# A qualitative investigation into life course stages and transitions that can be associated with a high risk of excessive weight gain in men

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**Thesis**

**PhD Consumer Science (Food Management)**

Supervisor: Prof HM de KLerk
Co-supervisor: Prof HM Vogel
Co-supervisor: Dr FAM Wenhold

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by

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Thesis submitted in fulfilment of the requirements for the degree

**PhD in Consumer Science (Food Management)**

in the

**Faculty of Natural and Agricultural Science**
**Department of Consumer Science**
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Supervisor: Prof HM de KLerk
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**October 2012**

# DEDICATION

*This work is dedicated to:*

*Lauren,*

*Megan*

*&*

*Mienke*

# DECLARATION

I, **Hester Helena Van der Spuy**, hereby declare that the thesis for the **PhD in Consumer Science** degree at the University of Pretoria, hereby submitted by me, has not previously been submitted for a degree at this or any other university and that it is my own work in design and execution and that all reference material contained herein has been duly acknowledged.

**HESTER HELENA VAN DER SPUY**

September 2012

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# SUMMARY

Title of thesis: **A qualitative investigation into life course stages and transitions with a high risk of excessive weight gain in men**

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In this qualitative study excessive weight gain in men is placed in the context of a life course trajectory with its characteristic stages. A combination of symbolic interactionism and life course perspectives was deemed appropriate for studying obesity as their basic assumptions complement each other to create a holistic view of the phenomenon. Both the life course and symbolic interactionism perspectives stress the interaction between individuals and their social environment, an observation particularly evident when viewed as a micro-level experience. The chosen approach emphasises the social creation of meanings about life transitions and individual development. The obese man cannot be seen as an isolated unit as, like all people, he is a social being forming part of a network of relationships. Theoretically those with whom he is socialising can be classified as significant others, general others and reference group others. It is their influence that is important in his personal development and experience of the self.

While the symbolic interactionism perspective accentuates the development of the self in interaction with others, the life course perspective gives clarity on the way the individual handles transition experiences in order to regain balance after a time of

disequilibrium resulting from different trajectories. The theory of cognitive appraisal used in this study enhanced understanding of the obese man's passion for food, and the emotion of joy experienced when busy with food-related activities. Cognitive appraisal takes place in each situation when the obese man needs to make a decision or take action in terms of food and life style behaviour.

The strategy of enquiry for this research followed a phenomenological and qualitative approach. The unit of analysis was a white man who was obese. The inclusion criteria for the sample were: being older than 21; and complying with the acknowledged criterion for obesity of having a BMI greater than 30kg/m². A purposive sampling technique was employed with each of the 14 participants being interviewed on more than one occasion. Participants were expected to, and were able to describe their experiences of being obese retrospectively. The researcher made almost exclusive use of lengthy, individual, in-depth, unstructured interviews.

Three themes emerged from the data namely the meaning of food, the sadness of obesity and coping with obesity. The findings from this study show that, as a social object, the obese man's eating habits and the meaning that food has for him are influenced by, and learnt from others such as his family during childhood and adolescence, and his married partner and work colleagues in young adulthood. Essentially, indulgence in eating is for the anticipated pleasure it brings. Thus several factors like marriage, friends and career influence the food trajectory of the obese man. The obese man's food trajectories affect his weight trajectory and have a negative impact on his experience of self. His overweight body gives rise to distressing physical constraints and causes emotional experiences of sadness. He is unable to make peace with his obese state and needs to consciously address the situation.

Coping strategies used by the obese participants were critical in their handling of their obesity. In the process of self-appraisal they needed confirmation that they could handle the problem so that it did not influence the way they experienced their physical and inner selves. Regardless of all the coping strategies adopted, the participants were not totally able to handle their plight. It actually got worse and impacted extremely negatively on their well-being.

***Keywords:***

*obese men, life course, symbolic interactionism, trajectories, significant others, reference grouothers, physical self, inner self.*

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# CHAPTER 1

## The study in perspective

### 1.1 BACKGROUND

Obesity is so widespread and its prevalence is rising so rapidly that many refer to it as a global epidemic with undeniable roots in complex human behaviour. It is seen as one of the modern world's biggest killers (Peng, 2004; Van der Merwe, 2006; Bagchi & Preuss, 2007:xi, Logan, 2008; Marks, 2010). Obesity is a risk factor for non-communicable diseases and is a serious global public health concern. According to the World Health Organization, the epidemic of obesity has spread worldwide, affecting over 400 million adults (Beaglehole & Yach, 2003; Kruger, Puoane, Senekal & van der Merwe, 2005; Magnusson, 2007; Van der Merwe, 2009). A decade ago the World Health Report of 2002 presented the findings from a global review and identified ten risk factors that account for more than one-third of all deaths world-wide: unsafe sex; alcohol and tobacco consumption; obesity; hypertension; under nutrition; unsafe water; sanitation and hygiene; iron deficiency; indoor smoke from solid fuels; and high cholesterol. If one considers the situation experienced in South Africa, many of these self-same risk factors account significantly for several ill health problems amongst which obesity is prominent (Bradshaw, Groenewald, Laubscher, Nannan, Nojilana, Norman, Pieterse, Schneider, Bourne, Timaeus, Dorrington & Johnson, 2003; Kruger *et al.,* 2005).

Human obesity represents a complex disorder of multiple causes, including genetic disposition, diverse health behaviours, dietary factors as well as features of social context (Drewnowski in Conner & Armitage, 2002:79; Peters, 2004; Kim & Popkin, 2006; Glass & McAtee, 2006; Logan, 2008). It is known as a multi-factoral disease meaning there are a variety of factors contributing to it and that it is very difficult to treat (Yeh, Rodriquez, Gonzalez, Nakamoto & Katz, 2003; Thompson & Manore, 2010:471).

Several attempts have been made to explain the obesogenic environment, although to date, few of these intervention models have been empirically tested to show that they can be adopted successfully (Steyn, 2005; Glass & McAtee, 2006). The relative importance of vulnerable periods in life stages for the development of obesity should be highly prioritised in future research done in South Africa (Kruger *et al.,* 2005).

Contrary to popular opinion, obesity is not limited to industrialised nations. Over 115 million people in developing countries suffer from obesity-related problems (Ruidavets, Bongard, Bataille, Gourdy & Ferriers, 2002; Monteiro, Conde, Blu & Popkin, 2004; Prentice, 2006). The highest rate of obesity in the world is concentrated in several of the Pacific Islands with 79% of the adults of Nauru being classified as obese. The lowest rate of obesity is in certain countries of Asia where India records just 0.5% of the population as being obese. In reporting on the situation in the developing world, Prentice (2006) notes that the obesity pandemic is growing at such a pace that the prevalence statistics are rapidly becoming out of date.

In the United States the incidence of obesity has continued to increase and become a major public health concern. In the United States of America it is estimated that about one in three adults will be classified as obese based on objectively measured weight. These rates have tripled in the past 20 years. Between 1999 and 2004 the prevalence of overweight in children and adolescents, and obesity in men in this country has increased significantly (Ogden, Carroll, Curtin, McDowel, Tabak & Flegal, 2006). The estimates from their National Health and Nutrition Examination Survey (NHANES) conducted in 2003–2004 are as follows: 17.1% of children and adolescents between 2 and 19 years were overweight and 32.2% of adults 20 years and older were obese. Morbid obesity appears to be an integral part of the USA's population's weight distribution. Between 2000 and 2010, the prevalence of morbid obesity (BMI 40 kg/m$_2$) increased by 70%. This extreme category is growing fast (Sturm & Hattori, 2012).

In Europe it can be mentioned that 21% of the adults of Germany are obese compared to only 5% of the Norwegians (Prentice, 2006). In England one in five adults are obese and that rate has also tripled over the last 20 years (Sturm, 2007).

Many non-communicable diseases in South Africa share common risk factors such as tobacco use, physical inactivity, and unhealthy diet that may give rise to cardiovascular disease, diabetes and cancer. The South African adult population has high levels of these risk factors which include obesity (Mayosi, Flisher, Lalloo, Sitas, Tollman & Bradshaw, 2009). The percentage of South African men being overweight or obese was 29% and in women the percentage was over 55% as indicated in the 2003 South African Demographic and Health Survey. According to this study 23 % of white South African men were obese (body mass index (BMI of over 30 kg/$m_2$) in comparison with 15% of coloured men, 7% of black men and 11% of Indian men. The mean BMI was 23.3 kg/$m_2$ and 22 % white men had abdominal obesity (fat accumulation round the waist)Among 554 economically active South African adults, more than half (54.4%) of the white men studied were overweight or obese (Kruger *et al.,* 2005; Van der Merwe, 2006). Van der Merwe and Pepper (2006) estimate the obesity rate as: black men 8%, coloured men 6-9%, Indian men 3–9% and white men 15–20%.

The prevalence of combined overweight and obesity (BMI > 25) in South Africa has reached significant proportions within the economically active adult population (18–65 years); black women 75%; black men 49%, coloured women 66%; coloured men 45.7%; Indian women 37%; Indian men 36%; white women, 42% and white men 56%. In a random sample of 13 089 individuals, information on obesity showed that mean BMI figures were 22.9 kg/m² and 27.1 kg/m² for men and women respectively. WHO estimates of the burden of disease in South Africa suggest that, in 2004, the deaths of 28% of adults were due to non-communicable diseases in which obesity most probably played a central role (Bradshaw, 2003; Mayosi *et al.,* 2009).

Throughout their lives men's health generally compares poorly to that of women. Research consistently demonstrates that women in the USA have a healthier belief system and adopt health practices more readily than men. Women suffer less from severe chronic conditions and live nearly seven years longer than men. Men like to adhere to cultural definitions of masculinity and reject what is feminine like healthy lifestyle habits, an attitude that sustains and reinforces men's poor health habits (Courtenay, 2000). The problem is made worse by body fat around their waist and upper abdomen which is associated with an increase in health problems. Abdominal fat is associated with insulin resistance, high blood pressure and high blood

triglycerides. Obese men may become accustomed to the extra load of obesity over time. Although they have a life expectancy of five years less than women, they are less likely to lose weight by dieting and do not like to attend slimming organisations. When they are willing to make an attempt to lose weight they are quite successful, but according to previous studies it does not happen often (Bye, Avery & Lavin, 2005; DeLorey, Wyrick & Babb, 2005).

Overweight men may lack awareness of their own body and they do not recognise their overweight/obese status. In a study done by Steenhuis, Bos and Mayer (2006) fifty per cent of the obese participants rated their actual body size as socially acceptable. According to the study the mean BMI at which men considered themselves overweight is 26.1kg/$m_2$. Men who underestimate their weight are those who are not trying to lose weight, those who are involved in intense physical activity and those who lack knowledge in this regard (Steenhuis *et al.,* 2006; Venn, Thomson, Schmidt, Cleland, Curry, Gennat & Dwyer, 2007). Other factors may be the contrary forces at work such as weight-based stigma and discrimination (although more prevalent amongst women) and the perception that a large body size symbolises power and dominance. In addition, men are more likely to talk about anything else other than their feelings. They prefer to focus more on their social groups like sport teams, than to talk about themselves. Mostly they are unwilling to share their inner feelings (Aronson, Wilson & Akert, 2002; Cutler, Glaeser & Shapiro, 2003; Langenberg, Hardy, Kuh, Brunner & Wardsworth, 2003; Laaksomen, Sarlio-Lahteenkorva & Lahelma, 2004; McLaren, 2007).

Behavioural research regarding overweight and obesity has been done for decades (Smith, O'Neil & Rhodes, 1999; Yeh *et al*., 2003; Wardle & Cooke, 2005; Wardle, 2007; Desmet & Schifferstein, 2008). Several large-scale intervention trials have yielded some satisfactory results, but they did not satisfactorily impact the obese epidemic (Muller, Asbeck, Mast, Langnase & Grund, 2001; Flynn, McNell, Marloff, Mutasingwa, Wu, Ford & Tough, 2006). Theoretically based interventions can lead to modest changes in health behaviour not only at a population level but also on an individual level (Peters, 2004; Glass & McAtee, 2006).

Prevention of obesity is of utmost importance because the success rate of obese people losing weight on a permanent base is very low. Food can become addictive

and brings immediate fulfilment, while health costs due to over-consumption occur only in the future. Research has also suggested that yo-yo dieting (weight variability associated with varying spells of restraint and breaking restraint) itself is associated with negative health outcomes like appetite deregulation, disordered eating, increased metabolic efficiency and eventual weight gain. Rapid weight loss as such is accompanied by disturbed metabolic homeostasis and is potentially unhealthy and often induces undesirable rebound weight gain consequences (Conner & Armitage, 2002:82, Cutler *et al.,* 2003; Lowe, Annunziato, Markowitz, Didie, Bellace, Riddell, Maille, McKinney & Stice, 2006; Bagchi & Preuss, 2007:xi). Long-term weight loss on a permanent basis remains an unreached goal for many. Stunkard (cited in Ogden, 2003:160) once said: "Most obese persons will not stay in treatment for obesity; for those who stay in treatment, most will not lose weight, and those who do lose weight, most will regain it". Many overweight and obese individuals have tried to lose weight, and most of them have succeeded to some degree, however, only a small percentage have managed to maintain the weight loss on a long-term basis (Hill, 2006).

Overweight at any point in a person's life is associated with an increased risk of developing certain illnesses. There does not seem to be a critical time at which overweight is particularly harmful, but the risk associated with being overweight is cumulative across the life course (Jeffreys, Lawlor, Galobardes, McCarron, Kinra, Ebrahim & Smith, 2006). The duration of being overweight is important, with risks of diabetes and other non-communicable diseases increasing approximately four-fold in adults who were consistently overweight compared to those who maintained normal weight throughout their lifetime (Jeffreys *et al*., 2006). A particular concern is the development of the so-called metabolic syndrome and the tendency of the symptoms to show up in younger and younger populations even in adolescent years (Segelken, 2005; Eckel, Grundy & Zimmet, 2005; McMahan, Samuel, Gidding & McGill, 2008). Yet obesity interventions that target those with a known risk for weight gain are likely to be more cost-effective than treating the symptoms (Glass & McAtee, 2006).

Obesity is also associated with higher rates of mortality and morbidity from conditions such as diabetes (especially an alarming increase in type 2 diabetes in children), heart disease, hypertension, stroke, insulin resistance, dyslipidaemia, ischemic heart disease, sleep-disordered breathing (sleep apnea), osteoarthritis, gallstones and

some forms of cancer (Peters, 2004; DeLorey *et al*., 2005; Kruger *et al*., 2005; Van der Merwe, 2006; Kim & Popkin, 2006; Bagchi & Preuss, 2007:142). On average, within the morbidity obese population, life expectancy has decreased by nine years in females and twelve years in males (Logan, 2008). The 2003 World Health Report on Diet, Nutrition and the Prevention of Chronic Diseases placed obesity at the top of the public health agenda as the major avoidable risk factor for a wide range of non-communicable diseases.

In addition, problems created by stigma contribute to health risks, because stigma is associated with poor health and negative outcomes. It has been predicted that in the year 2020 heart disease and depression caused by obesity will be one of the world's greatest disabilities (Pinel, 2002; Puhl & Brownell, 2003; Brown & Pinel, 2003; Wang, Brownwell & Wadden, 2004; Van der Merwe, 2006). It seems as if there is one group of people against whom prejudice is still acceptable, and that is the obese group (Thompson & Manor, 2010:480).

## 1.2 RATIONALE FOR THIS STUDY AND ITS PROBLEM STATEMENT

There are very few studies that analyse the impact of multiple factors on the development of childhood obesity and its consequent adult obesity. Most studies focus on only one risk factor that is controlled for confounder variables (Compos, Saguy, Ernsberger, Olivier & Gaesser, 2006). The causal links between high and low body mass and mortality remain highly speculative (Compos *et a*l., 2006). In order to get a better understanding of this complex phenomenon, it is proposed that a combination of natural and behavioural sciences will enhance this study of behaviour and health that will address the case of obesity. In other words, the need to capture the role of social influences to a greater degree, in addition to the study of behaviour, is of primary importance (Glass & McAtee, 2006).

The same argument is valid for behaviours that lead to obesity. Although a great deal is known about behaviour leading to obesity and all the related consequences, much less is known about how these behaviours arise, how they are maintained and, more importantly, how they can be changed (Smith *et al.,*1999; Wardle & Cooke, 2005;

Glass and McAtee, 2006; Wardle, 2007; Desmet & Schifferstein, 2008). The processes that give rise to the social patterning of risk remain poorly described and understood. Better theory and better data are needed to understand how social factors adjust behaviours and how these risk factors come to influence health (in terms of obesity) negatively (Drewnowski, 2004; Glass and McAtee, 2006).

Given that existing approaches to weight loss have had limited success and the fact that many people still remain overweight and have to cope with the stigma of obesity for years in order to adapt to or reduce distress during stressful events, obesity should be prevented (Yeh *et al.,* 2003; Hill, 2006; Steenhuis *et al*., 2006). Despite intensive research efforts on aspects like food choice (food intake), familial risk, food availability, temporary weight losing strategies, all of which might contribute to obesity, it is clear that there is still a lack of meaningful appreciation of the precise relationship between these variables and the development of obesity during the life course.

Obesity remains a major risk factor worldwide and a better understanding of the development of obesity across the life course still calls for in-depth research. The prevention of obesity is a critical need because weight loss strategies and intervention during adulthood cannot provide a long-term solution. The extent to which these changes are lasting is, however, less clear. The reason for this is probably that these intervention strategies are separated from their social context as well as from biological influences. An explanation for this could be that emotional factors and their relationship with food as stress regulators are not adequately taken into consideration (Yeh *et al*., 2003; Peters, 2004; Glass & McAtee, 2006).

Although extensive research on obesity has been undertaken, unfortunately little, if any, in-depth research has been done that aim to understand how obese men experience being obese through their life course, the strategies they use to cope with it and the role significant others might play in their obese state.

## 1.3 AIM OF THE STUDY

Based on the aforementioned motivation the aim of the study is therefore to explore, to understand and describe transitions and stages during the life course that can be associated with excessive weight gain in men as a high risk factor. The emphasis is on acquiring better insight into the role of transitions in a person's life course that direct the trajectories of weight and food practices of obese adult men. Moreover, the study focuses on describing and being aware of the phenomenon as seen through the eyes of the people who have experienced it.

Furthermore, since this study looks at obesity in its entirety, understanding the complexity of the nature of obesity can add value to programmes aimed at obesity prevention used by health workers, nutritionists and dietitians.

## 1.4 RESEARCH APPROACH

With the aim of this study in mind, the theoretical perspectives of symbolic interactionism and life course were chosen as its point of departure, as together they could help to shed light on the life course of the obese man, as well as highlighting the factors that contribute to the development of obesity.

Symbolic interactionism focuses on the active dynamic interaction between people. In doing so it creates an active image of the human being and rejects the image of a human being as a passive organism (Charon, 1998:23). In the interaction process people use symbols that have meaning for them. Symbols can be physical objects, social objects and abstract objects (Charon, 1998:67; Blumer, 1969:2-3; Mead, 1934:149; Sandstrom, Martin & Fine, 2006:8). The nature of human action spreads from the ability to make indications to the self (Mead, 1969:137; Charon, 1998:66; Sandstrom *et al*., 2006:82). People may have as many selves as they have interpersonal relationships (Charon, 1998:30; Harter, 1999; Sullivan in Anderson, Chen & Miranda, 2002). Interaction also means interaction with rules and the perspectives of "others". (Harter, 1999; March, 2000; Sandstrom *et al*., 2006:84).

The life course perspective addresses the balance between stability and change across the life course of an individual (Wethington, 2005). The developmental impact of the sequence of life transitions or events is dependent on *when* they occur in a person's life (Elder (jr), 1998; Elder in Heinz & Marshall, 2003:10; Wethington, 2005). The concept of linked lives is another assumption of this perspective and corresponds with the symbolic interactionism perspective (Wethington, 2005). Human agency states that individuals construct their own life course through the choices and actions they take within the opportunities and constraints of history and social circumstances (Heinz & Marshall, and 2003:11). The life course perspective takes a dynamic rather than static approach to the study of people's lives and families. Life course agency can also be examined in terms of planful competence. *Transitions and trajectories* are key concepts in life course research. They emphasise continuity and change as aspects of development. Transitions are always part of social trajectories that give them distinctive meaning and form. Transitions are always embedded in trajectories and they are a result of interdependent associations. Transitions can sometimes be unexpected and stressful, but they have meaning for individuals as they pass through their lives (Moen, Elder (jr) & Luschner, 1995:105; Wethington, 2005). A life course approach views a person as an individual moving through life and whose social experiences are influenced not merely by contemporary conditions but also by experiences of early life course transitions (Elder (jr), 1998).

This combined approach of symbolic interactionism and life course perspective was used in order to explore, understand and describe the phenomenon of obesity and not to necessarily generalise the resulting findings or to test previously set hypotheses.

## 1.5 OBJECTIVES OF THE STUDY

The following broad research objectives directed the study:

- To explore and describe the transitions in the life course that direct the food trajectory of adult obese men

- To explore and describe the meaning that obese men attach to food through their life course
- To explore and describe the role of others in obese men's food trajectories
  - Significant other
  - Reference other
  - Generalised other
- To explore and describe the role of life transitions in obese men's experience of their physical and inner self
- To explore and describe the role of others in obese men's experience of their physical and inner self

## 1.6 RESEARCH DESIGN AND METHODOLOGY

A phenomenological and qualitative approach was decided on as being most appropriate for this study. By using the phenomenological strategy the researcher is expected to provide a "philosophical point of departure" before data collection (Creswell in Fouche & Delport, 2004:268, Henning, van Rensburg & Smit, 2005:16). Fouche (2004:268) and Henning *et al*., (2005:2-3) suggest that theory in a phenomenological study serves as a strong orientating framework to give direction to the research, but that the phenomenon should be looked at through the eyes of the participants. Theory thus serves as a philosophical point of departure for addressing the problem and to giving direction to the study.

The findings will be discussed and interpreted against the chosen theoretical viewpoints of symbolic interactionism and the life course perspective on which the broad objectives that directed the research were based.

