or out of the ordinary, may yield results within the initial periods of engagement (weight loss), but are inherently unsustainable. One has to choose a path that works for you, individually or with the help of an expert but has to be a strategy that will keep you engaged over a period of time. Further the participant points to the fact the poplar media, coupled with existing pervasive nature of food marketing is in fact doing a dis-service to the communities around us by fetishizing food and presenting it as entertainment (e.g. Master Chef TVS). Very little emphasis on educating communities about healthy consumption habits, in fact presenting food options that are invariably rich in high density energy sources, which inherently unhealthy for you. Generally leading to disempowered outcome for members of society i.e. obesity epidemic. Goes a step further and suggest empowerment can never be a one way street, an individual can do so much to empower him/herself, the community needs to show support and take the initiative to empower individual members of communities we live in. Thinks empowerment is a two-way street where the individual and the communities have to work together to achieve the outcomes.

27th November

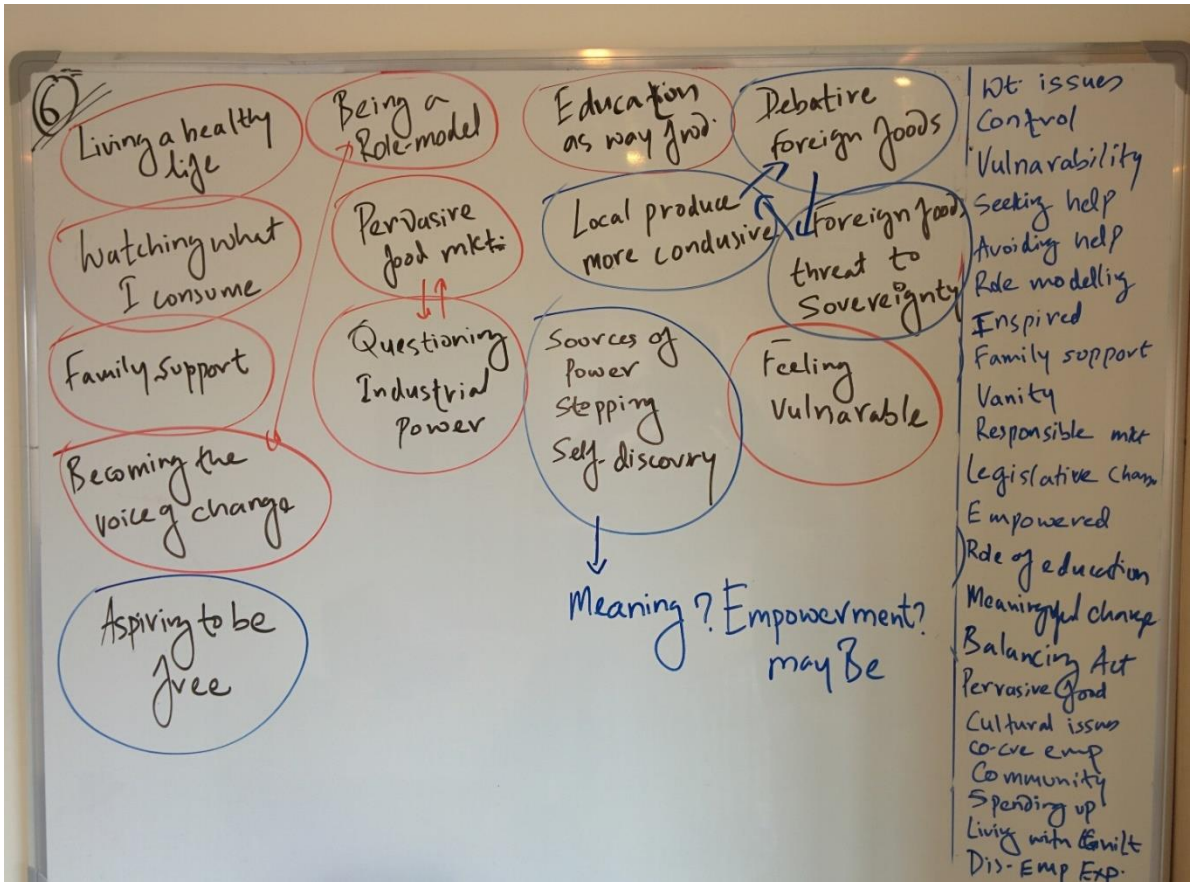
The next set of comparison revealed some more open codes such as being sent on guilt trip, disempowered with weight, spending up to stay fit and lack of cultural sensitivity.



This participant has tried and tested a variety of intervention strategies and each time she chose a new intervention it offered her limited success and soon enough the recidivist weight was back and only for her to drop out and seek another service provider. What made it even more complicated is the amount of peer pressure she was put under to keep up with her routine and was consistently sent on a guilt trip if she were to deviate from her set routine, that itself made her drop out, in spite of the fact she had spent beyond her means to stay involved. Seeking one-on-one assistance from a dilatation did no good either, the lack of cultural sensitivity coupled with the authoritative attitude of consultants was off putting, to a point where she started feeling let down and walked away from it all.

12th December 2015

The sixth interview was coded and analysed using CC and yielded some additional open codes, such as: debating foreign foods, value of local produce, sources of power stopping self-discovery and aspiring to be free.



This participant was a middle aged lady of Maori decent, who had surprisingly different take on the local obesity epidemic. She thinks the local population was living a healthy lifestyle, was basically living a hunter gatherer life, where the food was locally sourced and consumed, which was culturally and bodily conducive to health and wellbeing. Its only when the invaders from far away land came in and brought foreign foods with them (salt, sugar and alcohol) that the local population started showing signs of loss of health. She goes on an states, may be the foreigners used it as an entry tack tick to first gain access to the land and later take away the sovereignty of the local population as a result of introducing them to foreign foods that were inherently addictive in nature. Thinks this is one of the ways the industrial powers operate by enslaving you and then stopping the process of questioning and the process of self-discovery to get out this dominant model of food marketing. She hopes education offers the avenue to change the status quo and sets everyone free. As a researchers I see this interview as an outlier or perhaps the one that breaks the mould and opens up the next set of interviews to take more holistic approach when deciding further lines of questioning. All of this is subtly pointing to a line of questioning based on *Systemic View* of obesity epidemic rather than the current individually focussed enquiry.

