IV - Letter of the research process

The way the yet untold narratives unfold

Dear reader

Lieblich, Tuval-Mashiach and Zilber (1998) state that people are storytellers by nature. Stories provide coherence and continuity to one's experience and have a central role in our communication with others.

Once upon a time the second participant told a food story…

"Dear friend

I walk into a dress shop. A beautiful dress catches my attention and I see myself wearing this dress. I am very hopeful as I come closer and start searching through the dress sizes. It stops at number 18! Instantly I am upset. Who gives the people making dresses the right to decide which dresses will suit me or not?

Still upset I decide to go and drink a cup of coffee at Wimpy. It is wonderful to treat myself - to do something for myself. The other side of me wonders "what will the people say of the chips and bread that I am eating"?

I then start to wonder, like so often before, who and what I am. Am I the type of person I want to be or am I the type of person that society wants me to be? My mind says to me that I am OK. My heart says I am not OK. To whom shall I listen, my mind or my heart?

I do enjoy my life. I really love and enjoy food - healthy and unhealthy food. Every time I eat, I enjoy the experience. To treat other people with great food is wonderful. The other side to it is not so nice. To say 'no' and make excuses not to go for a swim in front of others is not so nice. To wear dark long pants when everybody else is wearing shorts in the midst of the heat is not so nice. To wear loose hanging clothes and oversized shirts over an oversized skirt is not so nice. To be self-conscious when standing in a diet shop to really believe and know that diets don't work, but still to believe that a wonder diet pill exists, is not so nice. You hope that the wonder diet pill causes food to taste so badly that you just can't eat it.

I am wondering about spectacles that can make food unattractive or spectacles that make you look so thin when others look at you. Immediately I feel very guilty…God made me whom I am. He gave us food to eat and He takes care of us. How can I be so ungrateful? This brings me to another point. Did God make me the way I am or did I make myself the way that I am? Do others see me through the media's eyes or do they see me like God wants them to see me? It is not a sin to be very tall or small or short. Why is it a sin to be fat? Do people hear what they see or do they see what they hear?

Please see me like God sees me and not according to the prescription of social expectations. Don't look <u>at</u> me, but see <u>me</u> for who I am and listen to what I have to say.

Greetings

The second participant"

Upon reflection, there could be different types and levels of stories within one story. In this example the story is focussed on this participant's relationship with food in different contexts, namely:

- physical (large dress sizes),
- psychological- (feelings of guilt and anger),
- self-esteem issues- (to be self-conscious),
- and socio-cultural (what do others say?) context.

In a narrative therapeutic setting this participant's story is an example of what Phillips (2001) reflects:

Life as we know it is for most of us not just our story. We interact with people every day, friends, colleagues, strangers. Every interaction brings with it new possibilities or re-runs of old ones. It is often easier for us to be carried along by other people's stories and expectations than to keep to our own stories. Why? (p.14)

Setting the table

In this letter an overview of the research process of this study will be given. Secondly a motivation for using qualitative research methods in the post-modern, social constructionist and narrative therapeutic framework will also be provided. Thirdly, the way in which the participants were

selected and sample characteristics will be described. A detailed description of the data collection process will follow. Lastly, the process of analysing the data will be described.

Aim of the research

In short, the aim of the research is to discover various meanings with regards to women's relationships with food in excess. The stories were gathered from female participants, researcher participant and literature. The discoveries within the stories in the form of discourses and alternative stories can be used in future to create a verbal space for women to allow their voices to be heard with regard to their experiences with their relationship with food in excess as individuals, groups or communities.

Research method

Qualitative research methods will be used in the present study to elicit the understanding of the meaning of women's experiences in their relationship with food in excess. One of the reasons for using qualitative methods is in the nature of the large volume of text acquired which necessitates some form of qualitative analysis. Other reasons for choosing qualitative research methods are in the nature of the research question. The focus is mainly on the meanings women give to their food stories, whereas qualitative research methods include their reflection of real life; they provide us with 'thick' description (Miles & Huberman, 1994) and rich, descriptive, colourful detail (Neuman, 2000; Silverman, 1993) and they will help us understand the participant's personal perspective (Bryman, 1988). Parker (1994) defines qualitative research as the interpretive study of a specified issue or problem in which the researcher is central to the sense that is made. In this current study the researcher participates in the research process by moving between different roles, namely a researcher-co-author, researcher-therapist and researcher-participant role. The researcher's selected domain of interest here will be a particular aspect of action and experience, but it could just as well be a reflexive study of part of the discipline of psychology itself.