Qualitative data gathering techniques, mainly in-depth interviews supported by observations that were recorded through taking extensive field notes, were used to help the researcher generate rich data. The theoretical perspectives determined the questions the researcher asked and these thus influenced the methods of collecting and analysing data that answered the research questions.

Bearing the preset objectives for the study and the chosen perspectives in mind, the sample comprised 14 men classified as obese according to acknowledged criteria. Purposive sampling was used. There is no single method of analysis in qualitative research (Henning *et al.,* 2005:102; Mehmetoglu & Altinay, 2005), hence the researcher decided to use a phenomenological approach for the research project with grounded theory data analysis techniques also being incorporated in the analysis process. ATLAS ti, a computer-based software program for qualitative data analyses, was used. Examples of codes, families and networks as referred to in this program are given in **Addendum A** and **Addendum B.**

## 1.7 LAYOUT OF THE THESIS

To introduce this thesis the sequence of chapters is briefly summarised.

The theoretical underpinning is addressed in **Chapters 2–4**. In **Chapter 2** the causes and the complex nature of obesity are discussed based on previous research done by a range of scholars. In **Chapter 3** theories regarding the chosen perspectives, namely symbolic interactionism and life course perspectives, are addressed. These direct the aim and objectives of the study as well as the research approach. In **Chapter 4** the theory pertaining to developmental aspects throughout the life course is discussed to give an understanding of the kind of development that takes place in each stage of development across a person's life course.

**Chapter 5** follows, reflecting on the complete description and motivation for the research aim and objectives, its design, the sample and choice of data collection methods, data analyses and interpretation as well as justifying the trustworthiness of the study.

In **Chapter 6** the data are organised into three themes against the background of the chosen perspectives, discussed and interpreted. The research objectives were always considered while additional theories were used to expose the obese man's experiences.

In **Chapter 7** conclusions are made and the study evaluated with recommendations based on the research being offered.

## 1.8 ADDITIONAL NOTES

Additional notes on this thesis are as follows:

- Body mass index (BMI), an acknowledged screening tool for obesity, was used as criterion for inclusion in the sample. It is measured as weight in kilograms divided by height in metres squared. Obesity can be defined as having a BMI between 29.9 and 39.9 kg/m². Morbid obesity occurs with a BMI greater than or equal to 40 kg/m².

- An adapted version of the Harvard referencing style was used. The method of citing electronic works also fitted in with this style. If a particular reference having more than two authors, the abbreviation of the Latin term, *et al.* was used in the text. If no page number was cited, the implication is that the reference applies to the source as an entity. Sources from the Intern*et al*so have not been given page numbers as they are generally not available.

- Various techniques were used to isolate or emphasise certain terms within the text using either inverted commas or *italics.* If any categorisation (families in Atlas.ti) was implied, the word was also indicated in **bold** and *italics* font especially in **Chapter 6**. Inverted commas were used when a term was used unconventionally.

- Referring to **the obese man** only refers to the participants in this study, as the findings of this qualitative study cannot be generalised to the broader population.

- All the names and institutions used in the text are fictitious

- Definitions and conceptualisation are done where the specific concept is used the first time in Chapters 2-4

# CHAPTER 2

## The development of obesity

### 2.1 INTRODUCTION

In **Chapter 1** attention was drawn to the fact that obesity is a worldwide epidemic and that this health threat is gathering momentum. The South African situation does not differ from the rest of the world and when referring to South African men, the highest rate of obesity is observed in the white ethnic group. It was further stressed that, in order to study obesity, a holistic approach should be followed because obesity is not only a physical or biological problem; the roots lie in complex human behaviour. The social context in which health-related behaviour occurs should never be neglected.

To understand the phenomenon of obesity, factors playing a role in the development of obesity across the life course are discussed in this chapter. Emphasis is placed on the complexity of the nature of obesity and not necessarily on the factors that play a role in each life stage. A model adapted from Glass and McAtee (2006) directs the discussion.

### 2.2 OBESITY: A COMPLEX DISORDER

Human obesity represents a complex disorder of multiple causes, including genetic disposition, diverse health behaviours, dietary factors as well as features of social context (Drewnowski in Conner & Armitage, 2002:79; Peters, 2004; Kim & Popkin, 2005; Glass & McAtee, 2006; Logan, 2008). It is known as a multi-factoral disease, implying that there are a variety of factors that induce it and treatment is challenging and often temporary. Strategies for losing weight become an integral part of an obese person's life and continue across the life course (Mokdad, Ford, Bowman, Dietz, Vinicor, Bales & Marks, 2003; Steenhuis *et al.,* 2006). In order to get a better

understanding of this complex phenomenon, a combination of concepts from the natural and behavioural sciences is proposed for this research that focuses on obesity. In addition, capturing the role of social influences is of major importance in this study.

Obesity, as an aspect of health, can be studied at several levels as explained in a model designed by Glass and McAtee (2006:1653). These levels refer to the global level associated with geopolitical, economic and environmental dynamics; macro-level, representing spatial dynamics, at national and large area scale the meso-level that encompass the work-sites, schools, communities and health care; micro-level involving groups, the family, social networks, embodiment (life-course and human behaviour), the multi-organ system level, cellular level, sub-cellular level (molecular level) and the genomic substratum (see **Figure 2.1**). Although these levels are interrelated, for the purposes of this study, emphasis is put on the micro-level and embodiment. This model is used as the point of departure for discussion on the development of obesity.

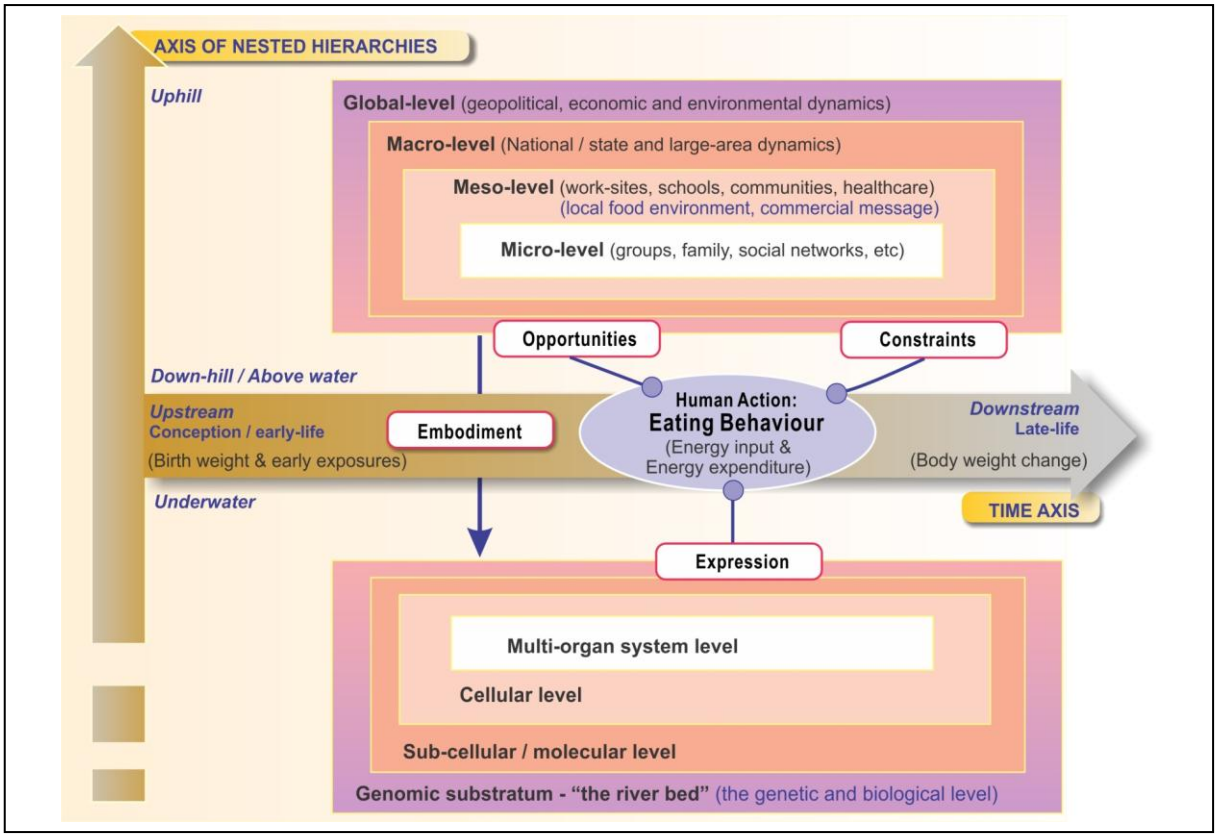


FIGURE 2.1: LEVELS OF RESEARCH ON HEALTH ASPECTS APPLIED TO OBESITY (synthesised from Glass & McAtee, 2006:1653 and 1663)

In this model time, the life course is represented on the horizontal axis while biological and social organisation is represented on the vertical axis. The vertical axis begins in the foundation of genes and goes upward through the various biological systems ('underwater') to the total environment ('above the water') consisting of the social and natural environments. There are always complex interrelationships in the midst of these nested levels, and these levels can actually not be separated. This model intends to inspire a more contingent way of thinking about social and biological influences on behaviour and obesity (Glass & McAtee, 2006).

Although neither the meso-level nor the genetic or biological level fall within the scope of this study the researcher acknowledges the role they play in the development of obesity. For the sake of completeness, they will be briefly addressed in the following two sections.

### 2.2.1 Meso-level

This level represents social and environmental factors external to individuals where health-related behaviour is shaped either positively through opportunities or negatively through restraints. Risk factors occur and may accumulate across the life course. When this model is applied to obesity, the meso-level refers to the local food environment, commercial messages, cultural norms, area deprivation and psychosocial hazards (Glass & McAtee, 2006:1663). Only the food environment and the commercial message will be considered.

#### 2.2.1.1 Food environment

We live in an environment where it is quite easy to fall victim to the obesity trap. There are numerous opportunities to overeat or choose energy dense food because of its easy access. Energy density is a measure of the energy a food provides relative to the amount of food (kilojoules per gram). Fast food outlets are available in abundance in every shopping centre where inexpensive, large portion sizes (supersizing) are the norm. Body weight has been shown to have a strong association with the environment. Over recent years there has been a remarkable change in shopping practice and the consumption of food outside of the home has

increased significantly (Beaglehole & Yach, 2003; Hill, 2006; Marks, 2010; Duffey & Popkin, 2011).

While the medical profession warns against an increase in obesity, the standard economic view is the opposite. It is very easy for consumers to overindulge in convenience food. Energy-dense diets high in added sugar and added fats represent the lowest-cost and highest-palatability (Drenowski, 2004). Obesity, as a societal factor, is thus a great challenge for consumers, the food industry, government and other organisations (Cutler *et al.,* 2003; Drewnowski, 2004; Kruger *et al.,* 2005; Oakes, 2005; Jabs & Devine, 2006; Duffey & Popkin, 2011; Dunn, Mohr, Wilson & Wittert, 2011).

People have difficulty in controlling how much they eat. Additionally, there is an increase in the number of meals they eat per day and food consumption has lower time costs (Ruidavets, Bongard, Bataille, Gourdy & Ferrieres, 2002). It could be expected that consumers are rational individuals who take responsibility for future health consequences of their actions by making knowledgeable decisions on how much to consume. Research shows that measures of hunger are poor predictors of the amount consumed during a meal, and estimations of the amount of energy consumed at a meal are not related to the real amount consumed (Dunn *et al.*, 2011). One would also expect that consumers are more aware of the health benefits of diet and nutrition and be willing to make lifestyle changes to reduce health risks like obesity. Despite evidence that they want to be thinner and try to lose weight, people continue to overeat (Cutler *et al.,* 2003; Peng, 2004; Peters, 2004; Van den Bos & de Ridder, 2006, Jabs & Devine, 2006).

The fact that obesity rates have gradually increased the past few years (Sturm & Hattori, 2012) might suggest that people with a high metabolic susceptibility experienced weight gain first as the environment became more obesogenic (Hill, 2006). As the influence of the environment becomes stronger, more and more individuals are unable to combat obesity by means of natural biological systems and weight gain becomes commonplace. The food environment that ensures easy food access and availability may contribute to food behaviour that intensifies the problem of obesity.

#### 2.2.1.2 Commercial messages

Consumers' food preferences are not only influenced by knowledge and the media, they are also influenced by new scientific developments. Confusion amongst consumers about nutrition information and education may be a leading factor where unhealthy food choices and misconceptions are concerned (Puhl & Schwartz, 2003; Peng, 2004). Beliefs concerning the health value of foods tend to be stereotypical. The modern health media, as well as the food industry, have twisted the consumer's view of wholesome and unhealthy food. The general public receives mixed messages regarding the nutritional value of high-carbohydrate and high-fat foods. Even the good/bad perspective of certain foods could promote confusion in the sense that the intake of too much "good" food can also contribute to obesity. Additionally, if health-foods cost more, strategies that increase health awareness may not be successful (Drewnowski, 2004; Oakes, 2005).

There is a definite likelihood that obese persons may get so confused by the media and profit-driven messages to which they are exposed that it may have an inappropriate impact on the way they choose food and try to manage their weight problems.

### 2.2.2 Genetic and biological ("under water") levels

At the biological level the human body responds to, and is altered by, social conditions over time. Moreover a person's human behaviour is impacted by these biological adaptations. When applied to obesity it includes factors like mood, metabolism, appetite and genes (Glass & McAtee, 2006:1663). A short summary of these specific factors will follow for the sake of clarity as they are applicable to this research.

The complexity of body weight regulation presents a challenge to an understanding of the development of obesity. Humans have biological systems that help to match energy intake with energy expenditure in order to achieve the energy balance necessary for stabilising body weight. Biological regulation can be seen where manipulating one component of energy balance, such as energy intake, gives rise to

compensatory changes in other components. Food restriction, for example, will result in declined energy expenditure. Homeostatic control of food intake is concerned primarily with the regulation of energy balance. For humans, body weight remains stable over long periods of time even if there is a wide variation of daily energy intake (Webber, 2003; Hill, 2006; Bircan, 2009).

Accumulating evidence indicates that genetics play an important role in the development and maintenance of obesity. Twin and adoption studies have shown that up to 70% of the BMI of adults and children may be explained by genetics (Marks, 2010). Researchers have found that adopted children tend to be closer in weight to their biological parents than to their adoptive parents. These findings suggest that it is critical for genetics to be considered when determining an individual's predisposition to obesity (Bircan, 2009). Some people are born with multiple genetic traits that predispose them to becoming obese, meaning that an individual with a strong genetic predisposition to gaining weight can only try to avoid being overweight. However, a predisposing genetic trait is expressed when confronted with the conducive environmental trigger, for example, inactivity or a high-fat diet. It can also influence biological or physiological processes that affect food intake and energy utilisation.

There are several physiologic factors that may influence an individual's experience of hunger and satiety. Metabolic rate is influenced by a range of factors including genetic factors, but it can also be influenced by body composition, dieting in the form of restraint-eating and physical activity. It is thought that the more common type of obesity is caused by a combination of abnormal eating as well as altered energy utilisation. No single gene causes diseases like obesity on its own. What is more likely is that there is interaction of multiple genes as well as other interactions taking place within the external environment (Van der Merwe & Pepper, 2006; Conner and Armitage, 2008:80; Martínez-Hernández, Enríquez, Moreno-Moreno & Martı, 2007; Bircan, 2009). Although predisposition to obesity is partly determined by genetic factors, an obesogenic environment is required for the phenotypic expression (Bircan, 2009).

### 2.2.3 Micro-level

This level in the model of Glass and McAtee (2006) represents the influence that groups and social and family networks have on the development of obesity. When looking at the life course of the obese man these factors may impact significantly on the development of his progressive weight gain.

#### 2.2.3.1 Social networks

Social conditions have an influence on the probability of behaviours that may contribute to obesity. The influences of social conditions vary over place and time and they operate through a complex chain of intermediate steps that can involve factors at multiple levels that can be seen as a risk regulator (Glass & McAtee, 2006). Much debate surrounds sociological conditions that may cause obesity such as societal pressures, portion sizes and marketing strategies. Together these lead to a desire to eat (an appetite) which should be balanced by enough physical activity so as to not lead to gain weight.

Making food choices is a complex, multi-faceted and dynamic process embedded in social relationships that have short- and long–term health consequences (Bove, Sobal & Rauschenbach, 2003). A wide variety of influences operates to shape particular food choices. The food choice process can be clustered into five types namely ideals, personal factors, resources, social factors and contexts. Each of these types of influences is embedded within and wavers over the lifecourse of a person (Sobal, Bisogni, Devine & Jastran, 2006:5).

Social conditions in schools, neighbourhoods, homes and the local food environment act as risk regulators that influence both food practices and physical activity. Employment status and working conditions too, exert a strong influence on health and obesity during middle adulthood (Glass & McAtee, 2006).

Food consumption increases in the presence of other people. Social facilitation is the altering of people's eating behaviour in the presence of other people, irrespective of whether they are friends, family or even strangers (Patel & Schlunt, 1999). Knowledge about how people interact with each other with reference to food is

growing, but much still remains to be understood. When food choice is investigated, interpersonal and social processes should be considered as important concepts. The way individuals manage food choices in social relationships should be included when investigating how the obese man manages food choice when interacting with others (Bove *et al*., 2003).

#### 2.2.3.2 Familial risks

The development of obesity is also influenced by familial risks and can be moderated by changes in energy intake and energy expenditure. However, despite intensive and extensive research efforts, it is clear that the precise relationship between these variables and the development of obesity in families is still not clearly understood. Obesity can even serve as a family function with the unconscious goal of focussing attention away from parental or family problems and directing it to the obese persons themselves. The focus is then on food and weight rather than on judgement and issues of importance. The overeating problem may symbolise a problem of control, denial, avoidance and emptiness of the family relationships (Conner & Armitage, 2002:79; Cutler *et al*., 2003; Peters, 2004; Van den Bos & de Ridder, 2006).

Food habits and preferences are developed and established during childhood and these persist into adulthood (Wardle, 1995; Puhl & Schwartz, 2003; Carnell, Cooke, Cheng, Robbins & Wardle, 2011). Controlling what children eat influences what they like. Learning to like or dislike a certain food is part of socialising. The supposed “enduring family socialising effect” often materialises when children leave home and their eating habits either change in a negative or positive direction or remain stable (Wardle, 1995; Puhl & Schwartz, 2003). Childhood memories regarding food practices at home stay for life. A fine meal at home is regarded as one of the major sources of pleasure in life and will often be recalled in memory (Puhl & Schwartz, 2003; Desmet & Schifferstein, 2007).

Eating behaviours, physical activity patterns and television-viewing habits develop early in life in the context of the family, before children even enter school. Early habits show continuity across time and they are more difficult to change as time goes by as habits become permanently entrenched. Parents create the environment in which young children live and grow. This shows that not only are genetic factors

involved but the entire environment as well (Peters, 2004; Davidson in Segelken, 2005).

The following quotation succinctly sums up the influence of the family on eating behaviour: “The specific foods individuals select reflect not only their ideals, values and priorities regarding food and eating, but also structural factors experienced over a life course that shape the personal food choice system, such as food environment, economic context, family and peer influences, household structure and gender” (Sellaeg & Chapman, 2008:20).

### 2.2.4 Embodiment

In their model (**Figure 2.1**), Glass and McAtee (2006:1655) describe embodiment as “the sculpting of internal biological systems that occurs as a result of prolonged exposure to particular environments”. They explain that aspects of social and other external factors become internalised or “get under the skin”. The model emphasises cross-level influences and feedback loops between physiology (including genetics) and social context. Complex human eating behaviour is interpreted as the outcome of exchange among factors above and below the “water’s surface”. When applied to obesity this level refers to aspects like birth weight and early exposure, energy input (eating behaviour), energy expenditure (physical activity) and body weight change. Both energy intake and energy expenditure are actually the outcome of eating and physical activity behaviour.

Discussion follows on the factors involved in embodiment: conception and early exposure, factors in childhood and adolescence, energy input, energy expenditure, human eating behaviour and body weight change along life’s trajectory.

#### 2.2.4.1 Conception and early exposure

There is a relationship between the foetal nutritional environment and patterns of adult adiposity. Individuals who were small babies tend to have central obesity and a remarkably reduced muscle mass. Despite their lower BMI in adolescence and adulthood, their percentage body fat is high (McMillen, Adam & Muhlhäusler, 2005). Vickers *et al.,* (cited in Gardner & Rhodes, 2009) claimed that maternal under-

nutrition is associated with both increased food intake and decreased habitual behavioural-related activity prior to maturity onset obesity. Low birth weight due to poor foetal growth signifies a smaller percentage of lean body mass in later life (Singbal, Wells, Cole, Fewtrell & Lucas, 2003).

It is well-documented that intra-uterine and early post-natal life influence or "programme" long-term health. A high birth weight has been suggested to programme an increased risk of later obesity. The major determinants of overweight and obesity in 5-7 year old children were found to be parental overweight and a high birth weight (Singbal *et al.,* 2003; Danielzik, Czerwinski-Mast, Langnase, Dilba & Muller, 2004).

Programming of lean tissue, rather than fat mass can explain associations between birth weight and later BMI. The association between low birth weight with a smaller portion of lean body mass and lower metabolic activity in adolescence can, in the presence of an energy dense diet, predispose to a greater percentage of fat mass (Singbal *et al*., 2003).

Low birth weight often results in accelerated catch-up growth. It is associated with the occurrence of the metabolic syndrome in later life. A low birth weight may be due to intra-uterine growth failure, being born pre-term and genetic factors (Fagerberg, Bondjers & Nilsson, 2004). Several studies suggest that there is a 60% increased risk of obesity if the duration of rapid weight gain is increased from one to two years. The effects of rapid infancy weight gain on later obesity risk are similar in both average- and low-birth weight infants (Ong, Ruth & Loos, 2006). The combination of rapid weight gain during the first two years in combination with family history of obesity suggests higher likelihood of obesity in later life (Ong *et al*., 2006).

