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**The ‘lived experiences’ and psychosocial implications of obesity in  
Aotearoa New Zealand**

A thesis

submitted in fulfilment

of the requirements for the degree

of

**Master of Applied Psychology (Behaviour Analysis)**

at

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by

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## Abstract

The implications of increased weight can be found across all dimensions of health and have the potential to lead to serious mental health issues. Our lifestyles are influenced by many factors, however little is known about how weight influences psychosocial wellbeing from a qualitative perspective. The primary goal of this research was therefore to explore the lived experiences of people with obesity in Aotearoa New Zealand. Specific focus was placed on understanding individual dietary and exercise regimes along with motivators for change. Photo-elicitation exercises followed by semi-structured interviews were conducted with 19 participants. Data was then analysed using the approaches of thematic analysis and narrative inquiry.

Findings showed that the majority of participants had early life experiences that contributed towards their current weight. Almost all participants experienced prejudice, stereotyping, stigmatisation, or discrimination at some point throughout their lives and this was shown to have impacted their personal sense of self-worth, confidence, and self-esteem. All participants had attempted to lose weight numerous times throughout their lives using a variety of different methods and all resulted in weight re-gain after successful losses. The availability and accessibility of cheap, fast food and the high costs associated with purchasing healthy food were noted as barriers to healthy eating. Feelings of shame, embarrassment, and guilt were viewed as barriers to engaging in physical activity, along with the lack of green spaces in urban areas and the high costs associated with gyms and sports clubs.

Overall, my findings highlighted that health practitioners seem to place emphasis on creating and applying ‘quick fix’ solutions to the issue of obesity

with the majority of responsibility placed on the individual. However, it is clear that if health providers are to be successful in combatting New Zealand's obesity epidemic, they need to resonate with the lived experiences of people affected by it. This means tailoring interventions to individuals, their families, communities, and wider social contexts.

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## **Chapter One: Introduction**

The introductory chapter outlines the relevant literature relating to the prevalence of being overweight or obese in New Zealand, the risk factors relating to the health, social, and economic implications of being overweight and obese, perceived barriers to engaging in healthy eating and exercise, and factors associated with successful weight maintenance. In Chapter 2, I outline the research methodology, along with the research methods and procedures used to collect and analyse the findings. In Chapter 3, I outline the key findings of the study, and throughout Chapter 4, I present a discussion of the key findings and links these with existing research. Throughout this final chapter, I also provide recommendations for further research, whilst also highlighting the strengths and limitations recognised throughout the research process.

The prevalence of obesity has risen worldwide and it is now one of the largest modifiable causes of preventable death (Ri, Aikou & Seto, 2018). On a global scale it is estimated that approximately 2.1 billion people or 30% of the world's population are either obese or overweight (Jani et al., 2018). The worldwide prevalence of obesity has tripled in many countries since the 1980s, and continues to rise at a rapid rate (Pozza & Isidori, 2018). As a result of these statistics, the World Health Organisation has coined the term 'Globesity' to express the magnitude of this current global crisis (Faccio et al., 2016).

There are many conceptualisations attributed to the aetiology of the obesity epidemic. Many believe the origin is multi-factorial and attributable to a combination of biological, socio-cultural and behavioural factors, particularly relating to diet and physical activity (Shields, 2009). From a socio-ecological

perspective, the obesity epidemic is a consequence of wider systemic problems that require worldwide government attention (Swibburn et al., 2019).

### **Defining overweight and obese**

The World Health Organisation characterises *overweight* and *obesity* as ‘*abnormal or excessive fat accumulation that may impair health*’ (WHO, 2017).

Overweight and obesity is defined as body mass index (BMI), or weight in kilograms divided by height in metres squared ( $\text{kg/m}^2$ ). An individual with a BMI of 30 or more is classified as *Obese*, whilst an individual with a BMI of 25 – 29 is considered *Overweight* (WHO, 2017). These classifications of weight are recommended for use internationally by the World Health Organisation. In light of such recommendations, I adopted both definitions of *Overweight* and *Obesity* to remain in accordance with international standards.

### **Prevalence of ‘overweight’ and ‘obese’ adults in New Zealand**

Almost one in three adults in New Zealand are categorised as obese (MoH, 2018). Recent research ranks our nation as the third most obese country for both adults and children in the Organisation for Economic Cooperation and Development (OECD) (Anderson et al., 2016). Additionally, the prevalence of obesity is almost twice as high for Māori, with Māori being predisposed to higher rates of obesity than the total New Zealand population (Anderson et al., 2016). The 2016 – 2017 New Zealand Health Survey found that approximately 248,000 Māori adults are obese, accounting for 50% of the Māori population (MoH, 2018). Adding to this, approximately 162,000 Pasifika adults are obese, accounting for 69% of the Pasifika population living in New Zealand.

Obesity is often portrayed as a private problem that is attributable to personal decisions and a matter that should be dealt with by the obese individual (Lal et al., 2012). However, obesity has a wider effect on families and communities. The impacts of obesity are a public health concern as the cost of being overweight and obese is extensive (Lal et al., 2012). These impacts include health, psychological, social, environmental, and economic. The direct costs of health care, loss of production, the costs of attempting to lose weight and the human costs of suffering or shortened lives are all implications that have immediate and long-term effects (Lal et al., 2012).

### **Health and social implications of overweight and obesity**

#### **Primary health.**

The rising overweight and obesity rates around the globe are associated with serious health implications (Belon et al., 2016). *Overweight* and *Obesity* are chronic conditions that are associated with an increased risk of arthritis, asthma, various types of cancer, chronic back pain, osteoarthritis, hypertension and cardiovascular disease, adult-onset diabetes, blood clotting, along with many other physical health conditions (Swinburn et al., 2018).

#### **Psychological health.**

The literature relating to weight and psychological health highlights that being overweight and obese has the potential to cause significant psychological distress and be a leading risk factor for depression, low self-esteem, disordered eating patterns, and poor quality of life in general (Medvedyuk, Ali & Raphael, 2018). Baumeister et al. (2007) examined the rates of mental disorders in individuals who were obese, overweight, and physically healthy. Within this study, 2,955

individuals participated, 797 of whom were from the general population, 113 were undergoing rehabilitation for obesity, and 1,550 were categorized as overweight. Results from this study depicted an increase in the prevalence of mental disorders amongst obese individuals who received rehabilitation treatment. Parallel with this finding, there was also an increase in the rate of coexisting mental disorders amongst obese individuals within the general population. Furthermore, associations were also made between obesity and mental disorders and unemployment rates. In relation to findings presented within Baumeister et al. (2007), research also predicted a significant correlation between childhood obesity, and obesity within adulthood. For example, Sanders et al. (2015) conducted a systematic review to investigate the relationship between childhood obesity and mental health illnesses such as depression, behavioural and emotional disorder, anxiety, and other mood disorders across nine studies. These findings are presented here as research continually finds a link between being overweight or obese in childhood and the likelihood of being overweight or obese in adulthood. The findings throughout Sanders et al. (2015) reported significantly greater depression in girls than in boys, and men who were deemed overweight or obese were 1.83 times more likely to report depressive symptoms than normal weight men. Additionally, overweight and obese children were more likely to experience issues with emotional regulation, general conduct, and peer interaction in contrast to normal-weight children (Sanders et al., 2015). Adding further, three studies within the systematic review investigated the association between obesity and anxiety disorder, and results indicated that individuals classified as overweight and obese are more likely to exhibit symptoms of anxiety (Sanders et al., 2015).

## **Stigma and discrimination**

Evidence suggests that psychological distress in people who are overweight or obese is usually linked to early experiences of weight-based stigma and discrimination (Lewis et al., 2011). Lewis et al. (2011) define stigma as a process where people are labelled, stereotyped and separated from the 'in group', leading to a loss of identity as well as discrimination. Researchers have attempted to explain the reasons why weight-based stigma occurs, with Wu & Berry (2018) suggesting that many people from the general public believe that weight control (or lack thereof) is a personal issue relating to will-power and those who uphold this opinion may engage in teasing or other stigmatising behaviours towards individuals who are overweight or obese. Furthermore, Wu & Berry (2018) imply that the effect of teasing, or other forms of weight-based stigma vastly contributes towards adverse health consequences, including weight gain, and the motivation to lose weight. This finding is similar to that of Ashmore et al. (2008) who assert that negative social stigma, low self-esteem, prejudice, labelling and stereotyping, as well as discrimination are strongly linked to being overweight or obese. Weight stigma is a pervasive social problem that can be a debilitating experience for people (Vartanian et al., 2018). Weight-based stigma commonly occurs in face-to-face interactions; however this may vary according to social settings and cultural norms (Vartanian et al., 2018). Weight-based stigma is also common throughout the media as well as in many educational, workplace, and healthcare settings (Ruffman et al., 2016).

Weight discrimination refers to unfair treatment of an individual based on his or her weight and is a result of weight stigma (Hilbert et al., 2017). There is a large body of evidence that suggests weight-based discrimination can be found in

multiple domains of living, such as employment, health care, education, public transport, and the mass media (Hilbert et al., 2017). Such discrimination can lead to long-term impacts such as mental health illnesses as depicted by Hatzenbuehler et al. (2011). Hatzenbuehler et al. (2011) undertook a study that investigated the effects of perceived weight discrimination and mental health. The researchers found that those who had experienced weight discrimination, compared to those who had not, were twice as likely to have mood and anxiety disorder diagnoses and nearly 50% more likely to have a substance use disorder. Additionally, individuals who reported that they had experienced weight discrimination were three times more likely to experience high levels of stress. Hunger et al. (2015) investigated weight stigma and weight gain and showed that experiences with weight stigma led to a stonger internalisation of negative attitudes and beliefs about oneself which, in turn, was associated with a higher resting heart rate (Hunger et al., 2015). Furthermore, discrimination impacted emotional self-regulation and Hunger et al. suggest that stress can influence comfort eating, a finding supported by Major and Rieck (2012) who found that overweight and obese women who had been exposed to weight stigma had less executive (self) control regarding eating compared to those who had not been exposed to weight stigma. The research within this area insinuates that weight stigma may lead to an increase in physiological symptoms associated with disease, but also poor health outcomes and overall wellbeing.

### **Weight-based discrimination within the workplace.**

There is a growing body of literature that suggests being overweight or obese can lead to workplace discrimination. For example, Lewis et al. (2011) undertook a qualitative study interviewing obese individuals who had experienced a form of

stigma and discrimination. The researchers sought to find how participants would perceive and respond to different types of stigma they encountered in their daily lives. Findings showed that many participants experienced stigma in their respective workplaces, and for most people this involved colleagues constantly offering them diet advice and weight loss tips. However, some participants mentioned that their individual workplace had specific policies which prevented career advancement opportunities based on being overweight or obese (Lewis et al., 2011). The researchers state that participants frequently noted that they were unable to be considered for receiving a promotion because of their weight, and these people were often told that their weight compromised their workplace performance (Lewis et al., 2011).

### **Cultural determinants.**

There is a small body of literature that supports the idea that perceptions about body size are likely to be influenced by ethnicity and cultural beliefs about what is acceptable. Cultural beliefs are considered to influence a range of family-oriented behaviours that have the potential to impact adult overweight and obesity, such as what constitutes an attractive weight, attitudes towards physical activity, and whether the family shares a meal together (Barlow, 2007). For Māori and Pasifika, notions of cultural identity and wellbeing are intertwined with the preparation and consumption of food (Rodriguez et al., 2017). For Māori, the preparation and eating is said to be integral processes of tikanga (cultural practices) and manaakitanga (hospitality) that inform relationship building between family and community engagement (Rodriguez et al., 2017). In Pasifika cultures, a larger body size may be viewed positively in population groups with a high prevalence of overweight persons and it is important to understand these

culturally informed perceptions (Tupai-Firestone et al., 2016). For example, Tupai-Firestone et al. (2016), undertook an exploratory study amongst Pasifika youth in Wellington and Auckland with the aim of understanding the socio-cultural environments of Pasifika people deemed as overweight or obese. They found that Pasifika peoples have a greater acceptance of larger body sizes (Tupai-Firestone et al., 2016). The reasons as to why were primarily based on spiritual/religious beliefs, for example; that people were created in the image of God. Additionally, the authors reported a belief that having a thinner body size insinuated that one was unwell or sick (Tupai-Firestone et al., 2016). This research finding correlates with one found by Rodriguez et al. (2017) who explored Māori and Pasifika notions of cultural identity and obesity. A key quote from this study was *“Polynesians are happy when they’re eating. That’s it. If you feel happy you don’t feel sick. They don’t associate what we eat with getting sick. The more food the better”* (p. 197).