So far the constant comparative analysis have yielded the following codes:

Weight and issues	Taking control	Vulnerability	Seeking help
Avoiding help	Role modelling	Inspired outcome	Family support
Vanity issues	Responsible marketing	Legislative change	Empowered outcome
Role of education	Meaningful change	Balancing act	Pervasive food mkt.
Cultural factors	Co-created emp. / two-way street	Lack of community support	Life Skills
Spending up	Living with guilt	Disempowering exp.	Debating foreign foods
Value of local produce	Sources of industrial power	Process of self-discovery	Aspiring to be free

21st December 2015 – Analytical Memo

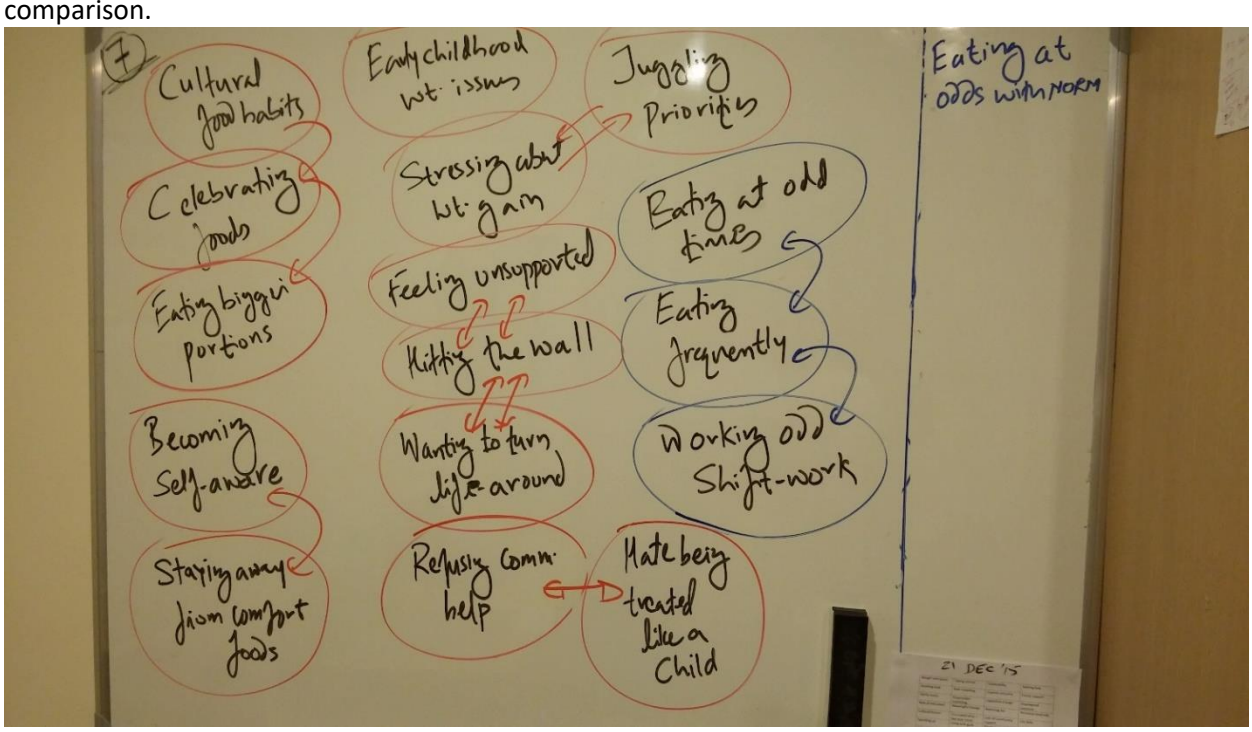
From the analysis so far and saying this fairly early on in the cycle I think it is the ***System*** that does things to you or your body. Things like change of food habits, change of surroundings, mostly combined with access to unhealthy food sources. Sometime it is stress related and changes in your personal or professional situations that induce stress, which itself is a signal to the body to get ready for *flight or fight* and store FAT for rainy days, so to speak. It has to be *The System* that takes over and does things to you. It will be far too naïve to think that obesity is an individual issue and comes down to an individual's ability to do the right thing and deal with it somehow. The way current interventions strategies operate they can only ever work as supporting mechanisms on the periphery. No wonder in spite of the enormous grown seen in the weight loss industry and the work-out (gyms and others) industry in last 30 years, the globesity epidemic is thriving and becoming even more entrenched around the world.

It seems the ability to empower yourself and wanting to empower yourself cannot be looked at as an individual endeavour. An individual can do so much and muster a level of effort in achieving the outcome but it needs to be equally supported externally as well, it needs to be supported by others, i.e. families, communities, organisations and policy interventions too. Empowerment seems like a two-way street that relies on individual efforts supported and nurtured by a system that allows it to happen, instead of hampering its progress under various guises.

This analysis so far changes a few things, one is the line of questioning from here on will be partly directed to clarify some for the issues being discussed by the current participants and some will be guided by looking for new concepts/ideas that may help build this discourse further.

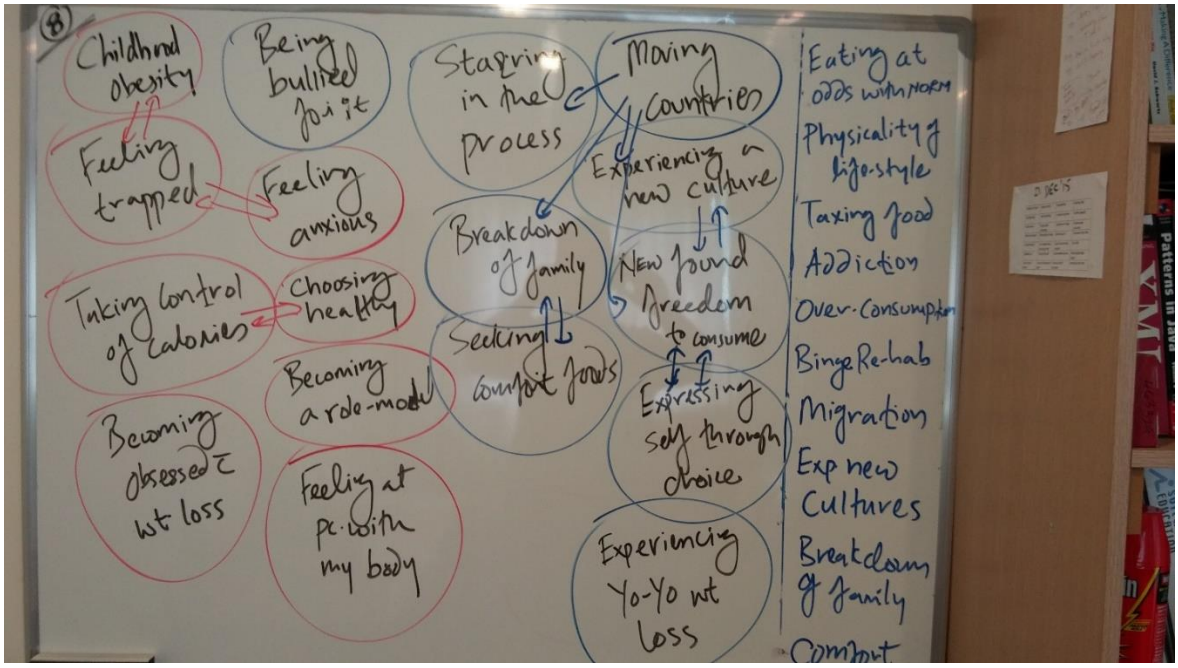
16th January 2016

The seventh participant talked about a variety of issues, but when compared with the first set of codes only one new open code emerged, that of eating at odds with the norm. Most of the other 13 codes were accounted for in the previous iterations. I guess this is the basic process that governs constant comparison.