According to Punch (1998), qualitative research elucidates the meaning that people attach to social life in natural settings. Its richness and complexity means that there are different ways of looking at analysing social life, and therefore multiple perspectives and practises in the analysis of qualitative data. In accordance with the variety and diversity in qualitative approaches Punch (1998) emphasises the point that there is no single right way to do qualitative data analysis – no single methodological framework. Much depends on the purposes of the research, and it is important that

the method of analysis is integrated from the start with other parts of the research, rather than being an afterthought. At this point, the aim as researcher in the process of analysing the data is being **able to say, not only in one letter, but from beginning to end, how the conclusions in the form of discoveries, were reached.** One of the ways in doing this would be in taking a reflexive stance as researcher throughout the writing process within the thesis and by using a reflexive diary, with the aim of separating the researcher as participant from the researcher as the co-author of this thesis.

Dey (1993) is of the opinion that qualitative analysis is a way of transforming data into something that does not exist. Although various authors have identified a large volume of literature with regard to obesity and surrounding subjects in general, the aim of this specific qualitative study is to obtain a fresh view of the data. A fresh view of the data could simply be attained by placing it within the post-modern, social constructionist and narrative therapeutic framework. In this study, content analysis is used in understanding human behaviour, in the transforming, interpreting and making sense of data. The assumption is that the research process of this particular study could be a fresh view elicited by the research question and way of answering the question in this specific paradigm. The danger could be in not seeing the danger of the limitations of this study's underlying assumptions.

Narrative inquiry is this study's qualitative research design. According to Plummer (1995) narrative inquiry is:

> The analysis of how stories mark our identities; identities mark our differences; differences define 'the other'; and 'the other' helps structure the moral life of culture, group, and individual. Narrative analysis is the analysis of formal properties of stories and of social roles of stories (p. 19).

Lieblich et al. (1998) construct the mission of psychology to be an exploration and understanding of the inner world of individuals. One of the clearest channels for learning about the inner world is through verbal accounts and stories presented by individual narrators about their lives and their experienced reality. Plummer (1995) notes that a narrative is a story with a beginning, middle and end that reveals someone's experiences. The story is one's identity, a story created, told, revised, and retold throughout life. We discover ourselves, and reveal ourselves to others through the stories we tell (Lieblich et al., 1998).

Lieblich et al. (1998) describe some basic features of conducting narrative studies applicable to this study as follows:

- It results in unique and rich data that can not be obtained from experiments, questionnaires or observations.
- No two interviews are alike, and the uniqueness of narratives is manifested in extremely rich data.
- Every new text retains the air of an enigma, a vivid mystery that generates a mixture of excitement, challenge and apprehension.
- There are usually no a priori hypotheses, where as the specific directions of the study emerge from reading the collected material, and hypotheses then may be generated from it.
- It is interpretive, and an interpretation is always personal, partial and dynamic.
- It requires dialogical listening to three voices at least; the voice of the narrator as represented by the tape or the text; the theoretical framework which provides the concepts and tools for interpretation and a reflexive monitoring of the act of reading and interpretation, that is, self-awareness of the decision process of drawing conclusions from the material.
- In the process of this study, the listener or reader of a life story enters an interactive process with the narrative and becomes sensitive to its narrator's voice and meanings.
- This narrative research does not require replication of results as a criteria for its evaluation, thus readers need to rely more on the personal wisdom skills and integrity of the researcher.
- Interpretive decisions require justification.
- This narrative research is highly time consuming for the researcher.

This study contributes to a first level of interpretation and could serve as a basis for future studies by generating hypotheses and theories while reading and analyzing the narratives, and in a circular motion as proposed by Glaser and Strauss's (1967) concept of 'grounded theory', can enrich further reading, which refines theoretical statements and so on, in an ever growing circle of understanding.

Here follows a description of the qualitative methods used within a post-modern, social constructionist and narrative therapeutic framework.

Qualitative methods within the post-modern, social constructionist and narrative therapeutic framework

The research question of this study is linked to the post-modern, social constructionist and narrative therapeutic framework, with the main focus on the narrative perspective. The assumption is that qualitative methods are compatible with the narrative therapeutic perspective for various reasons, some of which are discussed below. In the frame of the narrative perspective the usage of an analysing method that is sensitive to context and capable of showing the complexities of discourses and alternative stories as power related entities in the stories of women with regards to their relationships with food in excess, are needed. Authors such as Miles and Huberman (1994) and Neuman (2000) state that this is exactly what qualitative analysing methods do, whereas *explanations tend to be rich in detail, sensitive in context,* and capable of showing the *complex processes or sequence of social life*. With regards to the complex processes or sequence of social life the narrative perspective could be coloured by the way narrative language is formulated and constructed within terms like, discourses and alternative stories as power related entities.