In contrast, being overweight and obese has the potential to be limiting for an individual in many areas of their life. Weight-related constructions of identity are shaped by cultural environments, social organisations, experts, and individuals which can impact the way in which an individual perceives their identity (Pelican et al., 2005). For example, there is a growing body of literature that suggests that obesity defines a person to some extent, and whether or not they choose so, their weight becomes a form of the overweight or obese person’s identity. Within Pelican et al. (2005) people who gained large amounts of weight underwent a dramatic process of identity change.

### **Factors contributing to New Zealand's obesity crisis**

The origin of New Zealand's obesity epidemic is multifaceted and embedded in many socio-cultural determinants (Jani et al., 2018). Such determinants relate to the built environment that individuals live in which influences the accessibility of fast food outlets and supermarkets (Jani et al., 2018). Other determinants relate to the price of food, particularly when comparing healthier foods to regular standard counterparts (Jani et al., 2018). For example, Jani et al. (2018) explored the link between the availability and price of healthier foods as well as regular standard counterparts, and the association with obesity amongst New Zealand Māori living in urban and rural areas. Findings from the study highlighted the fact that people living in urban areas who have access to higher incomes have a significantly greater availability of healthier food options (Jani et al., 2018). Furthermore, the researchers state that individuals and families living in the most economically deprived neighbourhoods are one and a half times (1.53x) more likely to be obese in comparison to those living in socio-economically privileged areas (Jani et al., 2018).

### **Rationale for present research**

Literature explored within this chapter has covered many bio-psycho-social implications of being overweight and obese. However, previous research has mainly been a mixture of quantitative literature and qualitative literature that has primarily adopted interviewing techniques as a form of data collection. In light of this gap in the literature, the present study aims to explore the personal narratives of those classified as overweight and obese, and investigate the factors that contribute to obesity whilst examining the relationship between obesity and

mental health using a qualitative methodological framework that incorporates visual methods.

### **Research objectives**

In this thesis, I present an exploratory analysis of the personal narratives of individuals categorised as overweight and obese so as to gain an understanding of their everyday experiences. The study is centred upon perceived body image, identity, and struggles with losing weight. The overarching objective of this research was to gain an insight into the participants' lives, understanding how weight impacts their wellbeing. Throughout this research, I also aimed to identify social, psychological, and environmental factors that act as barriers to eating healthily and engaging in exercise.

## **Chapter Two: Method**

The focus of this chapter is to provide a detailed overview of the methodological frameworks and methods adopted, and provide detail as to how they align with the objective of this research. The research design is based on three interconnected methodological underpinnings: qualitative research, narrative inquiry and photo-elicitation interviewing. In subsequent sections of this chapter, I will describe ethical considerations, as well as discuss the participant recruitment process, data collection process, and data analysis stages of this research.

### **Methodological frameworks**

#### **Qualitative research.**

Qualitative research is a broad methodological approach in which researchers aim to gather an in-depth understanding of people's beliefs, lived experiences, attitudes, behaviour, perceptions, and thoughts about a range of topics (Pathak, Jena, & Kalra, 2013). There are three broad categories of qualitative analysis in clinical research; observational studies, interview studies, and documentary/textual analysis of written records (Pathak et al., 2013). In line with my research objectives, I adopted *interview studies* to gather an in-depth understanding of people's beliefs, lived experiences, attitudes, behaviour, perceptions, and thoughts about a range of topics (Pathak, Jena, & Kalra, 2013).

#### **Photo-elicitation.**

Photo-elicitation, or photovoice, is a community-based qualitative research method that enables participants to record and reflect on the strengths and weaknesses (concerns) of their communities through taking, and then discussing, photographic images (Findholt, Michael, & Davis, 2010). The discussion of

photographs is undertaken in the format of semi-structured interviews, and this allows individuals to provide a rich description of their personal lived experiences (Migliorini & Rania, 2017). Through using this approach, researchers are able to gain expertise and knowledge on a particular issue and view this through the lens of the local community (Belon et al., 2016).

Within my study, utilising photo-elicitation as a method of data collection provided an opportunity for participants to capture their lived experiences through taking photographs and unveiling their personal narratives in a semi-structured follow-up interview.

### **Narrative inquiry.**

Narrative inquiry was used in the follow-up interviews to understand participants' stories about their lived experiences (Kirkham, Van Hofwegen, & Harwood, 2006). Narrative inquiry is a qualitative methodological approach motivated by the researcher's desire to gain an understanding of their participants' lived experiences (Kirkham, Van Hofwegen, & Harwood, 2006).

### **Ethical considerations**

Ethical approval for this research project was provided by the University of Waikato Human Research Ethics Committee (see Appendix A). Approval for this research project was gained before advertising for participants began. Ethical considerations identified throughout the planning and developmental stages of this research are as follows:

#### **Wellbeing of participants.**

As weight and body image could be a sensitive subject for people, the photo-elicitation exercise and follow-up interview could have led participants to feel

emotional. The information sheet (Appendix B) provided contact details for relevant social support agencies that participants could contact, and participants could also nominate a whānau/family member, friend, or other chosen support person. Participants were given the opportunity to ask questions prior to beginning the follow-up interview, and at any stage throughout the photo-elicitation exercise and follow-up interview. Participants were also informed that they could choose to not answer any questions, and that they could end the interview at any time.

### **Cultural considerations.**

Throughout the recruitment process, I sought to include as many Māori participants as possible as an attempt to acknowledge New Zealand's overweight and obesity statistics and participants indicated their ethnicity at the start of their follow-up interview. Cultural supervision was available from my supervisor, Dr Waikaremoana Waitoki, who was able to ensure that the principles of the Treaty of Waitangi were upheld when necessary or relevant.

### **Compensation for participation.**

Participants received a \$20 gift card for either The Warehouse or Z Energy as a token of gratitude for their valued contribution.

### **Researcher experiences.**

During the process of building the researcher-participant relationship at each follow-up interview I disclosed my own struggle with weight and body image. I felt that disclosing this information was important in building a rapport with my participant so that they felt safe in my presence, and they could share information, experiences, and feelings with me. I was also aware that it was important for me

to acknowledge my potential biases, to avoid putting my own personal subjective beliefs and judgements into the data interpretation.

## **Research process**

### **Recruitment of participants.**

I developed four recruitment posters (see Appendices D.1, D.2, D.3, D.4) that detailed essential information regarding the research project, as well as contact details of the researcher, my supervisors, and the University of Waikato Human Research Ethics Committee. Posters also detailed information regarding the selection criteria for the study (i.e. participants needed to be classified as overweight). I distributed posters throughout Hamilton, and placed them on various community notice boards. The recruitment posters were also displayed in different gyms, supermarkets, libraries, areas throughout the University of Waikato, and areas throughout Waikato Institute of Technology. The poster was also shared publicly on Facebook.

### **Data collection.**

The data collection process began with emailing potential participants an information sheet, and instructions for taking photos for the photo-elicitation exercise (Appendix C). The information sheet detailed my contact details, the contact information of my supervisors, and the University of Waikato Human Research Ethics Committee. It included the overarching background and objectives of the research project, what being a participant involved, and the equipment needed to participate in the study (i.e. smart phone or camera). I described the participants' right to confidentiality and to withdraw information at any point throughout the research process (inclusive of a 2-week withdrawal

period), and information regarding the potential possibility of being exposed to discomfort or harm. Potential participants were also informed that information gained from the research project would be used to inform my thesis as well as any academic publications or presentations that could arise in the future. Instructions for the photo-elicitation exercise included information about areas in which participants could take photos portraying their weight journey, and how to take photos safely in the community.

Upon contact, I confirmed with the participant that they had finished the photo-elicitation exercise, and follow-up interviews were then arranged to take place at a suitable time and location of their choice. Participants were invited into the study when they contacted me to say that they had completed the photo-elicitation exercise and wanted to arrange an interview time.

### **Participant profile**

A total of 19 individuals participated in my study, with no participants withdrawing from the research at any stage. All participants were between the ages of 22 years and 61 years, and lived in the North Island in New Zealand. The majority of participants were female ( $n = 16$ ). Participants were from a range of ethnicities, with the majority identifying as Māori ( $n = 9$ ), one as a combination of Samoan and Australian, one as a combination of Samoan and Māori, one as Filipino, and seven as New Zealand European/Pākehā. Interviews were undertaken in a variety of settings including The University of Waikato ( $n = 3$ ), their workplaces ( $n = 2$ ), quiet public settings ( $n = 8$ ), the participants' homes ( $n = 2$ ), or via online platforms such as Skype or FaceTime (free video/audio internet calling applications) for participants who lived too far away to meet face to face ( $n = 4$ ). All participants chose their own pseudonym as a means of protecting their

identity and helping to keep their information confidential. Table 1 displays the demographic data for each of the individuals (anonymised).

Table 1. *Demographic profile of participants*

| Pseudonym | Age | Gender | Ethnicity          |
|-----------|-----|--------|--------------------|
| Moana     | 24  | Female | Māori              |
| Luna      | 27  | Female | Samoan/Australian  |
| Lily      | 26  | Female | Māori              |
| Te Awaroa | 43  | Female | Māori              |
| Pam       | 24  | Female | NZ European/Pākehā |
| Saskia    | 48  | Female | Māori              |
| Star      | 24  | Female | Samoan/Māori       |
| John      | 36  | Male   | Māori              |
| Audrey    | 43  | Female | NZ European/Pākehā |
| Fatima    | 22  | Female | Filipino           |
| Jane      | 34  | Female | NZ European/Pākehā |
| Sharon    | 61  | Female | NZ European/Pākehā |
| Paige     | 30  | Female | NZ European/Pākehā |
| Susan     | 32  | Female | NZ European/Pākehā |
| Krissy    | 32  | Female | NZ European/Pākehā |
| Tom       | 47  | Male   | Māori              |
| Tama      | 27  | Male   | Māori              |
| Roimata   | 35  | Female | Māori              |
| Adrian    | 28  | Female | Māori              |

## Follow-up interviews

### Building rapport.

The interview process started with building of the researcher-participant relationship. This process was fundamental to building rapport and ensuring that my participants felt safe enough to share information, experiences, and feelings with me. I started this process by opening each session with general conversation,

a brief explanation about who I am, my background, and I disclosed my own struggles with weight and body image throughout my life. I then invited participants to reciprocate this process if they felt comfortable in doing so. I wanted to create a warm and relaxed atmosphere for the interview to take place. Informed consent was obtained from each participant (see Appendix E).

### **Informed consent.**

At the next stage of the follow-up interview, I verbally stated the contents of the information sheet and consent form. All participants were informed of their rights, including the right to withdraw information from the study up until 2 weeks after they received their interview summary or transcript. It was reaffirmed with participants that any identifiable information would be left out or anonymized. Participants were then given the opportunity to ask any questions that they may have had about the interview or research process. Once participants were satisfied with the information given, consent forms (see Appendix E) were signed and the interview process began.

### **The interview process.**

The interviews were conducted according to a semi-structured interview format, although initial discussion was guided by each of the photos taken by the participants throughout the photo-elicitation exercise. A semi-structured interview facilitation guide was available for further prompts if necessary (see Appendix F), however, participants were encouraged to share their personal narratives in a way that felt comfortable to them and include any information they thought was relevant. The interview facilitation guide covered three broad areas that narrowed down into several sub-categories, the three broad areas were; barriers to weight

loss, social experiences, and future aspirations. At the end of the interview, participants were given the opportunity to ask any questions they had or make any concluding comments. The length of each interview varied from 30 minutes to 2 hours.

### **Amendments.**

Due to the number of individuals who expressed interest in participating, I amended my original ethics application that allowed for 10 to 15 participants, to allow for up to 20 individuals to participate. Additionally, I also had a number of individuals express interest in participating in the study but they lived in small towns across the country. In light of this, I amended my original ethics application so that I could include these individuals in the study and interview participants using the online platforms Skype and FaceTime.