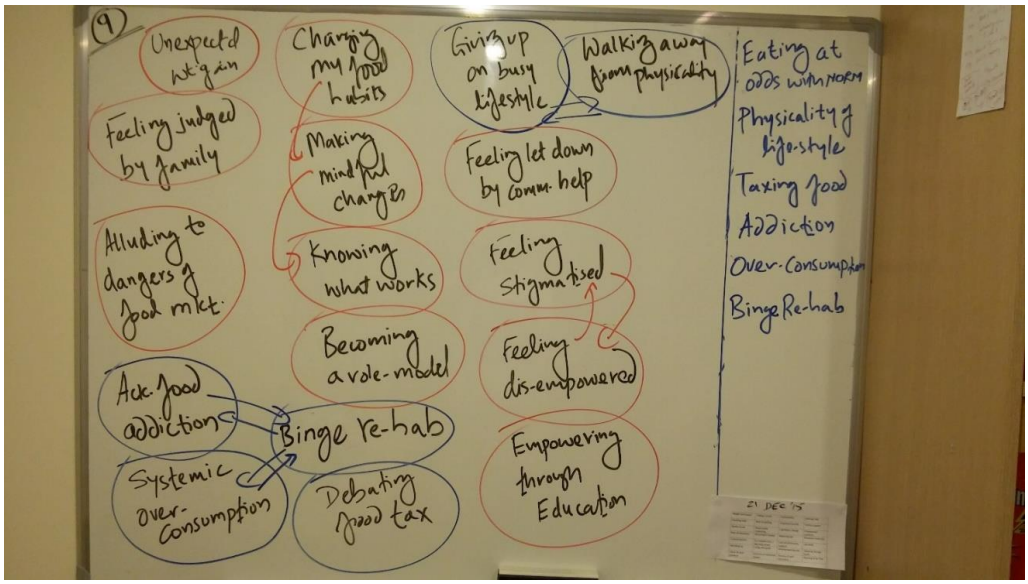
20th January 2016

Some of the interviews give you codes and connection that turn out to be pretty uncommon or outlier in certain respects. The eighth participant talked about fleeing conflict ridden countries in search of safe havens and reaching New Zealand in the process. This forced migration exposed her and the family to period of starvation, which ended after reaching the shores of their new country of residence. This migration lead to a few challenges of its own, such as experiencing new culture and new foods and having had resources to access these foods, it lead to over consumption at times, but it was justified as means of expressing oneself through choice, which she did not have when living in a transit camp, where she experience starvation. The migration also lead to breakdown of family unit where she was forced to take sides, in the processes ended up binging on comfort foods as means of coping mechanisms to protect herself. Later in the life she took control and lost a lot of weight and feels happy in her own body now and have become a role model for the family wanting them to keep healthy for the rest of their lives.



24th January 2016

The ninth participant had a few interesting open codes to add to the current discussion. Firstly she acknowledged food as an addictive substance which by its nature opens itself for episodes of overconsumption. This is supported by the pervasive nature of food marketing and perhaps the ever increasing quest for offering more, more often and at a lowest price point making it easy for an individual to access such food sources and over consumer. Does not think taxing food is a solution, since the enterprise model will find other ways of bringing the similar offering to the market. Wants to see policy initiative and community support to classify certain types of foods as addictive and thinks like alcoholics, drug addicts there is a serious need of a public system that offers Food Binge Rehabilitation. The current system is designed to entrap rather than empower individuals needing help and education has a role to play but the communal and policy initiatives are equally important.



So far the constant comparative analysis have yielded the following codes:

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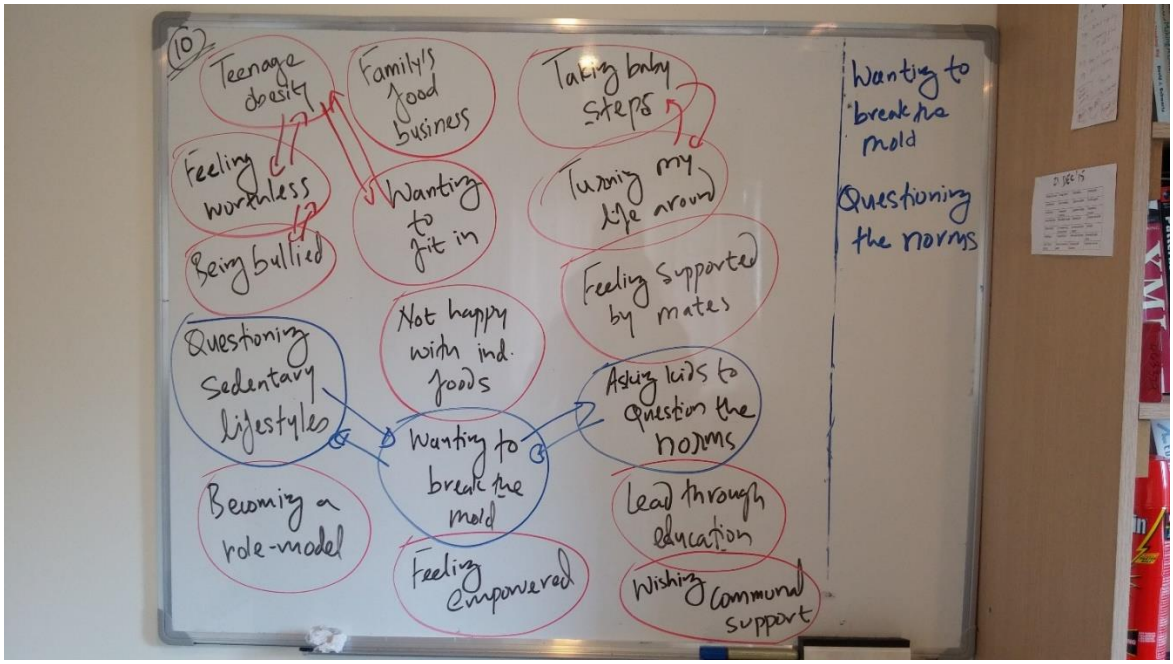
Role of education	Meaningful change	Balancing act	Pervasive food mkt.
Cultural factors	Co-created emp. / two-way street	Lack of community support	Life Skills
Spending up	Living with guilt	Disempowering exp.	Debating foreign foods
Value of local produce	Sources of industrial power	Process of self-discovery	Aspiring to be free
Eating at odds with the norm	Physicality of lifestyle	Taxing foods	Food addiction
Overconsumption	Binge rehabs	Migration	Experiencing new cultures/foods
Breakdown of families	Seeking comfort foods	Being bullied for weight	

