

V - Letter of discoveries

Discovering food stories within conversation

Dear reader

It is a valuable discovery finding something that was there all along, but not realising it could become a new or fresh view of something old. In this study old discoveries could be new discoveries and unique within the context of each participant's and researcher-participant's food story separate from or connected to previous literary studies. Possibly you as the reader could have a similar or different discovering process.

The aim of this letter is to present the discoveries of the data analysis. Using content analysis the content of the four therapeutic conversations of each participant and the researcher-participant's reflections within the reflexive diary are given as discourses and alternative story discoveries. This includes a presentation of the coding, followed by an interpretative discussion of each integrated discovery found in the selective coding. The discoveries presented are the researcher's and two other researchers' accounts of the important discourses and alternative stories as co-constructed during the therapeutic process by the researcher-therapist and the participants and during the reflective construction of the researcher in the role of researcher-participant.

Discoveries

The data analysis is presented below. The first step (OPEN CODING) was designed to develop broad categories and organise the data into discourses and alternative stories. The second step was to interconnect the categories (AXIAL CODING) by grouping the broad discourses and alternative stories identified in the open coding in locating various themes. Thirdly, the various discourses and alternative stories identified in the axial coding were integrated and refined (SELECTIVE CODING) by making use of the different categorical levels; and making comparisons and contrasts.

Discoveries of open coding

With the use of open coding one example of discourse discovery from participants and the researcher-participant text is given in Table 1.

Table 1: Examples of discourse discoveries from open coding related to the participants and researcher-participant

Response	Open coding	Discourse
<p>First participant: What is bad about my husband's work load is that he goes away from home three or four times a year. When he is home, there is all this pressure from his friends and everything, and then I talked to him yesterday and he said that he won't come home late. I don't want him to come late from work and to go and drink with his friends and then he gets angry with me. But then they travel with one vehicle and they do go and drink and the time he wants to go home the others convince him to stay and drink with him...This happens regularly. This is what angers me so much, absolutely, this is not very nice.</p>	<ul style="list-style-type: none"> • Husband's work load • Goes away from home • Pressure from his friends • I talked to him • Said he won't come home late • I don't want him to be late and to drink with his friends • He gets angry with me • They do go and drink • This happens regularly • This is what angers me so much 	<p>D1 – Anger about my husband's work load and peer pressure from his colleagues affects my relationship with my husband on a regular basis.</p>
<p>Second participant: When I confronted my husband, we talked about it and he said yes it does bother him that I picked up so much weight...he said it is for the children's sake. It really made me think about it when he said this. Because he, you know, it won't bother him now, my children are still small and my husband says that he comes from a family where his mother and his grandmother were large women and then I asked him, but did this bother you? Then he said to me yes, sometimes it did bother him. And then I thought to myself and this angered me again, because why must it bother a child, because a child of two years old has the perception that this is his mother and he is proud of this...</p>	<ul style="list-style-type: none"> • I confronted my husband • We talked • It does bother him that I picked up so much weight • It really made me think • My children are still very small • My husband comes from a family... with large women • I asked him, did this bother you? • Sometimes it did bother him • This angered me again • A child of two years old • This is his mother and he is proud of this... 	<p>D1 – Anger towards husband's expectations for me to lose weight just like his mother before he will accept me, unlike my child's unconditional acceptance for who I am no matter how much I weigh.</p>
<p>Third participant: It is like I said, it was never an issue for me, I was thin 10 years ago, you know, and I really did not think that I will ever become overweight, but anyway, when I became pregnant with my first child, I picked up 40 kg. And you know in a way, how can I put it, my husband was happy that I was pregnant and everything, but he did not really accept the fact. I don't think he was ready to be a father at that stage and this really bothered me, even angered me.</p>	<ul style="list-style-type: none"> • Like I said • It was never an issue for me • I was thin • Did not think I will ever become overweight • Pregnant with my first child • I picked up 40kg • My husband was happy I was pregnant • He did not really accept the fact • Don't think he was ready to be a father • This really bothered me • Even angered me 	<p>D1 – Anger and blame towards my husband for not accepting me with regards to my overweight in the context of my first pregnancy and that he was not ready to be a father when I became a mother affected me to pick up 40kg.</p>

Response	Open coding	Discourse
<p>Fourth participant: I really suffer, because of my overweight body and you know I really do feel it more and more in my neck. I tell you today, in this time where I have not yet admitted this to my husband, because I am ashamed of this and it is embarrassing, but I suspect that my breast are becoming to large for my stomach muscles. While my husband and I can talk about anything, I am too embarrassed and ashamed to talk to him about how much I suffer with my overweight. I think it has something to do with me wanting to be dignified at all times.</p>	<ul style="list-style-type: none"> • I really suffer • My overweight body • Do feel it more and more in my neck • I tell you today • I have not yet admitted this to my husband • I am ashamed of this • It is embarrassing • I suspect my breasts are becoming too large for my stomach muscles • Embarrassed and ashamed to talk to him • Me wanting to be dignified at all times 	<p>D1 – Shame and embarrassment affect me in not communicating with my husband about my experience of my overweight body in relation to him, because “I wanted to be dignified at all times”.</p>
<p>Fifth participant: My husband tells me often that I do too much for other people and I think he is jealous, you know that I maybe just think of someone else and do something special for them on a specific day and he maybe needed me to be there for him all the time and I was not sensitive to his needs. Do you understand what I am saying to you? And then on a day like this he will confront me with this, so that I go out of my way to help him, but he does not thank me, but take it for granted.</p>	<ul style="list-style-type: none"> • My husband tells me often • I do too much for other people • I think he is jealous • I maybe just think of someone else • Do something special for them • He maybe needed me to be there for him • I was not sensitive to his needs • You understand what I am saying • He will confront me • I go out of my way to help him • Does not thank me • But take it for granted 	<p>D1 – When I feel taken for granted by my husband, I tend to do too much for other people, while neglecting my husbands’ needs and him expecting of me to be there exclusively for him.</p>
<p>Researcher-participant: Something I discovered a year ago about myself and food is that I could not hate food, because whenever times are tough or easy I tend to nurture myself with food.</p>	<ul style="list-style-type: none"> • I discovered • About myself and food • Whenever times are touch or easy • Nurture myself with food 	<p>D1 – I could not hate food, because whenever times are tough or easy I tend to nurture myself with food.</p>

Important to note that alternative stories were developed during the narrative therapeutic process and are given here as one example from participants and the researcher-participant text in Table 2.

Table 2: Examples of alternative story(s) discoveries from open coding related to the participants and researcher-participant

Response	Open coding	Alternative story
<p>First participant: Something that I sometimes do if I know that I am going to be alone, I will go and sit down and do some material painting or some needle work or do something that take my thoughts away from the tornado...the effect this have on me is that everything becomes more clear and I don't want to overeat. I feel I am doing something productive. I feel I can cope more.</p>	<ul style="list-style-type: none"> • I sometimes do • I am going to be alone • Go and sit down • Do some material painting or needle work • Take my thoughts away from the tornado • Everything becomes more clear • Don't want to overeat • Doing something productive • Can cope more 	<p>A1 – When I am creative in painting and needlework it helps me to deal with the tornado experience and it makes me feel that if I am productive I can cope.</p>
<p>Second participant: I believe that hope is an inner attitude of openness towards God's people and love...you experience what you expect and you expect what you are open to.</p>	<ul style="list-style-type: none"> • I believe • Hope is an inner attitude • Openness towards God's people and love • You experience • You expect • What you are open to 	<p>A1 – Believing in the definition of hope is helpful and gives me hope and openness to others and myself.</p>
<p>Third participant: Last time I saw you and talked to you, I have learnt how to love myself, to accept myself, to accept and forgive people that I love, to talk to my friends and husband about my problems; thereby giving expression to my emotions.</p>	<ul style="list-style-type: none"> • I saw you • Talked to you • Have learnt • How to love myself • Accept myself • Accept and forgive people I love • Talk to my friends and husband • My problems • Giving expression to my emotions 	<p>A1 – In the context of a previous therapeutic relationship with the researcher-therapist I have learnt how to love myself, to accept myself, to accept and forgive people that I love, to talk to significant others about my problems; thereby giving expression to my emotions.</p>
<p>Fourth participant: After this study I want to move on to a healthy lifestyle. I think the crux of combating overweight is in making a lifestyle adjustment with the aim to have a healthier lifestyle.</p>	<ul style="list-style-type: none"> • Move on • A healthy lifestyle • Crux of combating overweight • Lifestyle adjustment • Healthier lifestyle 	<p>A1 – To have a healthy lifestyle is the crux of combating overweight.</p>
<p>Fifth participant: I have two examples where I have said no to others when they want to take me for granted and misuse me; by saying "I can do this much and not any more".</p>	<ul style="list-style-type: none"> • Two examples • I have said no to others • To take me for granted • Misuse me • I can do this much and not anymore 	<p>A1 – Saying no and setting boundaries to others is helpful when they want to take me for granted and misuse me.</p>

Response	Open coding	Alternative story
<p>Researcher-participant: To see the first and following participant's interest in discussing their relationship with food in excess showed me that "I am not alone in my struggle to make meaning of my experience with food."</p>	<ul style="list-style-type: none"> • Participant's interest • In discussing • Their relationship with food in excess • Not alone • In my struggle • To make meaning • My experience with food 	<p>A1 – Interpersonal sharing relieves my lonely struggle to find what food means to me.</p>

Due to a large volume of text see Appendix B for discourses and alternative stories as discoveries from open coding.

Discoveries of axial coding

Within the narrative therapeutic conversations the focus was on the deconstructive questioning with regards to and rich descriptions of **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**. The general aim of axial coding is to interconnect the broad categories identified in the open coding. The various categories are integrated and refined. In the process of examining and re-reading the data presented as discourses and alternative stories in the open coding, various themes became evident. Due to a large volume of text the discourses (18 themes) and alternative stories (10 themes) are listed as follows.