### **Data analysis**

#### **Recording and transcription.**

All interviews were recorded and transcribed verbatim. Participants were given two weeks to make any amendments. It was agreed at the consent stage that if transcripts were not returned that the participant felt that it was a true representation of the interview. No participants expressed the need to change their transcript. The transcripts were then prepared for the analysis process.

#### **Thematic analysis.**

Thematic Analysis was used to analyse the participants' transcripts. This method of analysis is an iterative, inductive, process that enabled me to categorise the emergence of themes that arose within my participants' photographic images and personal narratives. I analysed the data according to Braun and Clarke's (2006)

six steps to thematic analysis; data familiarisation attained by reading and re-reading transcripts as well as listening to the audio recordings, initial code generation, searching for themes, reviewing themes, naming themes, and then reporting themes (Braun & Clarke, 2006). Themes were validated by my supervisors (co-validation).

#### **Analysis of images captured in photo-elicitation exercise.**

Within the follow-up interviews, participants' shared their personal narratives and unveiled images that represented their interpretation of their journey. These images were then collated, and a thematic analysis was performed whereby images were separated into distinct themes.

### **Chapter Three: Findings**

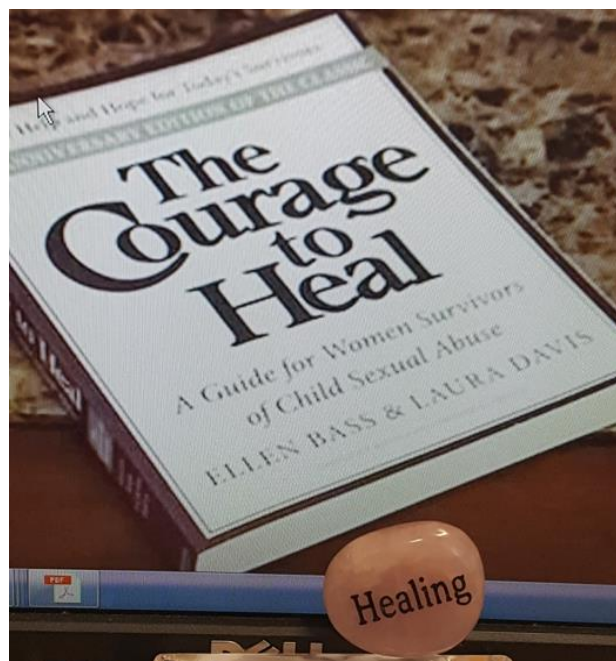
The analysis of the follow-up interviews found that participants share commonalities in their personal experiences as being overweight or obese. Common photographs, ideas, and narratives became evident across all 19 participants; some commonalities were clear, others were less so. However, through the process of analysing the data, I identified five overall themes, including; 1) Early life experiences, 2) Weight-loss attempts, 3) Implications of being overweight and obese, 4) Barriers to a healthy lifestyle, and 5) Motivators for lifestyle change. Each of these main themes have a number of sub-themes that provide further insight into the participants' experiences with the major theme presented. The structure of the five main themes and their associated sub-themes is presented below.

- 1) Early Life Experiences**
- 2) Weight-loss attempts**
  - Dieting
  - Exercise
  - Medication
  - Bariatric surgery
- 3) Implications of being overweight and obese**
  - Social implications
  - Experiences of stigma and discrimination
  - Physical health
  - Psychological and emotional wellbeing
  - Implications of weight on 'everyday experiences'
  - Body image and environmental factors
- 4) Barriers to a healthy lifestyle**
  - Psychosocial stressors and the local food environment
- 5) Motivators for lifestyle change**

### Early life experiences

Just over half of the participants who took part in this research reported having been overweight since they were children ( $n = 10$ ) inferring that their weight had a flow-on effect through to adulthood. As children, these participants had experienced adverse childhood experiences of abuse, stigma and/or discrimination, and that these events had long term consequences. For example, 2 participants were sexually abused throughout childhood and adolescence. Both participants stated that they used food as a coping mechanism to self-soothe to help deal with their emotions, and to ultimately “feel good”. For example, *Figure 1* represents Audrey’s struggle with food. She reported using treats as a means of distraction from the physical and emotional trauma she experienced, and stated:

Through therapy I am slowly learning to not emotionally eat, but emotional eating has been what I have done as a way of dealing with emotions for my whole life. Eating was something I felt I had control over, but actually the reality is eating controlled me.



*Figure 1. Audrey’s representation of struggle with emotional eating.*

I identified a complex interaction between the varying role of sport for one participant. John reported his journey as a retired professional rugby league player who experiences depression as a result of his journey ending as an elite athlete.

*Figure 2* represents John's internal struggle with his current weight, former success as a professional rugby league player, and current success as a professional rugby league coach, for example:

One of the pictures I will show you is of me, how I've always seen myself but I'm not that anymore. I've taken this one of the sports-field. I took that because it's a reflection of what I do. It's both a barrier and a motivator. There's a lot of duality in a lot of the pictures I've taken, I think that's because of the internal struggle I always have and being big. You know, I look at a lot of my friends that still play the game, I've done a lot for the game, I played for New Zealand as a junior, but I don't tell people because I coach now at a national level for New Zealand Rugby League but I don't tell people of my history and what I've done in the game because of the way I look.



*Figure 2.* John's representation his success as a professional rudy league player and coach.

John then expressed how his current weight affects his wellbeing as depicted by *Figure 3*. He described symptoms of low mood, and explained how he uses this spot as a place for ruminating on the past, and on his current size.

So the chair, that's where I always am. I guess it's a place where I reflect a lot, like my wife says, "You watch TV here, but you can't even tell me what's on". When I'm sitting over there [John points to chair]. That's my spot where I sit, and I think, and nine times out of ten what I'm thinking about is what I look like, and what I want to be. So that's where I'm motivated, it's also where I go through bouts of depression, and it's also where I go through extreme lows internally. Often, I sit there and think, and it's usually after dinner and I think why did I eat that much, I feel like crap. So that's why I took that picture. So its beeline looking straight at the kitchen as well, there it is there. So I sit there, look over, and I'm like oh man.



*Figure 3. Photo of the chair where John thinks about his weight and food intake*

## **Weight-loss attempts**

All participants talked about how they tried losing weight several times in their lives in many different ways. Similarly, they all discussed how it wouldn't take long for them to put the weight back on after a weight-loss attempt. Summaries of the different modalities are outlined below.

### **Dieting.**

All participants had attempted to lose weight by trying 'fad' diets as captured in *Figure 4*. In general, whilst diets had given some short-term benefits they were unsustainable over time, Star states, *"they all work when you stick to them..."*

Jane believed that *"'Fad' diets are expensive and financially unsustainable."*

Moana talked about her experiences with a number of different companies:

Mum got me on Sure Slim, I tried Herbalife for a bit but I didn't stick to it, same with Usana. Now one of my mates wants me to try Isagenix with her and it's like I've tried fricken everything, like I need something that I'm gunna stick to. I think that with the Herbalife stuff like you can feel the difference with the supplements that they give you, but it was trying to balance that out with the normal eating that you have to do anyway and that's where I suck. I could get up in the morning and chuck together a shake and make the tea that you're supposed to have, that was cool, but then it came to lunch time and it was like "oh I'll go get a pie coz yup, cool, I'll just go to the bakery" or it came to dinner time and Mum couldn't be bothered cooking and I'll be like "sweet, I'll just go head down and grab some fish and chips". So it was like well, what was the point in that morning start if throughout the day I'm not gunna stick to anything.



*Figure 4. Representation of dieting as provided by John.*

### **Exercise.**

All participants had engaged in various exercise regimes as a means of trying to lose weight. As depicted by *Figure 5*, Tama described a complex interaction of thoughts that went through his mind when undergoing a hike in the bush that involved steep terrain.



*Figure 5. Tama's representation of his journey.*

Tama explained how much he loves the outdoors as it reminded him of his childhood, however, as the physical impact of exercising in this moment was very difficult for Tama, he contemplated turning around at the time *Figure 5* was captured, he explains:

This represents me trying to lose weight, or to be healthy, or to be active. When you lose weight, you become more fitter. This is also sort of like a bit of a motivation because I like the outdoors. I grew up in a rural environment with a lot of bush around me and as a kid I used to remember I'd go down in the bush and just build huts and do stuff outside, and I really enjoyed that. I sort of feel that if I could become more fit and healthy and lose the weight, then I would be more inclined to go back and experience things like bush walks and nature. Being in the outdoors, like the bush and nature makes me feel good. It's like, peaceful. No one judges you in the bush. It's just you and the wilderness, it's like a safe environment for me.

When I was in this situation I didn't enjoy it. Physically, I felt unwell because of the physical exertion on my body. It was difficult! This moment here probably represents me contemplating turning around and going back. Now, it's a reminder to myself to not turn around and go back. I'm grateful and proud of myself for persevering and getting to the top. Having completed the whole thing and being able to look back on it and say I did it, and at the time I said I would never do it again, but having completed it, I probably would. But, I also know had I have turned around and gone back I would've been hugely disappointed in myself. That probably was another motivation to carry on was the disappointment; you know the lack of willpower. I believe that a lack of willpower's quite an important factor of my eating which I sometimes struggle to manage. But willpower in terms of exercise, I think I'm a bit better at.

Corresponding with Tama's experience, Moana reported her experience when she attempted to return to playing rugby. She explained how extensive exercise after a

period of sedentary behaviour placed physical stress on her body which influenced her decision to no longer continue with the sport:

So I said to myself like “sweet I’m gunna play rugby”, and then I think I’ve done the first pre-season training and I’ve never gone back. That was more because like, I get on the field, I start running, I feel tired, I feel unfit, and I know that the only way I’m going to get over that is if I keep going to training, but I just, in my head I keep coming up with all the excuses of why I shouldn’t return.

### **Medication.**

Many participants had also tried pharmaceutical medications for weight loss.

Tama talked about his experience using Duromine as depicted by *Figure 6*.

This was an effort to lose weight. My doctor said that I needed to lose weight. I became familiar with this medication through a friend and I asked my doctor, and he prescribed it for me. In the short-term it was very effective, I lost quite a considerable amount of weight taking this medication, but I didn’t deal with the behavioural or habitual issues around weight gain. So that was how I was eating, or when I was eating, or the importance of exercise and all of that sort of stuff. You know, this was making me lose weight so why would I bother worrying about any of that other stuff. So, I mean the medication only was prescribed for a certain period and it achieved what it needed to achieve which was losing weight, however once the medication stopped, eventually the old behaviours and the old habits meant that the weight would eventually be re-gained. It lasted for a little while but then it I re-gained the weight.

### **Bariatric surgery.**

Two participants had bariatric surgery. Pam had bariatric surgery during adolescence. In the past 7 years, Pam has regained a large proportion of her original weight. Susan is preparing for bariatric surgery, and has lost 120 kg in

preparation for her surgery on the Optifast diet. Audrey was offered to have the cost of the surgery paid for but has turned down what she called an “opportunity”. Audrey believes that she needs to do this journey on her own as she needs the time to heal from her past experiences.



*Figure 6. A combination of images showing the impact of weight on participants' physical health*

### **Implications of being overweight and obese**

#### **Social implications.**

A portion of participants ( $n = 6$ ) talked about how they rarely interact with other individuals. Tama stated that he usually won't attend social events because of the way that he feels about his self-image, he explained:

I usually won't go, I don't attend because it's too hard to find clothes that I can fit and feel comfortable in, or feel good in... I like nice clothes but it's just very hard to find clothes that fit. The nice clothes that I like that fit

because of my size which is quite sad for me, it's depressing...I like to think that I have control over my life, you know the final say in what I do, but my size is testament to the fact that I don't really have a say over what I do. I allow other commitments or other things that are going on in my life to dictate how I eat, and when I eat, when I exercise, when I don't exercise. So the impact of weight on social interactions on social settings, there is a definite impact. I'm self-conscious of other people's judgements I suppose, particularly people that are close to me...People will comment on a person's appearance, and to them it may be quite mean or whatever but their intention probably wasn't to be mean. They might say to you, "oh you're a big guy!" or "you're a big lad" or whatever and they may not mean anything by it, but it's testament to the fact that you are big! You are a big person, and to me that relates to a lack of self-control, a lack of willpower, a lack of commitment, essentially a lack of self-control. This creates self-consciousness which in turn makes me limit my interaction with others.