Silverman (1993) critiques contextual sensitivity in terms of qualitative studies that demand that we interpret their observations in terms of assumed social contexts. The danger in this study could be that contextual sensitivity could be highly suggestive in the generating of the research question and the research process thereafter. Silverman (1993) suggests that we reformulate questions about the impact of context on behaviour into questions about how participants actively produce contexts for what they are doing together. Using contextual sensitivity in the formulation of the research question, literature study, research process and interpreting of discoveries could place the researcher in the position where the focus is on own assumptions about what context is relevant in this situation.

In psychology and related fields, narratives are used for diagnosing psychological and medical problems (Capps & Ochs, 1995; Herman, 1992; Wigren, 1994). In the literature overview of this study obesity is depicted as mostly a medical problem and is solved accordingly, whereas weight-loss is important. In reaction to this Rothblum (1999) asks, "Why hundreds of research studies, using the same methodology, are accepted for publication year after year that show little weight-loss" (p. 367)? Consequently, a co-constructive, reflexive and qualitative narrative with regards to women's relationship(s) with food in excess could endorse a paradigm shift in the attitudes of health related fields. In many studies in sociology, the narrative is used to represent the character or lifestyle of specific subgroups in society, in this study defined by their female gender, and their

relationship with food in excess, in literature labelled as obesity. From a social, cultural or ethnic point of view some social groups are frequently discriminated-against minorities whose narratives express their unheard voices (Lieblich et al's, 1998). In applied work, clinical psychology uses the narrative in the context of therapy. Restoration, or development of the life story through psychotherapy is considered the core of the healing process (Epston, White & Murray, 1992; Omer & Alon, 1997; Rotenberg, 1987; and others). In this study therapeutic conversations are mainly used as a way of collecting data.

It is important to highlight Lieblich et al's (1998) description on the reading process of the story as text:

> …that we sometimes read the story as text, and interpret it as a static product, as if it reflects the 'inner', existing identity, which is in fact constantly in flux. Moreover, each procured story is affected by the context within which it is narrated: the aim of the interview (for example, getting a job or participating in a study), the nature of the 'audience', and the relationship formed between teller and listener(s) (for example, are they similar in cultural background or of the same or different gender?), the mood of the narrator and so forth. Hence the particular life story is one (or more) instance of the polyphonic versions of the possible constructions or presentations of people's selves and lives, which they use according to specific momentary influences (p.8).

In qualitative analysis, there is a strong emphasis on describing the world as different observers perceive it. The perceptions of subjects are often in an advantaged position in qualitative research, because of the access; they can enlighten the researcher to the meanings of actions for particular observers (Dey, 1993). The constructivist approach, as advocated by Gergen (1991) and Van-Langenhove and Harre (1993), for example, claims that individuals construct their self-image within an interaction, according to a specific interpersonal context. Furthermore, by studying and interpreting self-narratives, the researcher can access not only the individual identity and its systems of meaning but also the teller's culture and social world.

As stated, it is through language that we are capable of forming the shifting communities of meaning to which we belong and that are for us the inter-subjective realities in which we exist (Anderson & Goolishian, 1988). In this study the qualitative ways in which the not-yet-said can unfold in the yet untold food stories are the following:

- unstructured interviews viewed as therapeutic conversations;
- reflexive diary of researcher-participant;

- series of drawings; participants' self-expression through drawing a self-portrait; participants' and researcher-therapist's co-constructed drawings of reflections upon four conversations.

The above mentioned qualitative ways, with specific emphasis on the therapeutic conversations and reflexive diary of the researcher-participant, employ language as a tool to give detailed descriptions of situations and events. The series of drawings used are projective means of communicating data and are highly inter-subjective in nature.

Unstructured interviews viewed as narrative therapeutic conversations

Within a post-modern framework, feminist research makes great use of the semi-structured and unstructured interview (Punch, 1998). Reinharz (1992) points out that there is no single uniform perspective in feminism on such topics as researcher-interviewee relationships and self-disclosure. Rather there is openness to different possible meanings of these things in different research situations. Feminist-based interview research has modified social science concepts, and created important new ways of seeing the world:

By listening to women speak; understanding women's membership in particular social systems, and establishing the distribution of phenomena accessible only through sensitive interviewing, feminist researchers have uncovered previously neglected or misunderstood worlds of experience (p.44).