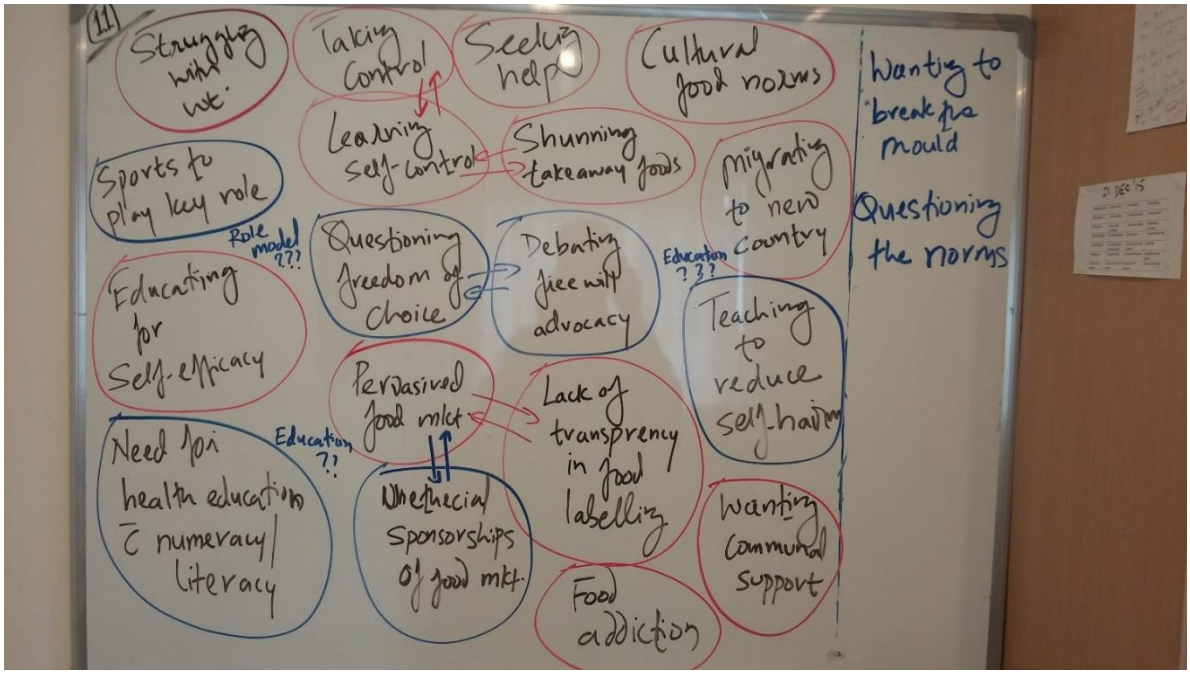
26th January 2016

The tenth participant is another outlier who has taken the issue of weight loss to his heart and has basically decided to make it an issue at the forefront of societal discourse. Has suffered obesity as a teenager and was bullied at school and in the neighbourhood and decided to turn his life around and started running to lose weight but could not keep it up for too long and decide to go for long walks instead and ended up walking the entire length of Japan and later the entire length of New Zealand and hopes to walk around the world and become a spokesperson/role model for a weight loss called 'walking away from obesity'. Throughout the discussion insisted on how civilised world has enslaved itself to industrialisation and outcome of this is sedentary lifestyle and ease of access to unhealthy food sources, normalised by industrial practice which rarely gets questioned and the outcome is ever increasing rate of obesity. Wants to become a role models for kids and persuade them to question everything around them, including social, cultural and industrialised food habits. Wants them to have the courage and ability to break the mould and re-arrange the current systems of over production and over consumption.



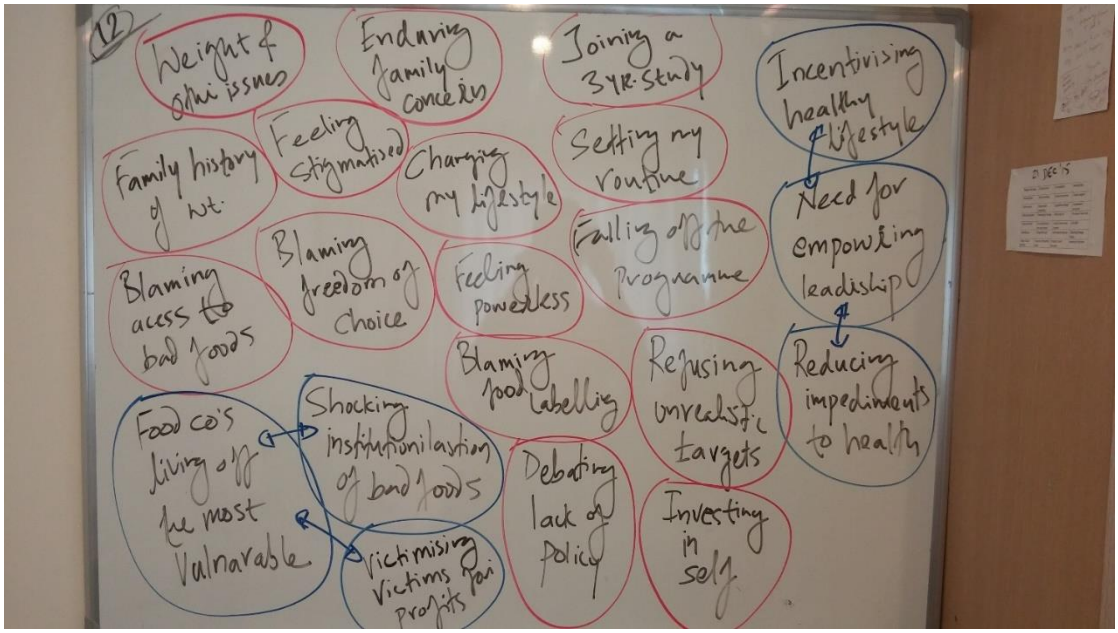
29th January 2016

The next participant was a nursing practitioner who was acutely aware of the societal challenges of tackling obesity and the lack of communal and policy support to deal with the problem the way it should be addressed. Categorially talks about the freedom of choice and freewill advocacy promoted by the industrial food marketers and their real motives behind such arguments. Feels frustrated that the entire operation is set up to look after shareholders without a care for the society that suffers as a consequence and the policy makers half-heartedly debate taxing foods which may not work in the long run, and will invariably become an issue for political debates rather than bringing about meaningful changes. Goes on further and questions the acceptance of unethical sponsorships of food and alcohol manufacturers supporting sports teams, which are looked at role models of society which promote healthy living. Finds the whole idea counter intuitive and counterproductive as well. Wants to see health care and reducing self-harm as a compulsory part of curriculum form early childhood and schools, besides the current fascination with numeracy and literacy. Thinks the community needs to come together and play its part to bring about a grassroots led change, which might ultimately empower everyone to look after themselves and people around them.



5th February 2016

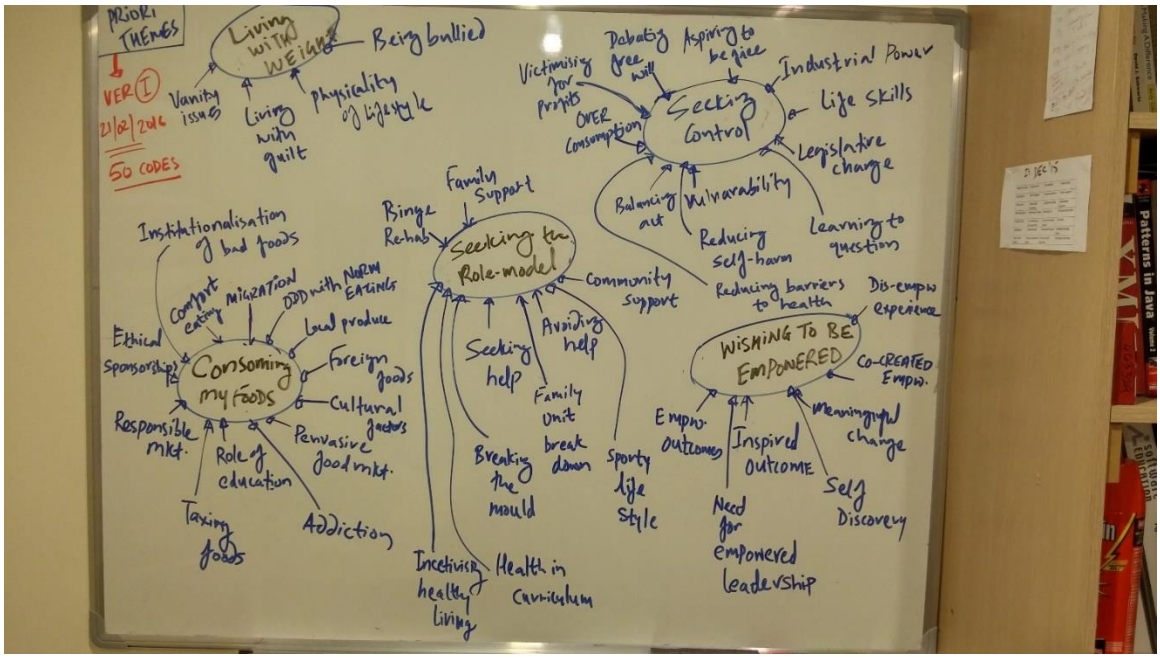
The next participant was an academic who had struggled with his weight through all of his middle ages and eventually decided to take the steps and deal with the problem head-on. After about three months slowly started to get back to his old routine and sort of fell off the bandwagon. Had a lot to say about the institutionalisation of food marketing and the promotion of unhealthy food choices for places that seem to lead the charge against the epidemic of obesity such as primary/secondary school cafeterias and hospitals, which essentially look after the sick and needy. All of this is done under the pretext of freedom of choice and normalising the activities to a level where there is hardly any societal resistance to it. All of this is done so that a few people with economic interest in food marketing can benefit off the back of victimising the communities and holding their health at ransom. Says the current system does the opposite of what's truly needed, by design than by intent and keeps healthy lifestyle out of reach of the people who need it the most. Wants to see a meaningful change in policy, wants an inspiring and empowering style of leadership which can incentivise healthy food choices, genuinely support all initiatives of healthy living and finding ways to reduce barriers for each individual to benefit from such changes.