### **Experiences of stigma and discrimination.**

Most participants stated that strangers, usually from children, often commented on their weight in public. Almost all participants ( $n = 17$ ) had experienced stigma and discrimination because of their weight. The remaining participants who had not experienced stigma or discrimination because of their weight were male, and all participants who had experienced stigma and discrimination because of their weight, were female. Moana talked about her experiences working in a corporate environment and the implicit 'dress-code' that women adhere to, she stated:

At work, you realise just how much importance is placed on women to look good, like you must look good. It's these I suppose, socialised norms, and I wasn't ok with that coz my norm for me is what I feel comfortable in. Knowing that I had to go to Auckland, I knew that I was going into a corporate environment and for the first little bit I think I enjoyed making the effort, but then it became draining.

Most participants stated they had been humiliated or had derogatory comments made about their weight by health professionals. Jane talked about her experiences:

A lot of the time, as an obese person if you got to the doctor, they ignore what's wrong with you to talk about your weight. Same with our Māori patients. They're assuming that there's something else going on and they're ignoring what you're going to the doctor with, or you're not getting the same treatment as a fit/white Pākehā person and so you get this, you get treated differently. I've had people who've gone to the doctor with broken bones, and they've [reference to doctor] been like "you should really lose weight" and they're like "yeah, but you want to cast this first?" you know, f\*ck let's talk about my weight when I'm not literally bleeding on the table. The same thing with depression "you'd feel a lot better if you lost weight", you know "I'd feel a lot better if that wasn't the first thing we talked about when I wanted to die, but thanks". So I think the health system, I do get why obesity is a health issue, and I'm a nurse, and I understand that, but I don't think the research has been done yet on the stigma of obesity and how obese people are treated by the health system coz it's pretty horrible. Our buildings are not set up for it, our beds are not set up for it, our chairs are not set up for it. If you go into the hospital it's not a safe place for an obese person so they don't have good outcomes and I don't think it's entirely because they're fat. If our system was that flawed towards any other group, there'd be an outcry.

Moreover, Jane is health professional herself working within one of New Zealand's largest District Health Boards. In turn, she has seen first-hand the discrimination that occurs by those recruiting staff:

I see how bigger people are treated, by like say, I see other people interviewing and I see how they talk about candidates, and they do. I mean it's the same as someone who's got English as a second language, so yes they've interviewed well, but will they cope on the clinical floor?, and the

same thing with being big. Yes, they've interviewed well, but do you think they'll keep up the pace? And I'm like well, they've kept up the pace for three years so yeah, I think we'll be ok. So the discrimination is there and it's not even subtle, but it's there, it's absolutely there.

### **Physical health.**

All participants talked about the impact their weight has had on their physical wellbeing, with some discussing their personal medical conditions. Audrey talked about her daily routine:

As a result of my weight now, I have to do the cream on my leg, the compression stocking, and because my thighs rub together I have to wear either bike shorts or footless tights. So from an external point of view, I look like a bigger woman who's put together, but actually it's taken quite a while to get like this.

Two participants disclosed their use with a Continuous positive airway pressure machine (CPAP) used for sleeping. Both talked about how they avoid travelling because they're worried about the logistics of taking their C-PAP machine with them.

### **Psychological and emotional wellbeing.**

#### ***Drug and alcohol use.***

With those participants who stated they had active social lives, their social gatherings often involved drinking alcohol which was paired with eating unhealthy foods. Luna talked about her journey living in a 'halls of residence' accommodation provided by her former university, she stated:

It got really bad at uni, so I lived in the halls, and you know we had bad food, we got fed there, but we couldn't afford to buy anything else. We'd eat til we felt sick and then our money went on alcohol and stuff. Alcohol

is a big part of my life, like I'll always have drinks and stuff and then I'll eat after that, terribly.

Luna also described the influence her family has on her drinking habits as depicted by *Figure 7*, she explained:

Every time I go back home to Tokoroa for a weekend, my mum will put on something, or like you know, we'll go for a barbeque at my sisters and we'll have drinks. Alcohol is a big part of my family too. So when we drink we'll get the munchies and because there's always food like this [referring to island food] left, but then we'll also go down to maccas. When you're drunk and when you're hung over and then the next day, you don't want healthy food, so that's a part of my family culture.



*Figure 7. Luna's depiction of the association she has with alcohol and food.*

One participant discussed his addiction with marijuana. Tama captured his experiences with using marijuana during the photo-elicitation exercise as depicted by *Figure 8*. He suggested that because he has associated marijuana with eating so

often, it has now become a habitual routine, he explained his cycle in detail below:

It's like a binge, you know when people binge on alcohol? ... I grew up in an environment where marijuana was quite prevalent on both sides of my family. I never saw it as a bad thing. ... I think marijuana is the lesser of all evils. Some people choose to indulge in vodka which makes them very drunk and act inappropriately. ... Yes, marijuana is illegal, but I feel it has less harmful side effects, behavioural side effects, than some other substances like alcohol. But, in saying that, one of the side effects of marijuana is that you get the munchies. That contributes to a lack of control around what you're eating, and you tend to eat bad food like fish and chips, or just any fatty food or whatever. ... My preference would be to be at home and I'll cook a dinner, a home cooked dinner, knowing that I'll get the munchies, and then you can just eat the home cooked meal. I sort of feel like the fatty foods and all of that, probably come from my partner, and more often than not, we'll do it together, yeah.



Figure 8. Tama's depiction of the association he has with marijuana and food.

### ***Relationships.***

All participants ( $n = 6$ ) who were not in intimate relationships stated their weight affected their ability to find a partner. A large number of the participants who were in relationships stated that their weight affected the level of sexual intimacy they shared with their partners ( $n = 9$ ). In addition, one participant talked about the emotional abuse she suffered whilst in a relationship with her ex-partner. She expressed the hurt and shame she felt when he called her 'fat'.

I've had in the last 12 months somebody say to me like, you're fat, and just it kind of was like woah. I'm round, like I'm good, I know that, and he was like nah. I didn't know what to think, like I thought like is it coz you're a male, and he was somebody that pursued me, he chased after me and I thought like why did you do that if you think I'm fat.

Tama talked about how his weight contributed to feelings of low mood and how that had a detrimental effect on his relationship. He captured the connection between his weight, mood, and relationship through *Figure 9*, and stated:

I feel like my weight has had quite a big impact on how I feel within my relationship. Like, when I'm overweight or obese or whatever it is, I tend to have a negative attitude about myself and that impacts on my partner. It's like a depression sort of thing, like you don't really want to do anything.



*Figure 9. Tama's representation of his relationship.*

Furthermore, Tama explained the factors contributing to his low mood and negative attitude, and discussed how physical 'size' directly impacts his ability to be intimate with his partner:

It comes back to self-image sort of thing. It comes back to a lot of things, self-image, physical fitness, appearance. In terms of my weight it comes back to you know, my physical appearance, my size, physical fitness – that's probably a part of it. I sort of feel like when you're bigger, you sort of have less energy. Intimacy is an important part of any relationship, and so when that is impacted on of course there are flow on effects of that.

## **Implications of weight on ‘everyday experiences’.**

### ***Shopping.***

A number of participants avoided shopping for clothing in public as they felt as though people looked at them negatively. For those participants who reported that they shopped for clothing in public, all talked about the embarrassment they frequently felt. Luna talks about her experiences below:

I still feel a bit embarrassed, like I'd love to go into a shop and not worry about is there gonna be my size? I'll go into Glassons or Supre or something and I'll automatically go to the bigger sizes because there isn't any sizes sometimes for me, and it is a bit embarrassing and the shop assistants will look at you like ohh there isn't any sizes for you. I'd love to just go in a shop and not feel that. Even walking through things, like walking through little gaps and doorways, and not having to go in on my side, I'd just love to feel comfortable and that's for everyday things for me. Trying to fit into a doorway, and walking around shops and going ahh they probably won't have my size, so I won't go in there. I used to shop at City Chic and that's expensive as for big girls. It's beautiful, the clothes they have in there but it's so expensive. It caters for bigger chicks, so you walk in there and you feel skinny coz their size 10 is like a size 20, they try and make you feel nice, but it's really expensive.

Star talked about her emotions when she sees clothing that she likes in shops, but is afraid of judgment from others:

[I'm] unable to wear everything I'd like to, you know I'd see outfits in the shops that I really like but I don't feel comfortable in them or you get afraid of judgement if you do wear them because your body type shouldn't be wearing them, well that's not true, but that's what people think and that's how it feels like “oh, you shouldn't be wearing those kind of things”, or it just simply doesn't look good on you, or on me for my body

type. So clothing was a big one it does affect my everyday life in that sense.

Star also talked about her experiences with online shopping for swimwear:

I've looked on lots of websites for plus size swimming suits, so swimming outfits that are probably a bit more covering. I find the tank tops and stuff, I'm a bigger breasted person, I find that they don't hold, I find that they don't offer any support so you look really bad. They're also really expensive for good quality. The whole swimming pool thing, yeah it affects my everyday life, like I've said, over the summer when family outings are going to the pools or whatever, you know I'd like swim but I choose not to.

***In school and educational institutions.***

Two participants talked about how their weight impacted their learning. Pam reports an incident that occurred at primary school when she was 6 years old and forced to weigh herself in front of her class by her teacher:

I had an incident when I was six where we did maths in class and we were forced to weigh ourselves in the classroom in front of everybody and I didn't want to, but my teacher, she forced me to and I weighed more than her.

When asked how Pam felt about the incident she insinuated that this event not only had an impact on her learning, but also a long-term effect on her wellbeing overall, Pam states:

I was just hurt, and I started to hate her. I also think it started to impact my learning too because I hated going to school, I hated it, I got teased and bullied intensely for my weight, from Year 1 right up to Year 6 and then I moved to Hamilton to go to school and it stopped. But for those years of primary school, I hated it, I used to hide, I'd hide in my room and I didn't really talk about it, because I was young, I was worried that it would come

back to me if I said something. The day that I did say it, I was moved straight away and it all stopped. Looking back today, I think that it has made an impact somewhere with myself.

John reported his experience with how his body size impacts his participation in lectures and classes at his higher education institution. *Figure 10* captures John's struggle with the arrangement of seats in a lecture theatre at the university he attends. John reports that the width of the seats, and the size of the gap between each row of seats, impacts whether or not he attend.



*Figure 10. John's representation of the seating within a lecture room at his university*

John states:

There are certain rooms that I don't like to go to, lecture rooms, because the chairs feel like they're going to break and I'm like, my stomach is hitting the [barrier] and my thighs are underneath, I feel completely wedged in and I'm sucking it in. Like, I'll look over and there's huge space of other people and then there's me with my back that's hard against the chair, boom! My stomach's touching the [barrier]. So, I really wanted to take that picture, I absolutely struggle with that.

John furthers his comment by adding:

That's been my university experience. I watch, and I use Panopto. I'm like yes!, I can sit here in the comfort of my own home, and I tell myself and tell everyone who are like "oh, why do you use Panopto?" and I'm like "oh, it's just easier for me to study at home, I've got a lot going on so I can balance both things at once", that's what I tell people and it's partially true, ... truth is that I don't want to go there because I'm embarrassed because I have to squeeze into an aisle and someone else sits in there, and they always look, and 100% it affects my learning experience. I've often thought how do you talk to the university about it, addressing that spacing and getting things up a little bit higher and getting more space for bigger people, but then you don't want to be a poster child for someone who talks about something like that to the university, you know, coz there's a lot of big people at uni, the space, it's just horrible. There needs to be more consultation done at the university about those chairs.

### **Body image and environmental factors.**

The implications of weight appeared to have an impact on the everyday experience of commuting, with some participants avoiding travelling altogether due to being unable to fit a seatbelt. Te Awaroa talked about her discomforts and stated:

I avoid the commuting now. So I would rather get a driver to drive me, in my own comfort, in my own car. So I avoid it, completely.