Consequently, being a female researcher, possible bias could exist towards women telling their story purely on grounds of gender. Within the post-modern framework, feminist-based unstructured interviews in the form of narrative therapeutic conversations are used as a qualitative tool in this study, as in clinical practice. In this study the themes in the narrative therapeutic conversations can be addressed in the form of discourses and alternative stories in a way that acknowledges the idiosyncratic nature of each individual client's experience.

Epston (1994) suggests that a narrative therapeutic conversation is by its very nature, ephemeral.

After a particularly meaningful session, a client walks out aglow with some provocative new thought, but a few blocks away, the exact words that had struck home as so profound may already be hard to recall. Two of us reconstructing a conversation we had even minutes before may not agree on what was actually said because we each hear selectively (p.31).

57

Furthermore, joining our clients in conversation allows for a space in which we can relate as individuals who are equally responsible for the creation and co-creation of reality. Stepping out of the positivist realm, we join our clients in the creation of a story in which we, as therapists become characters (Caeser & Roberts, 1991; Freedman & Combs, 1996). The reflexive nature of this approach to therapy implies a partnership that can critically comment on itself (Fruggerri, 1992; Hoffman, 1992; Lax, 1992). Time and space for reflection in therapy promotes experience of experience, and it is through the experience of reflecting that we make meaning of it (Freedman & Combs, 1996).

When meaning and understanding are regarded as socially constructed, it becomes possible for the therapist to join the problem-organising/problem-solving system as a participant-observer and participant-facilitator (Anderson & Goolishian, 1992). In joining this system the therapist does not propose to be an expert, knowing all the answers. The position of not-knowing is not a glib, evasive statement, but rather a stance in therapy that acknowledges that understanding is socially constructed by people in conversation. Meaning is therefore not static and nobody can ever claim to know the truth. When a therapist is tentative and curious as apposed to all-knowing, a new circle of meaning is created that allows for the dialogical creation of a new narrative (Anderson & Goolishian, 1992; Freedman & Combs, 1996). Furthermore, not-knowing refers to a set of assumptions made within the narrative therapeutic conversations between therapist and client. According to Strauss (2001) a therapist always has his/her own prejudice, but needs to listen in a way that allows for the emergence of new meanings. Consequently, when a therapist questions in a manner that does not imply answers, the not-yet-said can unfold into the yet-untold narratives.

Reflexive diary of researcher-participant

Reflexivity is perhaps *the* most distinctive feature of qualitative research (Tindall, 1994). Reflexivity, then, is about acknowledging the central position of the researcher in the construction of knowledge that "the knower is part of the matrix of what is known" (DuBois, 1983, p.111), that all findings are constructions, personal views of reality, open to change and reconstruction. We need to make explicit how our understandings were formed.

According to Schon (1983) reflection-in-action is:

> When someone reflects-in-action…he is not dependant on the categories of established theory and technique but constructs a new theory of the unique case…He does not keep

means and ends separate but defines them interactively as he frames a problematic situation. Because his experimenting is a kind of action, implementation is built into inquiry (p.68).

Tindall (1994) suggests that this is best done by keeping a detailed journal or reflexive diary which explores who you are, why you chose the particular topic, your initial purpose(s) and intention(s), procedural notes, what you did when and in what context (field notes and diagrams), decisions made with rationales, how you felt, confusions, anxieties, interpretations, what led to clarification; in fact anything that you believe has affected the research. The journal may then be used to structure a reflexive account or be included alongside the research report and transcripts. Phillips (2001) states, that keeping journals is a popular way of logging what occur to you during the research process. That may well be all that it is - a log; no more, no less. If we have been honest with our feelings and thoughts, and look at our writing over a period of time, we may see a pattern of thoughts which allows us to interpret or think further. Two questions arise; is the writing honest and is there desire to make something of the writing, rather than it merely being an end in itself? In this study the reflexive diary will be used in two ways, namely, as a text from which I could formulate my own discourses and alternative stories as researcher-participant and included in this thesis' discoveries. It is important to note that the reflexive diary, set in a certain time period during the research process, is not included as an Appendix of this thesis, because of its personal nature and for ethical reasons.