Discourses according to themes from axial coding:

- Theme 1: In relationship to anger and frustration
- Theme 2: In relationship to fear, loneliness and rejection
- Theme 3: In relationship to love / hate and comfort
- Theme 4: In relationship to sadness and hurt
- Theme 5: In relationship to guilt
- Theme 6: In relationship to inferiority
- Theme 7: In relationship to mistrust
- Theme 8: Internalised beliefs
- Theme 9: Body perceptions
- Theme 10: Voices of control
- Theme 11: Overeating in action
- Theme 12: Communication in action

Theme 13: Blaming in action

Theme 14: In relationship to stressful situations

Theme 15: In relationship to traumatic experiences

Theme 16: Familial themes and voices

Theme 17: Socio-cultural power and voices

Theme 18: Living with an overweight identity

Alternative stories according to themes from axial coding

Theme 1: In relationship to self-worth, self-love and love from others

Theme 2: Learning experience and externalised decision

Theme 3: Constructive communication in action

Theme 4: Participating in creative arts and handiwork

Theme 5: Taking initiative in business

Theme 6: Personal abilities in action

Theme 7: Story before marriage when I was fit and thin

Theme 8: Participating in alternative ways of taking care of myself

Theme 9: Prospective healthy lifestyle

Theme 10: Prospect of taking care of physical appearance

See Appendix C for the complete version of discourses and alternative stories as discoveries according to various themes from axial coding.

Integrated discoveries of selective coding and discussion

In the process of placing the individual participant's and researcher-participant's discourses and alternative stories as themes, the necessity for further refining on an integrated level, became evident. From selective coding, the previous themes are examined and combined; highlighting comparisons and contrasts between the participants and the researcher-participant.

Integrated discourses

Here follows an integrated view of the collective discourses according to themes from axial coding.

Theme 1: In relationship to anger and frustration**Integrated Discovery**

From the axial coding women's feelings of frustration underlined the emotion of anger. In relationship with food in excess the participants and researcher-participant portrayed anger in relationship toward their spouse, others and themselves as follows:

- *Anger directed towards their spouse included:* husband's expectations for her to lose weight after being pregnant, that according to spouse, children are ashamed of their mothers when they are fat, that a mothers responsibilities toward her children did not allow her to exercise and take control of eating habits, that the husband's needs were more important than her own, that women felt taken for granted, that the husband spent too much time away from her and that husbands' friends thought of her as too controlling.
- *Anger directed towards others included:* society's (with the focus on thin people) exploitation of, unfair treatment, insensitive teasing and remarks to fat people in general, society's perception that fat people were stupid or not fit to do a certain job, society's perception that thin people are more successful than fat people, society's expectations that a fat person must lose weight with wonder treatments or an all or nothing thinking with regards to diets, mother's voices that said that certain types of clothing made you look fatter or thinner, others taking responsibility out of her hands, people thinking that her genetic make-up was the cause of her fatness, society's non-acknowledgement that binging was an acceptable way of coping, and the label of a fuller figure implying that she was fat, family making misuse of her financially, others not reciprocating love as good as she gave love and others not allowing discussion of taboo subjects within families.
- *Anger directed towards herself included:* after the process of overeating, for not choosing to eat healthy, for not expressing her emotions in other ways, for placing other's needs above her own, allowing herself to waist her energy on guilt feelings.

Discussion

According to DeFoore (1988) anger is one of the feelings that come when our safety is threatened. Anger is a protective response. Without anger as an ally we are only afraid (DeFoore, 1988). It is interesting to note from this discovery that the direction of anger is mostly toward others consisting of family and society. A possible explanation is that it has something to do with the notion that society's negative views towards obese people justify the participants' anger towards society. Therefore it is justifiable to blame society for not understanding or hearing or seeing how difficult the experience of a fat person is. Anger could then become a destructive influence where the obese

person does not take responsibility for these feelings, rather blaming society, others and themselves. As stated in literature the obese patients substitute feelings of anger or frustration or dependency needs into feelings of hunger (Gross, 1983). It is possible that overeating is a way for participants to keep on being angry towards others and themselves, thus perpetuating a vicious circle of not losing control over their anger. It seems like the overeating process could have a pacifying effect on their feelings of anger.

In the narrative therapeutic context anger could be externalised, where the person is in a relationship with anger as if anger has a life of its own. The obese person is free to choose to buy into anger's destructive power or use anger to a constructive advantage, for example an obese woman could choose to use her anger as a productive power in her business, expressive arts or spending more time in communicating how anger is affecting her and the person she is in a relationship with. Anger as construct in relational context to obese women is rarely discussed in literature. Future research on this topic in relation to women's relationship with food in excess could be done.

Theme 2: In relationship to fear, loneliness and rejection

Integrated Discovery

As depicted from axial coding in relationships with food in excess the participants' and researcher-participant's fear was described within different contexts as follows:

- Fear in terms of loneliness and rejection in relationship with significant others and sometimes during the overeating process.
- Fear of failure in work and studies and not eating healthy and following an exercise program.
- Fear of not being good enough.
- Fear of accumulating more weight.
- Fear from unwanted attention from men.
- Fear that her daughter will also become overweight.
- Fear of early death caused by health risks.
- Not being fearful enough of medical situation to lose weight.
- Fear of being caught when eating alone.
- Fear of being left alone when other overweight people lose a lot of weight.

Discussion

As stated in literature, surely one root of women's fear of overweight lies in the harsh negative views of society toward obesity – particularly toward obesity in women. Fear is the natural first-

level reaction to threat (DeFoore, 1988), in the context of the feeling of being rejected and lonely. From this discovery there are physical and psychological levels of experiencing fear within relationships and different roles. DeFoore (1988) continues by saying that because we are hurt, we learn to fear. We fear being hurt again. Fear is natural. Deny your fear and you don't have it, it has you. Your actions are then governed by your fear, and you will find yourself feeling like a victim in any fearful situation. By denying or suppressing our fear, we give away all of our power. By claiming and embracing fear as our own, we claim the power to act and to protect our *vulnerable inner child* (DeFoore, 1988).

In a narrative context the construct 'inner child' are externalised and could be viewed as women's internalised beliefs formed at the developmental age of a child. Understanding and learning from their experiences and internalised beliefs formed at the developmental age of a child, the participants could choose to live out a preferred story of resolving fearful situations, regardless of the past stories of the destructive power of fear. Fear as construct in relational context to obese women is rarely discussed in literature. Future research on this topic in relation to women's relationship with food in excess could be done.

Theme 3: In relationship to love / hate and comfort

Integrated Discovery
<p>From the axial coding women's love / hate relationships and feelings of comfort are described in terms of people and food as follows:</p> <ul style="list-style-type: none"> • <i>Love / hate and people:</i> sacrificial love from her will draw others to reciprocate love and acceptance, her need to be loved by others in the context of the essence of who she is, children give unconditional love and support, she hates thin people thinking that they know how it feels to be fat, nobody can love like she can love, the belief that she is not worthy to be loved, people in general cannot love her, pleasing others and taking care of them so that she will be acknowledged as a good enough person or daughter, she consoles herself with food when her mother does not console or take care of her, she makes food like her mother to console herself with the loss of her mother, she hates it when others are dishonest with her about how she looks, she hates others unrealistic expectations; and since childhood significant others comforted her with food. • <i>Love / hate / comfort and food:</i> Food is a loving and comforting place, overeating makes her feel better for a short while, food and the tornado (overeating process) has been there for her, unwanted attention from men drives her to find comfort in food, food is a reward, overeating has a calming effect on her, eating comfort food after punishing herself by

putting herself down, she has a passionate, loving, friendly and special relationship with food, she has a love-hate relationship with food, self-pity and food as a place of comfort go hand in hand; and food as her comforter tells the lie of “just one more piece of bread, don’t worry it won’t make you fat...”.

Discussion

On the one hand this discovery highlights participants’ desire for being loved perfectly in relationship with significant others, which in effect is never satisfied, only by food. Then also food’s function has been to comfort and take care of them in the absence of significant other’s care and nurturing relationships. As stated in literature in White’s (2002) South African study, a group of grade 12 girls made lists of reasons why people might decide to overeat; to comfort themselves, to show appreciation and love are among the reasons. When our need for love isn’t perfectly met, each of us is hurt as a natural part of growing up. This may have been unintentional, as is the case with much abandonment and neglect. Our parents may have had serious problems of their own; however, they may have deliberately hurt us (DeFoore, 1988). From literature Wise (1981) suggested that when a child experiences a lack of nurturing from the mother figure, the child could start overeating to nurture him or herself.

In the narrative context the need women have to be loved and comforted by significant others are replaced by their experience of overeating food as a comfort. Food is described more as a friend rather than an enemy. This could be a powerful reason for maintaining their overeating pattern even after being on several diets and trying to lose weight. Love / hate and comfort as constructs in relational context to obese women are rarely discussed in literature. Future research on this topic in relation to women’s relationship with food in excess could be done.

Theme 4: In relationship to sadness and hurt

Integrated Discovery

From the axial coding the experience of sadness and hurt is a justifiable reason for overeating, after negative comments; gossip and judgement from others have taken place. Sadness and hurt are expressed within seclusion and away from others, because “crying in front of others makes you vulnerable, therefore I do not show my emotions”. Participants and researcher-participant expressed from data that they do not feel heard or listened to by others, especially in context of their hurt and pain. Also from data in terms of sadness and hurt and the handling of such emotions are not taught by mothers, therefore sadness and hurt cannot be shown to others.