In summary, both a low birth weight and a high birth weight have negative outcomes for future weight and health. Rapid weight gain during the first years may accelerate this problem.

#### 2.2.4.2 Factors in childhood and adolescence

Obesity is the most significant nutritional problem facing children and adolescents in the United States. Obese children and adolescents experience a range of physical and psychological health consequences (Philips, Bandini, Naunova, Cyr, Colclough, Dietz & Must, 2004). After adjusting for body weight or lean body mass, obese children do not eat more than their non-obese counterparts. It should, however, be kept in mind that under-reporting of energy intake has been more frequently observed among obese than among non-obese children (Philips *et al.*, 2004).

It has been suggested that there are three critical periods in childhood during which considerable weight gain can increase the risk of obesity and related diseases in adulthood. These are gestation and early infancy, between five and seven years of age (adiposity rebound period) and adolescence or puberty. Although most people become obese in adulthood there seems to be an association between BMI in childhood or adolescence and in adulthood (Danielzik *et al.*, 2004).

The prevalence of both childhood and adolescent overweight and obesity has increased significantly over the past two decades, a fact that has led to growing concern about its short-term as well as the long-term health and psychosocial consequences that could have disastrous effect. In the UK the risk of becoming obese as a child has risen dramatically. It has been estimated that about 70% of the children who are obese sustain their elevated weight as adults (Ong *et al*., 2006). According to the First South African National Youth Risk Behaviour Study of Grade 8-11 schoolchildren (13-19 years), 17% of the children were overweight and 4% were obese (Kruger *et al.,* 2005).

Recently researchers have begun to investigate the impact of an elevated BMI on a health-related quality of life, a construct that attempts to provide a general assessment of well-being measured along multiple dimensions, including physical, functional, psychological and social well-being (Swallen, Reither, Haas & Meier, 2005). Results suggest that unfavourable psycho-social consequences of overweight and obesity are strongly related to age and developmental status. Obesity is not associated with negative psychosocial outcomes in children but, during adolescence it becomes a stronger predictor of poor psychosocial predicaments. There are, however, exceptions. This is not the case for all adolescents implying that being

overweight is now more common among adolescents or that adolescents underreport their health problems (Swallen *et al.,* 2005).

Parents attempt to influence their children's food intake by having rules, some of which restrict access to food while others encourage eating. This approach may have important implications for future eating behaviour (Puhl & Schwartz, 2003). Although the frequency of family meals decreases with age and adolescents spend increasingly more time with peers, parents still remain a strong influence in adolescents' lives and their eating behaviour (Kenyon, Fulkerson & Kaur, 2009). In a study done by Brink, Ferguson and Sharma (in Puhl & Schwartz, 2003) on childhood memories about food, obese individuals provided far more comments about food rules than any other weight-associated group of issues. The rule that was most often mentioned by the participants was to "finish your plate of food". Childhood food rules to eat beyond the point of satiety may influence the probability of overeating as an adult.

Most parents want to encourage healthy eating habits for their children because they are responsible for cultivating their child's eating patterns (Carnell, Cooke, Cheng, Robbins & Wardle, 2011. The rising rates of obesity and the existence of eating disorders may cause confusion as to what should be done in terms of appropriate action. Some studies reveal potentially unfavourable relationships between parental attempts to influence children's eating habits and the child's outcome in terms of weight (Puhl & Schwartz, 2003; Carnell *et al*., 2011). Strategies used by parents to restrict food intake include limiting the availability of certain foods, verbal discouraging and negotiating with the child regarding acceptable eating (Carnell *et al*., 2011).

Childhood overweight has been reported as predictive for adult morbidity and mortality. Adult diseases like hypertension, hyperlipidemia and abnormal glucose tolerance occur with increased frequency in obese adolescents. Long-term research on this phenomenon has been limited (Parsons in Danielzik *et al.,* 2004).

Risk factors of childhood obesity are parental obesity, birth weight, social factors, timing or rate of maturation, infant feeding practices and other behavioural and psychological factors. Parental feeding behaviours undoubtedly influence eating

behaviour of young children. The risk factors' cumulative effects on the causal pathway to the development of childhood obesity, as well as their clustering effects over time, remain unclear for both the individual and the situation at population level (Danielzik *et al.,* 2004). Although a remarkable amount of research has already been done, the contributory factors present a confounded picture (Danielzik *et al*., 2004; Carnell *et al.,* 2011).

Adolescence is a critical developmental period. Exposure that occurs at a vulnerable period of early life may have long-lasting effects on how a person or human body develops (Wethington, 2005). Adolescence is one of the most susceptible times for the escalation of obesity and appears to be the time for the onset of obesity-related morbidity (Campbell, Crawford, Salmon, Carver, Garnet & Baur, 2007). Factors like availability of home-cooked food, family functioning, peer and parents' health values, opportunities for parental modelling of eating habits and parental approaches to adolescent feeding are significant for adolescent's dietary behaviour (Campbell *et al.,* 2007). Although the mother, as the adolescent's primary caregiver, provides the food to eat, there is no clear association between mother's and the son's diets. This observation might, in part, be explained by the characteristics of their food intake in that the adolescent is being increasingly influenced both by a growing sense of independence and peer pressure (Campbell *et al*., 2007; Carnell *et al.,* 2011).

Although the prevention of overweight and obesity in childhood is extremely important, it was found in a large Australian study that most obese adults were not obese as children. It is a reminder that the period between adolescence and early adulthood is associated with major life stage transitions, a factor that needs to be considered in the search for strategies for planning healthy eating and physical activity behaviour patterns to prevent obesity (Venn *et al*., 2007).

#### 2.2.4.3 Energy input

Energy balance is when the amount consumed (energy in) is equal to the amount expended (energy out). If more energy is taken in than is expended, a person gains weight (Rolfes, Pinna & Whitney, 2012:232). Foods and beverages provide the 'energy in' part of the energy-balance equation. How much energy a person receives

depends on the composition of foods and beverages and on the amount the person eats and drinks (Rolfes *et al*., 2012:232).

Food behaviour plays a significant role in energy input (discussed in **2.2.4.5**). Several factors play a role in the way an individual chooses and consumes food. The food and physical environments have changed over time in a way that it encourages overeating and discourages physical activity. In terms of factors promoting energy intake, large diversity, high palatability and widespread availability of food, snacking rather than eating, fast rates of eating, high-energy-density diets (i.e. a high-fat and high-sugar diet) and eating outside the home, can be mentioned (Webber, 2003).

The composition of the food available for the consumer has changed markedly over the years with a much higher energy density being evident. More simple sugars and less fibre are added to food. Although total fat intake in general has decreased, saturated and trans-fatty acid intake has increased. The modern diet, with refined sugar and low glycemic index foods added, puts more emphasis on pancreatic functional capacity. All these changes give rise to a gradual increase in fat mass in the individual (Hill, 2006, Gardner & Rhodes, 2009). Both glucocorticoids and insulin promote the ingestion of ready available sweet and fatty food and the storage of the resulting extra kilojoules as abdominal fat (Dallman, La Fleur, Pecararo, Gamez, Houshyar & Akana, 2004).

It should be assumed that obese people are not intentionally trying to consume extra energy in order to gain weight (Blundell, Burley, Cotton, Lawton, 2004). The appetite control system in the human body contains effective mechanisms that prevent under-eating but have few defences against overeating (Blundell *et al.,* 2004). Obese people's large fat stores do not appear to give rise to an inhibitory response over the biological drive to eat (Blundell *et al*., 2004).

Human beings can store fat efficiently due to earlier food scarcity and nutritional abundance without being physically active. This may be one reason for the presence of an overweight and obese population (Gardner & Rhodes, 2009). The human's appetite and metabolic physiology have evolved on the hunter-gatherer's diet or even in childhood when much healthier food was eaten and exercise practices were followed. The role that the earlier environment played in programming these subtle

alterations must be taken in consideration when weight gain is discussed (Gardner & Rhodes, 2009).

There is only limited capacity to store additional protein and carbohydrates, but the capacity to store fat is unlimited (Hill, 2006). In human beings, using adipose tissue to store fat as trigycerides represents the most efficient means to store energy, as it is relatively energy dense and dehydrated (Gardner & Rhodes, 2009).

In a study done by Forslund, Torgerson, Sjostrom and Lindroos (2007) results showed that obese Swedish men and women were more frequent 'snackers' than Swedish reference men and women. Energy intake increased by higher snacking frequency, irrespective of physical activity. Furthermore, the obese group's food intake pattern differed from that of the normal population by showing a more pronounced energy intake, especially from sweet, fatty food, among obese individuals who were frequently snacking. Furthermore, there was a positive relationship between intake occasions, especially regarding snacks, and a high BMI in both the men and the women.

Alcohol represents an important source of energy. Despite its comparatively high energy content of 29.8 kJ/g, it is still controversial whether or not moderate amounts of alcohol represent a risk factor for weight gain and obesity (Suter & Tremblay, 2005) hence the association between alcohol consumption and body weight remains a contentious issue. This may be due to the nature of measurements of alcoholic consumption which is prone to reporting error. However, it could also be influenced by cultural differences. In a study done by Lahti-Koski, Pietnen, Heliovaara & Vartainen (2002) a positive association between alcoholic consumption and BMI was found in men and a negative association in women.

Epidemiological data showed a positive, negative, or no relationship between alcohol intake and body weight. Despite the difficulty in assessing alcohol intake as well as controlling for different confounders of the energy-balance equation, conflicting epidemiologic data can usually be explained in most instances. Every component of the energy-balance equation is affected by the ingestion of alcohol. Moderate amounts of alcohol enhance energy intake because of its kilojoule content as well as its appetite-enhancing effects. Variability among individuals is striking and can be

attributed to the absolute amount of alcohol consumed, drinking frequency, as well as genetic factors. At present it is accepted that alcohol kilojoules count more in moderate non-daily consumers than in daily heavy consumers. Furthermore, they count even more in combination with a high-fat diet and in overweight and obese subjects (Suter & Tremblay, 2005). Although food and alcohol intake contributes significantly to the obesity pandemic it is not the only factor. It is the expenditure of energy that needs to balance the energy intake in order to maintain a healthy weight balance.

#### 2.2.4.4 Energy expenditure

The total energy a body expends reflects the following categories namely energy expended for basal metabolism, energy expended for physical activity, thermic effect of food (TEF) and adaptive thermogenesis. Physical activity is the most variable component of energy expenditure and it includes exercise, energy used to work or any other activity that needs energy (Rolfes *et al*., 2012:236-238).

The importance of both physical and social environments as determinants of health and consequently obesity should be recognised. Although inactivity does not contribute to obesity as much as energy intake does, it should still be considered as an important factor in terms of weight gain (Ewing, Schmid, Killingsworth, Zlot & Raudenbush, 2003). It seems that, over the years, engaging in physical activity on a regular base has declined to a much greater extent than has the trend of increasing food intake that gives rise to obesity. In modern life, with food becoming more continuously available and notably less of a demand for physical activity, an environment is engendered that encourages weight gain (Hill, 2006, Gardner & Rhodes, 2009).

Studies have shown that overweight people who engage in low to moderate physical activity might not have had sufficient activity for weight loss but had at least improved their insulin resistance and long-term morbidity (Gardner & Rhodes, 2009). However, the association of a person's activity level at work with obesity is a constant factor for both men and women. Obesity was more prominent in men who performed physically light work in their work situation than in men who performed physically heavy work (Lahti-Koski *et al.,* 2002).

According to Lahti-Koski *et al*., (2002) leisure-time activity is inversely associated with obesity in both men and women and this connection is strengthened over a period of 15 years. Obese persons tend to be physically inactive in their leisure-time. Leisure-time activity unfortunately cannot compensate for any decrease in overall physical activity. Declining levels of physical activity, if not matched with a decline in food intake, may produce a positive energy balance and it may also have little effect on the resting metabolic rate (RMR) and the thermal effect of food. On the other hand, an increase of physical activity increases fat oxidation and total energy expenditure. In other words, a physically active person would be able to consume a higher fat diet without the risk of weight gain (Lahti-Koski *et al.,* 2002).

Technological advances have changed the physical environment to such an extent that today it is almost unnecessary to be physically active in everyday life. Most occupations are deskbound and require no physical activity. Leisure time is filled with sedentary activities rather than physical ones due to general availability of television, DVDs, computers and the Internet. Driving instead of walking is the preferred form of mobility (Webber, 2003; Hill, 2006). It should be remembered that, with the characteristic increase in the BMI in the obese individual, the less is the willingness and the capability to be involved in exercise.

#### 2.2.4.5 Human eating behaviour

Behavioural research regarding overweight and obesity has been done for decades (Smith, O'Neil & Rhodes, 1999; Wardle & Cooke, 2005; Wardle, 2007; Desmet & Schifferstein, 2008). Several large-scale intervention trials have given some satisfactory results, but they did not impact the obese epidemic effectively (Muller, *et al.,* 2001; Flynn, McNell, Marloff, Mutasingwa, Wu, Ford & Tough, 2006). Theoretically-based interventions can lead to modest changes in health behaviour, not only at a population level, but on an individual level as well. The extent to which these changes are lasting is, however, less clear. The reason for this is probably that these intervention strategies are separated from the social context and from biological influences. In America, 30 million dollars is spent annually on weight-loss efforts while the average weight loss is only about 10% of body weight, and most of the weight loss is regained within 5 years. One of the reasons for this phenomenon

could be that emotional factors and relationships with food as a stress regulator are not taken into consideration (Peters, 2004; Glass & McAtee, 2006; Thompson & Manore, 2010:481).

The same argument is valid for behaviours that lead to obesity. Although a great deal is known about behaviour leading to obesity, and all the related consequences, much less is known about how these behaviours arise, how they are maintained and, more importantly, how they can be changed. According to Glass and McAtee (2006), the processes that give rise to the social patterning of risks remain poorly described and understood. Better theory and better data are needed to understand how social factors adjust behaviours and how these risk factors come to influence health negatively (Drewnowski, 2004; Glass and McAtee, 2006).

It is accepted that eating behaviour in humans changes according to changes in emotional arousal like anxiety, anger, joy, depression, sadness and other emotions (Canetti, Bachar & Berry, 2002). This may, however, differ according to the particular characteristics of the individual and the specific emotional state. For example, during joy there is an increase in hedonic eating. Hedonic eating is the tendency to eat due to the pleasant taste of the food. The focus is on the reward associated with food intake. It is assumed that obesity is partly driven by a hedonic response to specific foods or a general pleasure from eating (Macht, 1999; Macht & Simons, 2000; Canetti *et al.,* 2002; Mela, 2006; Lutter & Nestler, 2009).

Both excessive eating and alcohol use can be triggered in times of stress and when feeling is depressed due to high risk situations and low mood (Torres & Nowson, 2007). In a study done by Lyman (in Desmet & Schifferstein, 2008) participants reported a greater tendency to eat healthy food during positive emotions and a greater tendency to eat junk food during negative emotions. Stress appears to alter overall food intake in two ways, resulting in under- or overeating, which may be influenced by stressor severity. Chronic life stress seems to be associated with a greater preference for energy dense foods, namely those that are high in sugar and fat (Torres & Nowson, 2007). When people choose or prefer to eat energy dense food, gradual increases in dietary fat intake may have played a role in weight gain. Factors such as availability of bigger portion sizes, increased variety of food, relatively low cost of these foods and easy accessibility also may increase energy

intake and tendency to weight increase (Hill, 2006; Torres & Nowson, 2007). Evidence from longitudinal studies suggests that chronic life stress may be causally linked to weight gain, with a greater effect seen in men. Stress-induced eating may be one factor contributing to the development of obesity (Torres & Nowson, 2007).

Positive emotions have a stronger impact on food intake than negative emotions. It is probably associated with learning experience from the past and is called “mood control eating” (Desmet & Schifferstein, 2008). The pleasure of eating depends on the physical environment like the setting of a dining experience, the social environment like interaction during eating and other social activities. Mood may also have an influence on appetite; people will eat more or less when they feel happy or depressed (Desmet & Schifferstein, 2008; Thompson & Manore, 2010:457).

Obese individuals often feel guilty when overeating. The transition from lapse to relapse in both alcohol consumption and eating behaviour has been found to be related to internal attributions (or when feeling guilty) for the original lapse. Researchers exploring relapses in addictive behaviours describe “the abstinence violation effect” as the transition from a lapse to a relapse as involving cognitive conflict, internal attributions and guilt. These factors find reflection in the need to overeat that dieters show (Ogden, 2003:130-131).

Although there is little evidence of significant differences in eating behaviours of obese and lean groups, the obese must have maintained a positive energy balance for some time in order to gain weight (i.e. in the so-called dynamic phase of obesity). It would appear likely that individuals in the static phase of obesity (where weight is not changing) are not eating differently from those who have a normal weight in terms of energy balance (Conner & Armitage, 2002:81). This would also appear to be the case for differences between such groups in attitudes towards food and food preferences (Drewnowski in Conner & Armitage, 2002:82). Even though there is a strong relationship between food intake and obesity, various studies on eating styles have generally failed to establish consistent differences between obese and normal weight individuals which makes the study of obesity per se even more complex (Conner & Armitage, 2002:81; Philips, Bandini, Naunova, Cyr, Colclough, Dietz & Must, 2004).

Men in society generally tend to have less concern about dieting and body weight than women. In a study done by Provencher, Drapeau, Tremblay, Despres and Lemieux (2003) it was found that cognitive dietary restraint was higher in women than in men, irrespective of their obesity state. Women restrict their food intake due to a fear of weight gain while men will only restrict food intake in an attempt to lose weight. A trend for higher cognitive dietary restraint was found for obese men who were having a temporary change in their eating behaviour (Provencher *et al.,* 2003).

Eating and exercise behaviour influence energy intake and expenditure respectively and eventually weight balance. Additionally there are also other factors across the life course that will influence the weight trajectory like the foetal nutritional environment and early exposure in the development of the obese individual.

#### 2.2.4.6 Body weight change

The current epidemic of human obesity implies that, whilst energy balance appears to be biologically regulated, this regulatory process is overwhelmed by environmental changes in large numbers of people. The resultant shift towards a positive energy balance reflects both alterations in energy intake and decreases in physical activity (Webber, 2003).

“Obesity reflects a subtle loss of control of energy balance such that over time, the excess energy is stored as fat” (Gardner & Rhodes, 2009:2). The complexity of body weight regulation remains a challenge for understanding the development of obesity and ways to prevent or to treat it. Obesity reflects a state of positive energy balance in any individual. It arises as a consequence of how the body regulates energy intake, energy expenditure and energy storage (Hill, 2006). Gardener and Rhodes (2009) note that the nature of the early environment could play a role in programming “subtle” alterations to appetite and physical activity that lead to the obesity pandemic. It is therefore of great importance that these factors should be recognised in order to understand the complex nature of obesity.

All human beings have biological systems that stabilise body weight. The negative energy balance may be secured more firmly than the positive energy balance. Human biological systems are more geared to protecting them against weight loss

than against weight gain as they are strongly aimed at promoting energy intake and protecting against weight loss (Hill, 2006). In the case of a positive energy balance, diet composition may be a significant factor. Regardless of the source of energy excess, energy is stored in the body. Increased energy intake and, in particular, the rising proportion of energy from fat, is linked to obesity (Webber, 2003). From an energy balance point of view weight loss means a temporary period of negative energy balance while the maintenance of weight loss means a permanent period of energy balance at a new level (Hill, 2006).

## 2.3 CONCLUDING REMARKS

Despite intensive research efforts on all aspects or factors on all levels, namely global level, macro-level, meso-level, micro-level, embodiment, multi-organ system level, cellular level, sub-cellular level (molecular level) and genomic substratum (Glass & McAtee, 2006), all which might cause obesity, it is clear that there is still a lack of good understanding of the relationship between these variables and the development of obesity during the life course.

Obesity remains a major risk factor worldwide and a better understanding of the development of obesity across the life course still warrants in-depth research. The prevention of obesity deserves priority attention because weight loss strategies and intervention during adulthood cannot ensure a long-term solution.

Obesity is a complex problem which not only affects physical health but also has an impact on an individual's social and psychological well-being. The question remains on how to approach this complex problem in order to have better appreciation of the phenomenon of obesity. In **Chapter 3** the chosen perspectives to address this problem in this study are discussed.

# CHAPTER 3

## The choice of a perspective

### 3.1 INTRODUCTION

**Chapter 2** dealt with the complexity of obesity and highlighted that physical, social and psychological factors contribute to the development of this phenomenon. What became clear was that human obesity represents a complex disorder of multiple causes, including genetic disposition, diverse health behaviours and the significance of social context features (Drewnowski in Conner & Armitage, 2002:79; Peters, 2004; Glass & McAtee, 2006). A further point emphasised was that several important influences affect the development of obesity in several ways during the different life stages of a person's life.

With the purpose of this study in mind, namely to explore, to understand and describe transitions and stages that can be associated with the high risk experienced with weight gain during a person's life course, as well as incorporating the nature of the development of obesity as elaborated on in the previous chapter, the question addressed in this chapter relates to the theoretical perspectives that would shed light on the life course of the obese man, and the choice of factors contributing to the development of obesity that could serve as the point of departure for this study.

Charon (1998:3) refers to a perspective as a "point of view, placing observers at various angles in relation to events and influencing them to see these events from these angles". Not all aspects of any situation can be seen simultaneously, hence researchers have to decide on a specific perspective to enable making sense of a reality from one specific point of view. A perspective can also be defined as a conceptual framework, emphasising that perspectives are interrelated sets of words used to make assumptions and value judgments about what the researcher is seeing or not seeing (Charon, 1998:3). For this study symbolic interactionism and a life course perspective were combined, an approach deemed to be appropriate as the

point of departure for a holistic view of the research problem on which this study is based.