So far the constant comparative analysis have yielded the following codes: (13 interviews)

Weight and issues	Taking control	Vulnerability	Seeking help
Avoiding help	Role modelling	Inspired outcome	Family support
Vanity issues	Responsible marketing	Legislative change	Empowered outcome
Role of education	Meaningful change	Balancing act	Pervasive food mkt.
Cultural factors	Co-created emp. / two-way street	Lack of community support	Life Skills
Spending up	Living with guilt	Disempowering exp.	Debating foreign foods
Value of local produce	Sources of industrial power	Process of self-discovery	Aspiring to be free
Eating at odds with the norm	Physicality of lifestyle	Taxing foods	Food addiction
Overconsumption	Binge rehabs	Migration	Experiencing new cultures/foods
Breakdown of families	Seeking comfort foods	Being bullied for weight	Wanting to break the mould
Learning to question the norms	Sport to play leading role	Debating the true nature of freewill	Teaching to reduce self-harm
Making health part of curriculum	Ethics of food/alcohol sponsorships	Victimising the victims for profits	Shocking institutionalisation of bad food
Incentivising healthy living	Need for empowered leadership	Reducing barriers to health	

22nd February 2016 – Analytical Memo coupled with the process of Focused Coding



"Engaging in focused coding is the second major phase in coding. These codes appear more frequently among your initial codes or have more significance that other codes. In focused coding you use these codes to sift, sort, synthesize and analyse large amounts of data" (Charmaz, 2014)

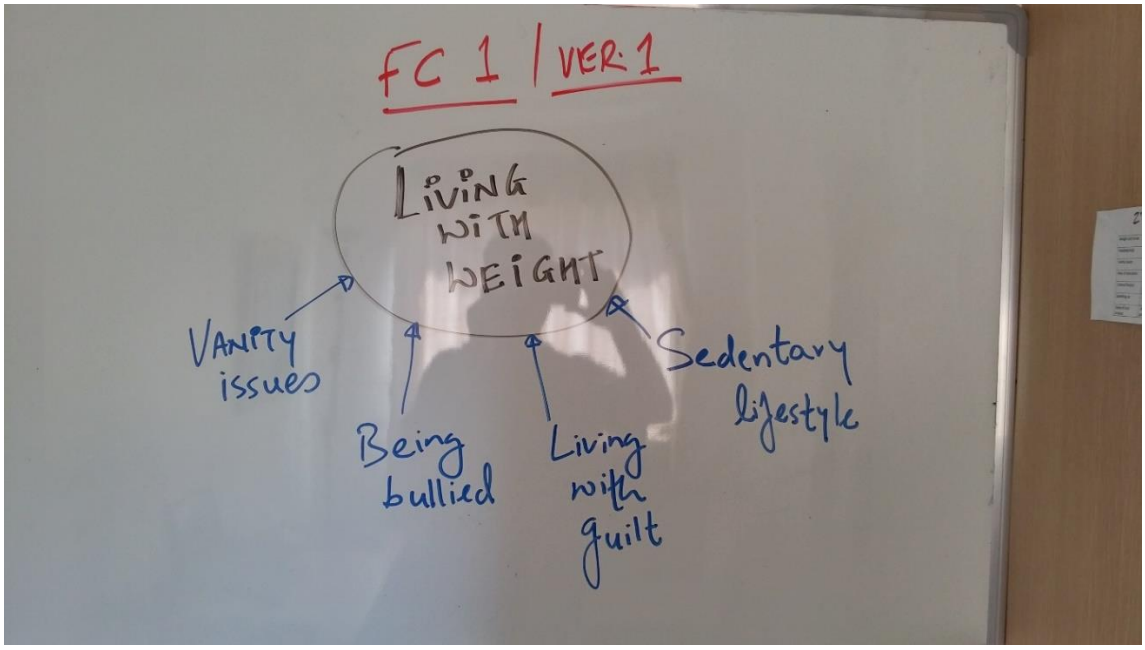
In spirit of the preceding quotation the next step was to start the process of focussed coding and the above figure in this section is only the first attempt at doing focussed coding (FC). As yet it's only looking at five major codes that are able to explain some of the 50 odd codes generated by the process of constant comparison. Starting with FC of *Living with weight, Consuming my foods, Seeking control, Seeking the role-model* and finally *Wishing to be empowered*. All of these FCs are my interpretation of what the participants were trying to convey through all of the conversations I have had with them in the past five months. These FCs need further refining, and maybe need to be probed further for any inter-relationships that may start to emerge between the FCs, later on in the analysis.

Here is how I see it at this stage: individuals who are living with obesity have their own challenges, but the issues go far beyond just living with excess weight. Consumption of foods and all of the processes that promote excessive consumption are at play and are many a times beyond the control of an individual wishing to bring about a change in the status quo. Some of these influences are more at an individual level, some are at communal level and some are at the institutional and at legislative levels. End of the day, the individual wants to live a healthy and meaningful life and feels very vulnerable in the prevailing climate and evidently lacks some of the basic life skills needed to reduce weigh gain and associated self-harm. Wants to take back control over his/her life and related health outcomes but finds it hard to evade the power exerted by the prevailing industrialised systems of food manufacturing and provisioning and marketing as well. Wants to be empowered so he/she could learn to question such pervasive forces or powers, exerted by the systems of food manufacturing and marketing. All along genuinely wishing for a process of self-discovery and bringing about meaningful change in one's life, but wanting to be supported by the family, community and an inspired leader within the community who could become a role model and show them the path to empowerment.