Series of drawings

Having an actual picture to show significant others is a powerful tool for change (Ball, Piercy & Bischof, 1993; Zimmerman & Shepherd, 1993). Carlson (1997) proposes that when art therapy techniques are applied to the basic principles of narrative therapy, it enhances the potential for therapists and families to open the door to externalising conversations that lead to new life. Mills (1985) explains that art can have a powerful effect on clients by helping them evoke hidden aspects of themselves and it allows the clients to explain themselves in their own personal way.

The series of drawings used as projective means in communicating data in this study are described as follows:

- *Self-expression through drawing a self-portrait*: Within this study's aim of exploring women's ideas and meanings they make of their experiences of themselves in relationship with their food in excess, the drawing of a self-portrait is applicable. Wadison (1973), in discussing the techniques used in art therapy, offers two interesting ideas on its benefits.

One is the idea that the art performed in therapy offers the client the ability to make a self-portrait. This is significant because clients are more likely to be honest about their view of themselves in drawing. The second idea is that of permanence. Wadison explains that what the client draws is impervious to distortions of memory; therefore the work that they do in therapy serves as a visual reminder to them.

- *P*articipants' and researcher-therapist's c*o-constructed drawings of reflections upon four conversations*: In this study co-constructed drawings are used between a specific client and myself as researcher-therapist as a tool for summing up and concluding the therapeutic conversations and to highlight alternative stories discovered in a visual way. This activity was based on ideas of co-constructed drawings about engendering hope (Weingarten, 2000). Another way people can change their relationship with the problem is by discovering times in their lives when they were able to resist the problem (White, 1993, 1995). These alternative stories serve as a gateway to new meaning for people. In this study the co-constructed drawings can serve as a reflection in itself and in so doing amplify the alternative stories.

Verification

The trustworthiness of this study can be based on the following steps of verification:

- *Informed consent* (Tindall, 1994): Good research is only possible if there is mutual respect and confidence between researcher and participants (Tindall, 1994). One separate conversation with each individual at the outset of the narrative therapeutic conversations was held to fully inform the prospective participants in advance of participant and researcher's expectations, aim of research and procedures. This placed the prospective participants in a position to give informed consent or to decline participation. Example of an informed consent form is in Appendix A.

- *Verify the results through triangulation* (Creswell, 1997; Jordan, Van Rooyen & Strumper, 2002; Neuman, 2000; Silverman, 1993): Triangulation allows illumination from multiple standpoints, reflecting a commitment to thoroughness, flexibility and differences of experience (Tindall, 1994). In this study three levels of triangulation were used: firstly, investigator triangulation (two other researchers, from the social sciences gave input into the data analysing phase, one researcher from start to finish and the other researcher gave an overview reflection of the work); secondly, data triangulation - three sources (unstructured interviews viewed as therapeutic conversations, reflexive diary of researcher-participant; and a series of drawings), were used to gather data.

- *Providing a rich, thick description of the participants* (Cresswell, 1997; Miles & Huberman, 1994): The researcher described the participants and researcher-participant in detail. This rich description of the participants will allow the information to be transferred to other settings because of shared characteristics.

- *Keeping a register of data* (Miles & Huberman, 1994): Notes of relevant events and the state of affairs were made and regularly studied while analysing the data. The researcher made handwritten notes in a specific book denoted for this purpose throughout the research process.

- *Providing a detailed description of the process* (Miles & Huberman, 1994; Neuman, 2000): A detailed description of how the thesis as a whole was conducted was provided. This involved a precise description of the selected subjects, the concepts used, theoretical ideas and research methods and process. Neuman (2000) refers to this as the natural history of the project / thesis. Outsiders reading this study can see and follow the researchers' actions exactly.

- *Auditing for future researchers* (Miles & Huberman, 1994): The research was sufficiently detailed for a secondary researcher to arrive at similar discoveries by using the original data. Different discoveries using the original data could add to rich and thick descriptions of the data, adding multi-perspectives.

- *The mechanisation of registration* (Neuman, 2000): Another measure to verify the data was to use tape recordings in order to ensure correct reporting results in the form of transcriptions of the therapeutic conversations the researcher had with each individual participant.

- *Narrative documents* (White & Epston, 1990): There are two levels of verifying this step: Firstly, within the thesis - one participant's expression through telling her story in letter form, art therapy, and narrative letter from researcher to participants as a taking-it-back practice; secondly, the thesis itself is written in letter form true to narrative documented form.