Discussion

DeFoore (1988) reasons that when we are afraid of losing control, it's not anger we are afraid of, but the anger that has been building up over a long period of time. It results from being hurt and sad and keeping all the feelings inside. Hurting is part of loving and therefore, it is also a part of living. We are hurt because of how incredibly vulnerable we are. This is a natural part of being a human being and living on this planet. There is nothing wrong with hurting. The important thing is what we do about it (DeFoore, 1988). From this discovery it is clear that the participant's and researcher-participant's discourses of hurt perpetuated the overeating process.

In a narrative context the stories of women's relationship to sadness and hurt are possibly in alliance with their relationships to the above mentioned discourse relationships. It is possible that these discourse relationships, like anger, frustration, fear, loneliness, rejection and hate could be perceived as being more visible than sadness and hurt. Therefore sadness and hurt places the participants at a vulnerable position and disable them to face their every day life they live in, whereas anger and frustration could be helpful for them to cope with every day stresses. Hurt and sadness as constructs in relational context to obese women is rarely discussed in literature. Future research on this topic in relation to women's relationship with food in excess could be done.

Theme 5: In relationship to guilt

Integrated Discovery
<p>The participants and researcher-participant experienced <i>guilt</i> within relationship with someone with regards to several issues as follows:</p> <ul style="list-style-type: none"> • <i>Husband</i>: for fighting with him, he might be ashamed of her overweight body. • <i>Others</i>: being ashamed of her weight in the presence of others in general, when others challenge and force her to take responsibility for her eating habits and a healthy lifestyle, when she thinks bad things about others and are angry with them, when her overweight has a negative influence on her daughter's eating habits, when she considers herself, her children and her husband's needs less important than others. • <i>Themselves</i>: being overweight, every time she overeats (before and after), that she was not a good enough daughter while her mother was still alive, not being allowed to be thin because this will make her sexy and attractive to men.

Discussion

Guilt is usually accompanied by a sense of self-blame, remorse and a desire to make amends for real or imagined wrongdoing (Erikson, 1963). As stated in literature, the obese have disturbances in

self-evaluation also; therefore feelings of guilt and shame over their inability to control their weight are likely to diminish their self-esteem in some areas of functioning (Wadden & Foster, 1992). Further in literature, Stunkard's (1993) perspective was that at the present time, however, we know enough to help patients to a better understanding of their obesity. The information about the influence of genetic factors, for example, can help to relieve the shame and guilt that so many obese people feel about their weight, while the importance of environmental factors provides them with the hope that they may be able to control their weight.

In a narrative context women's relationship to guilt has sexual overtones, whereas the overeating process and the physical result of experiencing being fat become a protection for women to not participate in physical and sexual activities but rather choosing to live with the guilt. Guilt as construct in relational context to obese women is rarely discussed in literature. Future research on this topic in relation to women's relationship with food in excess could be done.

Theme 6: In relationship to inferiority

Integrated Discovery
<p>The participants and researcher-participant experienced <i>inferiority</i> within relationship with someone with regards to several issues as follows:</p> <ul style="list-style-type: none"> • <i>Husband</i>: not good enough in his eyes, her feelings and thoughts are not important to him, he must make her feel better about herself, his needs are more important than hers, she is not sexually pleasing enough for her husband, he takes her for granted. • <i>Others</i>: others negative feelings toward her makes her feel bad about herself, she is everybody's caregiver and can't say "no" to others to the detriment of herself, others opinions and needs are more important than her own, not good enough in others' eyes, she carries others' burdens and is the least in relationships, others are superior to her because she is overweight. • <i>Themselves</i>: she feels like she is nothing special and is being treated like a doormat, she feels taken for granted, overeating makes her feel worse about herself, she overeats when she puts herself down or sacrifices her time for others, low self-worth is sometimes a hindrance to her self-confidence, believes she is not good enough for she is a failure, like others she also does not believe in her own abilities, she believed she was nothing and now she believes that she is nearly pretty.

Discussion

Erikson (1963) defines inferiority as feelings of worthlessness and inadequacy, coming from the self and the social environment and negative emotional orientation toward success and achievement in one or more of the following components, such as; social skills, cooperativeness and interpersonal sensitivity. Furthermore, the social environment also generates feelings of inferiority through the process of social comparison. This can encourage feelings of inferiority through the negative value that it places on any kind of failure. A sense of learned helplessness may result from subjective perceptions of inability, and constitutes a belief that one’s efforts have little to do with success or failure and that the outcome of most situations is largely outside one’s control (Erikson, 1963).

In the narrative context ‘inferiority’ as a construct is in the name itself a disabling power in the participant’s life, for example feelings of not being good enough or being the doormat. It is possible that comparison could be the power entity underlying the construct ‘inferiority’. Comparison between the fat participant and society’s views or thin peoples’ views could possibly play a role, for example; the fat person comparing herself with a thin person as being superior or successful. Inferiority as construct in relational context to obese women is rarely discussed in literature. Future research on this topic in relation to women’s relationship with food in excess could be done.

Theme 7: In relationship to mistrust

Integrated Discovery
<p>The participants and researcher-participant experienced <i>mistrust</i> in relationship with someone with regards to several issues as follows:</p> <ul style="list-style-type: none"> • <i>Husband</i>: having an affair, his love for her in the context of painful experiences. • <i>Men in general</i>: when women don’t give their man sex they will find it with someone else. • <i>Others</i>: to help her to lose weight. • <i>Themselves</i>: her intuition about certain issues, to lose big amounts of weight and to get to goal weight, she will always stay at the point of a see-saw with her weight.

Discussion

In this discovery the discourse is mainly described according the construct of mistrust. According to Erikson (1963) mistrust is an emotional wariness, a lack of confidence in the good intentions of others, and doubt about one’s own lovableness. In a narrative context the construct mistrust is mostly focussed on the husband or men which could be an indication of mistrust toward sexual

intentions and toward skewed bodily experiences of themselves. Weight being a changeable factor on a continuous basis could be the visual expression of the participants' mistrust. Mistrust as construct in relational context to obese women is rarely discussed in literature. Future research on this topic in relation to women's relationship with food in excess could be done.

Important to note that themes 1 to 7 are interconnected in terms of the feelings and emotions that are described; which could be an indication of the participants' emotional meanings attached to their relationship with food in excess. These themes are also hermeneutic in nature in that they constantly influence the appearance of each other in relationship to the participants. From data the main theme, which could be described as a change agent, of the participants' emotional experience are their relationship to anger.

As stated in literature, rather than separating women's thoughts and feelings of affection toward themselves; these two levels of self-affection could have an influence on each other at any given point in time and situation, thus being interwoven with one another. Furthermore, as stated, negative feelings don't necessarily cause negative thoughts and visa versa. The same could be said for positive thoughts and feelings. Supporting research regarding the interplay between affective and cognitive processes has been done (see, Erber & Tesser, 1992; Parrott & Sabini, 1990; Petty, Schumann, Richman & Strathman, 1993; Smith & Shaffer, 1991). In theme 8 there is a movement from women's emotional experiences to cognitive experiences depicted as the construct 'internalised beliefs' as follows.

Theme 8: Internalised beliefs

Integrated Discovery
<p>Depicted from axial coding most of the discourse discoveries in the whole picture of data analysis are described at a cognitive level, where internalised beliefs about themselves have been formulated at some point in time. The participants' and researcher-participant's internalised beliefs are described in relationship with husbands and men in general, others, weight, reasons for losing weight and personal beliefs as follows.</p> <ul style="list-style-type: none"> • <i>Relationship with husband:</i> The need to have a perfect relationship with her husband, husband must be a knight in shining armour, in marriage, intimacy is depicted by open communication rather than sex, sex should be seen as holy by men, weight gain during pregnancy gives her husband the right not to have sexual intercourse, she has the right to know where her husband is at all times, she must always do what her husband wants her to do, her husband only thinks she looks pretty when she is thin, her husband does not believe

that she is capable of losing weight, she believes that her husband will take another woman.

- *Relationship with men in general:* All men are alike with regards with their sexual desires, all men treat women like sexual objects, men should be held in high regard all the time, men are supposed to eat more than women, she will be better than boys or men at being holy.
- *Relationship with others:* Others opinion of her is important, people have negative perceptions of me in general, she rebels against the thinking that she “must show others that she has control over her eating habits at all times”, her mother’s family taught her how not to show emotions, children cannot complete tasks as adequately as adults, all thin people are judgemental toward fat people, others judge her according to her clothing and not for who she is, she wants others to be fat with her, others must accept her for who she is and not for how she looks, she is showing society that she is disrespecting her body by overeating, the older a fat woman the more socially acceptable she is, it is more important to help others to the detriment of herself, being the victim in relationship to others makes her holier than them and it is ok to pity herself.
- *Relationship with weight:* Overweight will cause something bad to happen to her unborn child during pregnancy, it is too difficult for her to lose weight, she needs to put a switch on in her mind to be able to start to lose weight, pregnancy and having children give her the right to overeat, happiness is equated to being overweight, she must draw the line somewhere so that she could lose weight, losing weight can always start tomorrow, she questions the necessity to lose weight if others like her just the way she is, weighing herself on a scale isn’t good for her for this triggers her to achieve the perfect body weight, diets and quick fixes are a death sentence, restrictions with regards to dieting cause her to have an unrealistic, unhealthy and unnatural relationship with food,
- *Reasons for losing weight:* for her husband to find her more attractive, to prove her family members wrong that she can lose the weight, to look good in her clothes, to make other women jealous, to make men desire her, she lives in fear that her husband will leave her for another woman, to win a competition between girlfriends, and so that her son will not be ashamed of her at school.
- *Personal belief:* Her inner being, maturity, wisdom, passivity and dreamer like qualities are more important than her physical appearance, she is the type of person who loves to eat good food, she can’t live without good food, she wants to feel better about herself more than feeling guilty, she regards herself as having a high self-image regardless of her negative body-image, she defines beautiful people primarily as being beautiful within their personality, she is happy for not having a closet-problem like other eating disorders,

overeating is not such a big psychological problem and need not be talked about, she must work herself to death to please everyone, her dignity in wearing bigger dress sizes and honesty about being overweight are more important than to implement a healthy life style, it is better to be a plain and uncomplicated person rather than a highly sophisticated, sexually attractive person, the price to pay in terms of delicious food is too high in order to have a healthy life style, she is dependant on food just like an alcoholic is dependant on alcohol, it is her fate to be like her mother, she doesn't accept positive feedback all the time, their belief that sex is bad and he does not love her or do things for her in the right way.