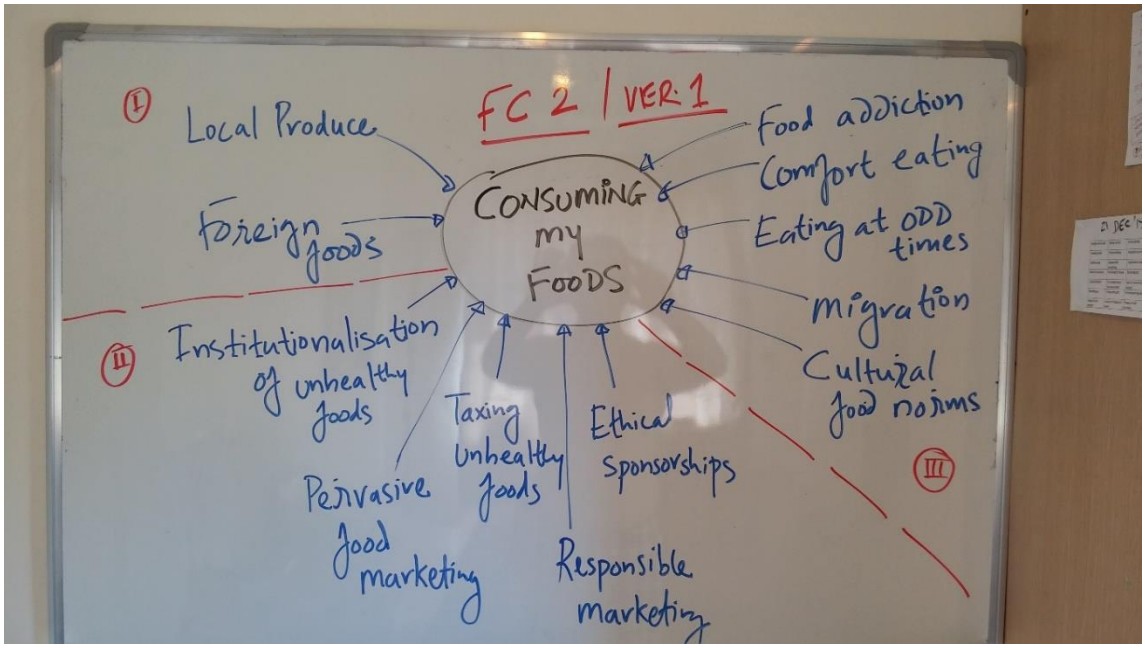
{Glaser, Strauss and Charmaz consistently say emergence takes time, before one gets there one has to endure long periods of confusion and only when the researcher fully immerses him/herself in the data they start to see the light at the end of the tunnel….I guess I am at the confusion state, so let's leave it at that till I interview some more participants**}** Foot Note- Milind

24th February 2016

I guess it is time to look at all of the focus codes one at a time and ask some questions of it in an attempt to understand it further.



Living with weight: All through the interview process this happened to be the first topic that got discussed since this was the context for the research enquiry and also part of the initial line of questioning in the interview guide. This also help set the tone for the entire conversation that followed afterwards, for the remainder of 40 – 60 minutes. Most participants openly acknowledged their struggle with weight from early ages or towards the middle ages when they started living more of a sedentary lifestyle. For some of them it was an issues that made them target of bullies during schooling years, and for others it became more of a vanity issue mostly related to body image and self-confidence. Each one of them also noted that at some point in time they felt trapped in their bodies and were feeling guilty for not doing enough or for not trying hard enough to deal with the issues of excessive weight gain.



Consuming my foods: This second FC talks about food and is very prominent in almost all of the conversations that I had, in one form or another and for obvious reasons too. Broadly speaking this FC gets further divided into three parts, denoted by a dotted Red lines on the whiteboard. The first part talks about access to food and the *types of foods* consumed by an individual. This has a lot to do with how much and which types of foods are consumed and may be a trigger for overconsumption of certain types of foods, not conducive with good health outcomes. One of the participant in fact blamed the prevailing obesity epidemic of the indigenous population on their ability to access foreign foods (sugar and alcohol) which were not part of their eco-system for many years.

The second set of codes are grouped together since they have a consistent thread running through them i.e. the impact of *industrialisation* of food manufacturing on global communities. It tells the story in two parts, the first one talks about how food marketing have become pervasive, and to a certain degree institutionalised to a point where the communities have stopped questioning its ability to do whatever is wishes to. The entire practice is carried out under the three N's, it's normal, natural and necessary. The discussion centres on how corporate sponsorships use the platform of global sports tournaments (soccer, rugby, tennis etc.) to advocate consumption of fizzy or alcoholic beverages, which is counter intuitive in its stance, since an individual cannot consume such products and still play the sport on the field in a composed and coherent manner. The policy makers generally shy away from any policy initiatives that might come in the way of such sponsorships and would generally bring up the issues of taxing such foods to make them more unaffordable, or push them out of reach of the population. Such initiatives do not achieve the desired outcomes since the taxes levied aren't high enough to genuinely put such products out of reach, hence end up penalising the individual who buys them anyway but at a marginally higher price than usual. Most participants wished for this status quo to be changed and major food corporations to become more responsible in marketing their products and play their part by demonstrating ethical behaviour. May be there are two sub-tames here, one that talks about industrialisation of food manufacturing and the other that talks about behaviours demonstrated by big corporates, participating in the food manufacturing business.

The third set of codes are essentially focussed on *individual food choices* one makes, either driven by internal or sometimes external influences. The internal influences generally are linked to certain food groups which are known to be addictive in nature and individual do find it hard to stem the cravings

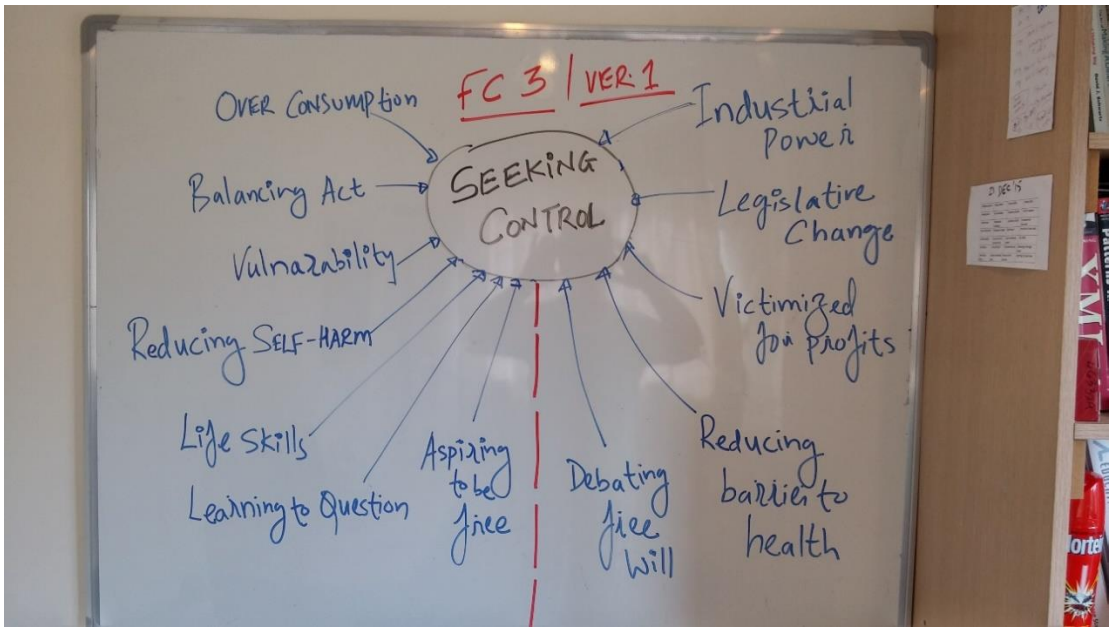
for certain types of foods, leading to over consumption. The other one that came up a few times during the interviews was the notion of comfort eating, which was either done to connect with one self or with significant events/people in one's life i.e. Grandma's hot dinners. Sometime it is done as means to disconnecting oneself from reality or troubles in one's life so to speak, and spend some quiet time with one-self away from the discomforts. The external influences that came up in almost all of the conversations was cultural food norms, ritual of eating and sometimes over eating because that is how one participates, celebrates and connects with others at various events or social gatherings. This was also connected to the themes of migration, where individuals moved countries and were exposed to new cultures, new types of foods, partake in consumption norms, coupled with easy access to foods. Easy access to new foods, food outlets serving foods round the clock, coupled with cheaper prices; all of which turnout to be perfect drivers for overconsumption. This access to foods round the clock also means individuals eat at odd times to the usual body clock, and perhaps more than they need to, which could be more than what the body needs to achieve satiation.