## 3.2 SYMBOLIC INTERACTIONISM

Symbolic interactionism is a perspective applied in social psychology. It comprises a micro-level framework for studying social aspects in human life (Blumer, 1969:78; Charon, 1998:23; Dennis & Martin, 2005; Sandstrom, Martin & Fine, 2006:21). In this study, this would be represented by the obesity phenomenon. According to Blumer (1969:86-87), only the methodology used in social interaction can yield a true, direct observation when compared to other more indirect methods of observation. Blumer stresses the critical importance of a "down-to-earth approach" to the scientific study of human beings conducted in their natural world. Furthermore he emphasises the importance of the involvement or participation of the researcher in exploratory studies of micro-level phenomena in any social world (Blumer in House Atreides, sa. Sandstrom *et al*., 2006:21).

### 3.2.1 Assumptions of the Symbolic Interactionism

Some basic assumptions of symbolic interactionism are now dealt with and each is applied to this study.

- Symbolic interactionism focuses on the dynamic interaction between people. In doing so it creates a participatory active image of the human being and rejects the image of a human being as a passive organism (Charon, 1998:23). It implies that human beings act in relation to each other and are responsible for their own behaviour (Blumer, 1969:81; Charon, 1998:23; Dennis & Martin, 2005). Action is not simply responding automatically but is based on decisions shaped largely by the actual and anticipated responses of others and their interpretation that is a matter of handling meanings. Meaning is a dynamic part of any action and is constructed and reaffirmed in social interaction (Blumer in House Atreides sa; Blumer, 1969:8).

*In this study such an assumption would imply that the obese man is probably responsible for his own eating behaviour because he is accountable for his own decisions pertaining to food intake and lifestyle practices. He exercises a notable degree of choice and freedom in his actions but it still remains his own responsibility to take care of himself. His behaviour may, however, be influenced by the responses of others and how he interprets them.*

- In the interaction process people use symbols that have meaning for them. Symbols can be physical objects, social objects and abstract objects. The environment in which a person lives will only consist of the objects that have acquired meaning for that person as an individual. The nature of this environment, on the other hand comprises the content of those meanings. What is essential for effective communication is that the symbol should arouse in one person what it arouses in the other individual (Charon, 1998:67; Blumer, 1969:2-3; Mead, 1934:149; Sandstrom *et al*., 2006:8).

*Applying this notion to this study, food is used as a symbol as it can be explored and described. The obese person's interaction with others gives rise to the meaning it has for the person according to the way in which it is interpreted. Therefore, in this investigation the researcher can describe the actions of an obese male respondent towards things he must deal with in his environment on the basis of the meanings those things have for him.*

- The nature of human action spreads from the ability to make indications to the self. In symbolic interactionism the self is an object, and the actor or person interacts with it. In interaction with others, one's self is pointed out and defined and one can even have an experience with the self (Mead, 1969:137; Charon, 1998:66; Sandstrom *et al*., 2006:82). The self aris es in the process of social experience and activity (Mead, 1969:135). Mead (in Scott, 2003) argues that even the most apparently private mental processes of thinking and feeling are shaped by social factors. According to Cooley (in March, 2000), social consciousness is inseparable from self-consciousness, because a person can hardly think of them self without having a social group that serves as some sort of reference group. To do this the individual must possess a self that can be defined as "a social process formed in interaction with others" (Mead, 1969:

138). During interaction with others, people are defining themselves as a person. The possession of a self enables the person to perform the all-important interaction with them self and Mead (1934) identifies this as "the crux of the formation of social skills". According to Blumer (1969:81), "self-indication is a moving communicative process, in which the individual notes things, assesses them, gives them meaning, and decides to act on the basis of meaning". Both cognitive and social processes contribute to the experience of the self (Charon, 1998:30; Harter, 1999; Sullivan in Anderson, Chen & Miranda, 2002). Self-esteem is defined as a favourable or unfavourable attitude towards the self or a negative or positive self-assessment (Harter, 1999; Kim & Popkin, 2006; Sandstrom *et al*., 2006:101).

*With regard to the obese man such an assumption would imply that he has a perception of his self – both the physical (body) and the inner self. This self gets meaning through interaction with others. It also implies that the obese man can evaluate and judge the self, and direct the self and its behaviour, according to the meanings that he attaches to the self and behaviour (in this case eating behaviour). However, this is always done with others in mind.*

- People may have as many selves as they have interpersonal relationships (Charon, 1998:30; Harter, 1999; Sullivan in Anderson *et al.*, 2002). James (1890:190) concluded that "a man has as many social selves as there are individuals who recognize him and carry an image of him in their mind". The ***physical self*** can be defined as "the image one has of self as a single entity with distinguishable physical traits" (March, 2000). The ***social self*** can be seen as an internal conversation between two different voices namely the "I" and the "me" that can be experienced as the wish to be seen and included, and the fear of being judged or scrutinized. It is the images of self that are linked to the individual's social roles or statuses, such as the family, occupational or educational statuses (Scott, 2003; Sandstrom *et al*., 2006:119). According to Tian and Belk (2005) one of the selves is the extended self that entails various life projects that introduce a " dynamically changing surfacing self". Beyond the personal self there are various collective levels of self like the corporate self or the public self (Banister & Hogg, 2003; Tian & Belk, 2005). The corporate self appears to be on the same level as family for most individuals and can

sometimes be seen as an alternative “family”. The public self includes avoiding negative evaluations of significant others (Banister & Hogg, 2003).

*This suggests that the obese man probably talks to himself about himself. In this interaction process he defines himself in terms of his physical and inner self and also directs his action or behaviour according to it.*

- Interaction also means interaction with the rules and perspectives of others. According to Mead (1934:154-164), the behaviour of those who respond to the individual (as an object) gives meaning to the self. In other words, individuals come to know what they are through others’ responses to them. The meaning of a thing for a person grows out of the ways in which other people act towards the person regarding it (Blumer, 1969:82; De Klerk, 2006:13).

*In this study this supposition implies that others, and interaction with others, could give meaning to how the obese man experiences himself and interprets his behaviour.*

- ***Significant others*** can be defined as an individual who has an important role in one’s life, and in whom one has, or once had, emotionally invested. Significant others can include members of one’s family-of-origin and even people who are not members of the family (Anderson *et al.*, 2002). Cooley’s “looking-glass-self” formulation indicates that significant others constitute social mirrors into which one looks in order to incorporate their opinions into one’s own sense of self. The appraisals of others serve as the basis of self-evaluation, self-reference and self-imagining (Harter, 1999, Young cited in March, 2000; De Klerk, 2006; Sandstrom *et al.,* 2006:84). The individual has several distinct selves, but because the interaction overlaps, significant others and reference groups form a relatively consistent whole, the self is not as segmented as might have been implied. The individual thus has the ability to incorporate all significant others into one ***generalised other***, also named “them” or “society” (House Atreides, s.a; Harter, 1999; Charon, 1998:78). Generalised other can include cultural group, stereotypes and people in general. ***Reference other*** refers to groups to which individuals belong and specific people with whom the individual wants to be identified. The individual may or may not use people in his presence as

either generalised other, significant others or reference others. If they are not important their definition of the self is not important (Charon, 1998:79).

*In view of this notion the researcher would be able to identify and describe individuals (family, friends, and colleagues) who are or have been deeply influential in the obese person's life (the others) and most probably may have played a role in the development of his self-perception and eating behaviour. The way other people act towards the obese person may lead to a negative self-assessment which is part of stereotyping. Comparing his body morphology with others and evaluating his worth by using the feedback of others, could well play a role in the perception of the physical and inner self.*

### 3.2.2 The development of the self

The persona, reflecting the self, develops in the crucible of interpersonal relationships with certain significant others (Harter, 1999). The self is thus a social object we share with others in interaction. One's self is pointed out and defined in the social interaction process (Charon, 1998:73). Baldwin (cited in Harter, 1999:678) postulates that "the individual undergoes constant modification in his sense of himself by suggestions from others leading to changes in the content of one's sense of self".

Cooley (1902:201) postulates that what becomes the self is what we imagine others think of us. According to him, the adult person is a human being with "balanced self-respect and has stable ways of thinking about the image of self that cannot be upset by passing phases of praise or blame". Mead (1934) postulates: "we appear as selves in our conduct insofar as we ourselves take the attitude that others take toward us. We take on the role of what may be called the generalised other". Goffman (1959:14) holds that the individual's judgment of the self is almost completely in the hands of other people who have great control over the physical and social environment in which that individual lives.

*This means that the obese man will judge himself in accordance with the standards of society in terms of obesity and work performance.*

Mead (1934:152-55) also postulates that the two-stage developmental process through which a child adopts the attitudes of others toward the self can be labelled as the “play” and the “game” stages. The play stage involves imitation of adult roles through which the behaviours modelled by others are adopted and integrated into a person’s behaviour and self concept. The “game” stage involves the adoption of the perspectives of others toward the self. This implies that the individual adopts the perspectives of the more generalised group of significant others who share a particular public perspective of the self. The developing child thus has to adjust behaviour patterns to gain the approval of society and, in doing so, gradually internalises the standards of others even in the absence of feedback from others. According to Mead (cited in Charon, 1998:76), this is the adult self, “a self that that incorporates all one’s significant others into one generalised other”.

*Applying this to the obese man it is seen that he could have modelled his parents’ eating behaviour as young child. As he grew older he interacted with several significant others and had to adopt his eating behaviour in order to get the feedback he wanted.*

Shibutani (cited in Charon, 1998:68) suggests a fourth stage of self-development and it seems more typical of the industrial, urban mass society. The individual has many reference groups (generalised others) and with each of them he shares a perspective including the perspective of the self. The self as a social object is thus constantly changing through interaction. James (1980 in Harter, 1999) describes the “conflict of the different Me’s”, which refers to the potential negative complications and the perceived incompatibility of certain adult roles.

*This implies that the obese man has to adjust his actions when he interacts with significant and reference others like his colleagues, family, friends and his wife, because the self is constantly changing in the interaction process.*

#### 3.2.2.1 The experience of the physical self

It is important to distinguish between the *self* and the *body.* Mead (1934:136) clarifies the difference by saying:” We can distinguish very definitely between the self and the body. The body can be there and can operate in a very intelligent fashion without a

self being involved in the experience. There are, of course, experiences which are somewhat vague and difficult to locate, but the bodily experiences are for us organised about a self. The foot and hand belong to the self". The body as such is not the self, but when it stands out and becomes an object it acquires meaning and is consciously experienced, and only then does it become part of the self.

The experience of the physical self should not be underestimated. March (2000) points to the fact that, because our bodies have a material base, we can treat the body as part of the self, as we would do with other objects. Turner (1984:38-39) holds that the body seems to be a vehicle for carrying around that part of the self that cannot be seen or touched: the individual's thoughts, feelings, perceptions and attitudes, the inner self. According to Turner (1984:39) the body as part of nature and part of culture may then be regarded as a link between an inner person and some of society's most important values. This means that the individual experiences both the physical self and the inner self as part of the self, and is able to see either of them as an object that has meaning, that can be judged and labelled in relation to, and against, the viewpoints of all others with whom the individual interacts.

Stone (1962:86-91) prefers the term "appearance" which includes the size and the shape of the body, and underlines the importance of appearance in communication with others and with the self. He emphasises the importance of the physical self in communication (non-verbal) and the maintaining the self: "Every social transaction must be broken down into at least two analytical components or processes – appearance and discourse; appearance is at least as important for the establishment and maintenance of the self as is discourse".

*This means that how the obese man experiences his inner self will be determined by how he is judged or labelled according to his physical image or appearance during interaction, and if the feedback that he receives is of a negative nature. Forming a self-perception and taking appropriate action depends significantly on feedback from others in the case of the obese man.*

The self is important for self-communication, for self-perception, for self-control and for self-direction. The way that humans behave under certain circumstances and during different interaction situations is important. It directs what humans experience

or see, how they interpret it and how they direct and change their behaviour accordingly (Charon, 1998:79).

Individuals acquire information for themselves about themselves. Self-indication is a continuous communication process in which the individual notes things, assesses them, gives meaning to them and decides to act on the basis of the meaning secured (Blumer, 1969:81). According to Charon (1998:83) “mind is the person in symbolic interaction with the self”. The individual thus gets a perception of the self. In literature it is called self-perception, self-concept, self-image or self-esteem (Rudd & Lennon, 2000). Self-perception is thus the picture of self in a given interaction situation and should be seen in a social context. This picture might differ from the picture a person would like to see of themselves and is likely to also differ from the picture of what the person thinks others have of them. It may further differ from the actual picture that others have of that particular person (De Klerk, 2006:7) Self-esteem is the motive for seeking experiences that enhance or protect the self-concept whereas self-consistency is the motive to behave consistently with our views of ourselves (Banister & Hogg, 2003). Self-perception is therefore possible because, as individuals, people compare themselves with others and are also able to interpret the feedback from others about themselves.

*In this study the researcher prefers to use the concept of physical self which is the language of symbolic interactionism.*

The experience of the physical self cannot be seen separately from the total self. The experience of the inner self is as important and the experience of the one has specific influences on the experience of the other.

#### 3.2.2.2 Experience of the inner self

Self-communication, self-perception, self-control and self-direction can also be called mind action because, according to the symbolic interactionism, mind is seen as symbolic interaction with the self. According to Charon (1998:99) “mind is the symbolic action towards the self through the manipulation of symbols”. This manipulation is made possible through the learning of those symbols and the development of the self that forms the mind. The individual has the capability to

communicate with the self, to think, pointing out things to the self and to interpret situations. The obese man can use the physical self as symbol of specific aspects of his inner self. The obese man can talk to the self in the same way he talks to the other. He can give meaning to the self in the same way he gives meaning to the other. He also talks to himself about how he compares with the other. The result is, according to Shibutani (1961:434-435), self-judgment. It is, however, important to note that this self-judgment is not constructed from the individual's interaction with people in general, but only with those whom he has chosen as significant others or reference groups. Charon, (1998:76) holds that an individual's self-judgment and identity are shaped in interaction with others, and this principle has all kind of consequences for further action.

The incorporation of disapproving opinions of significant others may lead, in turn, to perceptions of personal inadequacy and to low self-esteem. If an individual persists in primarily basing his sense of self-worth on the appraisals of others, a collection of negative correlates could be the outcome. The structure of a self which is so dependent upon the suggestions and opinions of others may lead to the creation of a self that tends to conform to the wishes and dictates of significant others whom an individual wants to please. This may compromise the true self and lead to associated negative outcomes such as low self-esteem and even depression. James (1980 in Harter 1999) describes the "conflict of the different Me's" that refers to the potential negative complications and the perceived incompatibility of certain adult roles.

*Bearing this exposition in mind, it can be postulated that the obese man may even compromise his true self as long as he is conforming to the standards and demands set by significant others in order to be accepted and valued.*

## 3.3 LIFE COURSE PERSPECTIVE

The life course perspective is used in social studies where explanations of continuity and change are needed. It addresses the dynamic interface between human lives and social structures over time (Moen and Roehling, 1998; Heinz & Marshall, 2003: xiii). Life course can be viewed as a multi-level phenomenon ranging from structured

pathways through social institutions and organisations to the social trajectories of individuals and their developmental pathways (Elder (jr), 1994). The life course perspective views peoples' lives across their lifespan, emphasising life course trajectories (paths) and transitions (changes) while taking into account life stage, social structure and events throughout peoples' lives (Elder in Jabs & Devine, 2006). When conducting a life course analysis, all aspects of the individual's life must be studied whether it is work, family, health or aspirations. In addition, all the interactions and interweaving of these component parts of an individual's life must be examined (Levinson, 1986). Only by looking at the whole of an individual's life can one come to understand a specific phenomenon (such as obesity) of that life.

The life course perspective involves a contextual approach to the study of change in the lives of individual family members over time and of families as social units as they develop over time. It involves social micro- (individuals and the family) and macro-levels of analysis (Bengtson & Allen, 1993:469).

The life course perspective addresses the balance between stability and change across the life course of an individual. It deals with issues such as individual choices and decisions, adaptation to circumstances and constraints on adaptation and choice when faced with external demands (Wethington, 2003).

Over the past few years there has been increasing interest in conceptualising disease aetiology within a life course framework. It has particularly acted as a channel for new research in the area of social inequalities in health and has helped bridge biological, psychological and social models of disease causation, although it is empirically complex (Ben-Shlomo & Kuh, 2002). By looking at the course of individual's lives over time, researchers may be able to see early warning signs of obesity and determine appropriate times for intervention (Segelken, 2005).

The life course perspective brings together different disciplines, namely psychology, sociology, and human development. Retrospective life history techniques for recovering knowledge about the enduring effects of the past can be used to examine groups' or individuals' periods of stability and periods of change in beliefs and behaviours during the life course. When those beliefs and behaviours involve obesity, the life course perspective can help to understand how the environment shapes

aspects like activity levels, how people construct their food choices, how dietary behaviours change over time and how people adapt throughout their lifetime to changing circumstances (Elder (jr), 1998, Jamieson, Miller & Stafford, 1998, Edstrom & Devine, 2001; Devine, 2005; Segelken, 2005).

Quantitative life course research focuses on the macro-social dimension of timing and sequencing of life events while qualitative life course research uses biographical or life history as micro-social approaches. A description of an individual's reasons for life plans and decisions is an integral part of it (Jamieson *et al*., 1998; Heinz & Marshall, 2003:23). Between the narrow-defined realm of the micro-level (individual-psychological) and the globally-defined macro-level (social-historical) is the family as a small social structure. "The family comprises interacting personalities, dynamic and developing over time, whose behaviours, needs and various career trajectories are contingent upon, and sometimes in conflict with, others in the family" (Bengston & Allen, 1993:479).

Research applying the life course perspective can make use of retrospective data collection strategies and using probes to ascertain event sequences. Those research projects normally produce reliable, detailed life history data. Life course research on nutritional and behavioural change of obese men in this study tried to focus on identifying and understanding the critical transitions, turning points, and situational factors that are associated with lasting changes in food and weight trajectories as suggested by Wethington (2005).

### 3.3.1 Basic assumptions of the life course perspective

In this section some basic assumptions of the life course perspective will be discussed as well as its application to this study.

- *Historical time and place*: the life course of individuals is embedded and shaped by the historical times and places they experience over their lifetime (Elder (jr), 1998; Heinz & Marshall, 2003:9). Time operates on four levels namely as historical events, as role trajectories, as changing social norms and as continuity and change in individual development (Moen & Roehling, 1998).

*Since the social context of the past, as well as its significant changes, together influence a person's current feelings, this study accepts that the obese man's past might have a definite influence on how he experiences his self at present and the evolution of his weight trajectory.*

- *Timing in lives*: the developmental impact of the sequence of life transitions or events depends on *when* they occur in a person's life. The timing of life transitions has long-term consequences through its effects on subsequent transitions. This can help to understand how people are influenced differentially by their life experiences and the impact of experience and learning in adapting to the external demands for change (Elder (jr), 1998; Elder in Heinz & Marshall, 2003:10; Wethington, 2005). Social timing refers to the incidence, duration and sequence of roles and to related age expectations and beliefs. It applies to the arrangement of multiple trajectories and their synchrony (Moen, Elder (jr) & Luscher, 1995:114).

*Since the obese man is the focus of this study, it is noted that the timing of an external event can be important if that event coincides with a critical period in an individual's life. A person can only adapt in ways that he knows about at a specific time, and use the types of strategies that are available to him at that particular age and level of experience (Segelken, 2005). The development of obesity can be viewed against this principle in the sense that, if a person is not able to use coping strategies in certain circumstances, abnormal eating behaviour might compensate for this. For example, when an obese adolescent is ridiculed during this sensitive stage in life, the consequences of resultant emotions may lead to deteriorating eating patterns. Food is known to be used as compensation or as a soother.*

- *Linked lives*: this concept of linked lives (or independent lives) is based on the interaction perspective in the social sciences and has wide application to health (Wethington, 2005). Lives are not lived in social isolation. There are interdependent relations, and social and historical influences are articulated through this network of shared relationships (Elder (jr), 1998; Heinz & Marshall, 2003:10). The obese person cannot be seen as an isolated unit, but as a social being forming part of a network of relationships. This principle remains a cornerstone in contemporary life course theory. Individuals are influenced

differentially by life experiences and these influences could only be understood through the adaptations of people who were important in their lives (Elder (jr), 1998). Of great importance are role sequence and synchronisation as well as personal networks (friends and family) over time (Hareven, 1982:5). Social ties to significant others become forms of social control and limitation in making individual decisions and taking action (Elder, 1998). Human lives are embedded in social relationships with relatives and friends across the life course. These multiple interlocking relationships with significant others give structure and human support of human lives (Moen, Elder (jr) & Luschner, 1995:112).

*Bearing in mind that linked lives (usually within families and workplaces or between partners) have an impact on how people are able to change and adapt with reference to their eating behaviour (Devine, 2005), this researcher has paid particular attention to this observation. In symbolic interactionism this principle is also strongly emphasised. A person is constantly in interaction with others who play significant roles in their lives affecting their behaviour and in their experience of the self. This can be seen as a justification for using these two perspectives simultaneously in this study.*

- *Human agency*: this way of thinking states that individuals construct their own life course through the choices and actions they take within the opportunities and constraints of history and social circumstances (Elder, Heinz & Marshall, 2003:11). Some individuals are able to select the paths they follow, but these choices are not made in a social vacuum (Elder, (jr), 1998). Planned human action in the timing of transitions and life events is another form of expression of human agency. In other words, people can be responsible for transitions and turning points in their own lives by planning them. However, the chance to make certain choices depends on the opportunities and constraints of history (Elder (jr), 1998).The life course perspective takes a dynamic rather than a static approach to the study of lives and families. Life course agency can be examined in terms of planful competence and biographical orientations. It can also reflect socio-psychological constructs often not considered in a life course framework and can include defence mechanisms or coping strategies. Planful competence describes the self's ability to negotiate the life course in thoughtful, self-controlled and assertive ways during times of opportunities and limitations.

Inability to carry on with plans may seriously detract a person from efficient agency along the course of life. The way people respond to the challenges differs and the coping strategies used can either be immature and counterproductive but others may be mature and effective (Hareven, 1982:6; Bengtson & Allen, 1993:471, Shanahan, 2000).