Selection of participants

Sampling strategy

The sampling strategies was to find participants who were not in the process of loosing weight and were not planning to loose weight according to a weight management programme. Through the process of questioning, the sample strategy was based on how effective the research question could

be answered. The sampling strategy was formulated on grounds of doing research at grass roots level with ordinary people that crossed my path or I theirs through ordinary everyday living. This in itself was a daunting task for the sensitive and ethical way I wanted to proceed in selecting the participants. I realised that I could not just go up to a so called obese person and say that I wanted them to participate in this study, because I could clearly see that they were fat. Bickman and Rog (1998) consider narrative methods as real-world measures that are appropriate when real-life problems are investigated. The main strategy I had was to build trusting relationships with women with a bodyweight as defined as obese ($\geq$ 45kg) from a medical perspective and ages ranging between 30-40 years, in different social circles I was participating in.

I came into contact with the first participant in her own business as a shop owner, where we built a trusting relationship over several months before she became interested in taking part in this study. The second participant was referred to me by a mutual friend and colleague. The third participant was a previous client of mine, who wanted to discover herself in relationship with her body and food (at the outset of her participation in this study, she had already participated in seven individual therapeutic conversations in a professional relationship with me). As I conversed with one of my dear friends and colleagues about my research study, she became interested to partake as the fourth participant of this study. I came to know the fifth participant from church activities we had done together and she also became interested in taking part in this study. Each participant I encountered came to know about my research topic by everyday conversation and wanted to know more about my research. In the process of casually talking about my research topic, I expressed the need for participants and each one of them wanted to participate and took the initiative by suggesting that I include them in my study.

As one of the verification steps of the data of this study the sampling strategy was to base the selection process of the prospective participants on ethical procedures, where informed consent, protection of participants, confidentiality, anonymity and accountability were of the utmost importance. This was accomplished by setting apart one session at the beginning of the planned therapeutic sessions. During this session participants were specifically informed of the process of therapy, confidentiality and anonymity. Researchers' and participant's expectations of their participation in this study were highlighted. The participants were also ensured of their free will in participating or not in this study and that if by any chance they wanted to stop their participation during the course of other sessions they were free to do so. All the participants willingly participated in the therapeutic process from start to finish.

The aim of this study is not to generalise the findings to the larger population, but rather to gain a deeper understanding of these particular participants' experiences in relationship with food in excess. In a narrative sense the aim is to provide a rich, thick description of the participants through narrative inquiry and content analysis.

Description of the sample

In this study, based on narrative inquiry, the located sample is a homogeneous sample. There are six participants including the client participants and the researcher-participant:

- *The client participants*: Afrikaans speaking, Christian, female, married with one or two children, ages ranging between 30-40 years, with a bodyweight as defined as obese (≥ 45kg). Four participants have been overweight since childhood, gradually becoming obese in early adulthood and one participant has been overweight since the birth of her first child and became obese with the birth of her second child. The participants are in a career setting, where two of the participants have their own businesses.
- *The researcher-participant*: Afrikaans speaking, Christian, female, married with one child, aged 32 with a bodyweight defined as obese (≥ 45kg) at the outset of this study, has been overweight since late adolescence and has experienced obesity in the last two years, also in a career setting, within private practice.

Data collection

Lieblich et al. (1998) state that data can be collected as a story (a life story provided in an interview or a literary work) or in a different manner (field notes of an anthropologist who writes up his or her observations as a narrative or in personal letters). It can be the object of the research or a means for the study of another question. It may be used for comparison among groups, to learn about a social phenomenon or historical period, or to explore a personality.

The data collection took place at different levels, as follows:

- *unstructured interviews viewed as narrative therapeutic conversations*: six individual narrative therapeutic conversations with each person, whereas the first conversation was based on informed consent and expectations (not tape recorded), four conversations were based on telling the story and the last conversation was based on participants' and researcher-participant's co-constructed drawings of reflections upon four conversations. Each conversation (approximately 25 conversations and transcribed into 450 pages), lasted

approximately 60 minutes and was recorded on a tape recorder and then transcribed for later analysis at different times during the period 16 April 2002 until 31 May 2003. All the therapeutic conversations where held at my private practice at my home, with no outside disturbances and in a therapy setting. At each appointment an individual participant made a next appointment and if there were unforeseen circumstances the participant made a later appointment telephonically or via e-mail. All the participants completed six narrative therapeutic conversations with the researcher-therapist during the time period allocated above at different time intervals between appointments.

- *reflexive diary of researcher-participant*: This was written in letter form at different intervals during the time period of 16 April 2002 until 22 April 2003 including; reflection of all the above mentioned therapeutic conversations, reflection of the discussions had with regards to my D-proposal with all the role players involved and reflection of random discussions with significant others.