Discussion

According to Smuts (1992) an individual develops a certain attitude or perspective throughout their life span. Within the context of individuals' nature and quality of their relationships and interactions with others, they have unique perceptions of the world. Individuals' unique perceptions could also be constructed as unique discourses that have come into existence during their life span. As stated, the construct of self-awareness is described as internally focused attention that may increase the accessibility of one's general self-schema or self-concept, which in turn can influence collecting and processing self-relevant information (Carver & Scheier, 1981; Carver, Lawrence & Scheier, 1996). The process of self-evaluation culminates in a process of self-awareness. As described by Natsoulas (1998), a person's self-awareness must take place in any instance of consciousness that is based on evidence from the past.

In a narrative context internalised beliefs are decisions that participants make to believe in a certain way at a certain timeframe and context in the past that has become internalised beliefs in the present. These beliefs are internalised truths in the sense that the participants do not question their validity in their every day lives. Internalised beliefs could be described on a cognitive level, which refers to how people think, learn and remember (Jordaan & Jordaan, 1987). Cognitive ability is related to sensory observation persons make, their communication with other people and their ability to process information (Louw, 1996). Internalised beliefs are formed on a cognitive level and this discourse discovery varies from internalised beliefs formed from past experiences as follows:

- Sexuality and communication issues with regards to husbands and men.
- In relationship towards others, the participants and researcher-participant had internalised beliefs that they were not good enough.
- Internalised beliefs about weight issues in a relational context also appeared.

- Personal beliefs of the so-called very valid reasons to keep their weight at an overweight level, thus becoming and playing an overweight role.

By means of a deconstructive questioning process, within the narrative therapeutic context, the validity of internalised beliefs of obese women in the present are explored. The experience of this deconstructive process tends to open up avenues of new thought processes about their internalised beliefs that serve as a change agent from absolute truths to relevant constructs. Personal agency is given to the obese women to explore more options of how to deal with above mentioned internalised beliefs. The construct of internalised beliefs in relational context to obese women is rarely discussed in literature. Future research on this topic in relation to women's relationship with food in excess could be done.

Theme 9: Body perceptions

Integrated Discovery
Participants and researcher-participant have the following perceptions of their bodies: <ul style="list-style-type: none">• She is fat and ugly and fat is unacceptable, must be hidden by oversized clothes, and is negative about restrictive physical activities.• She tells herself that she is unacceptable and unloved by others and herself for being fat and ugly.• Her body-image is a by-product, but is not who she really is and others judging her accordingly.• She is conscious of the fact that she is very visible to others.• She is disgusted and ashamed of her fat body.• She does not like looking at her fat body.• She does not have confidence in her physical appearance and links this to a low self-worth.• Her body-image is low or high depending on how she feels on a certain day.• Self-image is more important than her body-image.

Discussion

In this discourse discovery body-image are constructed as body perceptions and could be synonymous with talking about women's relationship with food in excess or as depicted in the literature the label of obesity. Emphasis is placed on self-image being more important than body-image, possibly implying that there is an unequal premise placed on different levels of psychological functioning in that emotional and cognitive levels are more important than an individual's physical being. Therefore there could be stages during the overeating periods that

obese women ignore their overweight as if it is not important. From literature a woman's feelings about her weight may be a particularly crucial aspect of her body-image (Abell & Richards, 1996). From literature obese women often block their own reactions towards their own body-image, inner needs and feelings (Gous, 1995). Importantly, across the life span, body-image can be seen as a vital aspect of self-worth and mental health (Potash, 2002).

As stated, body-image may be understood as a multidimensional self-attitude toward one's body, particularly its appearance (Muth & Cash, 1997). As described in literature, the feminist theorists reason that the feminine body is constructed as an object to be looked at (McKinley & Hyde, 1996) and because of this construction; women learn to view their bodies as if they are outside observers. Although obese women are very visible in body size, they do not experience the real size of their bodies; but only experience themselves as fat or non-existent.

In a narrative context, the social aspect of body perceptions dictates that obese women see themselves with regard to their own perception of others perceptions of them, possibly highlighting the disturbance of their body perceptions. The way women perceive their bodies could also be changeable at certain stages of their actual weight, constantly influencing the way they feel and think about themselves. In a sense diets and weight loss becomes the enemy in the way they perceive their bodies as good enough or not.

Theme 10: Voices of control

Integrated Discovery

From axial coding it is clear that most of the participants' and researcher-participant's voices of control is internalised voices from an external source, where their husband, children, family, society, circumstances, financial stress, the overeating process and time are blamed or described as having the control over their eating habits or basic emotional, cognitive and behavioural functioning on a day to day basis. The construct of voices of control are described in terms of their relationships with food in excess with words like, "I feel overwhelmed and restless", "this makes me feel powerless", "out of control", "not taking responsibility for my eating habits" or "I cannot lose weight by myself". Furthermore, the construct of voices of control are described in terms of participants' dependency on others' perceptions of them or thoughts, feelings or actions toward them as follows:

- Her happy or sad feelings depend on her husbands happy or sad feelings.
- When she experiences doubt or mistrust in her relationship with her husband she continues to do something even to her own detriment.

- She is oversensitive to other’s perception of her overweight.
- She is always waiting for something to happen to trigger her into starting to lose weight and this makes her doubt if she must or must not start to lose weight.

Discussion

In this discourse discovery the construct locus of control found in literature are constructed as voices of control. A voice of control means that there are various relevant internalised voices from significant others in the participants’ lives from past experiences that have control of how they think, feel or act in the present. A voice of control is internalised voices from an external source. Voices of control could also be described as a dependency upon others. The literature reported that obese women are more prone to have an external locus of control, possibly because they felt that they had less personal control over their social environment and over there impulses and desires (Rodin, Schank & Striegel-Moore, 1989). As stated by Friedman (1999) an external locus of control orientation may follow from, rather than precede, the obese state. However, as stated, with relation to weight reduction, controversial findings have been reported. Some support the superior ability of internals to lose weight, while others found no difference between internals and externals, at least in the short term (Nir & Neuman, 1995). In the narrative context the construct of internals and externals could be described as follows.

- Internals are persons who have the ability to externalise their voices of control and take personal agency or responsibility for their overweight; and
- Externals are persons who hold on to their internalised voices of control as absolute truths in their lives.

Within the narrative therapeutic framework the narrative tool of externalisation is especially valuable to help the abovementioned externals to explore the power relations they have with the voices of significant others in the past and how they could have personal agency in choosing to ignore the voice, discard it or embrace it as their own.

Theme 11: Overeating in action

Integrated Discovery
<p>Overeating is the main action taken by the participants and researcher-participant in their relationships with food in excess. From axial coding it became clear that the overeating process had certain triggers to start and within the midst (middle) of, description within various contexts.</p> <p>In general the overeating process starts in reaction to conflict in significant relationships, work and</p>

financial stress, as well as types of food in terms of its taste.

- *Conflict in significant relationships (others and self):* her husband does not spend time with her and her child, avoiding conflict with husband, when she and her husband experience difficulties in their sexual relationship, husband does not respect and treat her like a queen, when she suspects her husband lusts after other women, when her husband does not do what she expects of him, she is afraid that her husband will be late from work, too demanding expectations from others and herself with regards to a healthy life style and restrictions of diets, after family gatherings where she feels rejected and not good enough, overeating once during a period of dieting triggers her into a cycle of overeating, her belief that there is still a lot of time to work on a healthy lifestyle, she unconsciously prepares herself to overeat, passivity triggers her overeating, conflicting feelings and emotions of anxiety, frustration, fear of being alone, helplessness, discouragement, depression, guilt, anger towards her mother and others, conflicting thoughts through negative self-talk; and during times of menstruation she tends to overeat more.
- *Work and financial stress:* not communicating with her husband about financial difficulties, overeating as an escape from her day to day stressors.
- *Types of food in terms of its taste:* she likes delicious food, does not like diet food.

Description given in terms of being in the **midst (middle)** of the overeating process includes: it is a passive action while spending time with her child and in front of the TV, her brain works overtime, eating happens automatically, it is an overactive thinking process, worrying is present, it is a friend or an enemy, it is like a wind that twirls, like a tornado experience, it has a paralysing effect on her where she can space out and not take responsibility for what she is feeling.

From axial coding overeating is sometimes linked to past experiences like molestation and loss of significant others.

Discussion

Interesting to note that overeating is depicted in this discovery as a process with a beginning and middle with the possibility that it does not end unless it is stopped. Depicted from this discourse discovery there are different reasons for the participant and researcher-participant to overeat. From literature, in relation to the life world of an obese person possible binge-eating episodes, on a daily and weekly basis and constantly being on diets could be an integral part of the eating style or pattern. It is difficult to define what constitutes an eating binge, but two proposed criteria provide a reasonable first approximation. They are eating in a discrete period of time more food than most

people would eat, combined with a reported lack of control during the binge (Wadden & Stunkard, 1993). However, from literature, historically physical inactivity has been seen as playing a major role in the development of obesity, thus obesity developed due to decreased activity, rather than overeating (Johnson, Burke & Mayer, 1956; Rose & Mayer, 1968). Furthermore, Smith and Petty (1995) stated that a variety of behaviours have been associated with mood regulation, one example being overeating.