Adaptive (coping) strategies can be defined as "the templates or taken-for-granted ways that frame ways in which individuals or linked individuals in the family make decisions about how to adopt to external changes" (Wethington, 2005). These "templates" that influence the individual's decisions are interactions between social norms and the emotional or rational choices that people make to adapt to external events or to initiate change in their lives (Wethington, 2005).

*That the obese man is able to select the paths that he follows will be borne in mind in this research, and cognizance taken of the fact that these choices are not made in a social vacuum. It is acknowledged that the obese man is responsible for his own eating and activity practices. However, sometimes the direction he chooses may fail and coping strategies are needed to overcome the problems. Symbolic interactionism also stresses that self-control and self-direction are part of the individual's choices and are under their own jurisdiction. While the self is social, it is always in interaction with others. It seems as if this principle is emphasised by both the symbolic interactionism and life course perspectives so combining them makes good sense and this will be done in this study.*

- *Transitions and trajectories* are key concepts in life course research. It emphasises continuity and change as aspects of development. Transitions are always part of social trajectories that give them distinctive meaning and form. Transitions are always embedded in trajectories. Distinctions that apply to developmental trajectories could be, for example, physical growth in height and weight to the exercise of self-efficacy and intellectual functioning. Transitions refer to changes in status that are discrete and bounded in duration, although their consequences may be long-term. Transition is based on interdependence. Transitions can sometimes be unexpected and stressful, but they give meaning to the individual as they pass through life. Unexpected transitions may also create more change in habits and behaviours than anticipated (Moen, Elder (jr)

& Luschner, 1995:105; Wethington, 2005). This may lead to an increase in demands that may actually exceed a person's capacity to cope. The health, social and other trajectories in an individual's life tend to develop together in a dependable way as well as reinforcing each other (Wethington, 2005). As a consequence, helpful attempts to change a particular type of trajectory, such as a healthy lifestyle, may not lead to a long-lasting or permanent change in behaviour due to other trajectories' reinforcement of its present state (Wethington, 2005).

Stages refer to plateau periods of stability. Trajectories are long-term patterns of stability and change, often including multiple transitions. A trajectory is a stable pattern and tends to be consistent but it has a momentum and it can change. Trajectories include thoughts, feelings and strategies as well as actions (Devine, 2005; Price, McKenry & Murphy, 2000:5). There can be multiple trajectories in an individual person's life which reinforce one another. "A trajectory can be seen as a concept of multiple, interlocking trajectories that vary in synchronization" (Elder (jr), 1998). There can be transitions and turning points. Turning points can be seen as dramatic changes in trajectories or major transitions that are associated with major life changes or breaks in ongoing trajectories. It is all about decision making about future paths and commitments where life takes a different direction. Events that occur in the environment too can change trajectories (Elder in Bengtson & Allen, 1993:471; Price, McKenry & Murphy, 2000:5; Segelken, 2005; Wethington, 2005).

Trajectories are long-term patterns of stability and change, often including multiple transitions (George, 1993). Life course studies of transitions can be divided into two subsets, one, based on unit of analyses, namely population-based studies, and two, studies of individuals (George, 1993). Since the 1960s, life course studies have been seen to be increasingly based on individuals. This is especially due to the surfacing of new pathways in adult roles, such as delaying parenthood, and the influence of changing or new social risks in different domains of life (Dewilde, 2003). Previously standardised trajectories of school, work and family have been dramatically changed by several structural and cultural developments (Shanahan, 2000).

A food trajectory has been defined as "a person's persistent thoughts, feelings, strategies, and actions with food and eating, developed over the life course in a

social and historical context" (Devine, 2005).Trajectories, transitions and turning points can help to understand how eating and health-related behaviour develops over time and why change can be so difficult at conflictual points of an individual's life cycle (Haines, 2005; Wethington cited in Segelken, 2005).

*In the case of this study the individual life course transitions of the respondents, who were obese men, were explored as based on the described theoretical background of how food trajectories are formed.*

- *Cumulative impact of earlier transitions on subsequent life course patterns:* rather than following a static view of life experiences, the life course approach views a person as an individual moving through life and whose social experiences are influenced not merely by contemporary conditions but also by experiences of early life course transitions. Conditions that shaped people's earlier life experiences indirectly affected the transition into their later years of life. Previous experiences can make a "lasting imprint on their lives (Elder (jr), 1998).Therefore social experiences are influenced not only by external conditions at the particular point of time but also by earlier life experiences as they were shaped by specific conditions earlier in time. By seeing human lives as a whole, the researcher could be directed to underlying pathways across the whole life course (Hareven & Adams, 1982:6, Elder (jr), 1995:107; Moen *et al.,* 1995 & Elder (jr), 1998).

*This assumption can be applied to understanding how previous experiences regarding food behaviour might play a role in a person's current obesity plight. Although symbolic interactionism clearly states that human action and behaviour only depends on what is happening at the present time, it is also true that other people (friends, colleagues and family) are sure to also play a role in establishing a person's eating behaviour. It is the memory that is derived from the interaction process, in other words, how the individual thinks about it that leads to the current behaviour or a possible change of behaviour. The life course perspective can be used to understand how obese people construct their food and eating choices and how changes in the food and eating environment, and in their personal development, affect those choices (Devine, 2005). Certain health problems in adulthood may be affected by social conditions during childhood, especially diseases associated with nutrition in*

*childhood (Wethington, 2005). By looking at the obese man's life as a whole, these conditions can be identified, which is an aim of this study.*

- *Social trajectories* of family, education and work followed by individuals and groups represent the most distinctive areas for exploration as they, in turn, influence behavioural continuity and change and, in particular, the line of development along a person's life course (Elder (jr), 1994, 1998).

*It is in line with this viewpoint that this study acknowledges that family, friends, careers and colleagues are of significant interest and should be incorporated into this investigation into the development of trajectories in the lives of obese men.*

## 3.4 CONCLUDING REMARKS

Both the life course and symbolic interactionism perspectives stress the interaction between individuals and their social environment which can be seen as a micro-level experience (Sandstrom *et al*., 2006:10). It emphasises the social creation of meanings concerning life transitions and individual development (Boss, Doherty, Larossa, Schumm & Steinmetz, 1993:471). In doing so it creates an active image of human beings in interaction with social contexts and rejects the image of a human being as a passive organism. Individuals are constantly undergoing change in this interaction process (Charon, 1998:27). The obese man cannot be seen as an isolated unit, but as a social being forming part of a network of relationships. Therefore it is also important to look at the influence of others, significant others, general others and reference group others, with whom he is socialising and whose opinion is important to him. Others therefore play an important role in the development of the self and the experience of the self.

While the symbolic interactionism perspective accentuates the development of the self in interaction with others, the life course perspective gives clarity on the way the individual handles the transition- experiences along the course of life in order to regain balance after a time of disequilibrium resulting from different trajectories. The life course perspective can thus be used successfully to give clarity on what happens

in each life stage for the obese man in terms of his physical self and inner self experiences, and what he actually does to accept the self as weight gain accelerates. The way he handles the self will eventually influence his behaviour.

Most research applying the life course perspective has used retrospective data collection strategies and probing to establish event sequences. These research projects have produced reliable, detailed life history data. Life course research on weight and food trajectories and behavioural change of obese men in this study therefore focuses on identifying and understanding the critical transitions, turning points and situational factors that are associated with lasting changes in eating behaviour, factors identified by Wethington (2005).

A combination of symbolic interactionism and life course perspectives therefore seem to be an appropriate choice for studying obesity due to the fact that the basic assumptions of the two perspectives complement each other and create a holistic view of the phenomenon.

For a better understanding of the research problem it is, however, also necessary to look at the physical, cognitive and psycho-social development over the life course to appreciate what happens in each life stage. In the next chapter (**Chapter 4**) human development across the life course is discussed.

# CHAPTER 4

## Human developmental stages across the life course

### 4.1 INTRODUCTION

In order to acquire greater insight into, and a perspective of, the holistic character of an obese man's adult life, knowledge about human development is necessary. It would give a better understanding of interrelationships within the various stages of an adult's life course and the developmental processes that occur when individuals make transitions from one stage to another, as well as the changing roles played as time passes (Gouws, 2009:4B). Looking at the stages of human development throughout a person's life course would make a significant contribution to discerning the implications of obesity as related to their health and well-being. How the stages might influence the eating and physical activity facet of an obese man's lifestyle can be observed and the associated weight trajectories can be more clearly identified. Although there are several important developmental theories, the relevance of Erikson's theory on psychosocial development (1963) and Piaget's theory on cognitive development (1964) to the premises of this study is acknowledged as will be explained in this chapter.

The researcher decided to choose only four of the generally accepted life stages, namely early childhood, middle childhood, adolescence and adulthood because the participants' life histories, from as far back as they could remember from their earliest childhood experiences up to their current adult status, were important to this investigation. In conjunction with the chosen perspectives, as well as the objectives of the study, the different life stages will be discussed according to the physical, cognitive and psychosocial development of the selected participants.

Stage theorists see development as occurring in a step-like, discontinuous order and recognise the fact that new skills develop from skills acquired in previous stages (Kaplan, 1998:41; Roisman, Masten, Coatsworth & Tellegen, 2004). Stage theorists

postulate that each person progresses through the same stages and cannot skip a stage, but people may enter or leave a stage at different times. Development is presented in terms of age-related periods in which people are faced with particular problems and tasks while acquiring specific abilities. This implies that people in a particular stage should act or reason similarly. Piaget (1964) introduced the concept of cognitive stages of development. The concept of a stage is used quite specifically. It implies a change in the quality of the individual's characteristics arising as a function of development. Stage theorists do recognise that people are different, but these differences are relatively minimal. They maintain that there are only two ways in which people differ, that is how fast they develop and how far they develop (Lerner, 1986:137).

Flavell (1963) has suggested the following criteria for a stage in development:

- Stages are distinguished by qualitative changes. It is not a matter of simply being able to do more of something: it also involves doing it differently.
- The transition from one stage to another is marked by simultaneous changes in other aspects of behaviour.
- Stage transitions can be rapid. An example is the adolescent growth spurt where the adolescent may, in a few months, gain several centimetres in height.

Although there is no general theory of cognitive development, the most historically influential theory was developed by Jean Piaget, a Swiss psychologist (1896-1980). His theory concerned the growth of intelligence which, for Piaget, meant the ability to more accurately represent the world and perform logical operations on aspects of real life. The theory concerns the emergence and acquisition of schemata (schemes of how one perceives the world) in developmental stages when children are acquiring new ways of mentally representing information. Piaget's theory asserts that the individual constructs meaning through cognitive abilities and self-motivated action in the world (Flavell, 1999).

The best known stage model is Erik Erikson's psychosocial theory of personality development. Erikson developed the theory in the 1950s as an improvement on Freud's psychosexual stages. Erikson's (1963) stages of psychosocial development describe eight developmental stages through which a healthy, developing human being should pass from infancy to late adulthood. Each stage is organised around a

crucial developmental issue for the individual's self in relation to the social world. The stages are:

1. (0–1 year): basic trust versus mistrust
2. (1–3 years): autonomy versus shame and doubt
3. (3–6 years): initiative versus guilt
4. (6–11 adolescence): industry versus inferiority
5. Adolescence: identity achievement versus identity confusion
6. Young adulthood: intimacy versus isolation
7. Middle adulthood: generativity versus stagnation
8. Later life: integrity versus despair

According to Erikson (1963) the individual develops through a predetermined unfolding of personal personalities in eight stages. Success or lack of success in all previous stages partly determines the progress through each phase. If one interferes with the natural order of development, the process of development may be ruined. The assumption is therefore, that when the crisis at one stage has been successfully resolved, resolution of the next crisis will follow.

Furthermore Erikson (1968) contended that each stage involves certain developmental tasks and those are psychosocial in nature. Each task is described by two terms, for example, in the case of adolescents "identity versus identity diffusion". Each stage has a certain optimal time. It is no use to trying to rush children into adulthood as is so common among people who are obsessed with success. Neither should the pace be slowed down to protect children from the demands of life. If the stage is well-managed the individual will obtain psychological strength that will facilitate progress through the rest of the stages. If the person does not do well, mal-adaptations may develop and these may endanger future development.

This is according to Erikson's epigenetic principle which states that each stage unfolds from the previous stage according to a predestined order (Erikson, 1963). Few people emerge with an entirely positive or negative outcome. According to Erikson, the individual must maintain a healthy balance between the two extremes with a tendency towards the positive side of the scale. The resolution of one stage lays the foundation for negotiating the challenges of the next stage (Marcia, 1966; Erikson, 1968, Kacerguis & Adams, 1980).

This chapter points out the specific overall development that takes place during early childhood, middle childhood, adolescence, early adulthood, middle adulthood and older adulthood.

## 4.2 EARLY CHILDHOOD

Early childhood is also referred to as the preschool phase. Preschool-age children are between two to three and six years of age (Louw & Louw, 2007:148; Papalia, Olds & Fieldman, 2008:11, 251). During this stage the development that started during infancy continues.

### 4.2.1 Physical development

Child development is an important determinant of health over the life course. The early years are characterised as a period of considerable opportunity for growth and vulnerability to harm. The cumulative experience of buffers or burdens has an influence on developmental trajectories (Anderson, Shinn, Mindy, Fullilove, Scrimshaw, Fielding, Normand & Carande-Kulis. 2003). During this early childhood phase, the growth rate slows down until the growth spurt of adolescence. On average, they gain 2 kg and grow 5-8 cm per year. This decrease in growth rate is accompanied by a decrease in appetite and less food intake. They start to lose their chubbiness and take on a slender, athletic appearance (Papalia *et al*., 2008:251; Brown, 2008:266). They have a low interest in food and eating which quite often upsets the parents. Parents need to be assured that a decreased appetite is a normal part of development. Quite often a power struggle occurs during meal times and children are forced to eat (Galloway, Fiorito, Franci & Birch, 2006).

This is the time in the life course when obesity starts to develop especially in children with obese mothers, low cognitive stimulation and low family income with far reaching effects on self-esteem and body-image later in life. Where a three-year old child will eat only when hungry a five-year old will tend to eat more than necessary when given a big portion of food (Ong & Loos, 2006; Papalia *et al*., 2008:25).

### 4.2.2 Cognitive development

Piaget (in Flavell, 1999) believed that children begin development by being cognitively egocentric. They do not think that things such as conceptual, perceptual, and affective perceptions exist. They do not believe that their perceptions differ from those of others. They only gradually acquire the skill in discriminating their own perceptions from others. During preschool years children are continuously increasing their knowledge about their physical and social worlds and their care-giving environments (Anderson *et al.,* 2003). Because cognitive development has such diverse aspects it cannot be explained by a single theory. Only the theory of Piaget is addressed in the discussion that follows.

Jean Piaget can be seen as the person who initiated studying the cognitive development in the child. Although his approach is often criticised it is still of great worth because he explains cognition from a developmental perspective (Flavell, 1999). Piaget's theory acknowledges the contribution of nurture as well as nature to a child's intellectual ability. He further stresses the active contribution of the child to personal intellectual growth. "Piaget's theory is described as constructivist in the sense that it depicts the child as actively constructing knowledge in reaction to experiences" (Ford, 2009:65). He rejected ideas of passive associative forms of learning. He proposed 4 distinct stages of cognitive development during childhood (2-11 years), namely sensori-motor, pre-operational (symbolic), concrete operational and formal operational (Kolb, 1984:25; Piaget, 1997; Ford, 2009:65). The characteristics of preschoolers' preoperational thinking are perception-bound thinking (problem solving as based on what stands out clearly and perceptually), perceptual centration (they can reason on only one aspect at a time), egocentrism, animism (the belief that inanimate objects have feeling) and transductive reasoning (reason from event to event) (Piaget, 1964). Progress is marked by the coming out of more complex modes of thinking in each consecutive stage.

During early childhood (the preoperational stage) symbols become increasingly important. Piaget referred to the symbolic function as the ability to use mental representations (words, numbers or images) to which a child has attached meaning (Papalia *et al.,* 2008:269). Symbols help children to remember without having them physically present (Piaget, 1964; Piaget, 1997; Papalia *et al*., 2008:269). Acquiring

mental representations enables the child to pretend. The use of language is, of course, the prime example of symbols, but another good example of symbol use is creative play. Along with symbolisation, there is a clear understanding of past and future (Piaget, 1964). Similarly, children in this age group centre on one aspect of any problem or communication at a time.

Cognitive advances during childhood are: use of symbols, understanding of identities, understanding of cause and effect, ability to classify and understanding number and theory of mind (Papilia *et al,* 2008:270). Immature aspects of pre-operational thought according to Piaget are centration (inability to decentre), irreversibility, focus on states rather than transformation, transductive reasoning, egocentrism, animism and inability to distinguish appearances from reality (Piaget, 1972; Papalia *et al.,* 2008:270).

### 4.2.3 Psychosocial development

One of the most significant changes during the transition from babyhood to early childhood is a child's growing sense of the self (Erikson, 1963; Anderson, 2003). The basis of development of self-competence is provided by parent-child relationships. To "Understanding about oneself and others is dependent on social and emotional interactions into which cognitive processes come into play" (David, 2009:79). The self-concept is a structure of descriptive and evaluative representations about the self that determines how an individual feels about himself and guides his actions (Harter in Papalia *et al.,* 2009:297). The preschooler cannot distinguish between the real self and the ideal self. This image of self is expressed in completely positive terms (Papalia *et al.,* 2009:298). The child also tries to develop a sense of independence. This promotes their ability to interact successfully with peers through middle childhood. Children who have warm affectionate relationships with their parents have been found to be more likely to have a good sense of self-esteem, to have better social relationships and to achieve better results academically. Young children's self-esteem is thus not based on reality. They depend on adults for feedback (Bowlby, 1988; David, 2009:87; Papalia *et al*., 2009:298).

This stage is referred to by Erikson (1968) as the preschooler stage or genital-locomotor stage. From three to six years the task confronting every child is to learn

initiative without too much guilt. Initiative means a positive response to the world's challenges, taking on responsibilities and learning new skills. Parents can strengthen initiative by encouraging children to try new ideas. Fantasy, curiosity and imagination should be encouraged. Control is a central issue for this group. They will test their parents' limits. Control must be effective and balanced. Control limits that are too strict undermine initiative without guilt (Brown, 2008:272).

Erikson (1963) includes the Oedipal experience in this stage which, from his perspective, involves the reluctance a child feels in relinquishing closeness to the parent of opposite sex. If a parent urges a child "to grow up and not to be a baby anymore" too harshly the child learns to feel guilty about feelings experiences. When growing up with too much pressure, the child may eat to adhere to expectations.

Social development during infant years also involves imitating others, such as caregivers, parents, siblings and peers in their lives at this time with regard to exploratory behaviour, eating behaviour, attachment behaviour and sexual behaviour (Bowlby, 1988; Brown, 2008:269). Role models who tend to eat too much or in a wrong way will also be imitated.

The preschool period is characterised by egocentrism and magical thinking. Egocentrism does not actually mean that the child is selfish but that the child is not able to accept another's point of view. The child is beginning to interact with a widening circle of adults and peers and needs to learn that some things they do meet social approval and others do not. They must have the courage to pursue goals without fear of being punished. Children should retain a healthy balance without the tendency to overdo competition (Erikson, 1963).

## 4.3 MIDDLE CHILDHOOD

The age between approximately six and eleven years is called middle childhood. It is a period of relative stability in comparison with early childhood and adolescence (Louw & Louw, 2007:214; Papalia *et al*., 2008:11). Erikson (1968) refers to it as the latency stage while Piaget (1964) refers to it as the concrete operational stage.

### 4.3.1 Physical development

Growth during this stage slows down considerably. Children grow about 5–8 cm each year between the ages of six to eleven and approximately double their weight during that stage. Girls retain more fatty tissue than boys, a characteristic that stays throughout adulthood (Papalia *et al*., 2008:333). This is the stage when boys can become overweight. Concerns with body image begin to be important early in middle childhood and may develop as eating disorders in adolescence. Overweight can hamper both physical and social functioning (Papalia *et al*., 2008:340).

This stage can also be seen as typical of early adolescence and is characterised by many changes like the biological transformation associated with puberty, and the educational transition from elementary school to secondary school. The biological changes associated with transition of early adolescence include a growth spurt and the development of primary and secondary sex characteristics. Early maturation (which should not be confused with overweight) seems to be an advantage for boys enhancing their participation in sport and social standing at school (Eccles, Wigfield & Byrnes, 2003).

### 4.3.2 Cognitive development

Children go into a new stage of cognitive development during early primary school years as they now enter Piaget's theoretical concrete operational stage. During this stage they can perform tasks at a much higher level than they could in the pre-operational stage. They can understand spatial relationships; they have the ability to categorise; children start using mental operations to solve conservation problems; and they start to reason. For Piaget (1964) the most critical operation is reversibility; the understanding that both physical actions and mental operations may be reversed. Concrete operational thinking is much more powerful than pre-operational thinking. According to him, the limitations of pre-operational thinking gradually diminish as youngsters have experience with friends and siblings more often. Children can perform many tasks at a much higher level than in the pre-occupational stage. They learn that happenings can be interpreted in more than one way. They realise that problems have many facets and that appearance can be misleading (Papalia *et al*.,

2008:351-352). Piaget (1964) maintains that the shift from pre-operational thinking to concrete thinking of older children depends on interaction with others.

Almost all theories of development point to age six as the time when children actually start reasoning in the common sense meaning of the word. Formal schooling starts at this age. Children develop conceptual skills during this transition period which are then refined and consolidated throughout the middle-childhood years (Eccles, Wigfield & Byrnes, 2003). At this stage they can start learning healthy eating.

Part of the development of information-processing skills of this group is their knowledge base. The existence of a knowledge base (that which a child knows), plays a significant role in memory performance. The more a person knows about a topic the more that person can learn and remember about that topic. A person starts to retrieve knowledge and new information will be found to be more familiar and meaningful, thus it becomes easier to store and retrieve (Piaget, 1964; Piaget, 1997). This may be the same for the case of nutrition knowledge and food-related experiences during this stage in the life course.