- *series of drawings*: participants' self-expression through drawing a self-portrait were drawn as homework and handed in at different times during, or at the termination of the therapeutic conversations, participants' and researcher-therapist's co-constructed drawings of reflections upon four conversations drawn at the last conversation viewed as a follow-up conversation.

The research question

? As stated, the research question of this study explores the various meanings that women could construct with regards to their relationships with food in excess.

The construction of the main question directing the flow of the discussion is important, as it should not pre-empt any responses (De Vos & Van Zyl, 1998). At the outset of this study within the time period of writing my Doctoral proposal, I formulated the aim to be; to allow women's stories to be told. The stories would focus on exploring the women's experiences in various situations and challenging discourses surrounding their relationships with food in excess. The aim was explained, that I, as researcher-therapist would in conjunction with the participants, co-construct an alternative story or stories. My assumption was that through a narrative way of conversing with women they would be liberated to come out of the pantry. Consequently, I already had it in mind to formulate discourses and alternative stories from the text and this could be noted as researcher biases and assumptions.

The data analysis process

According to Newman (2000), data analysis in qualitative research means a search for patterns in data. Kelly (1990) includes multiple levels of analysis, with the researcher as an integral part of the research process. As research design of this study the essential idea in narrative inquiry is to use narrative methods within a therapeutic context for a smaller group to provide more in-depth understanding of constructs with regard to obesity (Lieblich et al., 1998).

To achieve the objectives of the current study, the following research procedures, as supported by Lieblich et al. (1998), were followed. Lieblich et al's (1998) model for the classification and organisation of types of narrative analysis with the aim of deriving at discoveries is used. Within this model different possibilities for reading, interpreting, and analysing life stories within two main independent dimensions emerge:

- holistic versus categorical approaches
- content versus form approaches

Lieblich et al. (1998) visualise these two dimensions as intersecting, resulting in a matrix of four cells, which consist of four modes of reading a narrative, as follows:

HOLISTIC-CONTENT	HOLISTIC-FORM
CATEGORICAL-CONTENT	CATEGORICAL-FORM

In this study the focus is on the *categorical-content analysis*. The narrative materials of the excessive food stories are processed analytically, namely, by breaking the text into relatively small units of content and submitting them to descriptive treatment. *Categorical-content analysis*, according to Lieblich et al. (1998), enables access to people's identity and personality. One of the clearest channels for learning about the 'inner' world is through verbal accounts and stories presented by individual narrators about their lives and their experienced reality. This is normally called *content analysis*, which is, in fact, the classical method for doing research with narrative materials in psychology, sociology and education (Manning & Cullum-Swan, 1994; Reisman, 1993). In this study narrative inquiry aims to derive narrative materials from a clinical setting through therapeutic conversations, art therapy and letters, guide participants and researcher-participant to see a dominant story (discourse) and an alternative story, helping them to re-author their stories and to clarify what choices they may have and wish to make (Winslade & Monk, 1999).

According to Neuman (2000) *content analysis* is useful for problems involving a large volume of text. A researcher can measure large amounts of text with sampling and multiple coders. *Content analysis* can reveal messages in a text that are difficult to see with casual observation. The creator of the text, or those who read it, may not be aware of all the themes, biases, or characteristics. In the current study, the literature study, transcribed text of five narrative conversations with each individual, the researcher's reflexive diary and the reflection notes on the reflections of the data, will amount to a large volume of text. *Content analysis* could allow the researcher to take a reflexive stance in analysing the data.

An example: By using narrative conversations as psychotherapeutic intervention, close attention to the participants' discourses can be given and alternative life stories may be created, that may otherwise not have been considered part of the experience. As researcher in a reflexive stance with reference to the reflexive diary, possible avenues are created to address my deeply entrenched self-perception or discourse, like food comforts me in times of stress. With a literature study of discourses and alternative stories about women's relationships with food, the plot surrounding food stories is thickened. *Content analysis* will enhance the main contribution of this study, which is to present the community with enriched food stories in the format of a narrative inquiry.

Neuman (2000) refers to adequacy in qualitative research, which means that the emphasis is not on the number of participants used, but the quality of data collected. Consequently, the relatively small number of participants in this study is not considered problematic; as saturation in the conversations was reached and no more information was needed (Creswell, 1997; Jordan et al., 2002; Neuman, 2000). Common features promoted by several authors (Creswell, 1997; Lieblich et al., 1998; Manning & Cullum-Swan, 1994; Neuman, 2000; Punch, 1998; Reisman, 1993) were used as guide for the content analysis of the data. The data was analysed in the following three steps:

Step 1: Open coding

Open coding constitutes a first level of conceptual analysis with the data. The idea is to open up the theoretical possibilities in the data (Punch, 1998). Although Neuman (2000) states that the researcher aims with open coding to focus on the data and assign code labels for themes, in this study, with open coding the aim is to discover discourses and alternative stories from broad responses.