Also stated, the literature is inconclusive as to the causal role that dieting plays in the development of binge eating in obese people (Howard & Porzelius, 1999). However, in Telch and Agras' (1993) study, it was found that caloric restriction leads to binge-eating episodes in obese people. Furthermore overeating is sometimes linked to past experiences like molestation and loss of significant others (see the relationship to traumatic experiences as integrated discovery later in this letter).

In a narrative context overeating in action could primarily be connected to their emotional level of psychological functioning, whereas they experience conflicting feelings and emotions of anxiety, frustration, fear of being alone, helplessness, discouragement, depression, guilt, anger towards others; and conflicting thoughts through negative self-talk. This discovery is the possible crux depicting the necessity for researching the psychological functioning of obese women and their relationship to food in excess.

Theme 12: Communication in action

Integrated Discovery
<p>Depicted from data the participants and researcher-participant described problematic communication skills, whereas in relationship with others and themselves they are left alone, misunderstood and unheard on an emotional level. Problematic communication skills are described as follows:</p> <ul style="list-style-type: none">• She and her husband struggle to communicate about work, sex, their marriage, her feelings and how she thinks about things.• She demands to be heard by others in a specific way and they just don't know how to listen to her.• She demands that people must talk to one another and sort their problems out.• She is always the listener in relationship with others, keeping peace in conflict situations.• She avoids confrontation.

- She used different coping skills like ignoring someone, confrontation, the silent treatment and talking nicely and none of them seemed helpful in relationship with significant others.
- She feels she does not have the skills to communicate to others how she feels.
- She rather withdraws herself from relationships than interacting with others.
- Constant negative feedback from others makes her believe that she is unacceptable.
- Talking about her overweight body makes others uncomfortable because it's supposed to be a taboo subject.
- Women's bodies also have a voice which is not heard.

Discussion

Although depicted from this discourse discovery, some participants describe the need to be heard and experience feelings of being misunderstood; they do not partake in communicating their needs, thoughts and feelings to significant others possibly because they are not confrontational in a relational context. Another possible reason could be their high expectations they set for significant others to think, act and feel just like them within specific contexts. The possible perception could be that others need to understand and take the initiative in constructive communication. According to Dimbley and Burton (1985) communication may be filtered or blocked by attitudes, beliefs and values. Attitudes are particular views of people, situations and events. They are based on beliefs. These are the most common causes of difficulties with interpersonal communication. These filters shape what we say before we say it and affect what we interpret what others say to us (Dimbley & Burton, 1985). In a narrative context the lack of communication skills in relationship with significant others and themselves tend to be destructive in how participants think, feel and act, whereas constructive communication skills could be learned or re-learned.

Theme 13: Blaming in action

Integrated Discovery

Blaming others and self for being overweight is a clear discourse discovery from axial coding. The participants and researcher-participants blaming action is described as follows:

- *Blame husband for:* not spending enough time with her and their child, for spending time with friends and she is alone at home, her being overweight, not having sex with her even though she did not have sex with him or didn't want to have sex with him for long periods of time, her fear with regards to her possible failure in the workplace, disillusionment in marriage, not taking her needs into consideration, not helping her to have a healthy lifestyle since her marriage and pregnancies.

- *Blame others for:* the media and society for making her believe that she is unacceptable for being a fat person, family of origin for demanding that she take care of them since childhood, for making her feel guilty when she does not help significant others, her being overweight and her excessive eating habits, the male gender for their unwanted attention and declaring that they are the superior gender.
- *Blame herself for:* overeating and after overeating, not having a healthy lifestyle since her marriage and pregnancies, not making people listen to what her needs are or to show them who she is, listening to self-pity and being the victim.

Discussion

Within a narrative context, as regards internalised voices of control, whereas individuals believe that external voices of significant others or circumstances are to blame. In this discovery the media, society, husbands and others are blamed. Possibly within families, blaming of others and self are a discourse that people abide to so that they don't take the responsibility or don't recognise that they have the personal agency to take the responsibility for what is happening to them at a certain given moment in time. Blaming-story(s) could possibly be destructive to these participants' experiences of becoming healthy or happy within themselves.

Theme 14: In relationship to stressful situations

Integrated Discovery

Stress was described by the participants and researcher-participant as a common reason for an overeating episode; therefore they have the justifiable right to escape present negative thoughts, feelings or behaviour. Stressful situations vary from work, financial, family and other relationship related situations. Overeating in times of stress gives them a short lived energy spurt to continue functioning within a given situation. Stressful times give them a good reason to pick up weight.

Discussion

From this discourse discovery stressful situations vary from work, financial, family and other relationship related situations. In a narrative context overeating in action has the possible function of helping participants to continue functioning in stressful situations as a possible justification for gaining weight. From literature, obese persons may experience emotional distress on encountering the negative feelings of society and can internalise these, modifying their self-images (Molinari & Riva, 1995).

Theme 15: In relationship to traumatic experiences

Integrated Discovery
From axial coding unresolved traumatic experiences are linked to the reason or a reason why participants tend to overeat within different contexts. Related to these women’s relationships with food in excess are; childhood molestation and loss of a significant other.

Discussion

Traumatic incidents could be a cause of obesity (Gross, 1983). For example an adult survivor of sexual abuse in childhood, where the woman has an unconscious need to be strong and large to protect herself and obesity is a means to an end. Another example is the loss of a loved one at an early age, where obesity becomes a way of dealing with the grief the woman experiences at certain points in her life. Phillips (2001) stated that the powerhouse in any story is the will of the characters to get or do what matters to them. So *they need to know what matters* (possible traumatic event); it needs to matter enough that they are prepared to work for it, and they need to understand what it would take to get what they want.

Theme 16: Familial themes and voices

Integrated Discovery
<p>Within the family context the axial coding revealed various internalised beliefs of different family members, participants and researcher-participant as follows:</p> <ul style="list-style-type: none"> • Children must come first and be protected no matter what. • Children must always be accepting of their mothers’ body weight. • Her husband is just like her father. • She serves her husband, because her mother served her father and this is what women do. • Mother’s voice: “a man is the boss and a woman is a slave”. • Family time is very important. • Her mother-in-law’s voice: “men can look on the menu, but they must eat at home” and “we must lose some weight otherwise our husbands will find other women”. • Genetically it is more difficult for her family members to lose weight. • Health risks in her family of origin; high blood pressure, cholesterol and heart attacks. • She feels unacceptable as a person in the context of her mother discussing others’ overweight. • Family routine of eating in front of the TV. • She is the peacemaker in her family where she places everybody else’s needs above her

own.

- According to her mother and/or other members of the family overeating behaviour is a comfort in times of stress and work pressure.
- In the context of family gatherings family discussions lead to unpleasant emotional experiences which leads to overeating.
- Crying about a loss of a loved one is not helping her and her family to come to terms with this loss.
- Sexuality has been a taboo subject since childhood within her family context.
- Father's voice: "always look at the bright side in life" culminated into her wanting "not to just accept positive feedback all the time".
- She must rescue her family, because they cannot live without her.
- *Gender role identity*: mothering her husband, the sign of a happy family is the presence of a consistent, steadfast, dignified and well dressed mother figure, her responsibilities as a mother cause her to lose control over her healthy lifestyle, her mother needed to push aside many of her dreams in the early years of her marriage and therefore she is pushing many of her dreams aside for the moment, she decided to nurture herself with food just like her mother nurtured herself with food and this is OK, she often dieted with her mother since childhood where they restricted their food intake, she has learnt her love for food from her mother, after the loss of her mother she has been fulfilling her mother's role in her family of origin by preparing the same food like her mother becoming the mother and grandmother in her own family and with her children, she believes that mothers can overeat while they are pregnant, because they are mothers and this is what mothers do, in many ways she has become like her mother in character and in relationships with others.

Discussion

There is a minimal amount of literature available focussing on the family dynamics of obese persons (Gous, 1995), even though the family is the basic building block of society. As stated, a possible reason for this, according to Louw (1989), is that obesity is not necessarily related to specific pathology in a family. Although, it is theorised that a focus on female appearance starts in childhood through parental commentary and continues to impact a woman's body and psychological functioning in her adult life (Swartz, Phares, Tantleff-Dunn & Thompson, 1999). This discovery opens up many issues surrounding the family dynamics playing a role in these participants' relationships with food in excess. While no two families are alike; each operates according to its own rules and traditions, directed by the needs and personalities of its members,

they are also a reflection of the society in which they participate. Internalised beliefs with regards to feelings, thoughts and behaviour in their relationship with food in excess are possibly modelled during childhood and strengthened through the practicing of these in a relational context. Future research could be done in discovering the meanings women give to their food-experiences within their family of origin and its relevancy in their present family as adults.

Theme 17: Socio-cultural power and voices

Integrated Discovery

Within the socio-cultural context the axial coding revealed various voices from society and Afrikaans culture that affected participants and researcher-participant to formulate internalised beliefs as follows:

- If a girl becomes pregnant before marriage she has to marry the father of the baby.
- “Men are kings, women are slaves”.
- Women believe that they are servants of men.
- Afrikaner, Christian men are the head of the household, women are the wife, mother and caregiver of children.
- Society judging her according to her looks, therefore she is unacceptable.
- Fat people cannot do their work properly.
- Afrikaners are fat, because they love eating meat.
- Society equates thinness with success in the workplace.
- In the 1970 and 80’s sexuality was considered a taboo subject.
- In 1970 children were allowed to be seen and not heard and family members did not talk about painful experiences or express their emotions, but now in 1990 families communicate more and children’s voices are allowed to be heard.
- Considering others and serving others are important Christian virtues.
- Experiencing group pressure from other overweight women to be fat with them, “so that we won’t be alone”.
- When women become pregnant they should eat for two.
- We always eat with our eyes so if the food table looks pretty and full of unhealthy food, we tend to overeat.
- “If you are fat, you are not supposed to wear revealing clothing”.
- Media portrays a thin is beautiful message.
- Fat people are failures.
- All female teenagers through all centuries can tell stories about diets and their unhealthy

effects on her as an individual.