Inadequate seating at public venues proved to be a large determining factor in engaging with social situations for participants. For example, Susan stated that she'll go to a venue beforehand to see if it has seats that will be big enough to fit her, and this ultimately determines whether or not she'll partake in an outing.

Travelling to overseas destinations proved to be a challenge for some participants. Moana talked about how she cancelled a holiday with her friends to Rarotonga because of her fear of being judged based on her body image. She explained that she wants to go to Hawaii next year, but is anxious of being physically uncomfortable due to her weight, as well as being anxious about the way she believes she will look in a swimsuit. She stated:

I want to go to Hawaii next year. It's more around my comfort of being in a super hot place with really nice beaches, probably bikini clad women and speedo wearing men, but putting myself out there enough like, yup I don't mind how I look but again it's those other views. I know probably like no one's gonna give a shit, it's just me, but when you're in those places where you're on a beach that's a really confronting time for someone who sees themselves as overweight. So it's kind of like, well do I go to the beach in what she's wearing, or do I go in like shorts and a singlet, or do I go in jeans and a hoodie? Like it was those kinds of things, and I was just like I don't want to feel uncomfortable in myself. But I don't to let my feelings of it completely ruin the holiday. Even the last time I went, I think one of the reasons why I started thinking like that was coz I knew how hot it was, and I would just, I would sweat, and it annoyed me coz I was just like "oh god I look like a sweaty pig like uhhhh" and in myself I knew that no one else cares like it's just you, but again it was just me and coz I knew it was going on I was just like "ohhhh yuck". So I think that's hindered a lot of why I don't travel now. I was supposed to go to Raro a few months ago, but like, when it came to a month out when we were supposed to buy the tickets, I was like "ohhhh nah" and it's because I looked down and I don't feel comfortable walking around, either getting wet or having to wear a wetsuit, so yeah it's just all those kinds of things. Now looking back at that, I wish I had have just done it because I'm slowly starting to realise that I'm missing out on all these opportunities to just be young because you can't buy memories back. I saw all my mates

go over and have such a mean time and then I was like “ohhh”, and meanwhile I’m stuck here so yeah, that kind of sucked ay.

Similar to Moana, travelling to overseas destinations also provoked feelings of anxiety for Tama. He explained how travelling can be both a positive and negative experience due to his insecurities with his body image. *Figure 11* is a representation of his struggle and he explains:

I think in the past travel has been a couple of things. It’s been one of my biggest motivators to lose weight, so I want to go away feeling good, but it’s also been a deterrent, as in my weight has been a deterrent for travel. For instance, I may not necessarily want to go to a place that’s really hot if I’m fat or whatever because then you just get puffed and it’s uncomfortable. I think being self-conscious is another big part of it, like when you travel you’re exposed to a lot of things, a lot of people, new places, and if you don’t feel good or feel as though you look good, it’s gonna impact your experience in that area, or wherever it is that you’re travelling to. So I’ll avoid going to that place. So if I was planning to go away on a holiday somewhere and I thought ok I’m gonna lose 10 kilos so I feel good before I go, it’s sort of like if I don’t reach that 10 kilo mark, it’s like a disappointment, like I’ve failed before I’ve even gone on the holiday sort of thing.



*Figure 11. Tama's representation of his internal struggle with travelling.*

Participants' also discussed the impact their weight had on being able to participate in everyday experiences with their families and friends. For example, Tama talked about the impact his weight had on his ability to engage in a family outing at a theme park. He stated that he wasn't able to go on the rides due to his weight, and explained how he felt his weight disadvantaged him:

So I went away on holiday and went to a theme park once and I couldn't go on all the rides because of my weight. As much as I would've wanted to go on the ride, I sort of prepared myself for the fact that I wouldn't be able to go on all of the rides. Yeah so I just avoided them. I had a bad experience on a ride once because of my weight and I didn't adhere to the recommendations. I went on a water slide and it was a bit painful by the end of it. No, sorry I didn't realise that there was a weight limit to this particular slide. There was actually no signage to the slide so I went on it, and it was a bit scary because my weight meant that I was going really really fast, and I was sort of slamming into corners and stuff, and it felt a bit dangerous actually. I did it twice though, just in case I did something wrong. I thought maybe the first time I lied down and maybe I wasn't

meant to do lie down, so when I did it the second time I did sitting up and it happened again. So I didn't go on it after that point. The next time we went back to the pools, I actually saw they had erected a sign that said there was a weight limit to using the slide and I was over that weight limit by about 20 kilos! So I never went on it again. So in terms of my every day experiences, it says to me that if you're fat or if you're overweight, there are things that you cannot do. You are disadvantaged. You know, I used the example of a theme park ride, but the fact remains that if you don't conform or if you don't maintain yourself within certain parameters there are some things that you are not able to do.

In terms of body image, all participants talked about how they felt about the way their bodies looked, and also how their self-perceptions affected different areas of their lives. Star talked about how she's unable to wear the different kinds of clothing that she would like to as she's afraid of judgement from others, she explains this in further detail:

I'd see outfits in the shops that I really like but I don't feel comfortable in them or you get afraid of judgement if you do wear them because your body type shouldn't be wearing them, well that's not true, but that's what people think and that's how it feels like "oh, you shouldn't be wearing those kind of things", or it just simply doesn't look good on you, or on me for my body type. So clothing was a big one it does affect my everyday life in that sense.

In similar fashion, Tama also described how he felt about his body image, particularly in relation to having photos taken and having other people view them.

This is captured by *Figure 12* and the below statement:

I have a lot of nice clothes that I can't fit anymore and they're just reminders of my lack of self-control, and my lack of good health, fitness, and all of that sort of stuff. Another thing is that, my partner likes photos...When I don't feel good, I don't want to be in photos. It's the

reminders that you've been places, but you look like 'that'. Or you were that particular size. When I know quite full well that I didn't want to be that size. You know, I have a wardrobe full of clothes that I cannot fit. Good clothes that costed lots of money, which in turn, makes me reluctant to buy more clothes because I feel that I don't deserve to buy more clothes or clothes that I fit because I wasted money on my other clothes. So I think that I might be wasting more money on these clothes. Then you've got the photos which are all these visual reminders of how you looked or how you were at the time. So that's more of the self-consciousness... It's just the personal reminders, like I'm always going to have those photos, those photos are always going to be around, they're gonna pop up here and there. So you know, they're gonna be the constant reminder or you know family will see those photos and think "oh, you've put on a lot of weight" and maybe I don't like that.

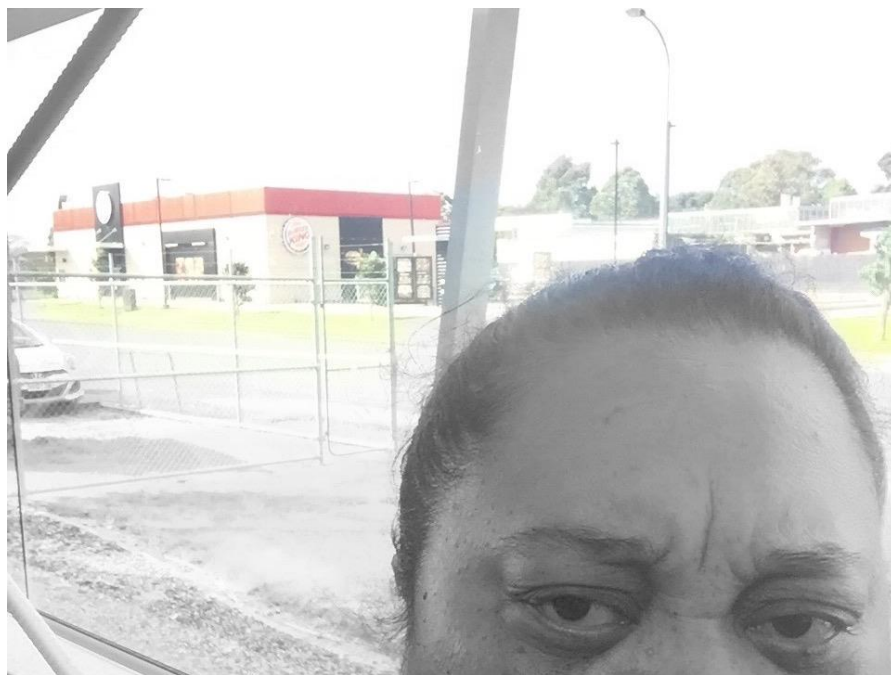


*Figure 12. Tama's representation of his insecurities with his body weight.*

## Barriers to a healthy lifestyle

### Psychosocial stressors and the local food environment.

Many participants described barriers to eating healthy and exercising that were associated with cognitive and emotional stress in combination with social and environmental factors. One prominent factor discussed by all participants related to the local food environment within New Zealand communities. For example, Tom talked about the availability of cheap and fast food sold in bakeries, as well as the convenience of ‘drive thru’ at fast food chain stores. Similarly, Te Awaroa talked about the accessibility of fast food outlets in South Auckland in comparison to ‘healthy’ café’s and outlets in Remuera, this is evidenced by *Figure 13*.



*Figure 13. Proximity from Te Awaroa's workplace to fast food outlets.*

Te Awaroa provided context to *Figure 13* and explained how her workplace in South Auckland is in extreme close proximity to fast food outlets, she explains:

I'm literally in between Burger King, KFC, McDonald's, Pizza Hut, Domino's, everything, every day! When I drop off my kids, when we walk around, that's what we've got every day! That's what Mangere looks like. Every little corner you go to, you've got bakeries and these big corporate industries. This is my staff room, this is where it looks out to when you're sitting at the table (pointing to KFC), it's right there, you can't avoid it. This is my issue, this is what I live with every day.

Te Awaroa explains her frustration with her current local government body and suggests that they're a major contributor towards New Zealand's problem with obesity. She stated:

The biggest impact is economic control because they're [the government] allowing us to be unhealthy in our community. They're allowing it to come through policies and that's why we've got them all everywhere [fast food outlets]. Compared to a higher marketing place like North Shore and all of that, they don't have all these [fast food outlets] they've got all the hauora stores there, very different. In Remuera you don't really see all this. In Remuera I think the closest McDonald's is in New Market, where as Remuera is the one with all those coffee shops, all the healthy juice shops and yeah. Like honestly, you've got all the sushi places, the fresh food bars, and over here we've got, we've got Asian food here but they're an Americanised way of cooking.

Te Awaroa also explained how economics has changed her local food environment in South Auckland. She described her experiences as a child and talked about how there used to be orchards that were as accessible as fast food chains, she explains this further by adding:

In my childhood, food was 100%, well not 100%, but it was natural. It wasn't processed or anything. It was eating fruits and vegetables from gardens, they were for free. Orchards were accessible, it was as accessible as the Burger King you can see [outside office] and McDonald's. Mangere

was a vegetable-growing/garden place, with orchards and farming areas, it's the oldest farming area in the city, it was Mangere, Onehunga, Otahuhu. If you went there now it's just got a lot of buildings with a lot of rubbish in it, because it is rubbish, literally. So economics has changed. When I was around about 10/11 years old McDonald's came, Georgie Pie came, KFC started, we had ready roasts. During that time my parents were going through that dollar phase, I can't remember which parliament member put that in. So they had 2 jobs, it was a home alone generation around '84. So we were literally eating biscuits of whatever was in the cupboard coz we weren't allowed to touch the stove. So that's when buying the food from takeaways started when I was around about 10 or 11 and that became the fad. Then my parents learnt a bad habit that money was all that at the time.

In correlation with Te Awaroa and Tom's comments, Star talked about the economic cost of healthy food and how it's cheaper to feed her family on a \$10 pack of fish and chips as opposed to paying \$6 for a lettuce at the supermarket, and buying other fresh meat, vegetable and fruit. She stated:

This was also a barrier for me to eating healthy. I find it's quite expensive to eat healthy. Fruit and vegetables are really expensive, good quality meat, like chicken breast and stuff like that is quite expensive. Things like chia seeds, seeds in general, almonds, are lot more expensive than a \$10 fish and chip pack, you know. So that was also a barrier, just having the finances to support healthy eating continuously

All participants talked about how they were time-poor and how they either work full-time jobs, or study and work at the same time. All participants stated that convenience is a major influencer in their daily lives, for example Moana talked about the impact of her work schedule and how her local food environment makes it easy for her to grab something for breakfast or lunch on the way to work as opposed to spending time preparing meals the night beforehand. She explained:

I get lazy in the mornings, I'm not a morning person. I need to make more effort in terms of getting myself together so that like there is breakfast there, and that I am eating it before I go to work. Then that comes down to my bank balance to coz it's like you spend money on food when you've got food at home kind of thing. It's more or less about when you haven't taken time to prepare food or anything, and it's like "oh sweet well there's a Mc D's on the way, I'll just go get Mc D's" and then it's like 2 days later and I'm like "frick, I really needed that 14 bucks that I spent at Mc D's the other day". So it's like a flow on effect from one decision that I've made because I'm too lazy, has affected like another part of my life.