Achievement motivation refers to the degree to which a person chooses to engage in and keeps trying to accomplish challenging tasks. Children in the middle childhood age generally make attributions about why they have been successful or why they failed. Children who are successful develop a mastery orientation. They tend to attribute their success to internal factors such as hard work and ability, and their failure to controllable factors like effort and task difficulty. Children who are unsuccessful tend to develop a sense of helpless orientation. This is the tendency to attribute success to uncontrollable and external factors such as luck, and failure to internal factors such as inability (Eccles, 1999). Children with a helpless orientation may be negative in their experience of self and pessimistic about future success with long term academic and behavioural consequences (Eccles, 1999).

### 4.3.3 Psychosocial development

During middle childhood children develop a much more refined self-concept. Judgements about the self become more realistic and balanced. It includes external characteristics as well as internal characteristics such as psychological traits and

social aspects (Papalia *et al.,* 2008:385). Feelings of competence and personal esteem are of central importance for a child's well-being. The shift in the way they describe their selves is due to social comparisons. They judge their appearance, their abilities and behaviour in comparison with others with whom they are in interaction. They become better able to retrieve information and use it to solve problems and to cope with the situations. Cognitive abilities heighten children's ability to reflect on their own successes (Eccles, 1999). The feedback they receive from others helps them to create an ideal self and a real self. Although peers become increasingly important for feedback, parents are still, and even more so, influential in their self-definition (Eccles, 1999).

The central issue in middle childhood is, according to Erikson (1968), industry versus inferiority. Children need to learn skills to give them competence that contributes to self-worth. Parents play an important role in a child's beliefs about their competence. During this stage children develop different judgements about academic and sport skills, physical appearance, friendships and their relationship with their parents. Separate self-esteems do not add up to a general self-esteem. It all depends on how much a child values a specific contributor (Eccles, 1999; Papalia *et al.,* 2008:385). Children enter the middle-childhood years very optimistic about their ability to master a wide array of tasks. Their self-concept in terms of abilities and their expectations for success tend to decline over the elementary school years due to more failure feedback and better reflections on their own performance (Eccles, 1999).

By middle childhood children are aware of social standards for emotional expression. They know what leads to anger, fear or sadness. They also know how people usually react after displaying their emotions. They start to understand complex emotions like pride and shame. They also learn to improve their capability to suppress negative emotional reactions (Papalia *et al*., 2008:386).

Bowlby (1980) argues that development is always a product of both current circumstances and developmental history. Children construct their own environment within their individual relationships with parents, peers and other significant adults. When change takes place, prior experience is not lost but is incorporated into the new pattern of adaptation. Earlier patterns may again become manifested in the face of certain critical developmental issues (Sroufe, England & Kreutzer, 1990). Children,

who in early life experienced unavailable care or a succession of losses or other disruptions of care, may remain more vulnerable in subsequent life stresses especially when significant adults are lost (Bowlby in Sroufe *et al.,* 1990; Flavell, 1999).

According to Erikson (1968) this stage is called the latency stage. This is the time to develop a capacity for industry while avoiding a sense of inferiority. There is much broader social interaction with teachers, peers and other members of the community. At this stage they must carry out a plan and must learn the feeling of success whether it is at academic or on social level. Reasoning with children of this age improves due to cognitive capacity. When they are rejected by others for some reason, or when they are not successful in tasks they may develop a sense of inferiority. The ideal is to develop the virtue of competency. As physical and emotional (psychosocial) developments affect each other directly, rejection may lead to negative body-image experiences.

During middle childhood children tend to interact more with other children of the same gender and same age and become less dependent on their parents. They do it for the sake of friendship and popularity. A peer group at this age is characterised by a relatively small collection of two or three children who interact with one another and it has a structure of leaders and followers. The peer group in middle childhood is important because it provides friends to play with, love and affection, allows for the opportunity to gain a sense of belonging, facilitates transfer of knowledge and information, teaches obedience, reinforces gender roles, entails experiencing relationships and attaining a sense of identity. The extent to which children in this age group successfully negotiate the salient issues of a given developmental task, namely competence in the peer group, is viewed as important for self-esteem. On the negative side peer groups may reinforce prejudice and discrimination that can do real harm. It can also promote antisocial tendencies especially during the pre-adolescence stage. Boys tend to receive less social support from their peers than girls (Sroufe *et al*., 1990; Eccles, 1999; Paplalia *et al.,* 2008:397).

## 4.4 ADOLESCENCE

Adolescence is defined as the period of life between 11 to (about) 20 years of age (Papalia *et al*., 2008:11). It is the time of intense biological (physical), emotional, social and cognitive change during which a child develops into an adult (Twinings, 1998:368, Gowers & Shore, 2001, Sturdevant & Spear, 2002, Brown, 2008:354). Due to the long period of adolescence some adolescents may reach psychological maturity while they are still adolescents according to social norms. It has been described as a life stage "beginning in biology and ending in society" (Louw & Louw, 2007:279). Adolescence is not necessarily a critical period in the life course, but can be seen as a transition phase in development between childhood and adulthood.

### 4.4.1 Physical development

Between the ages of nine and fifteen years, most children enter puberty. It is a transitional stage between biological physical immaturity and full physical and sexually reproductive maturity. It is characterised by rapid physical growth also known as a growth spurt. Adolescents become aware of, and concerned about their bodies (Sturdevant & Spear, 2002; Green, 2010:93). It normally starts with the production of growth hormones, somatotrophin, and sex hormones, gonadotrophin, that stimulate the growth of body tissues, including primary and secondary sex organs (Green, 2010:93).

During the first years of adolescent puberty changes take place that are associated with external physical changes and internal physiological changes. The adolescent is well aware of these changes and it often goes with different experiences. It can either be pride, astonishment, joy, or uncertainty, shame and embarrassment (Eccles, 1999; Louw & Louw, 2007:285; Brown, 2008:357). The biological changes that occur during puberty include sexual maturation, increases in height and weight and changes in body composition. Among males peak weight gain coincides with the timing of peak linear growth (growth spurt) and peak muscle mass accumulation. During peak weight, adolescent males gain an average of 9 kg per year. Changes in body fat and overall body shape also occur with boys losing fat during adolescence in

contrast to girls who gain fat (12% at the end of puberty) (Eccles, 1999; Brown, 2008:357, Green, 2010:94).

The adolescent's body-image influences self-esteem. The dramatic physical changes in body shape and size can lead to eating disturbances if not addressed appropriately. It is especially the perception and experience of how others see them that has the greatest impact. The feedback from peers is especially important in the experiencing of the inner self as individuals strive to conform not only to their social behaviour, but also to their norms in terms of physical features and competencies. Acceptance by the group depends on the way individuals comply with the group's norms that also often play a role in the way the self is experienced. Adolescence is thus a critical period for the development of a self-concept due to drastic physical changes, with girls being more vulnerable in terms of physical changes. If the adolescent male is obese and does not comply with the norms of peers, he may experience his self in a negative way and rejection from others. In males the BMI is inversely associated with athletic and romantic appeal (Wingfield, Eccles, Iver, Reuman & Midgley, 1991; French, Perry, Leon & Fulkerson, 1996; Eccles, 1999; Williams & Currie, 2000; Brown, 2008:357).

Boys are also stronger than girls in terms of being able to take part in sport for longer periods than girls. This is especially the case for boys who mature at a younger age who also have a better body image and self-esteem than boys who mature late. Sociological research shows that generally boys are more encouraged in sport and physical activities than girls (Wingfield *et al*., 1991; Eccles, 1999; Green, 2010:94).

When studying adolescence it is important to consider the diversity and complexity of the adolescents' physical development, their cognitive behaviour as well as their emotions and behaviour.

### 4.4.2 Cognitive development

Piaget postulated that during this stage (from twelve years onwards) the adolescent reaches the formal operational stage or formal operations. This involves a shift away from concrete thinking to a more flexible way of manipulating information. They develop the capability for abstract thought (Piaget, 1964; Green, 2010:94; Papalia *et*

*al.,* 2008:445). According to Piaget (1964), formal operations involve higher-order or logical thinking which means that several possibilities are considered and that they reflect on abstract ideas embedded in religion, politics and philosophy. At this stage they become increasingly competent at adult-style thinking. This involves using logical operations, and using them in an abstract, rather than a concrete way. It is often called hypothetical thinking. Formal operations not only permit the young person to construct all the possibilities as a system, it also enables the person to conceptualise their own thoughts, to take mental constructions as objects and reason about them (Piaget, 1964). It further enables the adolescent to conceptualise the thoughts of other people (Elkind, 1967). Due to physiological changes individuals are primarily concerned with themselves only, and assume that other people are as obsessed with their behaviour and appearances as they are. This perception epitomises the egocentrism of the adolescent. This same sort of egocentrism is often seen in behaviour directed towards the opposite sex. Gatherings of young adolescents are unique in the sense that each one is at the same time an actor to himself and an audience to others (Elkind, 1967).

The adolescent not only thinks about the here and now, but also what might or could be. It should, however, be mentioned that some adolescents and even adults never progress beyond the concrete operational stage. Adolescents do make more reflective decisions and also make more use of intuitive or representative heuristics than younger children. Heuristics relate to “quick, intuitive decisions being made on the basis of feelings and from assumptions derived from our past knowledge and generalizations” (Green, 2010:94). When conclusions derived from logical thinking are at variance with the adolescent’s own beliefs, they are less likely to agree to them and will most probably criticise them. The reason why adolescents make more logical decisions than younger children may be a combination of more logical thinking, more effective use of heuristics and more capabilities with specific tasks (Piaget, 1964; Elkind, 1997; Green, 2010:94).

Practical implications of the adolescent’s cognitive abilities are that they want to make their own decisions and an increasing need for independence exists. Parents need to explain why they expect certain behaviour from their adolescents. They may even be able to reason beyond the real to the possible. Unfortunately, due to inexperience, they lack a realistic outlook. Elkind (1967) also suggests the concepts

of an imaginary audience and a personal fable. In preoccupation with their own thoughts adolescents often assume that everyone else is thinking about the things they are thinking. Elkind (1967) referred to it as an imaginary audience, which is particularly strong during young adolescence. Personal fable refers to the belief that adolescents have that their experience is unique and that they are not subject to the rules that are valid for other individuals.

Piaget (1964) held that it is the formal operations stage that allows one to investigate a problem in a careful and systematic fashion. It does not seem that the formal operations stage is something each individual actually reaches, even those who do not operate in it at all times. Yet some cultures, it seems, neither develop it nor value it. Abstract reasoning is simply not universal.

### 4.4.3 Psychosocial development

Additional to physical, cognitive and moral maturity, the adolescent also needs to develop social maturity. The ability to master the developmental tasks related to social development (for example, the development of independence) depends on cognitive and physical maturity. Social factors like the society in which the adolescent lives and sub-culture characteristics, as well as their own family structure and parents, also play a role (Erikson, 1968; Eccles, 1999). The effort to make sense of the self is part of healthy development and "lays the groundwork for coping with the challenges of adult world" (Erikson in Papalia *et al.,* 2008:469). According to Erikson's psychosocial model, the final adolescent developmental task is to overcome the dilemma of identity versus role confusion. If this developmental task is mastered, the adolescent may become a unique adult with a mature sense of self before adulthood and an appreciated role in society (Erikson 1968; Green, 2010:99). In order to develop their own identity, adolescents have to master two major tasks (Erikson, 1968): they have to form a continuous integrated image of the self (ego-synthesis); and they have to form a socio-cultural identity with a firmly established gender-role identity. A career identity should also be formed and an own value system developed.

Marcia (Papalia *et al.*, 2008:470–472; Green, 2010:99-100) tested two dimensions of Erikson's theory and identified four patterns: *identity achievement* occurs with the

adolescent thinking through various options and deciding on one of the options; *identity foreclosure* occurs with commitments adopted uncritically on the basis of traditions and others' expectations; *identity moratorium* occurs when adolescents are in the state of instability (flux) or crisis and are experimenting with different identities and asking themselves thoughtful questions. The fourth position Marcia (Green, 2010:100) identified was *identity diffusion* characterised by adolescent apathy and little enthusiasm to be successful in any area.

The way an individual gains identity depends on societal values as well as upon parenting styles and peer relationships. Both strict, controlling parenting and insignificant rules and restrictions have negative outcomes (Green, 2010:100-101). As adolescents become physically mature, they often seek more independence and autonomy and even question family rules and roles. Parents and adolescents have less interaction and do fewer things together outside the home environment (Eccles, 1999).

During adolescence group pressure is significant. Teenagers sometimes allow themselves to mingle with a group to be like the members. If they successfully negotiate this stage they will have the virtue Erikson calls fidelity. Fidelity means loyalty, the ability to live by society's standards despite their imperfections and incompleteness (Erikson, 1968). The peer group can be seen as a group with its own values and identity. The peer group becomes the reference group for comparison and evaluation of several aspects of importance for the adolescent.

During adolescence conformance to the peer group is of special interest. It can be directed to lack of independence, self confidence and identity. This can give an opportunity to communicate with the opposite gender, to learn and experience new roles, offer security when having relation problems with their parents, offers status and prestige and help with the formulation of personal identity. They learn leadership and communication skills, roles and rules while interacting with peers. It is a foundation of sympathy, warmth, understanding and moral guidance (Eccles, 1999; Papalia *et al.,* 2008:488).

There are certain criteria to conform to in order to be part of the group. Factors that correlate positively with acceptance in the peer group are intelligence, attractiveness,

a sense of humour, self-confidence, and socially accepted behaviour. Those who are tolerant, sympathetic, cheerful, flexible and energetic are also more acceptable. They tend to choose friends who are similar to them. Adolescents with a low self image, and who are self-centred and shy, are normally not accepted by the peer group. Unpopular adolescents are often emotionally unstable, self centrered and have a negative self image (Eccles, 1999; Louw, 1991:440; Louw & Louw, 2007:331). Social rejection may also negatively influence academic performance.

Friendship is extremely important for the adolescent. Friendships are important throughout life, but they play a significant role during adolescence. Adolescence is a stage characterised by increased peer orientation and continuing independence from family control (Crosnoe & Needham, 2004). Friendship can diminish anxiety and frustrations. A loyal trustworthy friend ensures security and support during emotional crises. Adolescents select friends with a comparable social class and background, personality and interests (Papalia *et al*., 2008:488; Green, 2010:102). The increased intimacy of adolescent friendships reflects cognitive as well as emotional development. The intensity and importance of friendship and the time spent with friends are probably greater than at any other time in the life course (Papalia *et al*., 2008:488).

## 4.5 ADULTHOOD

Adulthood could stretch over a period of 50 years and it is characterised by continuing changes in all areas of functioning. Most research divides adulthood into three periods namely early adulthood (20–39), middle adulthood (40–59) and late adulthood (60 to death) (Louw & Louw, 2009:4). These three periods are not discussed separately. All three periods are incorporated as adulthood as a single entity. All the participants in this research endeavour came from this group.

### 4.5.1 Physical development

There is no definition of a typical adult. People come in different sizes and shapes at all ages. Adults differ in strength, stamina and other physical abilities. They have

different lifestyles. Their body systems age at different rates and their health varies (a 20 year old may look 40 and a 60 year old may look 40). However, the typical changes in physical appearance that take place with ageing can be observed (Papalia, Camp & Feldman, 1996:90). During their early twenties adults still have the strong, healthy appearance of youth. Their bodies are straight and muscular and their movements are flexible and full of vitality. Men in early adulthood (approximately 20–40 years old) are generally at the height of their physical powers and many aspects of their intellectual powers.

During early adulthood the young man's physical functioning is usually at its best. Their muscular strength and manual and motor skills reach a peak so that they are faster, stronger, better coordinated and have greater stamina than older people. They excel at most sports and physical activities. Males have greater body muscle mass and are stronger than females. Strength and speed increase throughout their twenties, peaking at 30 (Levinson, 1986; Green, 2010:119).

Although boys usually reach maximum height by 18, other growth processes including muscle and fat increase, continue until the mid-twenties (Green, 2010:119). Studies showed that men eat fewer kilojoules as they get older, but body weight rises slowly over the years (Brown, 2004:410). Individual differences regarding physical development are found in adulthood. Only broad guidelines or averages can be used. During middle adulthood nutritional emphasis changes to maintain physical strength (especially muscle strength) are common as are means to avoid the deposition of extra fat especially around the midriff (Brown, 2004:408-409; Green, 2010:119-120).

As the individual grows older physiological changes do occur. Changes in the muscoskeletal system are particularly important. Most men experience a decline in body mass with ageing. Fat-free mass decreases by 15% in the 50 years from the mid-twenties to the mid seventies. These changes are associated with lower levels of physical activity. At the same time many older adults gain body fat (Brown, 2004:461).

### 4.5.2 Cognitive development

The term cognitive development, when applied to adulthood, implies that certain changes regarding intelligence, memory and problem solving take place. Cognitive development does not end at any particular age. No life stage is considered supreme in its regulation of cognitive development (Lemme, 1995:136). Cognitive development in adults can continue even after the formal operational phase has been reached. This is called post-formal thought (Lemme 1995:136). According to research done by Schaie (Green, 2010:120), overall IQ scores rise in early adulthood, remaining reasonably stable until 60. Younger adults perform better than older age groups on measures of both short-term and long-term memory (Green, 2010:120).

According to Piaget (1964), the highest level of intellectual development occurs during adolescence (the formal operational phase) and by the end of adolescence the development of the cognitive ability is almost complete. During the formal operational stage thinking becomes abstract and individuals have the ability to think logically about intangibles. One characteristic of the formal operational stage is propositional thought. This is the ability to compare the real with the possible. Piaget (1964) sees the relationship between reality and possibility as the fundamental characteristic of the formal operational phase of cognitive development. Hypothetical deductive thought is, according to Piaget, another characteristic of the formal operational stage. This is the ability to systematically isolate all the variables involved in solving a problem, and then combine them to determine their individual or combined influence (Piaget, 1964; Rybash, Roodin & Hoyer, 1995:165).

Adolescents generally rely on logic to determine what is right and wrong. Usually the only legitimate conclusions that formal operational thinkers make, are ones that can be worked out logically. So adults' cognitive development, in contrast to that of adolescents, is more flexible (Papalia *et al*., 1996:248). Adults gradually move away from the logical, absolutist cognitive style of adolescence and become more relativistic in their thinking. This means that they realise that there are many sides to a question and that the correct answer will depend on the circumstances and the situation. Adults recognise that there can be more than one correct explanation or set of facts, depending on the person's perspective and frame of reference. Young adults

and middle adults usually think in relativistic terms (Cavanaugh & Blanchard-Fields, 2006).

In order to satisfactorily meet the challenges of adulthood a substantial level of maturity is required. Turner and Helms (1989:86) define maturity as “a state that promotes physical and psychological well-being”. Maturity implies the ability to cope more successfully with life’s problems and challenges, increasing the effectiveness of strategy planning, deepening the appreciation and approval of the surroundings and increasing one’s resources for happiness (Gouws, 2009:9A).

Cognitive research is an extremely complex process and there are no simple answers as to whether cognition declines with age. The controversy continues with some researchers indicating that general decline “is largely a myth”, while others maintain that decline “is clearly a part of the aging picture” (Cavanaugh & Blanchard-Fields, 2006:264).

Thought in adulthood often appears to be flexible, open, adaptive and individualistic. It relies on intuition as well as logic. It applies the result of personal experience to indefinite situations that adults face every day. It can go beyond a particular social system or systems of thought, and it is generally characterised by the ability to deal with uncertainty, inconsistency, contradiction, imperfection and compromise. Adults generate more possible solutions to hypothetical problems than adolescents, combining logic and emotion whereas adolescents often think in polarised ways. According to Cavanaugh & Blanchard-Fields (2006:288) post-formal thought is characterised by “a recognition that truth varies from situation to situation, that solutions must be realistic to be reasonable, that ambiguity and contradiction are the rule rather than the exception and that emotion and subjective factors usually play a role in thinking”. Post-formal thought includes dialectical thinking that encompasses different viewpoints but it can synthesise or integrate them in to a workable solution. It often produces strong commitment and a definite plan of action. Post-formal thoughts form an important purpose in decisions made in adult life. They are considered as a form of adaptive intelligence because there is always more than one truth in social situations like an event or a relationship (Louw & Louw, 2009:135).

### 4.5.3 Psychosocial development

Erikson's stages five, six and seven are relevant to adulthood. *Identity achievement versus identity confusion* emerges in adolescence but remains important during adulthood. An individual who has achieved a clear sense of self often has a clear purpose in life (Erikson, 1968). Marcia (1966) operationalises Erikson's ego identity formation as four identity statuses, namely identity achievement, moratorium, foreclosure and identity diffusion. The degree of crisis and commitment is used to categorise an individual in a particular identity status. Crisis refers to "the adolescent's period of engagement in choosing among meaningful alternatives"; commitment refers to the "degree of personal investment the individual exhibits" (Marcia, 1966:551). According to these criteria individuals who succeed in identity achievement have gone through a period of crisis and have made commitments to an occupation and ideology based on their own evaluation. Moratorium individuals are those undergoing a period of crisis and are in the process of making formal commitments. Individuals in the foreclosure status have not encountered a crisis, but have adopted parental commitments and values. Identity diffusion individuals have not made any commitments and are not experiencing crises. With age, an individual gains a greater sense of ego identity by "progressing developmentally along a continuum from identity diffusion to identity achievement" (Kacerguis & Adams, 1980:118).

Once adolescents have achieved an identity they face resolution of and the task of *intimacy versus isolation* during early adulthood (Erikson, 1968). Intimacy is defined by Erikson (1968:135) as the "fusing of identities". It is the "capacity to commit oneself to concrete affiliations and partnerships and to develop the ethical strength to abide by such commitments even if they may call for significant sacrifices and compromises" (Erikson, 1963:263). If the intimacy stage resolution is not achieved, impersonal relationships are believed to be formed. Erikson contends that such an individual is fearful that a fusion of identity with that of another will result in loss of identity, even with close peer relationships (Kacerguis & Adams, 1980; Green, 2010:121). The young adult who has already acquired an identity (the establishment of an identity is the major crisis in adolescence) is ready to share that identity with others. This means that they are ready for intimacy. Erikson (1968) describes intimacy as the capacity and willingness to make commitments and to keep those

commitments despite the sacrifices and compromises that may be necessary. According to Erikson's theory, young adults are confronted with the developmental task of reaching out and making contact with other people. This means that they must endorse the ability to enter into and establish close and intimate relationships with others. Erikson (1968) postulated that identity stage resolution may be an important prerequisite to committed and intimate relationships in adulthood (Kacerguis & Adams, 1980).