- Society believes that fat people are to be blamed because they are fat.

Discussion

As stated, despite societal expectations of slimness, the prevalence of obesity is increasing (Kuczmarski, Flegal, Campbell & Johnson, 1994; Lyznicki, Young, Riggs & Davis, 2001). From this discovery it is clear that socio-cultural factors have a major effect on these participants regarding their relationships with food in excess. As stated the participants and researcher-participant sample consisted of the following characteristics; Afrikaans speaking, Christian, female, married with one or two children, ages ranging between 30-40 years, with a bodyweight defined as obese ($\geq 45\text{kg}$); and in a career setting, where two of the participants have their own businesses and researcher-participant is in private practice. Each of these characteristics could also be vantage points from which these participants experience and describe socio-cultural factors within discourses. From this discovery, the socio-cultural events set in the historical context of these participants life span development is set in the 1970 and 80's where sexuality was considered a taboo subject, as well as in the 1970's where children were allowed to be seen and not heard and family members did not talk about painful experiences or express their emotions. In 1990 families communicate more and children's voices are allowed to be heard. Consequently, historical context implies that a person does not live or experience in a vacuum, but rather that each person develops within a particular set of circumstances determined by the historical time in which he or she is born and the culture in which he or she grows up.

As stated in literature, cultural stories determine the dimensions that organise people's experiences (Zimmerman & Dickerson, 1994). From literature, while cultural influences may be less important than genes in a statistical sense, they are more important in terms of the treatment and prevention of obesity. This is simply for the reason that cultural predispositions to obesity are changeable. A culture is an integrated system, so that a change in one part causes changes on the other levels (Brown, 1993).

Theme 18: Living with an overweight identity

Integrated Discovery

The participants and researcher-participant experienced *an overweight identity* in relationship with someone with regards to several issues as follows:

- *Overweight identity*: being overweight since childhood where she matured faster than her

peers giving a fat body-image, her thyroid gland, genetics, high cholesterol and health risks have a influence on her being overweight, she is well informed regarding diets and weight-loss methods but decides not to adhere to them because they have failed her in the past, she wants acceptance for who she is and not just for how she looks, she links her self-confidence to “who she is” and her self-worth to “how she looks”, during pregnancy she accumulated a lot of weight, her perception that she is fatter than she is at a given moment in time, she does not want to be reminded that she is fat all the time, she gives up easily during the weight-loss period due to her impatience to reach goal weight, after gaining 40 kg or more she starts to worry about her weight and the struggle with diets start again, believing she is a happy person and feeling that she does not look so bad in comparison to other fat people stops her from losing weight, since childhood she was less intent on caring for her physical appearance than other children, since childhood physical activity has been unfamiliar to her and therefore unwanted, her overweight stood in her way of boys liking her during childhood, restricted food intake always makes her want to overeat afterwards, missing her mother during her two pregnancies made her gain a lot of weight.

Discussion

Erikson (1963) defines identity as comprising a content component, what one thinks about, one's values, beliefs, and traits and an evaluation component, the significance one places on each component of the identity. In terms of this discovery, these participants have developed an overweight identity. Erikson (1963) further explains that the content component of identity emerges as the inner or private self and the public self.

As stated in literature, body-image lies at the heart of adolescence as it is an important part of identity development, particularly at the stage of adolescence when accommodation to pubertal change is a key developmental task (Ferron, 1997). From literature in the matter of gender role identity, Rodin et al. (1988) proposed that maternal modelling of a highly appearance-invested mother or one who worries about, or disparages her own looks, may abet a daughter's development of disturbances in body-image and eating. The issue of feelings of confusion of obese women in relational context is rarely discussed in literature. Future research on this topic in relation to women's relationship with food in excess could be done. Although the adolescent identity of overweight women has been widely researched, more research could be done specifically with reference to the overweight-identity and gender role identity of adult obese women.

Alternative stories

Here follows an integrated view of the collective alternative stories according to themes from axial coding.

Theme 1: In relationship to self-worth, self-love and love from others

Integrated Discovery
<p>From the axial coding the participants and researcher-participant described self-love, self-acceptance, self-worth and love from others as follows:</p> <ul style="list-style-type: none"> • When she turns self-hate into self-love, being proud of herself and becoming her own mother and comforter she feels nurtured and alternative ways of comforting herself are explored. • Self-forgiveness and self-acceptance help her to stop blaming others and herself for being fat and overeating. • It is her responsibility to listen and accept herself. • Self-acceptance enables her to feel better about herself, to take care of her physical appearance, to comfort her body by physically holding her body in times of stress, to deal with negative comments in a more constructive manner, to experience other’s acceptance of her on a more regular basis, to accept others just as they are and to take responsibility for a healthy lifestyle. • Her relationship with God has given her a better understanding of His fruit of the Spirit such as; patience, love, self-control, self-confidence and self-respect. • Self-acceptance is her friend against unwanted male attention and she strives to be seen as equal to the male gender. • Self-worth enables her to prove to others that she can live a healthy lifestyle, to change her perception of other people’s negative perception of her being fat and ugly and to believe that she is good enough and worthy just because she is who she is and it does not matter what others say. • She feels worthy through her handiwork and others compliments. • She has the right to allow her voice to be heard, because she is worth being listened to with regards to her experiences of her relationship with food in excess. • Her experience of being loved by others living or dead, comforts, means a lot and brings healing to her. • Spending more time with her husband and children makes her feel more loved and accepted.

- Her experience of God's grace, mercy and love has made her more thankful for who she is just like she is in the moment.

Discussion

Self-love and self-acceptance are depicted as alternative discoveries. The construct of self-love and self-acceptance in literature on obese women has not been described as a preferred story, therefore research possibilities are endless. Self-love and self-acceptance could possibly be helpful in making new meanings surrounding the body-image distortion these participants struggle with. Accepting and loving yourself on a physical, psychological and spiritual level, with special emphasis on acceptance and love of your overweight body, could be a starting point in searching for new meaning regarding the reason to lose weight, or to seek happiness and health, as well as the experience of obesity. Possibly, with this alternative story the discourse to love or nurture themselves with food shifted to them taking responsibility of nurturing themselves in alternative and more healthy ways on an emotional level of human functioning.

From literature, there are social norms that are neurotic in nature and they set impossible standards for female beauty, resulting in body-image disturbance and destroying women's self-worth (Freedman, 1988). Self-worth could be conceptualised as an individual feeling good about themselves regardless of negative thoughts or perceptions. In every day language self-worth could be described as a person being worthy in relation to the good work he or she is doing. Depicted from this discovery self-worth is described in terms of participants work making them worthy and the right participants have to be listened to and to be heard, just because worth is a given attribute without the necessity to earn it. Further research on this matter is needed and could be challenging.

Furthermore, the loving support from significant others is depicted as an alternative discovery. Significant others consist of friends, family and God. Depicted from data, experiencing love and support from significant others have a healing effect on the participants. New research could be done on the role which support from significant others could play in creating a healthy and more constructive environment for obese persons to take responsibility for living healthier lifestyles.

Theme 2: Learning experience and externalised decision

Integrated Discovery

From axial coding most of the alternative stories in the whole picture of data analysis are described at a cognitive level of psychological functioning, where learning or re-learning experiences and decisions or re-making decisions about themselves have been formulated in the past and

reformulated at some point during and after the therapeutic conversations. The participants' and researcher-participant's learning experiences and decisions are described as follows:

<i>Learning experience</i>	<i>Externalised decisions</i>
<ul style="list-style-type: none"> • Good judgement helps her to understand and plan alternative strategies to combat her overeating process or tornado experience. • Talking about painful experiences can be difficult, but remembering friends from the past in these difficult times enables her to remember that she was not alone. • If she looks after herself on different levels everything will fall into place and this is her responsibility. • She hopes for hope and happiness for her family after the therapeutic conversations and she knows the importance of having hope within relationships. • Proving others wrong, happiness and health are some reasons for her to lose weight. • It is not important anymore to try and please others the whole time and her opinion is important. • It is important to not be stuck in the past but to focus on the future by living daily in the here and now. • Perseverance helps her to sort out difficult problems and intellectual and emotional stumbling blocks. • Expressing her emotions and her changed perception that she is beautiful even though she is fat makes her more 	<ul style="list-style-type: none"> • She is going to think twice before acting impulsively and be calm with regards to others and the overeating process or tornado. • She chooses to believe differently than negatively about herself. • Becoming more mature, taking courage and responsibility for her actions. • She is going to set goals for herself and work on her goals. • She chooses not to allow the media and society's opinions with regard to overweight influence her negatively anymore. • Happiness does not depend on others, only on herself, and this will be her motto in life. • She wants to be a winner. • She is going to make use of spiritual support from God and emotional support from friends and family to lose weight. • People must take or leave her just as she is even if they accept it or not, she is who she is. • She will lose weight on her own time and without punishing herself. • A few years ago she made a calculated decision that she will never ever pay someone again to help her to become thin, because the answer to a healthy