66

For the purposes of clarification of concepts with the aim to 'operationalize' the relevant concepts through the following steps in the process of content analysis, a possible definition of discourse and alternative story follows:

- *Discourse* has variously been described by MacLeod (2002) and other authors in II-Narrative letter. In summary, a discourse has constructive, but also restrictive power in the cognitive, emotive and behaviour process of an individual, families and communities. It has a dual character, simultaneously constructing and restricting what can be known, said or experienced at any particular socio-historical moment. Discourse allows for shifts and flexibility, as a tension is constantly created between the constructive and restrictive, productive and undermining aspects of a discourse.

- *Alternative story* has been described by Hewson (1991) in II-Narrative letter as the new-old story. With the shifts and flexibility that the concept of discourse allows for during the narrative therapeutic conversations and the deconstruction of discourses, opens up space for the new-old story or alternative story to be explored by the researcher-therapist and participant. The new story is not a turn-off from the old road, but the continuation of a different, old road – one on which the person had been travelling without previously recognising that they were doing so, thus the new story is really a new-old story, hopefully with constructive power in the individual participants' life.

Keeping the aim of the therapeutic conversations in mind, with its underlying assumptions from a narrative perspective, the open coding was conducted, in stating discourses and alternative stories as broadly as possible.

Step 2: Axial coding

Axial coding is where the main categories which have emerged from open coding of the data are interconnected with each other (Punch, 1998). Strauss and Corbin (1998) state that the purpose of axial coding is to group the data that was fractured during open coding. Thus axial coding is about interconnecting the substantive categories which open coding has developed by looking for categories or concepts that cluster together.

Within the context of the narrative therapeutic conversations the focus was on the deconstructing questioning with regards to discourses and power relationships in people's lives that have a certain effect on their way of thinking, feeling and acting and consequently, the movement to alternative stories. Axial codes, like all other codes, should emerge from the data, and should not be forced

upon the data; whereas the natural data in this study is presented as discourses and alternative stories. Comparisons can be made between reappearing themes or concepts. New themes or concepts and questions can arise from axial coding. The connection between a theme and data is strengthened by multiple occurrences (Neuman, 2000). After re-reading data from the axial coding in the form of discourses and alternative stories, different themes from which discourses and alternative stories are described from text, emerged.

Step 3: Selective coding

Selective coding is the third stage in content analysis. Punch (1998) states that in selective coding the objective is to integrate and pull together the developing analysis with a central focus around which it is integrated. In this step of selective coding, the focus is on finding a higher-order concept, a central conceptual category at the second level of abstraction. All the participants are taken into consideration at this stage, not as a separate entity, but as a whole. According to Neuman (2000), selective coding involves examining the previous categories to make comparisons and contrasts after data collection is complete. In this final step the aim is to reach a richer description of the data by means of integrated discoveries, followed by a discussion thereof.

Concluding reflections

At the outset of this study a participant said that she wanted to participate because she believed that she could learn a lot about herself and that she specifically wanted to help me by telling her story, because she said: "You don't have a thin body either, you are overweight yourself. I think you will understand more about my experience of being fat, because you are also fat". Reflecting upon this statement the assumption could be that only fat people understand fat people with further reference to a feeling of belonging in a certain group against another group of people possibly in opposition and possible anger towards the apposing group. Awareness of this assumption and possible bias could contribute to distancing the researcher from also being a participant in this study.

Important to note that the reflexive stance used throughout this thesis could be helpful in reaching a point where the grand narratives such as obesity, in using content analysis, could be deconstructed, especially in the final letter, as being in the final analysis not merely other truths, but just another point of view. Finally, recognition is given that we as narrative thinkers share certain assumptions. Narrative therapy in the words of Doan (1998):

Narrative therapy has been associated with the assumptions of post-modernism and social constructionism; both of which support the notion that there are no truths, just points of view (p.379).

Hopefully this thesis depicts the different forms these assumptions could take in actively reading this thesis with whatever paradigm the reader chooses.

Co-author and researcher

Post script: Approximately 450 pages of transcriptions of the 25 conversations tape recorded are not included in this thesis.