The negative outcome of this stage is isolation, the opposite of the above: the individual is unable and unwilling to commit themselves to others. Isolation (living without meaningful bonds) leads to loneliness and despair. Social relationships are then stereotyped, cold and empty.

Identity is a feature of self-concept. Although Erikson (1968) viewed adolescence as the time to solve the psychosocial developmental task of identity building, identity development is currently viewed as a life-long development task due to several events and experiences (turning points) during the life course. Erikson proposed that each psychosocial period or stage has both precursors and successors in addition to the main issues of that period so that there is an identity issue at each life cycle period following late adolescence (Erikson, 1963; Marcia, 2002). Whitbourne (Willis & Reid, 1999:28) defines identity as "the individual's self-appraisal of a variety of attributes along the dimensions of physical and cognitive abilities, personal traits and motives, and the multiplicity of social roles, including worker, family member and community citizen". Each stage involves re-formulation of identity as an individual responds to the demands and rewards of each developmental stage (Marcia, 2002). When circumstances become difficult the individual may regress to earlier identity modes by behaving impulsively and looking for support in inappropriate places or even become irresponsible (Marcia, 2002).

Looking at how individuals' identities affect their day-to-day living and behaviour, one realises how important it is to establish a clear sense of identity during adolescence. The identity-diffused adolescent may very well become the identity-diffused adult and keep on drifting through life without any real sense of aims and commitments. Only after an individual achieves a sense of identity does it become safe to risk combining this identity with that of another person. One can trace the origin of adult identity back

to the early attachment bonds between infants and their caregivers (Bowlby, 1988). These early socio-emotional relationships have different effects on different people: for some people they produce a sense of security and trust while some others are frustrated by these early relationships and develop mistrust in relationships. The young adult can be psychologically so damaged by having been abandoned when they were young that they are unable to engage in satisfactory interpersonal relationships. They mistrust and fear close relationships and isolate themselves from others (Gouws, 2009:30B).The insecurity they experienced during infancy will have an influence on their relationships in later life (Gouws, 2009:30B).

Changes in personality functioning during young adulthood involve both personality traits and emotional reactions (Smolak, 1993:118). By their mid-twenties most young adults have developed a fairly strong identity in terms of their career and personal values. Their identity becomes more definite and represents a major change in their core personality structure (Smolak, 1993:111; Louw & Louw, 2007:172-175).

In young adulthood much of the questioning of identity and role commitments focuses on issues related to traditional and non-traditional gender roles. Traditionally young men establish themselves in a career and bring the income home. Whether young adults accept or reject these traditional commitments will affect intimacy and generativity. On the positive side new relationships with peers and elders become possible. Young adults no longer perceive their parents in terms of parental stereotypes but appreciate them as persons in their own right. The nature and quality of their relationships with their parents and other older adults change. Young adults frequently form relationships with a "mentor", an older adult offering guidance and support (Green, 2010:122).

The quality of friendships with peers changes as well. People are chosen for their own sake and qualities, not because they remind the young person of themselves as they were during adolescence. Some people are able to analyse and overcome pathological childhood attachments and create a new healthier functioning model. Those with insecure functioning models are more likely to be lonely. Warm and sensitive family attachment styles during adolescence positively influence future attachments and different kinds of relationships. In addition, early attachment styles remarkably impact on coping styles, distress experiences and the way support is

sought. Negative response to distress seems more intense in younger than older adulthood (Green, 2010:123–124).

As the adult grows older, unpredictable and offensive behaviours are reduced and the young adult seems to use more passive, emotional regulation strategies (Green, 2010:124). Young people are also more likely to suppress negative emotions than older adults. Reappraising the situation to minimize negative or increasing positive emotions is less harmful (Green, 2010:124). It seems as if young men suppress negative emotions more than young women. In all age groups downward social comparison is used to combat a vulnerable self-esteem.

Young adults who have achieved a sense of intimacy show some specific behavioural characteristics. Lemme (1995:51) lists the following:

- They have established a firm sense of their own identity.
- They can trust others and themselves in their relationships.
- They can form close emotional bonds without fearing the loss of their own identity.
- They find satisfaction in their affiliation with others but can be comfortably alone when they choose.
- They can commit themselves to relationships that demand sacrifice and compromise.

Emotional expression is probably the component that undergoes the most significant change during this stage and specifically the strategies used to display an emotion. Averill (in Smolak, 1993:117) refers to these strategies as the heuristic rules of emotions. Cognition plays a major role as an individual continually re-organises the definition of how to experience and express an emotion. By observing how others react (their feedback), and by the consequences of their own behaviour, individuals learn to deal with their emotions. Through socialisation, emotional development continues to enable a person to express experienced emotions appropriately.

There are events that stimulate change in adult development. An individual's self-concept can be positively or negatively influenced by changes in physical appearance. Personal goals can be influenced by success or failure in major endeavours. Values can be influenced or changed by confirmation or rejection of

beliefs by significant others. Motives can also be influenced by approval or denial of behaviour aimed at achieving goals. Interpersonal relationships can be changed by the forming or breaking of close ties (Whitbourne & Weinstock, 1979:155)

In summary, young adulthood is the stage in which individuals are still learning how to adapt to uncertain, unfamiliar and complex circumstances. When dealing with emotional issues, they still show some immaturity. Moreover, they remain reliant on defensive and aggressive strategies that differ from those of older adults. Nevertheless this can be a time of rich satisfaction in terms of love, sexuality, family life, occupational advancement and the realisation of life goals. It is also a time of profound stress burdens. Most of the men have to simultaneously undertake the burden of parenthood while making progress in a career. They take upon themselves heavy financial obligations when their financial income is still relatively low.

During middle adulthood the primary developmental issue is, according to Erikson, (1968), generativity versus stagnation. In a study done by Bradley (1997) on the inclusion criteria for generative persons, they broadly included others and projects that required their care, and they were vitally involved in care-giving behaviour. Conventional individuals restricted the scope of their caring to just those who believed and behaved according to their own values (Bradley in Marcia, 2002). *Generativity versus stagnation* is about “motivation to achieve and the feeling of cumulatively accomplishing something” (Green, 2010:121). This may include bringing up children well, being successful in your career, developing certain skills or being creative (Green, 2010:121). Although Erikson was writing in the mid-twentieth century, contemporary life span psychologists also acknowledge the importance of successful intimate partnership and friendships, and generativity in relation to work and parenthood as central tasks in young adulthood (Berger, 2005 in Green, 2010:121).

Moving from intimacy to generativity, one finds that the establishment of an intimate connection with another person or others provides both interpersonal scaffolding and a source of emotional support as the individual cares for others during middle age (Marcia, 2002).To the contrary, stagnant individuals seem uninvolved both with others and with personally meaningful projects (Marcia, 2002).

In later life the primary developmental issue is, according to Erikson (1968), *integrity versus despair*. Hern (1993 in Marcia, 2002) constructed four integrity statuses applicable to older people. These criteria were expanded and revised in 1998 by Saulnier (Marcia, 2002) who based these statuses on criteria of commitment (to beliefs and ideals), connectedness and continuity (to others, past and present), and detachment. Integrated persons were committed to a set of beliefs, felt connected to others currently and historically, and appeared wise in their perspectives on life (Marcia, 2002). Those who were despairing, lacked consistent beliefs, felt unconnected with others, and in some cases even appeared unconcerned about their own survival (Hearn in Marcia, 2002).

One of Erikson's most important contributions has been to make clear the processes inherent in each stage of human growth that offers the potential for fresh personal strength to overcome older weaknesses of defining the self (Colarusso & Nemiroff, 1981:32).

## 4.6 CONCLUDING REMARKS

Understanding development across the life course can help to understand what happens in the obese man's life across life's different stages that might have contributed to the problem of excess weight gain. It is the developmental changes that take place during transitions from one stage to another that might have impacted their lifestyle trajectories particularly significantly. The way in which an obese man might have experienced his obese state may differ from his current life stage. The coping strategies he uses in a specific life stage might depend on the period of onset of obesity and the emotional experiences he had to cope with in earlier life stages. People tend to view events in terms of how important they are to the self.

In the next chapter (**Chapter 5**) the methodology of this research project is discussed. It includes a description and analysis of the research design, the methodology, sample selection and the unit of analysis that links to the data gathering and data analysis processes.

# CHAPTER 5

## Research methodology

### 5.1 BACKGROUND

This chapter presents a description and analysis of the research design, rationale and justification for the methodology, sample selection and the unit of analysis that links with the process of data gathering based on unstructured in-depth interviews. The data analysis process is presented further on and the findings are communicated by forming themes or categories, as illustrated in selected networks. The technology used for analysis, Atlas ti is also described.

### 5.2 CONCEPTUAL FRAMEWORK AND BROAD RESEARCH OBJECTIVES

Fouche (2004:268) and Henning *et al.,* (2005:2-3) draw attention to the fact that theory in a phenomenological study serves as an orientating framework to give direction to the research with the proviso that the phenomenon be looked at as through the eyes of the participants. Theory thus serves as the philosophical point of departure for addressing a research problem. The research design of this study is explained as well as the theoretical perspectives that directed the questions the researcher formulated and the methods of collecting and analysing data that answered the research questions, a procedure advocated by Kawulich, Garner and Wagner (2009:44) too. For this study symbolic interactionism and a life course perspective informed the way in which the research problem was approached. A phenomenological research design was chosen. The following schematic conceptual framework (**Figure 5.1**) directed the study and the broad research objectives:

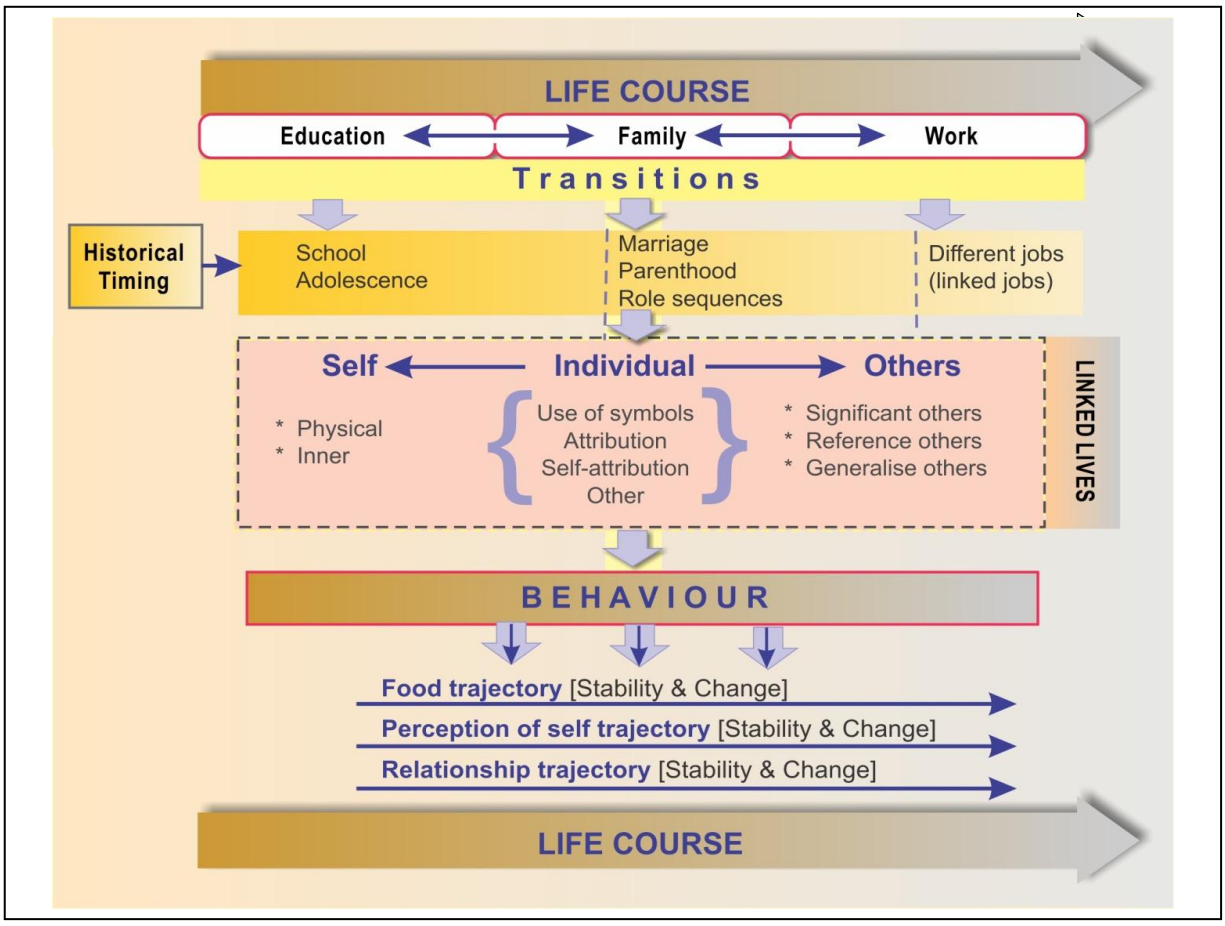


FIGURE 5.1: PRELIMINARY FRAMEWORK FOR THE STUDY

The life course of an individual, in this case applied to the obese man, consists of several identified life stages, childhood, adolescence and early adulthood. Across the life course there are times of stability and change in terms of weight and lifestyle (eating and exercise) behaviour. Transitions (marriage, parenthood and role transitions) from one stage to another often comprise changes that may influence how the obese man experiences the physical and inner self (perception of self trajectory), how he experiences the other and how he upholds the concept of self. The obese man is constantly in interaction with others, including the significant other, the reference other and the generalised other, all of whom may play a role in how he experiences his self (relationship trajectory). He is also in interaction with the self. He thinks of the self as an object, evaluates it, forms perceptions of the self, experiences emotions with respect to it and even manages the self. He makes use of symbols and attribution to define the self.

The following broad research objectives directed the study:

1. To explore and describe the life course stages and transitions that direct the food trajectory of adult obese men
2. To explore and describe the meaning that obese men attach to food through their life course
3. To explore and describe the role of others in obese men's food trajectories
    - Significant other
    - Reference other
    - Generalised other
4. To explore and describe the role of life transitions in obese men's experience of their physical and inner self
5. To explore and describe the role of others in obese men's experience of their physical and inner self

## 5.3 RESEARCH DESIGN

The purpose of the study was to explore, understand and describe transitions and stages during the life course that can be associated with excessive weight gain in men. The aim was to understand and to describe the phenomenon and not to generalise the findings or to prove previous set hypotheses.

For this study an interpretative or constructivist approach for the enquiry into the experience of obesity in men was adopted. The interpretivist paradigm is based on the assumption that human phenomena are fundamentally distinct from natural phenomena. These critical differences refer to the inherent symbolic nature of human behaviour. These differences require methods that aim to interpret or at least understand human behaviour, rather than explaining or predicting it (Babbie & Mouton, 2001:643). The strategy of enquiry for this particular research can also be seen as following a phenomenological approach. A phenomenological study is an integral part of qualitative research designs (Leedy & Ormrod, 2005:135). In essence it aims to, explore, understand and interpret the meaning that subjects attach to their everyday lives and describe it in depth (Babbie and Mouton, 2001:645; Green, 2010:31). According to Creswell (1998:54-55) a phenomenological study is one that explores the meaning that experiences, or a phenomenon (in this study obesity) has

for various individuals and then describes it. It refers to a person's perception of the meaning of an event, which is not necessarily its external meaning (Leedy & Ormrod, 2005:139). In this study, the researcher attempted to understand the obese man's perception, perspectives and the particular situation of being obese, and tried to remain true to the facts as given by the participants, an approach Leedy and Ormrod (2005:139) specifically place on record.

The basic purpose of this particular phenomenological study is thus to provide a general understanding and description of the obese man as seen through the eyes of people who were experiencing it at first hand. As Kilbourn (2006:537) puts it "it involves a spirit of genuinely finding out, rather than proving". Furthermore, the findings need to be related to an existing body of theory and research.

According to Neuman (2000:122), qualitative research involves an inductive approach that emphasises insight and detailed description and is more concerned about issues of "richness, texture, and feeling" of raw data. An inductive direction can be described as "an approach to developing or confirming a theory that begins with concrete empirical evidence and works towards more abstract concepts and theoretical relationships (Neuman, 2011:70). Thus, when using an inductive approach one begins with detailed observation of a phenomenon and then moves towards more abstract ideas. As one observes, the concepts are refined and preliminary relationships are identified (Neuman, 2011:70).

Retrospective data collection strategies are often used in research applying the life course perspective, using probing to ascertain event sequences. These kinds of research projects normally produce reliable, detailed life history data (Wethington, 2005). For the purpose of this study participants were able to describe their experiences of being obese retrospectively. This type of strategy is particularly valuable in explorative and descriptive studies (Babbie & Mouton, 2001:92; Neuman, 2011:38-39).

## 5.4 SAMPLING AND UNIT OF ANALYSIS

### 5.4.1 Introduction

The research problem of this enquiry called for qualitative data. The primary goal of the research is an understanding and meaning of the phenomenon as experienced by obese men. The researcher, as the primary instrument of data collection and analysis, needed to identify participants who could yield rich data.

### 5.4.2 Unit of analysis

The unit of analysis was a white (Caucasian) man who was obese. The inclusion criteria for the sample to be interviewed for this study were as follows: the man was to be older than 21; and comply with acknowledged criteria for obesity, namely having a BMI greater than 30kg/m$^2$. Initially a waist circumference of more than 102 cm was also included as a criterion, but the researcher observed that the participants were neither able nor willing to give the information mainly as it was a sensitive issue. Moreover, the setting where the interviews were to be conducted was not appropriate for measuring the person. Looking at the aim of the study, no other criteria were necessary for the screening of obesity. The only other prerequisite was that the male participants had to be willing to share their perceptions and experiences of being obese with the researcher.

### 5.4.3 Selection of unit of analysis

Qualitative researchers focus less on a sample's representativeness than on applying detailed techniques for drawing a probability sample. Sometimes, even use of bias, is acceptable in order to explore the best examples of the characteristics they want to explore (Creswell, 1998; Neuman, 2000:196; Morse, 2003; Green, 2010:31). However, the sample selection was based on the purpose of the study as Babbie and Mouton (2001:166) confirm as correct procedure.

The researcher used purposive sampling because typical and conflicting data were being sought, a point Strydom and Venter (2004:336) makes about this sampling technique. However, it suited this study. The researcher used various methods to find participants who met the particular criteria required.

All the participants were recruited in Tshwane, a major metropolis in Gauteng which is the most affluent province in South Africa. Finding participants was not easy because scepticism, pride, reluctance and overall unwillingness to be interviewed were qualitative research barriers. The researcher first approached a few potential participants who openly did not seem to have a problem admitting that they were obese and who were willing to participate in the study. The researcher also enlisted the cooperation of known dietitian, a biokineticist and a specialist physician all of whom were told about the objectives of the study and were willing to encourage some of their obese male patients to participate in the study. However, it was imperative that the obese men who made up the sample were accessible and cooperative towards the project. Furthermore, in line with the thinking behind this study, the researcher tried to find participants at different stages of their lives. Living standard measures (LSM) and education levels were not taken into consideration. Both professional and non-professional participants were included in the sample.

A sample that was big enough to ensure saturation and enough data for meaningful analysis and worthwhile results was necessary; hence the scope of the research project had to be adequate. The researcher interviewed as many subjects as was necessary to obtain the data required for meeting the purpose of the study. The qualitative researcher works at greater depth with a relative small number of participants in order to enhance the quality of the responses (Garner, Wagner & Kawulich, 2009:63). A sample of 14 individuals was used, all of whom were currently obese, an important condition that has to be met in qualitative research as mentioned by other scholars (Kvale, 1996:102; Creswell, 1998:55; Wicks, Trevena & Quine, 2006). During the last few interviews the researcher realised that exhaustion of available data had set in as no new themes were emerging.

For a short description of the profiles of the participants see **Addendum A.**1.

## 5.5 THE RESEARCHER AS A RESEARCH INSTRUMENT

The researcher plays a critical role and becomes the most important 'instrument' in the qualitative research process as observer, interviewer and interpreter (Babbie & Mouton, 2001:27; Neuman, 2000:347). As part of the 'strategy of enquiry' the qualitative researcher uses personal skill, practices, knowledge and methods to obtain the necessary data for the study (Denzin & Lincoln, 2000:371). This implies that the background of the researcher, which includes aspects such as researcher's training, experience, values, beliefs and interests, affects the perspectives of the researcher as research instrument.

The researcher in the present study has acquired specific competencies as a registered dietitian during her training and her work as private practising dietitian where she was involved in counselling clients. Apart from conversational abilities, Kvale (1996:147) advises that in interviews the researcher should be knowledgeable about the topic being investigated, including the theme and context of the study. In this study the researcher's ability to interpret and make sense of the data collected and what was observed was critical for understanding the men's experience of obesity. Her engagement in the research project was to collect data and present the interpretation of the information gathered as findings. To do this it was also necessary to complement it with theory of respected researchers in the field, which, in turn, is used to explicate and explain the data (Henning *et al.,* 2005:7; Leedy & Ormrod, 2005:133; Holstein and Gubrium, 2007).

For this specific study it was essential to have sound knowledge of and insight into the basic principles of nutrition and specifically obesity. As a lecturer in Nutrition Science at undergraduate and post-graduate level, as well as having had experience in previous research, the researcher fully understood nutrition as a process as well as its social-psychological aspects that are often revealed in eating disorders. Particularly helpful was her participation in a qualitative investigation into the female adolescent with an anorexia nervosa's experience of herself (Van der Spuy, 2003). It enhanced her capabilities in interview techniques.