Similarly, Tama talked about how he leads a busy lifestyle and how he believed that it's a lot easier to just go out and eat takeaways. He's captured what he calls his 'usual' which he explains is food from his local yum cha restaurant, this is depicted in *Figure 14*.



*Figure 14. Tama's representation of convenience.*

Tama explained how *Figure 14* relates to *Figure 15* by describing his daily routine which comprises of balancing both a full-time job and a full-time qualification.



*Figure 15. Tama's representation of his daily routine.*

Tama provided context to *Figure 15* by stating:

This photo represents one of the biggest consumers of my attention and time which comes back to the barriers that it therefore creates in terms of my ability to exercise, my ability to cook and eat healthily, which therefore contributes to me gaining weight. So then I've got study which is class hours, quite intense class hours in addition to placement hours, and then on top of that having my work hours, my employment hours. So this leaves little time for anything else. It can become very exhausting, but it also requires a lot of planning, like you have to be 10 steps ahead of yourself all the time so you know what you have to do which in itself is mentally exhausting, let alone physically exhausting. Often I'll get one day

off a week, one full day off a week, if that. Quite often, if I could have it my way, that day would be spent sleeping because you know with all my other commitments sleeping is probably one of the biggest things that is impacted. I have to generally find time to sleep between all my commitments. So when I have a day off, the first thing I want to do is just sleep. I don't want to exercise, I don't want to worry about food or anything like that.

In addition to barriers associated with healthy eating, many participants talked about their barriers to engaging in exercise. Most participants stated that people will often make comments whilst they're out exercising in public places and Jane felt as though those comments were patronising and demoralising. She stated:

People assume about exercise, like you're doing it for the first time. So really often well-meaning, but very patronising "good for you! Keep going, you can do it! Or, Everyone's gotta start somewhere!" and I'm like "Mate! I'm on a 5-year journey here like, I've been doing this for a while, but thanks!"

Furthermore, all participants talked about their insecurities associated with 'belonging' and many implied that they had feelings of hurt, embarrassment, and shame in relation to the way they felt when entering a fitness class or gym. Many attributed these feelings to the way they look in exercise clothing which would often influence their decision to go to the gym or participate in exercise classes. Star talked about her experiences and stated:

I kind of contemplate things and have negative thinking about the way that I look, like I'm not fit enough to join the gym, or like my sister-in-law does cross fit all the time, and she's always like "come, join!" and I'm like "oh I'm not at your level, no I'm not going to come." So it's just kind of that self-doubt which was keeping me back from joining certain physical

things I suppose, like the gym, or box fit, or cross fit, or something. Also a little bit of embarrassment of how I'll look doing these things. So again, going to the gym and not knowing what I'm doing, so yeah I suppose just how people will view me when I'm attempting to be physical...so just wearing tights or singlets, you know your arms or hanging out so yeah that's probably a big barrier too actually. Yeah, what I'm wearing as well whilst working out. For example, my friend and I go for walks around the lake, and I think I really would like to jog half the way but I don't because I'm embarrassed of how I'll look to other people that are driving past or something. I don't know why I feel like that, but that's how it is for me.

Many participants described the varying influences their respective cultural backgrounds had in relation to being a barrier for engaging in healthy eating patterns or exercise regimes. Pam talked about her experience working within a Māori organisation that encouraged staff too cook and eat meals with their clients, she stated:

My work is a barrier for eating healthy, whilst working with... [NAME OF ORGANISATION REDACTED FOR CONFIDENTIALITY]... I've put on more weight because my clients eat a lot, and they eat food high in carbs. Also, as a culture, Māori tend to eat quite fatty foods. As a Māori organisation, we eat with them [reference to clients]. It's encouraged because it's a whānau-feel. I did have a patch where I'd take my own food into work and cooked it there, and then I got the clients to even try it which is really good, but we have a new intake now. The last set of clients were really good and held me accountable, they'd say "whāea you can't eat that" which was good.

Coming from a Samoan background, Luna talked about the influence of her culture when it comes to cooking and preparing meals for family gatherings. This is evidenced by *Figure 16*, she explained:

When my family has a gathering, we go all out, there's taro, palusami which is another Samoan dish that can be healthy, like taro leaves but once we put the coconut cream in, the healthiness of the meal has just gone out the window, and you know, that's like every time we have gatherings like a birthday, a Christmas, a funeral, everything is centred around food. So family things are big, food is the heart and soul of our family, we don't catch up without food being there. Every time I go back home to Tokoroa for a weekend, my mum will put on something, or like you know, we'll go for a barbeque at my sisters and we'll have drinks. Alcohol is a big part of my family too. So when we drink we'll get the munchies and because there's always food like this left, but then we'll also go down to maccas [McDonald's].



*Figure 16. Luna's family preparing for a gathering and making fry bread.*

Luna also talked about how it's rude to say "no" to food in her family and how she's been taught by her Mum to be grateful and accepting of the food that she's given. She explains this concept in further detail below:

It's rude to say no and that's a big thing in my family. It comes back to my family as well, if I don't have that support it's very hard. So I live with my

sister and her partner and kids, and when we're all on a health buzz it's great, but it's very rude for me to refuse food in our culture. They've been slaving all day, you know, they've been making the kai, and it's rude to say "I don't want to eat that, I'm trying to eat healthy", it's rude, and that's why I'll eat it. Also, my mum is Samoan and she doesn't understand why we would put ourselves through that [reference to diet], she's very Samoan and straight up. Yeah my other sister, she's on this keto diet and my mum was like "what the f\*\*k", like she made this keto cake or something and my mum ate it and said "this is disgusting, where's the sugar?" Along with all this other stuff. Mum's all like "it's good that you guys are doing this" but I know deep down when we go home, mum's cooking chop suey, kumara salad, potato salad, seafood salad and I know she wants us to eat that, or she'll say "go starve".

In correlation with Luna's beliefs surrounding food, Fatima talked about how her family tells her it's rude to refuse the food they eat, and to not partake in events. Contradicting this, Fatima's family will also tell her that she's "*getting fat and needs to lose weight*" which Fatima described as confusing and frustrating. Coming from both a Māori and Samoan background, Star iterates the important role food plays in bringing her family together:

I'm Samoan/Māori and in our culture food is really important and it brings us together. Food is kind of equivalent to love in our family. So grandma for example would put on a huge feed and we'd all come together, and not the healthiest either, but we love it, and it just brings us together.

### **Motivators for lifestyle change**

All participants talked about their motivations for wanting to change their current lifestyles. Although types of motivators were seen to vary between individual participants, it seemed as though all participants were actively wanting to lose weight, and were motivated to do so.

The main desire to lose weight amongst participants was fuelled by a wanting to improve their personal body image and appearances. The desire to ‘fit in’ and have a sense of belonging was one of the most prevalent reasons behind wanting to engage in the many weight-loss regimes available. The majority of participants stated they had negative views about their bodies ( $n = 18$ ). Star talked about the media’s influence on what a healthy body looks like and how she uses the media’s portrayal as a motivator for change as depicted by *Figure 17*. She explains this further:

This is just a quote from a magazine, it just says keep healthy mainly, and on the other side was a picture of a nice body. So that kind of just stood for keeping healthy in general just for my general health, but also image is a motivator. So like, having a visual of what I’d like to look like, not like that in particular, but just having a goal I suppose for image, or weight in general to be able to look and feel good about myself, so that’s also a motivator in the past of when I’ve attempted diets or whatever to be healthy and to physically look and feel good.



*Figure 17. Star's depiction of motivation.*

John captured his view of his self-perceptions about his body image in *Figure 18* and explained that his current size is a motivator for change, he explained:

So that is my size. I've gone from being an XL to a XXXXXX XL. It's a motivator, because I now look, I look at that all the time and I'm like man, that represents my whole clothing, but I've taken that as I'm ugly. All my clothing's huge, like this XXXXX XL shirt is ridiculous, you know, you can't go to places and buy that stuff. I don't go shopping with my wife, my wife will be like babe, come into Farmers with me because there's a big persons section in there that has really nice clothes, and I'm like no, coz my wife's small and skinny, she's like a size 8-10 you know, she met me when I was fit, but I don't go there because it's like when you're looking at clothes, you're looking at that sections, there's not a big choice and it's like a section that's got a big sign there saying King Size, so I often say to my wife "you go do it and I'll go somewhere else". So it's a motivator to drop down, drop my sizing down.



*Figure 18. John's representation of how he views his body.*

Furthermore, all participants talked about the motivations for wanting to change their current lifestyles for improvement of physical health. Moana talked

about her miscarriage and how she believed that could be due to her weight. She also explained how she's Type I diabetic and that the chances of her being pregnant again are very slim:

It's the physical extremities of having to walk and I can feel myself getting puffed. It's now at the point where I need to start doing something if I want to have a healthier life...Earlier this year I got pregnant. Yeah, so it was kind of like, it was, it was an epiphany. Like shit! Again, being Type I diabetic the chances of me having a successful pregnancy are very slim, then there's like, so many other determinants. Coz like, I miscarried, but I was about 9 weeks I think and it was a couple of days after I had come out of hospital, and I kinda just, I was lying there one morning and was like shit, if this is a reality for me to get pregnant in the future, not only do I have to worry about my diabetes but I know I have to worry about my weight. I know the bigger you are, the smaller your chances are of getting pregnant so I was just like I'm lucky, I managed to get pregnant. For me it also screamed out like nah, you need to do something about this.

Tama talked about his genetic health issues and how they are risk factors for pre-morbidity. He discussed how they could potentially exacerbate if he does not address them soon and stated:

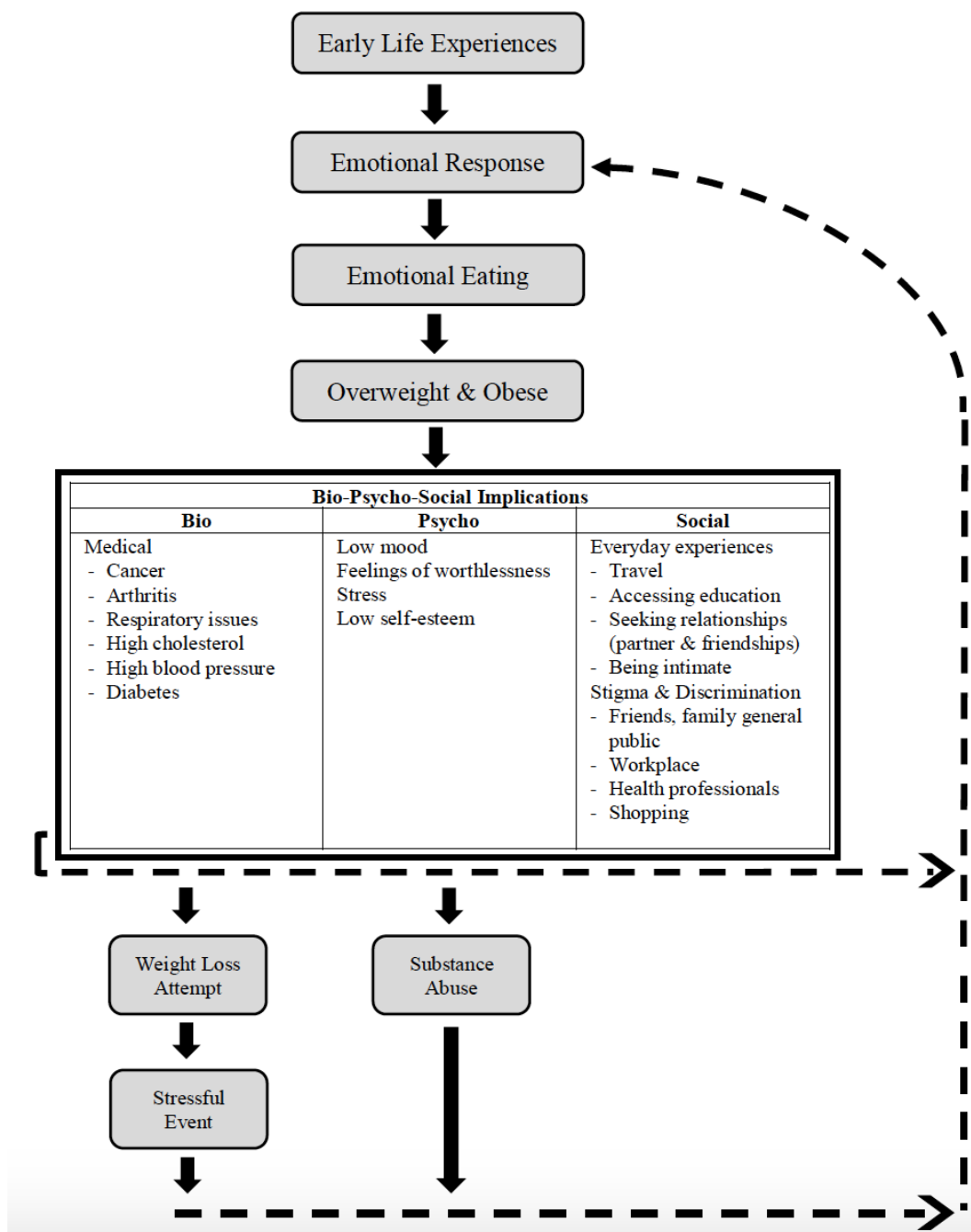
This is my motivation. Because of my weight, because of genetic factors as well, I have certain health issues associated with being obese, cardiovascular issues. Those issues run quite rampantly throughout both sides of my family, with members becoming very unwell, some members dying because of issues with their health, cardiovascular health. So being prescribed cardiovascular, you know these types of medication, it was like a wake-up call that your weight, your current size, is contributing to poor health which is requiring medication. I don't necessarily want to be taking medication, which means I need to address my weight issues in order to

not have these problems, in order to reduce the risk of sickness, ill health, and death. Going on medication was my turning point. It was also things like not being able to fit my work uniform. Probably also the impact on my relationship, sort of the intimacy and all of that sort of stuff, that has been a big turning point. I have to sort myself out. If I don't change the way that I eat or exercise I'll continue to put on more weight, probably become more and more self-conscious, isolate myself more, cut myself off from people. I'll be depressed, probably. There might be severe consequences in terms of my relationship. Ultimately my health will decline, I'll get more sick, and you know, die.

## Chapter Five: Discussion

The main objective of my study was to present an exploratory analysis of the personal narratives of individuals categorised as overweight and obese so as to gain an understanding of their everyday experiences. I sought to gain an understanding surrounding the way that an individual's weight impacts their wellbeing from a psychosocial perspective. I also aimed to identify various social, psychological, and environmental factors that act as barriers to eating healthily and engaging in exercise. Aotearoa New Zealand has a diverse population with government initiatives that address the obesity epidemic from a top-down approach. There are limited studies that have explored the everyday experiences of adults living with obesity, and to my knowledge there has been no previous research undertaken in New Zealand exploring this issue from a visual and narrative standpoint.

This chapter discusses the five major themes highlighted by participants narratives and photo-elicitation exercise, including: 1) early life experiences, 2) weight-loss attempts, 3) implications of being overweight and obese, 4) barriers to a healthy lifestyle, and 5) motivators for lifestyle change. *Figure 19* represents a conceptualisation of themes from my research in the form of a model I created that formulates participants' life experiences. The model describes those experiences in terms of a cycle that perpetuates itself. Using this model, I attempt to identify, compare, and contrast the similarities and differences between the findings of my study and those of previous findings that were discussed in chapter one. Finally, I discuss the strengths and limitations of my research.



*Figure 19. The bio-psycho-social weight maintenance cycle.*

### **Early life experiences**

The first major theme identified within research findings and highlighted by *Figure 19* relates to the notion that all participants had experienced being overweight or obese for a long period of time, with the majority of participants reporting being overweight since childhood or adolescence. This finding is

congruent with a systematic review undertaken by Simmonds et al. (2016) whom reviewed 15 studies that investigated the association between childhood obesity and obesity in adulthood. All of the studies were from large cohorts, with most being from large national or community data sets (Simmonds et al., 2016). The researchers found a strong correlation, with obese children being more than five times more likely to be obese as adults compared to non-obese children. Adding further, the researchers found that approximately 70% of adults in the studies they reviewed were obese over the age of 30 (Simmonds et al., 2016).

Also identified within findings, the majority of participants experienced the manifestation of a traumatic life event which acted as a predisposition for emotional eating patterns as shown in *Figure 19*. Some participants were victims of sexual abuse throughout childhood and adolescence and used emotional eating as a mechanism for self-soothing. This finding correlates with evidence provided by Danese & Tan (2014) whom undertook a meta-analysis that examined whether chronic and severe situations such as childhood maltreatment, are associated with obesity risk. A total of 41 studies were included in the analysis undertaken by Danese & Tan (2014) and the results found that childhood maltreatment predicts obesity, a finding that aligns with previous meta-analytic reviews undertaken in the area (Danese & Tan, 2014).

The findings indicated a complex relationship between the ending of a career as a professional rugby player, depressive symptoms, and obesity for one participant. John reported his journey as a retired professional rugby league player who experiences depression as a result of his journey ending as an elite athlete. This fostered change in John's life circumstances and contributed to a shift in his identity. A systematic review undertaken by Mannes et al. (2018) examined the

prevalence of psychological distress in former elite athletes and the emotional and behavioural impact this distress has on the individual's life. The researchers included 40 peer-reviewed articles that correlated in the areas of mood symptoms, anxiety symptoms, and substance use/abuse. Results found that psychological distress was more common in specific sub-groups whom experience comorbidities, the author's further this by suggesting that those athletes whom reported greater pain, higher concussion incidence, and substance misuse during their careers as professional athletes, were more likely to report distress relating to depression and substance abuse post-retirement. Furthermore, the researchers also found that those athletes whom experienced more injuries and during their career also reported significantly higher rates of depressive and anxiety related symptoms, as well as substance use/abuse when compared to those unaffected by such issues (Mannes et al., 2018).

### **Weight-loss attempts**

The second major theme identified within research findings and highlighted by *Figure 19* relates to the idea that all participants had an early life experience that resulted in bio-psycho-social implications which led to a weight-loss attempt. All participants attempted losing weight several times through multiple means as they experienced dissatisfaction with their weight and/or their body shape. Some participants started attempting to lose weight in their childhood and teenage years, and although they may have been successful in the short term, their strict regimes were often hard to follow, thus eventually leading to withdrawal and feelings of disappointment, shame, and guilt. Most participants even recalled putting on the entire amount of weight lost during the regime, and it was interesting to find that some participants even stated they weighed more than what they did before they

started the weight loss regime. For example, Pam had bariatric surgery at the age of 17 and was one of New Zealand's youngest patients to have the band inserted. In the past seven years, Pam has regained a large proportion of her original weight due to habitual eating cycles that were not addressed before she had surgery. This led to feelings of disappointment, embarrassment, and guilt for not making the most of her band. As Pam used food as a way of emotionally coping with her mood cycles and anxiety, she fell back into the habit of using food to self-soothe post-surgery, meaning that time would only determine when she would start to put the weight back on again.

### **Implications of overweight and obese**

The third major theme identified within research findings and highlighted by *Figure 19*, relates to the idea that all participants had implications that their weight imposed on them. A portion of participants ( $n = 6$ ) talked about how their weight affects their social lives and that they rarely interact with other individuals. This was usually due to the fear of being negatively appraised and fear of being scrutinised by others which created some social anxiety for participants. This finding coincides with research undertaken by Pelican and colleagues (2005) that noted how being overweight and obese has the potential to be limiting for an individual in many areas of their life. The researchers talked about how we as people, often perceive our own identity according to what other people say. Given this information combined with the fact that almost all participants ( $n = 17$ ) had experienced stigma and discrimination because of their weight, it is understandable that participants' had a fear of going out and socialising in public places due to the possibility of being negatively judged as it is something that quite frequently occurs.

What I found to be quite shocking was the fact that most participants stated they had been humiliated or had derogatory comments made about their weight by health professionals. These are the very people who should be providing safe spaces for individuals seeking help to lose weight. Given that all participants had attempted losing weight many times through multiple means, that suggests to me that people are longing for help, however if they feel as though they are going to be judged by their general practitioner (GP), and furthermore, they base their personal identity on the comments of others, I can understand why people would feel incredibly hurt when their GP does not take the time to build rapport or form a safe alliance with their patient. What I found to be even more shocking was Jane's account as a health professional involved in recruiting staff at one of New Zealand's largest District Health Boards. I find it patronising that recruitment staff base their selection of potential employees on weight and appearance which is the very notion of silent-discrimination.

Also prominent within findings was the association between substance abuse and habitual eating. Participants talked about their social lives in relation to drug and alcohol use, and also about how their local food environment promotes the accessibility of fast food outlets. Participants discussed how having easy access to cheap fast food outlets influenced their decision to purchase unhealthy foods when engaging in drinking or using marijuana, even when they had already eaten or before they engaged in the using of such substances. For example, going out and purchasing cheap fast food before using marijuana was a habitual routine for Tama, and was something that he believed could be alleviated if the options were just simply not there.

One incredibly important finding highlighted within my research was the association between being obese and engaging in learning experiences within New Zealand schools and higher education institutions. Pam discussed her experience in primary school when she was six years old and forced to weigh herself in front of her class by her teacher. This event not only had an impact on her willingness to engage in future learning opportunities, but also a long-term effect on her wellbeing overall as this experience is ingrained in Pam's memory. That situation influenced Pam to develop the core belief that she wasn't "good enough" and that has followed her through into her adult life. Tom and John also talked about their experiences at university and how their weight impacted attendance in lectures and workshops. Both participants suggested that universities should design certain areas of lecture rooms and class rooms specifically for people who are larger as this would increase their participation in classes and potentially lead to better academic outcomes.

### **Barriers to a healthy lifestyle**

The fourth major theme identified within research findings and highlighted by *Figure 19*, relates to the perceived barriers to engaging in healthy eating and exercise. The most prominent finding relating to perceived barriers was the availability and accessibility of cheap fast food outlets, and the expensive cost of healthy food within New Zealand supermarkets. This finding correlates with research undertaken by Jani and colleagues (2018). The researchers from this study explored the link between the availability and price of healthier and their association with obesity amongst New Zealand Māori living in urban and rural areas. Findings from this study highlighted the fact that people living in urban areas who have access to higher incomes have a significantly greater availability

of healthier food options. Findings from my research support this notion. For example, Te Awaroa talked about how right outside her workplace in South Auckland there is a strip of fast food chains. She also highlighted that in the suburb of Remuera which is a high income area, none of those fast food stores are available, and there are significantly more healthier options. Te Awaroa suggested that the local council and New Zealand government need to work together to address this concerning factor. Given New Zealand's status in the OECD as the third most 'obese' country, we know that having access to cheap fast food is having an impact on our nation. We also know from research, that having access to cheap fast food is affecting our most vulnerable families who are living in economically deprived neighbourhoods as they are one and a half times (1.53x) more likely to be obese in comparison to those living in socio-economically privileged areas (Jani et al., 2018). It is clear from the emerging research that something needs to be done, and I believe that removing cheap fast food outlets in lower socio-economic areas and replacing them with healthier options, and also marketing healthier produce in supermarkets at a more affordable price could potentially be the first step needed to influence real change.

### **Motivators for lifestyle change**

The fifth major theme identified within my research findings was motivators for lifestyle change. This theme related to the factors that motivated participants to lose weight so that they could have a healthier future. Although types of motivators was seen to vary between individual participants, it seemed as though all participants were actively wanting to lose weight, and were motivated to do so.