{To summarise the discussion so far, as a society we have industrialised food manufacturing and made it more efficient so we do not suffer the same fate as our ancestors, i.e. cycles of famine punctured by abundance of food for short periods of time. This industrialisation (system) has become prominent part of our society, has increasingly become pervasive in promoting itself and has recurrent need of its own i.e. consistent shareholder value generation. This perhaps puts it at odds with the genuine social agenda of building and sustaining a healthy society. This system needs to be questioned and perhaps even re-designed and needs to play its part by becoming ever more responsible for its own behaviours and uphold certain values of ethical behaviours which are designed to protect each member of the society.**}** Foot Note - Milind

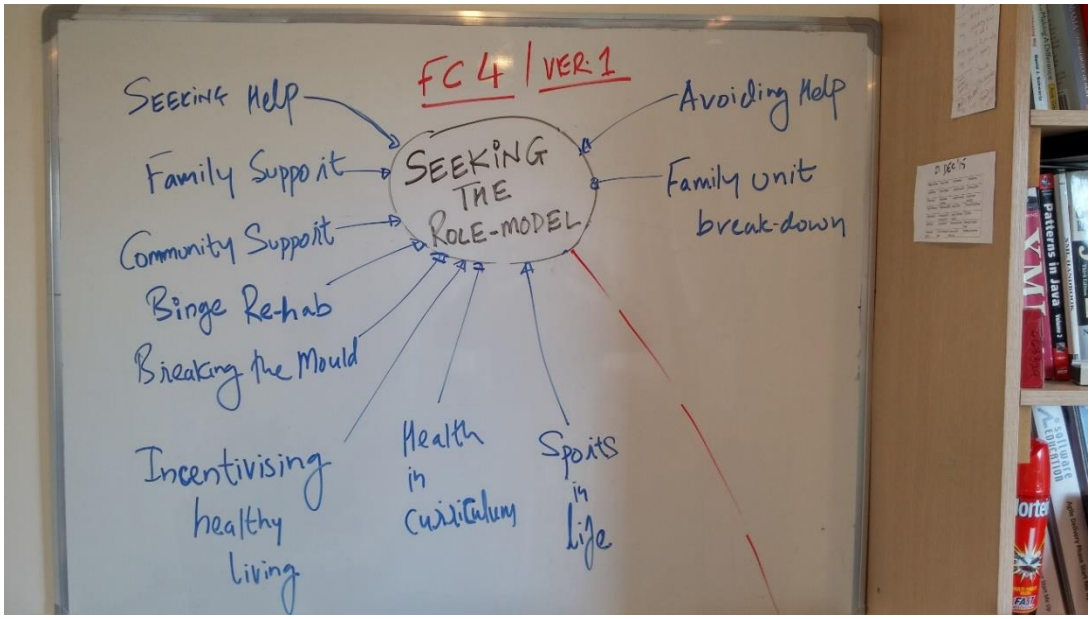
28th February 2016

The next FC describes the process of individuals wanting to take control on a variety of factors that have an impact on healthful living. This could range from seeking to control the consumption of calories at an individual level, wanting to control/reduce participation in social or communal events to avoid part-taking in consumption of foods. The need for control could also mean finding strategies that help with avoiding omnipresent powers of food corporations, learning to question their motives, including the real purpose of advocacy of freewill. This control also seeks legislative intervention and protection from big corporates that may prevent or sometimes hinder an individual's agenda of healthful living. The third FC is called *'Seeking Control'*

The codes are broadly divided into two halves with a dotted red line. The ones on the LHS of the board talk about an individual's need for seeking control on overconsumption, reducing one's state of vulnerability and having the life-skills to reduce self-harm. This is a tough task and it makes one prioritise health over other pressing matters in life, and is a delicate balancing act that is hard to keep up with. The codes on the RHS of the board are grouped together since on a social level, it motivates an individual to question the status quo and debate the true agenda of food marketing corporations and at some level aspires him/her to set themselves free of the pervasive powers of industrialised corporations. Some of the participants I spoke to repeatedly mentioned how the current industrial food system is designed to benefit a few (shareholders) at the cost of victimising those (individual consumers) who cannot avoid its prowess. Most of the participants acknowledged the current status quo and wanted legislative intervention drafted in a way that questions the freewill ideology promoted by big corporates, and also promotes reducing barriers to healthy living agenda of each individual member of the society.



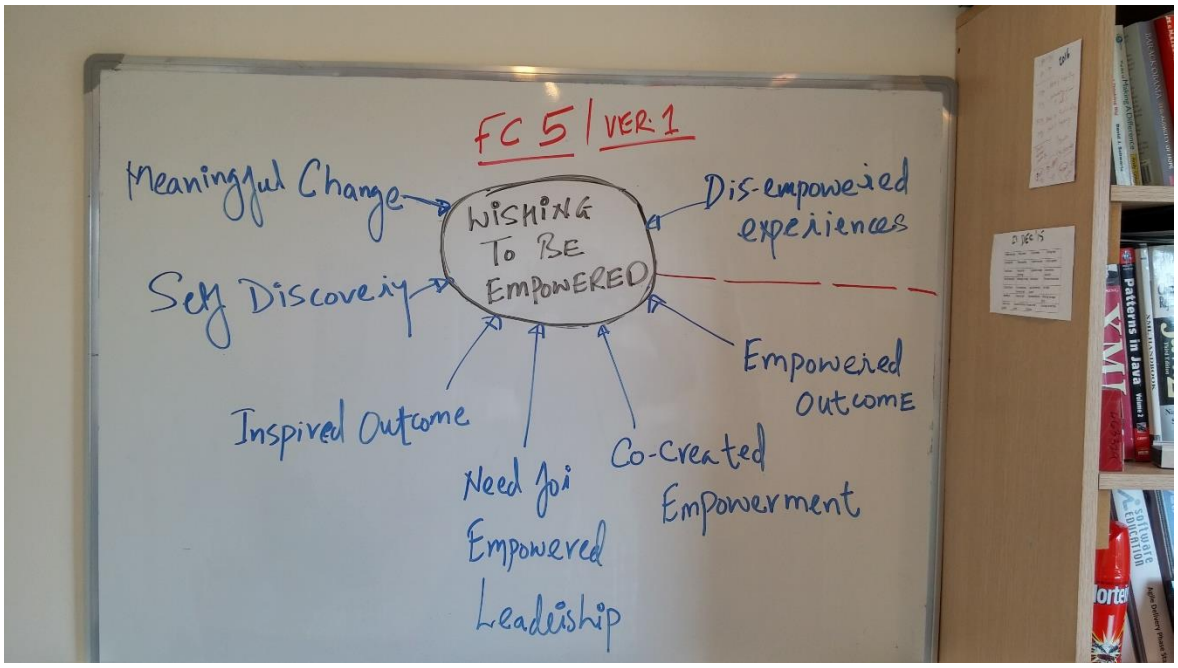
The next FC is called *'Seeking the Role-model'* and describes how individuals wanting to live a healthful life look for support system that helps them achieve variety of outcomes such as controlling food binges, achieving weight loss and most importantly embracing healthy lifestyle. These role-models could range from individual family member, consultants or healthcare experts and community leaders who willingly help others by showing them the path to healthy living. Sometimes individuals decide to go it alone and try different methods on their own and over a period of time work out which one suits them the best and achieves the outcomes they were looking for. Some of these individuals have sought help in the past and did achieve the outcomes in a short span of time but could not keep up with the guidelines or intervention strategies offered to them, hence decided to try new methods on their own.