<p>human and approachable to others.</p> <ul style="list-style-type: none"> • Self-awareness about several issues in relationship with significant others with regards to her relationship with food in excess enables her to understand herself and others. • There are more stories to describe herself with than only a fat story. • “Wanting to” rather than “must” lose weight could be a healthier and more workable alternative to overeating. • Others’ unhealthy relationships with food give her a wake-up call for her own health and well-being status. • She does not need to lose weight because by dressing herself professionally she likes how she looks, but limited options in larger dress sizes brings the reality to her that she needs to lose some weight. • Her definition of success in losing weight is:” A good day for her is when she did not overeat to satisfy her emotions, used more fat free products to combat high cholesterol or have a moderate fat intake”. • For the first time in many years she feels that she has discovered herself as an individual separate from her mother. • She is not alone in her struggle to make meaning of her experience with food. • Her “sexuality” is a special gift. • The freedom of choice is an act of her will to carry out her decision about something. 	<p>lifestyle is within her.</p> <ul style="list-style-type: none"> • To change her overweight condition to a more healthy weight she decides to make a lifestyle change. • She is going to a dietician and is committed to lose weight for health reasons only. • She is motivated to lose weight after hearing others’ success stories. • Set rules don’t work for her, so the only rule would be “low fat and healthy”. • She is not going to pity herself anymore but focus on the good things and characteristics that she has. • She has decided to incorporate memories of her mother in her life thus helping her not to focus on overeating anymore. • Spend more time with her family and nurturing herself. • To have authority to say no to someone without losing her softness as a woman. • To set boundaries with regards to what she is prepared to do for others or not. • To incorporate her experience of her physical body into her thoughts and emotions. • To use externalisation of her problems and to go for walks in times of stress more often. • To take full responsibility for her past hurts and to break free from her own “blaming game”. • To “eat herself to the death, because others do not listen to her” is not an
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<ul style="list-style-type: none"> • Her body has a voice just like her mind, emotions and soul. • Her family has outgrown her rescuing act and this makes her feel a sense of loss, but at the same time a sense of release and relief. • Consuming food is important for us as people/human beings to stay alive, thus to survive. 	<p>option anymore.</p>
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Discussion

Above mentioned description of the internalised beliefs discoveries as discourses, could be applied to the learning experience and externalised decision of the alternative story discoveries, whereas the difference is in the possible constructive learning experiences through narrative therapeutic conversations regarding participant’s internalised beliefs which were previously set in their ways, restrictive and unchangeable. Learning experiences possibly enable participants to become self-aware about several issues in relationship with significant others with regards to their relationship with food in excess and this enables them to make responsible decisions concerning their health and happiness. The decision-making process becomes more evident in the light of the participants’ learning experiences as alternative stories, whereas the possibility of choices becomes more evident. New research could be done on these aspects of the learning experience and decision making process on a cognitive level of psychological functioning, regarding women in relationship with food in excess deciding to create a healthy lifestyle.

Theme 3: Constructive communication in action

Integrated Discovery
<p>Depicted from data the participants and researcher-participant described constructive communication, in the context of therapeutic conversations, relationship with others and themselves as follows:</p> <ul style="list-style-type: none"> • <i>In context of therapeutic conversations:</i> feels more in control of eating habits and other areas of her life, her passion to create has been rekindled, is reconciled with her inner-child, experienced healing, found herself again, her voice and opinions are heard, to face herself and others, made her grow as a person, learnt self-love, self-acceptance, forgiveness of self and others and how to talk to others more often, talking about her relationship with

food in excess and her body opened up space for other overweight people to disclose their experiences, her feeling that she belongs somewhere, to openly talk about women's sexuality with others, enriching herself as a person.

- *Others*: protects herself from negative feedback from others by not telling others about her creative handiwork she has done, is used to being praised for her creative abilities, saying no to others when they want to take her for granted and misuse her, positive feedback from others about her weight-loss and that she looks good makes her feel good about herself, communicates more with her husband in general, how to discipline the children, her sexual needs, feelings and about her health needs, takes courage to talk to her family of origin about past taboo subjects, expressing her opinions and emotions to others, communing with God in a mistrust relationship about her relationship with food in excess is helpful, setting boundaries by communicating her needs to others, spending time with her family around the dinner table so that they can communicate better, continued constructive communication with regard to her relationship with food in excess is necessary for her and others to reach a healthy lifestyle.
- *Themselves*: Positive self-talk, allowing her body to speak to her more often and then listening, being aware of the healing factor of staying in her room to deal with her feelings and emotions through self-talk.

Discussion

According to Dimbley and Burton (1985) one basic purpose that we all have in communicating is to give, get and exchange information. The act of communication is a kind of behaviour. Therefore we communicate with others in order to modify their behaviour. People learn to communicate in different ways according to their upbringing. So the idea that communication is a kind of behaviour helps people to look at why they communicate as they do. For example, if a person isn't good at apologising to people, this is because he or she hasn't learnt much about how to do this (Dimbley & Burton, 1985).

Furthermore, it could be said that everything we learn, every piece of information that we acquire changes our behaviour to some extent in the end. Every piece of communication which we experience may affect our attitudes and beliefs in some small way (Dimbley & Burton, 1985). Within this study communication could be very powerful and constructive in assisting women in their relationship with food in excess to create a healthier lifestyle. From this exposé a space for women and others has emerged in which to constructively communicate their feelings, thoughts and actions within relationships with the therapist-researcher, others and self.

Theme 4: Participating in creative arts and handiwork

Integrated Discovery
<p>An individual participant’s alternative story, which is to participate in creative arts and handiwork, is mainly described in terms of helping her in combating her overeating process or tornado experience. Positive input from her participation in creative arts and handiwork are as follows: makes her feel that she can cope, helps her to calm down and be peaceful, gives her a sense of joy, helps her through painful experiences since her childhood, helps her to be more in control of her eating habits, makes her feel better about herself, it is a safe, nurturing, relaxing and special place where she can express her thoughts and feelings, she feels that she can take on the world and that she can accomplish many things and she can allow herself to be like a child sometimes while doing the work.</p>

Discussion

Torrance (1967) describes creativity as a natural human process, where human needs are involved in each stage of the process. This process gives room for the specifying of products. The behavioural perspective of the construct of creativity proposes that creative behaviour demonstrates uniqueness and value in the product delivered by a specific person (Parnes, 1972). This discovery could be summarised as a child-like joyful place to be when the individual participant participates in creative arts. Creative arts are particularly helpful in expressing herself on an emotional level of psychological functioning and to be more in control of her eating habits.

Theme 5: Taking initiative in business

Integrated Discovery
<p>An individual participant’s alternative story, which is to take initiative in business, is mainly described in terms of linking it to how she can apply business principles to her combating her overeating process. Positive input from her taking the initiative in business is as follows: marketing her business and believing in her handiwork, having a feeling of being in control, she dislikes being dependent on others, do unto others as you would have them do unto you, aesthetic value is important, take care of yourself and others, perseverance is sometimes the only option, having faith in God is a nessasary asset with regards to success, treat people with respect, keep employees happy and then she will receive happiness or good will come back from the employees, loyalty and good judgement are very important and to be strong and to cope no matter what.</p>

Discussion

According to Erikson (1963) the positive pole of the psychosocial challenge of the pre-school period is initiative. Interesting to note that this participant has very constructive ideas in taking care of her business, whereas the possibility exists that if she could extrapolate her business skills and knowledge to her relationship with food in excess and apply this knowledge, a new-old story could develop. The assumption of human nature that an individual has more stories than just an obese story and that the obese story could be part of the fuller description of the individual’s self, is applicable.

Theme 6: Personal abilities in action

Integrated Discovery
<p>Depicted from data the participants and researcher-participant described their personal abilities as follows: stubbornness and perseverance to become fit, self-assertiveness in discerning that overeating is not a safe place, she has creative and problem solving skills, belief in herself, self-confidence, inner strength that comprises happiness, love, patience and new perspectives on life, faith in God that He accepts her for who she is, self-acceptance, self-love, self-awareness, to use her sense of humour with regard to her relationship with food in excess, taking responsibility, to assume an emotional distance from her dysfunctional patterns in her family of origin, uniqueness as a special quality she has, being a people’s person, to be caring and sharing with others, being a go-getter, sense of courage, standing up for herself, honesty and open communication.</p>

Discussion

Depicted from this discovery is a wide range of personal abilities participants and researcher-participant have that could be constructive in helping them attain a healthy and happy lifestyle. In doing research on personal abilities of women it is possible that the list of abilities within context could become endless. As stated in literature, within the narrative therapeutic setting O’Hanlon (1994) argues that if narrative therapists do not believe wholeheartedly, that people are not their problem and that their difficulties are social and personal constructions, then they will not see these transformations.

Theme 7: Story before marriage when I was fit and thin

Integrated Discovery
<p>An individual participant’s alternative story is described in the context of before marriage when she was fit and thin. In this context she described the following characteristics she knew about herself as her having perseverance, love for life, self-belief that she can do it and being stubborn. Being fit</p>

resulted in her having a feeling of accomplishment, feeling better spiritually and physically and proud of herself. The main reason for becoming fit and eating healthy was the realisation that she can do it, will do it and that it will be good for her health.

Discussion

This discovery is set in a past context when this participant was fit and thin before marriage. It is possible that the positive and constructive pay-offs or gains she received at this time could be a situation she desires to regain or re-live as an opposite to her experience of obesity. By exploring this desired past context of fitness and thinness could lead to new-old avenues of fitness and thinness in this participants' married life. The telling of this alternative story portrays her personal abilities and the effect fitness and thinness had on her wellbeing as a person.

Theme 8: Participating in alternative ways of taking care of myself

Integrated Discovery

Depicted from data the participants and researcher-participant described their participation in alternative ways of taking care of themselves as follows: planning her time spent on nurturing herself with healthier ways than food, keeping a reflexive journal with regards to her own thoughts and feelings with regards to her relationship with food in excess, dealing with her emotions is a peacemaking process in trying to accept the things she cannot change, daily planning of food intake and exercise, she commits herself for low fat food, when she feels emotional about the loss of her mother she takes a walk in the garden, looks at old photos or merely asks "why is it necessary to put something in my mouth if I am really not hungry?", she decided to stand still and take time for herself when there is too much pressure and stress, she allows herself to have more resting times in shorter periods of time, taking care of herself firstly gives her more room to take care of her family and to take walks helps her to feel more relaxed and to release her pent-up energy and to be more focussed, time out in her room now and then, writing, drawing or taking a prayer retreat.