From the findings, it seemed as though the main desire to lose weight amongst participants was fuelled by a wanting to improve their personal body

image and appearances. Through analysis, I found that the desire to 'fit in' and have a sense of belonging was one of the most prevalent reasons behind wanting to engage in the many weight-loss regimes available.

Furthermore, all participants wanted to lose weight so that they could improve their physical health. For those participants who were at risk of developing serious health conditions, they were fearful of contracting lifelong conditions that may decrease life expectancy. For those participants who had developed serious health conditions, they wanted to improve their physical health so that they could spend as much time as possible with their loved ones.

### **Strengths and limitations**

My research used qualitative methodological approaches to explore the subjective experiences of people considered overweight and obese. This study is based on qualitative methodological approaches and attracted a diverse range of participants. A strength of my research was that using a qualitative approach allowed me to gain a rich understanding into the deeply personal journeys of my participants.

The use of photo-elicitation as a method of data collection was a key strength of my study. Using photo-elicitation provided my participants the opportunity to emphasise the most important aspects of their personal journeys. Across participants, photographs often had multiple meanings. For example, photographs capturing the physical and tangible aspects of a person's life often had deeper emotional layers. Capturing experiences in this manner provided a gateway for conversations that evoked strong emotional responses and were difficult for participants' to voice. With this in mind, I question whether I would

have gained the same level of depth in participants' narratives had I not employed photo-elicitation as a method of data collection.

Throughout the creation of this study, I did not aim to gain feedback specifically relating to the photo-elicitation exercise, however, all participants stated that capturing their stories in this way was a positive experience that allowed them to reflect and remember their personal thoughts.

One aspect for consideration before replicating findings from my study is to question the credibility of the data. Adopting qualitative methodological frameworks allowed for subjective interpretation of psychosocial implications which may differ from objective data collected in a quantitative study.

Furthermore, while a number of men participated ( $n = 3$ ), they were considerably outnumbered by women ( $n = 16$ ). Meaning that men's voices were largely unrepresented within my study.

### **Conclusion.**

The impact of obesity has risen worldwide and it is now one of the largest modifiable causes of preventable death. Previous research into the global obesity epidemic has categorised the issue as a private problem that is attributable to personal behaviours. Research from a New Zealand context has been largely limited through my study I sought to bridge this gap.

The purpose of my research was to present an exploratory analysis of the personal narratives of individuals categorised as overweight and obese. I wanted to gain insight into their everyday experiences and understand how an individual's weight impacts their wellbeing from a psychosocial perspective. Through my study, I have not only shown how weight affects the lives of individuals, but how

various social, psychological, and environmental factors act as barriers to eating healthily and engaging in exercise.

Findings emphasised the impact that early life experiences have in relation to weight gain. They showed the importance of maintaining a healthy weight during childhood and adolescence, and also how people use food as a coping mechanism for enduring traumatic hardship which in-turn, lead to weight-gain. Also highlighted were the various biological, psychological, and social impacts of being overweight or obese and how this led to participants' either trying to lose weight, or mask their emotions with substance abuse as captured in *Figure 19*.

Findings also placed emphasis on the availability of 'quick fix' solutions such as 'fad diets' which market weight loss. What is clear is that such quick fix solutions are unsustainable, often resulting in weight re-gain after successful losses. If health providers are to be successful in combatting New Zealand's obesity epidemic, they need to resonate with the lived experiences of people affected by it. This means tailoring interventions to individuals, their families, communities, and wider social contexts.

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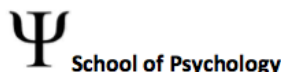
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## Appendices

### Appendix 1



#### Participant Information Sheet

Thank you for your interest in this research project. Please read the following information sheet carefully. Take time to consider the procedures involved and if you wish, talk with your whānau/family and/or friends before deciding whether or not to participate. Feel free to raise any queries or concerns you may have at any time.

#### What is the purpose of this research project?

The purpose of this study is to gain insight into the subjective experiences of individuals who are overweight. By exploring your personal narratives, I hope to gain an understanding of the influence society has on your weight and in-turn, your psychological wellbeing.

#### What is required of me?

Should you decide to participate in this research, you will be invited to participate in a photo elicitation exercise (instructions attached). To participate in this exercise, you will need to have access to a camera or a smart phone. Once you are happy with your photos, please make contact and we will organise a time for you to participate in an interview session. The interviews will be conducted one-on-one, and will take place in a quiet and comfortable space. This could be in your home, or if you would prefer somewhere public, I would be happy to organise a private room at the University of Waikato. Throughout the interview, you will be given the chance to caption the photos you have taken, and express why each photo is meaningful to you. The interview will be conducted in an open and conversational manner to give you the opportunity to talk about things that you find most important with regards to body shape, stigma, and barriers to weight loss. Interviews will last approximately 1 hour, although this time may vary.

#### Withdrawal period after the interview

After your interview, I will form a summary of the information I gained throughout our session and you will be invited to comment or make corrections to the material. Any changes will need to be emailed to me within 2 weeks of being sent the summary, although I am happy to accommodate for extra time if need be. If this applies to you, please make contact prior to the 2-week deadline to make alternative arrangements. If I do not hear from you within 2 weeks after receiving the summary, I will assume you are content to leave the summary as it stands. If agreed to by you, I may contact you after the interview process if I need to clarify any information from your interview or if I have any follow up questions. This will not require a face-to-face meeting and I will contact you via phone or email.

#### Is there any risk of discomfort or harm?

We understand that body image is a sensitive topic and you may feel emotional when discussing your personal experiences. We will contact a nominated support person (whānau/family member or friend) if needed. This information sheet provides the contact details of relevant social support agencies that are available 24/7.

#### How my will information be used?

Information gained from this research will be used to form my master's thesis, and any academic publications or presentations that may arise in the future.

#### Confidentiality

All personal information will be protected and kept private. If you give permission, your interview will be recorded and you will be given a pseudonym (false name), or you can create one. Your interview recordings and summaries will be stored in a restricted file, for at least 10 years and will be password protected.

#### Can I withdraw if I no longer wish to participate?

Your participation in this research project is completely voluntary. If you choose to take part you can withdraw at any point, up until 2 weeks upon receiving the interview summary. If you withdraw, your information will not be used. During the interview, you are free to decline to answer



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any questions that are asked. I will answer any questions that you may have with regards to the research at any time.



**Has this research project been ethically approved?**

This research project has been approved by the Human Research Ethics Committee (Health) of the University of Waikato under HREC(Health)#2017-23. Any questions about the ethical conduct of this research may be addressed to the Secretary of the Committee, email [humanethics@waikato.ac.nz](mailto:humanethics@waikato.ac.nz), postal address, University of Waikato, Te Whare Wananga o Waikato, Private Bag 3105, Hamilton 3240.

**Compensation**

Should you decide to participate in the study you will receive a \$20 gift card that can be used either at The Warehouse or for petrol. Please note that there a limited amount of each vouchers, and your first preference may not be available.

**Who can I contact about this study?**

**Researcher:** Sara Chè Runga

Phone: 021 301 568

Email: [scr17@students.waikato.ac.nz](mailto:scr17@students.waikato.ac.nz)

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**Chair of Ethics Committee:** Dr. Julie Barbour

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***Below are the contact details for social support services that can help with emotional difficulties***

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

**Depression Helpline:** 0800 111 757

**Lifeline:** 0800 543 354

## Appendix 2

### Photo Elicitation Exercise Discussion Guide

The following questions and phrases will be used to guide participants with reflecting on the images they have produced.

- 1) Show me one of your photos. What does the image reflect and why is it important to you?
- 2) How do the contents of this image relate to your weight?
- Questions 3 and 4 will only be asked if the context is appropriate**
- 3) Why does this situation or concern exist?
- 4) What can we do to enhance or improve the situation, or to enhance these strengths?

### Interview Facilitation Guide

The following questions will be used to guide discussion with each of the participants. The interview will be conducted in a flexible manner and prompting will only occur when further information is required.

- 1) In general, can you give me an idea of what your weight loss journey has been like for you?
- 2) How is your current weight affecting your life right now?
- 3) Why do you think you are obese and how does this make you feel?
- 4) What kinds of changes have you made in the past to improve your eating?
  - a) How about your physical activity?

### Barriers to Weight-loss

- 5) What types of struggles have you dealt with while trying to lose weight?
- 6) What have been your greatest barriers or obstacles to losing weight?
- Question 6 will only be asked if limited information is gained from Question 5**

### Social Experiences

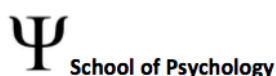
- 7) Do you think your weight affect your ability to socialise and interact with other people? If yes:
  - a) How?
- 8) Do you believe your weight impacts your day to day life experiences?  
*If prompting is needed:* this could be in your workplace, study environment, when you're out shopping, or even commuting.
- 9) *If participant is in a relationship:* Does your weight affect the level of intimacy you share with your partner/husband/wife?  
*If participant is not in a relationship:* Do you believe your weight affects your ability to start intimate relationships?

**Question 8 and Question 9 will only be asked if limited information is gained from Question 7**

**Future Aspirations**

- 10) Was there a specific *turning point* in your life that guided your decision to seek medical treatment? If yes:
  - a) Can you tell me about this?
- 11) What do you believe will happen if you don't change the way that you eat and exercise?
- 12) What are your hopes for the future? How would your life be different if you lost weight and adopted a healthier lifestyle?

### Appendix 3



#### CONSENT FORM

| Please complete the following checklist. Tick (✓) the appropriate box for each point.  | YES | NO |
|--|-----|----|
| 1. I have read the Participant Information Sheet (or it has been read to me) and I understand it.  |     |    |
| 2. I have been given sufficient time to consider whether or not to participate in this study.  |     |    |
| 3. I am satisfied with the answers I have been given regarding the study and I have a copy of this consent form and information sheet.   |     |    |
| 4. I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study up until 2 weeks after I receive the interview summary.                         |     |    |
| 5. I understand that any images I take of persons other than myself in the photo elicitation exercise will not be used in the final study, or any future academic publications that may arise. |     |    |
| 6. I have the right to decline to participate in any part of the research activity.  |     |    |
| 7. I know who to contact if I have any questions about the study in general.   |     |    |
| 8. I understand my participation in this study is confidential and that no material, that could identify me personally, will be used in any reports on this study.                             |     |    |
| 9. I wish to receive a copy of the interview summary.  |     |    |
| 10. I understand that I have the right to ask questions at any time throughout all stages of the research process.   |     |    |
| 11. I understand that my data may be used to produce academic publications.  |     |    |
| 12. I give consent to the interview session being voice recorded.  |     |    |
| 13. I wish to receive a copy of the overall findings from the study.   |     |    |

**Declaration by participant:**

I agree to participate in this research project and I understand that I may withdraw up until two weeks after receiving my interview summary.

Participant's name (Please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Declaration by member of research team:**

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

Researcher's name (Please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This research project has been approved by the Human Research Ethics Committee (Health) of the University of Waikato under HREC(Health)#2017-23. Any questions about the ethical conduct of this research may be addressed to the Secretary of the Committee, email [humanethics@waikato.ac.nz](mailto:humanethics@waikato.ac.nz), postal address, University of Waikato, Te Whare Wananga o Waikato, Private Bag 3105, Hamilton 3240.

## Appendix 4

### Photo-voice Exercise – Guide for Participants

Thank you for choosing to participate in this photo-voice exercise. Over the next two weeks could you please take 2 – 3 photos for each of the following areas (approximately 12 photos in total):

- Barriers to physical activity
- Barriers to eating healthy
- Showing how your weight affects your everyday life
- Motivators/things that have helped you in the past to lose weight, or that you think could help you to lose weight, eat healthy, and exercise in the future

Photos can be taken at home, in your neighbourhood, and your community. Please take photos in a *safe way* and keep the following points in mind when completing the exercise:

- Please refrain from entering dangerous situations that could put yourself, and others, in physical harm (e.g. whilst driving) and/or emotional harm (e.g. taking photos that could embarrass an individual).
- Please do not invade the privacy of other individuals and take images of other individuals without verbal consent. If you do take images of persons other than yourself, these images will not be used in the final thesis, or any future academic publications that may arise.