The role modelling works in a variety of ways, i.e. some seek a role model that would help them achieve the outcomes, some become role models for their own family and social network, and some of them take the initiative and try to mobilise people and resources to bring about changes at a community level. They are willing to take the risk and break the mould in a quest to achieve healthful outcomes for the entire community. These individuals during the interview consistently commented on need for legislative/policy interventions that incentives healthy living, besides numeracy and literacy need for making healthy living part of early childhood and primary schooling curriculum and for sports to play a leading role in bringing about these changes at communal level.

A slight outlier was also mentioned by one of the participant who wanted to see policy initiatives that were setting up and funding specialised rehab clinics for binge eaters or for individuals with known food addiction issues. These were to be run on the same lines of alcohol and substance abuse clinics run for individuals wanting to make meaningful changes in their life. The purpose of these clinics could be to offer such individuals with life skills and a role model who could demonstrate to them that this could be done and they can have their old life back.

The purpose of this research enquiry is to understand how individuals experience empowering or disempowering outcomes while they engage with weight management interventions. Hence the line of questioning during the interviews did include questions on the topic of empowerment. The final FC is called *'Wishing to be Empowered'*, and it describes how individuals wish to be empowered to bring about a meaningful change in their health status and want the change process to continue even at communal and policy level so each individual could experience the empowered outcomes.

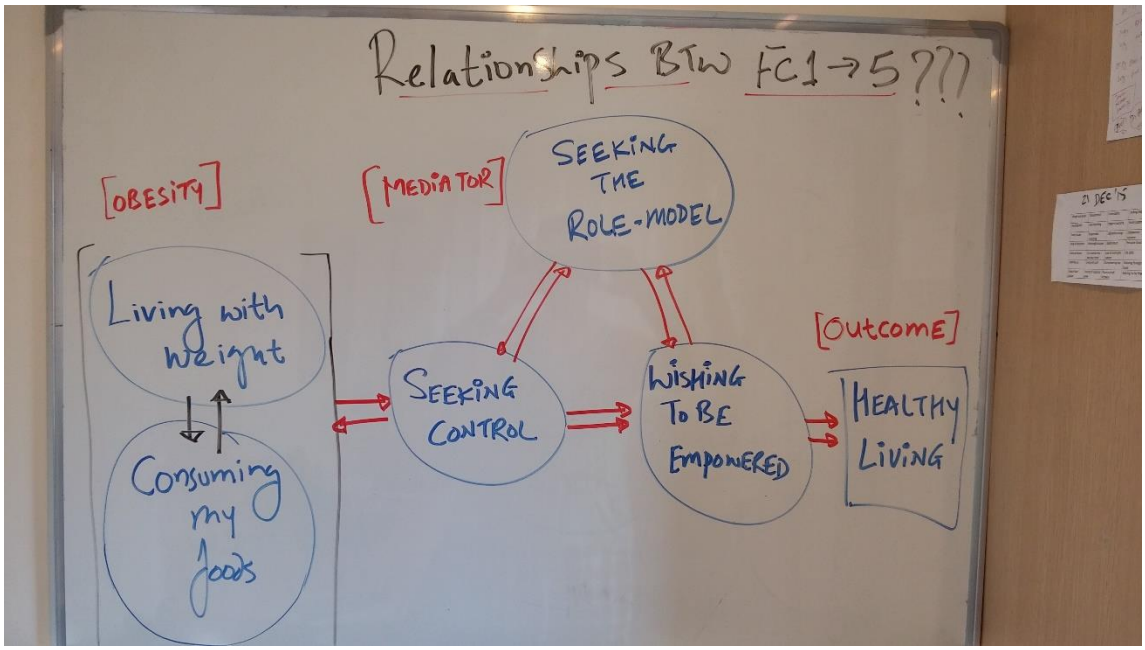


The terminology of each interview participant varied and empowerment was described as meaningful change, process of self-discovery, inspired outcome and sometimes called empowered outcome. Many participants talked about how the sheer might of food corporations and lack of policy initiatives by default make them feel vulnerable and disempowered to do anything or stand up to the big corporations. These disempowering experiences were described repeatedly by many and each had a different story to tell. On the flip side, a couple of participants discussed that empowerment should not be looked at as an individual but a co-created pursuit, and very much needs an empowered leadership to take it to its fruitful end. The process was described as a co-operation between

individuals doing everything in his/her power to empower themselves, but the community needed to support these initiatives and take charge and to add to the efforts of each individual wishing an empowered outcome for themselves.

{To summarise the discussion so far, individuals living with excess weight are feeling vulnerable and disempowered, hence are genuinely wanting to take back the control in their own hands and are looking for role models to offer the guidance and support to help them along the way. The analysis has thrown one surprise so far; and a big one. Theory proposes empowerment has two separate facets i.e. as a relational and as a motivational conceptualisation. Relational is community based process of dependence of social actors, and motivational is an individualised process based on intrinsic needs for self-determination. So they are either classified as relational or motivational in nature, but the discussion in FC 5 suggests that in fact it is a co-created process where in an individual has the intrinsic need and insufficient resources to empower him/herself, but this need in itself is not enough to achieve the empowered outcomes and has to be supported by the community leadership to help it along, which is the relational aspect of empowerment process. This co-created empowerment needs further probing in subsequent interviews.**}** Foot Note – Milind

Having worked through the 5 Focussed Codes, I was wondering why not try and explain the relationships between the 5FCs, if any existed and this is what I came up with so far. This only the first attempt and it is too soon to be able to discuss this, but since it is here and now so I have decided to try it anyway.



An individual living with obesity wishing to lead a healthful lifestyle seeks to take control of his/her weight and wants to be able to have enough resources and skills to empower themselves to get to the healthy living outcome. For them to achieve this they need the support system provided by various role models, some of which helps with controlling variety of factors that assist with weight management at an individual level and some of which will assist with the processes that empower one to achieve the ultimate outcome of healthful living. So the role model acts as a mediator to the process of seeking control and self-empowerment.

END OF SERIES -1