Discussion

Becoming your own primary nurturer or caregiver in different ways than overeating is the main focus of this discovery. The nurturing and comforting role of excessive and unhealthy foods is replaced with different emotional expressions, physical and cognitive outlets than before. Research on generating new ideas instead of being nurtured by food could be very interesting and innovative.

Theme 9: Prospective healthy lifestyle**Integrated Discovery**

From the axial coding the participants and researcher-participant described their decision to choose a healthy lifestyle, as; if she is in control of her eating habits and more self-confident she can cope better with stress, to eat healthy during her second pregnancy is important, she feels some freedom from her struggles with food and she believes she has the choice in what she eats and when she eats it and in which context, she wants and is responsible for a healthy lifestyle not only for her benefit but also for her children, she feels better about herself when she is physically fit, exercise and eat healthy food, fitness relieves hunger pains and fills an emotional void, a healthy lifestyle is more important than just to focus on losing her extra weight, she wants to lose weight to be healthy, she wants to fit into her clothes, have more lust for life, lose bad habits, healthy eating means to cut out sugar and to eat more vegetables, knowledge about health risks with regards to overweight helps her to realise the importance of going for a medical check-up, her happiness and health are the greatest reasons for her to lose weight, she is changing her thoughts from “I must” to “I want to lose weight”, being in contact with her body’s voice that she is unhealthy and sometimes in pain, she decided to follow a weight management program to the best of her ability with responsibility, she eats to be healthy and to have quality of life, having balance in eating and exercise, she has a healthier outlook and experience of her body space.

Discussion

Depicted from this discovery *a healthy lifestyle is more important than just to focus on losing extra weight*. From literature, obesity is seen as a medical problem, as an illness and could be the cause of other diseases. Furthermore, Rothblum (1999) argues that the power relations within the health businesses at play are nested in the billions of dollars that are at stake and many companies would lose revenue or go bankrupt if women became satisfied with their bodies to the point of not joining health clubs, not undergoing plastic surgery, or wearing comfortable clothing that was unrelated to the annual changing fashion dictates.

From literature, on an individual level, self-esteem appears to be related to positive mental health or psychological well-being (Mruk, 1995). As Bednar, Wells and Peterson (1989) say, for instance, “It has been repeatedly demonstrated that self-esteem and psychological health are related to favourable psychological consequences in a variety of psychological situations” (p. 190). Also stated, a holistic approach to the care being provided to the client should include a focus on health and well-being, not weight. This approach needs to encompass not only health outcomes, but also needs to take into account each individual’s perspective on success, health status, weight history

and goals related to appearance and body size, and that nurses must refuse to participate in cultural stereotypes related to fatness and challenge the sexist bias inherent in the cultural ideal for women's bodies (Allan, 1994).

Theme 10: Prospect of taking care of physical appearance

Integrated Discovery
<p>From the axial coding the participants and researcher-participant described their decision to take care of their physical appearance, as that she is now motivated to take care of herself, to look pretty, to make new clothes, because she wants to take care of her physical appearance, when her physical appearance improved she felt that she showed people her real self, an alternative meaning for her experience of overweight is that she is beautiful but that she just has to go to extra trouble to beautify herself, she is taking care of her body more often and this makes her feel better about herself.</p>

Discussion

These participants and researcher-participant taking care of their physical body and appearance as alternative discovery; could have developed within the narrative therapeutic setting where their bodies were given voices to communicate in relationship to the emotive, cognitive, spiritual and behavioural parts of the self. The assumption is that each individual's physical need is also important in relation to other parts of human functioning.

Concluding reflections

As reported by Bruner and Kalmar (1998) self grows in an environment of its own making. The events and circumstances that shape self are themselves constructed, products of self-generated meaning making shaped to fit our growing conceptions of selves and the events we encounter are coded and filtered at the very entry port by our perception of the world (Bruner, 1973, 1992; Neisser, 1988; Niedenthal & Kitayama, 1994). So while the experienced world may produce self, self also produces the experienced world, all of which suggests that the self is not only constructed, but also that it's mode of construction is massively hermeneutic. Perhaps it is this interpretive feature of self-construction that imposes certain conceptual structures upon self (Bruner & Kalmar, 1998). As stated, the defining processes of participants' selves are co-constructed between the researcher-therapist and an individual participant. In this study the subjective nature of therapeutic conversations allowed for unique constructions of selves, which in itself is possibly larger than the description given regarding an obese person or obesity. With this statement in mind, it is evident

from the data that psychological functioning could form part of the defining process of women's selves which have been co-constructed between the researcher-therapist, each participant and the world around them.

Linking literature with the integrated discourses and alternative stories discoveries, contribute to the trustworthiness of this study. In this letter the integrated discourse discoveries from the text of therapeutic conversations and reflexive diary of researcher-participant; as well as an existing literature on obesity; are used as the first two steps in the data triangulation process. The psychological aspects of obesity in existing literature comprise mainly self-esteem issues, psychological disturbance, intrapsychic- and interpersonal factors. Although there were several similarities from literature and these discoveries, specifically on psychological, environmental and developmental functioning of obese women; each similarity had deeper and fuller descriptions within the narrative context. The main similarities were found in the constructs such as body-image constructed as body perceptions; inner beliefs constructed as internalised beliefs; overeating in action and socio-cultural voices and power. The main differences between literature and discoveries were focussed more on the emotional functioning of participants in terms of constructs such as anger, frustration, fear, loneliness, rejection, love / hate, comfort, sadness, hurt, guilt, inferiority and mistrust. There is a gap in literature on these areas of psychological functioning, which highlights this study's valuable contribution to the field of research. Another gap found in literature and presented by these discoveries is the references to traumatic experiences such as the experience of sexual abuse and loss being a trigger for overeating. Furthermore, there were small nuances in difference between existing literature and this study's discoveries in terms of familial themes, which gave a richer and fuller description. One of the main nuances was the emphasis on discussion of sexuality being a taboo subject in families. Also another area of difference and a gap in literature is the integrated discovery of communication in action, whereas the main focus is on the participants having difficulty to communicate in a constructive manner with significant others. Finally, one of the interesting phenomenon's that emerged from data was the participants having an overweight identity as if they are born and bred to be overweight without the possibility of change.

From the integrated alternative discoveries it is important to note that each participant has similar as well as unique preferred stories which could be related to their specific and unique way of thinking, feeling and acting, as well as meaningful opportunities presenting themselves in specific situations and in a specific time frame. Within a narrative therapeutic framework during the process of deconstructing questioning of existing discourses; alternative stories emerged from the data evidence. Within this study's context participant's personal agency, where alternative stories are

put into action could be explained within the context of exploring obese women's psychological functioning. Possibly this discovery emphasises the opening up of space for women's voices to be heard with regard to their internalised world experiences during the meaning making process of discourses and especially within the context of discovering relevant alternative stories within a narrative therapeutic setting.

In this letter the integrated alternative stories discoveries from the text of therapeutic conversations and reflexive diary of researcher-participant; as well as an existing literature on obesity; are also used as the first two steps in the data triangulation process. The main alternative stories in literature emphasises weight loss as a cure for obesity seen as an illness according to the medical model. Weight loss is seen as a direct result for magically making the obese women healthy and to psychologically feel better about herself in so doing she is declared a healthy person. This study's alternative stories highlighted psychological functioning within the narrative therapeutic context. Specific themes seen as unique outcomes for individual participants were as follows; participating in creative arts and handiwork, taking initiative in business, story before marriage when she was fit and thin. Several participants had similar alternative stories, such as personal abilities in action, participating in alternative ways of taking care of themselves. Some themes emerged as prospective alternative stories (meaning a decision that could be practiced in the future), such as specific externalised decisions, experiencing self-love and self-worth more often, having a prospective healthy lifestyle and the prospect of taking care of their physical appearance.

Important to note that the participants processes of integrating these alternative stories on a psychological level could be explained as the co-construction process within a specific time-frame, for example, during the therapeutic process, within therapeutic conversations, in between and thereafter. Possibly during this time some of the alternative stories could become lived experiences now and in the future, old stories turn into new-old stories, which could give personal agency to an individual to affect the environment and developmental functioning as being a re-authored story.

Based on narrative work done by Zimmerman and Dickerson (1994) some effects are considered in the discoveries presented in this study. It is clear that each participant's story makes sense; in fact, it is inevitable in the context in which it evolved. These stories also have some limiting effects for person's lives; they are not irrelevant to the interactional process. By following the implications of these stories in conversations, more space seems to be created for the participants and researcher-participant to notice other possibilities for themselves and about their significant others. Another effect is the richness of the experiences brought forth, experiences full of affect and images; the

narratives of people's lives are dynamic responses to questions reflecting the therapist's theoretical constructions. By following Zimmerman and Dickerson (1994), from a narrative perspective, there are certain effects for the participants and the researcher-participant that allow us to notice and reconstitute our lives along lines we may prefer, and to develop more preferred versions of ourselves. This study is a valuable contribution to the limited research on the psychological functioning of obese women and their relationship with food in excess.

Possibly the usage of qualitative methods such as narrative inquiry as research design and content analysis in data analysis have sufficiently answered the research question such as exploring the various meanings that women could construct with regards to their relationships with food in excess. From discoveries it is clear that future studies, focussing on psychological functioning, could be helpful in deriving fuller and richer descriptions and refining theoretical statements and so on in an ever-growing circle of understanding. As stated, 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) construct of 'grounded theory', can enrich further reading.

In telling and re-telling the un-preferred and preferred stories

Co-author and researcher