A researcher's authority to conduct research comes with a responsibility to guide, protect and supervise the interests of the people being studied (Neuman, 2011:144). Studying obesity further requires the researcher to be competent in working with, and dealing with sensitive information and relationships that emerge in projects that involve eating disorders. The value commitments of the researcher need to be transparent. This requires that the researcher become sensitive to the feelings and emotions of the participants and their personal feelings that develop during the course of the investigation (Neuman, 2000:347).

The researcher is responsible for establishing good rapport with those being studied by gaining their trust. Through this it is possible to get close enough to the participants "to generate legitimate and truthful descriptions" (Babbie & Mouton, 2001:271). The researcher has the responsibility to be unbiased when describing and interpreting the data. In this regard Kvale (1996:117) states as follows: "The person of the researcher is critical for the quality of the scientific knowledge and for the soundness of ethical decisions in any research project. By interviewing, the importance of the interviewer him- or herself is the main instrument for obtaining knowledge".

The researcher purposefully never revealed her qualification as dietician because the obese individual might have given information that he thought she would like to hear.

## 5.6 DATA COLLECTION TECHNIQUES

A qualitative approach was used for this study. Qualitative methods are used for several reasons, such as when the research context is poorly understood or when the researcher wants to get a complete understanding of the situation, and explain an argument by using evidence from the data and from the literature, in order to investigate what the phenomenon that is being studied in the real world is all about (Morse, 2003, Henning *et al.*, 2005:3-4, Leedy & Ormrod, 2005:133). Since the nature of this research project was very sensitive qualitative strategies were useful. It is recognised that it is easier for sensitive or touchy people to reveal their innermost

thoughts and feelings if an investigating researcher uses typically qualitative methods (Boss *et al*., 1993:173). The researcher wanted to conduct this study on a micro-level and an embedded level that calls for a qualitative approach. Micro-level theory deals with social theory focusing on the micro-level of social life and working with small numbers of people (Neuman, 2011:71).

In qualitative research various methods can be used, ranging from the well-described and prescriptive (such as those using semi- structured interviews) to the most unstructured, exploratory phenomenological methods (Morse, 2003).

The emphasis of qualitative research implies capturing or obtaining an in-depth understanding of interactional processes (Garner *et al.,* 2009:63). Most qualitative research relies on one or more of three methods of collecting data: observation, personal documentation and in-depth interviews. In-depth interviewing is the most frequently used method for qualitative family research. The reason for this is that other research approaches may not capture meanings and other subjective information that are crucial for this kind of research (Boss *et al*., 1993:171).

### 5.6.1 In-depth interviews

The researcher made almost exclusive use of lengthy individual in-depth unstructured interviews (more or less 45 minutes to one hour in length) with a carefully selected sample of obese participants to gather data. An in-depth interview can be described as an unstructured personal interview that uses extensive probing to get a single participant to talk freely and to communicate comprehensive beliefs and feelings on a topic (Web cited in Stokes & Bergin, 2006). Johnson (in Henning *et al.,* 2005:74) defined it as “face-to-face interaction between an interviewer and an informant, a method that seek(s) to build the kind of intimacy that is common for mutual self-disclosure”. Interviewing can be regarded closer to art than to standardised social science methods (Kvale, 1996:84). The participants can present their experience best when giving it in their own words (Creswell, 1998:54; Scott, 2003; Henning *et al.,* 2005:37). Unstructured in-depth interviews were a good choice for this study to obtain in-depth comprehension of the participant’s experience of his physical and inner self and the way in which he handles his experience of being

obese. A collaborative approach was used in this study since the interviewer and participant "were engaged in a cooperative sense-making process" (Smit, 2006:81). Three interviews were conducted with each participant: an initial meeting to explain the aim of the study and to build trust; a lengthy in-depth interview; and a follow-up in-depth interview. This was done to get an impression of the participants' feelings, thoughts and knowledge (Kvale, 1996:84; Henning *et al.,* 2005:79). The quality of the data gathered is, to a great extent, dependent on the expertise, skill and intuition of the interviewer (Botha, 2001:81). The unstructured interviews that were tape-recorded constituted the data collection process for this study. In order to augment the data from tape recordings, field notes were also made to record observations made during the interview. This was done immediately after the interview ended.

Interview questions were broad and open-ended. Examples of these questions were:
*Tell me, how did your obesity problem start?*
*Have you been obese since childhood?*
*How do you experience being obese?*
*How do you feel about yourself physically?*

See **Addendum A.2** for an example of a part of an interview.

The taped oral recordings were written as a literal translation. The language used by the respondents was not changed at all to capture the exact meaning of what was being said. The conversation reflected typical South African idiom and forms of expression. In this text a free translation captures and maintains the true meaning of the original conversation and is presented as a relevant verbatim extract. Common language as well as colloquial and even slang expressions were kept as deemed appropriate. Where additional words are used for clarification they have been placed in square brackets and a different font is used. Unfamiliar terminology as used by the participants is explained in footnotes. Due to the "rich" data obtained from the participants, sufficient lengths of comments are documented verbatim to enhance better understanding of the phenomenon under investigation. At the end of each verbatim extract an indication is given as to whether the participant was obese since childhood [O] or not obese since childhood [NO]. The participant's number is given at the beginning of the quotation as well as the line number of origin in the Atlas ti document. For example: *R6-1653… Food is a passion in my life. [N-O].*

### 5.6.2 Personal documentation

Initially the researcher planned to have written documentation instead of a follow-up interview as it was assumed that some participants would be more willing to share their inner feelings in writing rather than to talk about them. Moreover, as a specific method, it would also contribute to implementing meaningful triangulation. Follow-up questions (obtained from the first set of data) were sent to the participants who were asked to expand on certain concepts or issues after working through the transcribed verbatim document. Five of the participants provided documentation in this way but the researcher was not completely satisfied with the quality of the feedback. They seemed to have tried to finish the task in as short a time as was possible and did not discuss it in detail. The researcher became aware that the participants actually lacked the will to write down their experiences and feelings, most probably due to either the lack of time and/or possibly even a lack of writing skills. Verbal explanations seemed to be easier for them and probing helped to get to a deeper level.

The researcher decided to adjust the design by conducting a complete follow-up interview and not to make use of a written document. The participants were willing to be interviewed again in a follow-up session and actually preferred it to a producing a written document. This action can be justified. Qualitative research projects cannot be designed precisely and the proposal should have enough freedom to change so that, if a selected strategy is not working, the researcher can modify data collection methods or correct design issues if necessary (Morse, 2003; Fouche, 2004:272). Documentation can be a valuable source of information in qualitative research (Henning *et al.*, 2005:99), but it can also happen that it might not be focused enough to be of analytic interest (Babbie & Mouton, 2001:301).

### 5.6.3 First contact: Initial meeting with participants

The researcher had an initial interview to meet the participant and to build trust. The researcher verified that the participant met the criteria for inclusion in the sample by “visual inspection” and confirmed the participant’s willingness to share his experiences of being obese. Weight was either self-reported or obtained from professional colleagues. The aim of the study was explained as was the

researcher's intention of what she would be doing with the knowledge she constructed. The participant signed an informed consent document in which he undertook to take part in the study (See **Addendum D**). Written permission was given for the information to be used for research purposes and the respondent had to agree that a voice recorder could be used during the second and third contact sessions. Although guaranteed confidentiality was part of the consent form, the researcher emphasised the fact that honouring this was a matter of high priority for her. The researcher also showed the document of approval by the Ethics Committee of the University of Pretoria. The researcher then made an appointment for the next meeting that was to be held as soon as possible after the first meeting.

In a few cases the researcher did this first part of the process during a telephone conversation. The reason for this was time constraints considering the participants' professional commitments, and to save travel time as they had a long distances to drive to the meeting place where the interview was to be conducted. The researcher also trusted the professional colleagues' skills for assessing level of obesity of the participants according to the criteria set for inclusion in the sample.

In the case of the other participants the researcher made an appointment and visited them either at home or at work to explain the above points. In a few cases the participants started dealing with their emotions and feelings about obesity and their problems immediately, without any questions or prompting. The researcher then used this information during the next interview as a point of departure and to make sure that it was voice-recorded. Immediately after each first contact meeting the researcher made some notes and prepared a file for each participant.

During this first contact session the researcher soon observed that most of the obese men did not want to be classified as obese because it was embarrassing for them. Initially they were very reluctant to discuss their obesity problem and to share their feelings. For this reason the researcher started using the term 'overweight' which they found much more acceptable.

### 5.6.4 Second contact: In-depth interview

During the second meeting a longer time frame was scheduled for the in-depth interview.

Finding the correct venue and setting for the appointment was challenging. Three participants were interviewed in the consulting rooms of the biokineticist, three participants were interviewed in their offices which were at their homes, and the remaining participants were interviewed in the informal setting of a coffee shop that suited them best. The participants felt more relaxed and less exposed in an informal setting. The researcher could neither visit the participants at their homes for ethical and professional reasons, nor could she expect them to come to her office. In all cases the researcher made a point of protecting their identity.

An electronic voice recorder was used during the interviews to make sure that all the data was captured and to ensure reliability and credibility. The transcripts were available and could be checked for accuracy at a later date or when deemed necessary. Permission to use the equipment was granted ahead of the interviews. The voice recorder was compact (it looked like a mobile phone) and was user-friendly to ensure minimum disruption.

The duration of the interview was between 45 minutes and one hour. In the beginning the researcher had to ask several questions but as time passed the interviewee began to share more of his feelings without it being necessary to probe all the time. At the beginning of the interview the researcher posed this question: *"Tell me something about your experience of being overweight. Where did it all start?"* Where necessary reflective remarks were made to clarify and enhance understanding of the participant's contribution. Occasional statements were also made to which the participant was asked to respond. As the interview continued different participants were asked different questions as their story unfolded. The questions were guided by the researcher's improved understanding (Meadus, 2007) as the interview progressed. Some of the participants were extremely good at sharing their experience and the researcher hardly needed to interrupt them with further questions. She only asked them additional information she wanted to know.

The researcher tried to conduct interviews in a free and open manner, and concentrated only on addressing the research questions. She encouraged two-way communication in which not only did the researcher ask questions, but the participants did too. This was done on the assumption that the nature of the interviewees' questions might indirectly reveal rich data. In this way what the participants regarded as burning issues would also come to the fore. Instead of only keeping within the "boundaries" of the study the researcher was open to all input from the participants. Henning *et al.* (2005:67) mentions this point as a significant observation.

Immediately after the interview the researcher told the participants that she planned to transcribe the interview verbatim and would go through it thoroughly. She requested that another appointment be scheduled for further questions and a more detailed description of certain aspects, should the need arise.

Time was spent on writing up notes on issues of importance immediately after the interview. Comments on the participant's behaviour and emotional reactions during the interview became part of the notes. Even the researcher's personal experience of the interview was documented as well as suggestions for improving the flow of the next interview.

### 5.6.5 Third contact: Follow-up in depth interview

The follow-up interview was conducted to obtain missing data, to clarify some points mentioned and aspects covered during the first interview or to effect closure of respondent's contribution. It was conducted at exactly the same venue as the first interview. Although the researcher made use of more semi-structured questions (based on the first interview), she was open for any new ideas or topics that emerged during the interview. The second interviews tended to yield more and more data and this enriched the overall picture. Care was taken not to conclude too readily that the theme was saturated. The participants were more relaxed and even added extra information after having had time to reflect on the first interview experience. The duration of the follow-up interview was between 30 and 45 minutes.

The researcher tried to capture the world of the participants by observing their general, and especially their eating behaviour during the meeting at the coffee shop. The researcher offered them something to eat and to drink, but in each case they only ordered fruit juice or water. Attention was paid to non-verbal interaction as well as the fact that some aspects that were being dealt with really upset them emotionally. Field notes were made immediately after the second follow-up meeting.

## 5.7 DATA ANALYSIS

There is no single method of analysis in qualitative research (Denzin & Lincoln, 2000:15; Henning *et al.*, 2005:102; Mehmetoglu & Altinay, 2005). Although the researcher made use of a phenomenological approach for this research project, grounded theory data analysis techniques were also incorporated in the analysis process.

Data analysis is an ordering, structuring and meaning-making process with the mass of collected data (De Vos, 2002:339). For the qualitative researcher the presentation of the descriptive data is extremely important for leading the reader to an understanding of the experience of the phenomenon being studied (Janesick in de Vos, 2004:339). According to Marshall and Rossman (1995:111), “qualitative data analysis is a search for general statements about relationships among categories of data; it builds grounded theory”.

In qualitative research, data collection and data analysis cannot be separated. As data is collected, it is analysed. “It is an ongoing fine-tuning process” (De Vos, 2004:34). It involves a dual process. The first aspect involves data analysis at the research site during data collection and the second aspect involves data analysis after data collection (De Vos, 2004:341). Each interview was transcribed and a preliminary analysis was done before the next scheduled interview. It helped the researcher prepare for the follow-up interview with regard to identifying missing data.

In the literature various data analysis processes are described (Dey, 1993; Miles & Huberman, 1994). The principles as described by Tesch (1990:55) were used for this

research project and the following extract is a direct quote that summarises the guidelines followed in this research:

- Qualitative analysis takes place throughout the data collection process. As such the researcher will constantly reflect on impressions, relationships and connections while collecting the data. The search for similarities, differences, categories, themes, concepts and ideas forms part of the continuous process.
- An analysis commences with reading all the data and then dividing the data into smaller and more meaningful units.
- Data segments or units are organised into a system that is predominantly derived from the data, which implies that the analysis is inductive.
- The researcher uses comparisons to build and refine categories, to define conceptual similarities and to discover patterns.
- Categories are flexible and may be modified during the analysis.
- Importantly, the analysis should truly reflect the participants' perceptions.
- The result of the analysis is a kind of a higher-order synthesis in the form of a descriptive picture, patterns or themes, or emerging or substantive theory.

One of the most well-known approaches to data analysis is that of Miles and Huberman (1994:428) which is referred to as *transcendental realism*. Transcendental realism consists of three main parts: data reduction, data display and drawing and verifying conclusions. The analysis literally means breaking into bits and pieces or to break down the data. Miles and Huberman (1994:428) refer to it as *coding* and Dey (1993:30) calls it *categorising.* Strauss and Corbin (cited in Meadus, 2007) put it as follows: The process open, axial and selective coding allowed a structured process in analysing data that lead to the development of the core category. Data is broken up to facilitate classification. Concepts are created and connections are made between the concepts leading to another approach of description. This description is known a "thick" description (Denzin & Lincoln, 2000:15) that includes the context of an act as well as the intentions and meanings (Henning *et al.,* 2005:128).

### 5.7.1 Reduction of data

In the course of data collection the voice recordings were downloaded in computer files immediately after the interviews. Every effort was made to ensure that the transcription of the interview and field notes commenced as soon as possible. The

researcher did this because working closely with the data and listening to it several times, helped with data analysis, as Henning *et al*. (2005:76) also found. The verbatim primary text was organised by loading it into the Atlas ti program which is a computer-aided qualitative data analysis software tool. Although computer software can help to analyse data, it cannot do the analysis for the researcher (Weitzman in Henning *et al.,* 2005:126; Archer, 2008:4). This program provided a comprehensive overview of the research project and helped with immediate search and retrieval functions as well as ordering, structuring and visualising (Henning *et al.*, 2005:126).

The researcher also tried not to start dealing with a new respondent and interviewing him before the previous verbatim record had been transcribed and the preliminary data analysis had begun. The researcher constantly revised data collection procedures and strategies in order to yield rich data.

For the data analysis in this study computer based software for qualitative data analysis (CAQDAS), a computer based software program was used.

#### 5.7.1.1 Computer based software for qualitative data analysis (CAQDAS)

When working with large amounts of unstructured data, like information collected during interviews, a researcher can encounter serious data management problems when working with standard data base systems (Henning *et al.,* 2005:129; Archer, 2008:4). Since the mid-eighties a variety of textual database systems have been developed for qualitative research. Programs like the Ethnograph, winMAX, ATLAS ti, Nud.ist, NVivo, KWALITAN and HYPERSEARCH were developed to assist the organisation and management of textual data (Henning *et al.*, 2005:130). Although qualitative methods, grounded theory included, cannot be reduced by formulaic procedures, research tools can clarify the process. These tools help with a higher level of analysis. They view the data holistically and develop clear relationships among the inherent categories (Scott & Howell, 2008). “These programs all use similar data structures to assist the organisation and management of textual data in terms of addresses (e.g. in terms of line numbers) of text segments (which the researcher defines freely) that are stored as pointers together with the names of the codes allocated to these segments” (Henning *et al.*, 2005:130). Unstructured textual

material can be organised by attaching codes to certain text passages. (See **Addendum A.2**).

ATLAS ti, according to Weitzman (in Henning *et al.,* 2005:130), is a code-based theory-builder. It is a powerful instrument for qualitative data analysis of large amounts of textual, graphical and audio data. It offers a variety of tools for accomplishing the tasks associated with any systematic approach to "soft" data e.g. material that cannot be analysed by formal, statistical approaches in a meaningful way. It helps to uncover the complex phenomenon hidden in data in an exploratory way. It offers tools to "manage, extract, compare, explore, and reassemble meaningful pieces from extensive amounts of data in a creative, flexible, yet systematic way" (Muhr, 1997:1).The program facilitates the use of direct quotations to enrich the data representation (Archer, 2008:4).

#### 5.7.1.2 Grounded theory in CAQDAS

Coding played an important role in the data analysis phase of this study. The researcher needs to know the origin of each code (Smit, 2006:95). Coding as strategy for grounded theory was included in the data analysis process. According to Smit (2006:95), the basis of grounded theory is a detailed and clear coding of text data. When using CAQDAS coding is derived from the use of keywords connected to the data. In other words the researcher uses a specific segment of the text and attaches a code to it. According to Henning *et al.* (2005:130-131), the development of Atlas ti was influenced by grounded theory. Coding in grounded theory is, however, more complex than attaching labels to text segments and isolating and naming categories. Coding means "how to dimensionalise them and discover their conditions, consequences and associated interactions and strategies. "The distinctive feature of coding in grounded theory is striving towards theory building" (Lonkila in Henning *et al.,* 2005:131). Atlas.ti helps to explain the procedure of coding and it is helpful in explaining the process of data analysis. The researcher can make use of open coding, axial coding and selective coding (Babbie & Mouton, 2001:499-501; Henning *et al.,* 2005:131-132). The process of data reduction consists of four stages namely familiarisation, open coding, axial coding and selective coding.

**Stage 1: Familiarisation**

The researcher started the analysis process with an initial reading through all the data several times to get an impression of the total picture portrayed by the data obtained, in order to be completely familiar with it. According to Creswell (cited in de Vos, 2004:343), a person has to read through the transcripts in their entirety several times: “Immerse yourself in the details, trying to get a sense of the interview as a whole before breaking it into parts”. The researcher started the coding process manually by using different coloured pens and writing notes in the margins.

**Stage 2: Coding, conceptualising and ordering**

***Open coding***

The data was examined closely and *open coding* was done. Open coding is defined as the process of breaking down, examining, comparing, conceptualising and categorising data (Straus and Corbin, 1998:61). It literally means to take words, sentences, and paragraphs apart and is an important step towards making sense of, interpreting and theorising about the given data (Smit, 2002). Open coding is used when you want to create a new code for a selected section of text. The new code created is placed in the code list and is also immediately associated with another piece of text or quotations (Archer, 2008:26).

The codes were selected inductively according to what the data meant to the researcher. Categorising is the process of grouping concepts at a higher, more abstract level (Dey, 1993:57). Categories must be created from the data itself, even if the researcher enters the research with preconceived ideas (Smit, 2006:88). Classifying data is an integral part of analysis. Explanations are based on it and actions are made meaningful to others. It lays the conceptual foundation upon which interpretations can be made (Smit, 2006:87). According to Strauss and Corbin (1998:57) coding forms the central process for theory-building from data. The result of naming and categorising is the formation of concepts that make up the building stones in the construction of grounded theory (Smit, 2006:96).

Data were compared and similar incidences were grouped together and given the same conceptual label. These naming labels were then attached to segments of text. A theory-based approach is used for naming the categories (Creswell, 1998:57, Henning *et al.,* 2005:131). Initially the researcher used the conceptual framework

(**Figure 5.1**) for this process but by reading through the data several times new meanings emerged. This helped to create additional codes.

Aspects of importance in the text that served as the study's database were marked and coded. In order to allocate a code to a piece of text, a relevant piece of text must be selected. Enough text should be chosen so that when that piece is read outside of its original context, the reader can still follow what it was about. The codes that the researcher used indicated specific detail and she tried not to code too broadly. Some of the codes were renamed in the process of coding, an action Archer (2008:21) endorses as acceptable. The researcher repeated the coding process in order to make sure the codes were chosen in an effective way and the descriptions attached to the codes were neither too long nor too simple. Coding should be done in an appropriate way to facilitate the creation of families. A few examples in this regard are: (See **Addendum A.2**)

*Physical self: height compensates for weight*
*Physical self: legs and feet painful*
*Physical self: does not fit into chairs*
*Other (wife): his coping strategy*
*Other (wife): motivates him to diet*
*Other (wife): also gained weight*
*Other (wife): constantly spoils him*
*Career change: new lifestyle*
*Career plateau: does not care any more*
*Career: eats junk food and drinks daily*
*Career: business lunches three-course meal*

The researcher chose to do the coding line by line which is one way of doing it (Strauss & Corbin, 1998:120). Although it was a time-consuming process it was necessary. Coding can also be done in paragraph style.

**Axial coding**

*Axial coding* is done in order to break data down and put the parts of the data identified and separated in open coding back together in a new way to make connections between the categories or the codes (Strauss & Corbin, 1990:57; Babbie & Mouton, 2001:500; Henning *et al.*, 2005:132; Smit, 2006:97). Henning *et al.*,

(2005:132) explains this as the "way the complexity of the context is brought back into the picture". When using the Atlas. ti program, it is the process where the codes are linked (Creswell, 1998:57, Henning *et al*., 2005:132). Focus fell on the relationship between the categories although linkages between categories were often concealed and subtle. Main categories were related to subcategories to form more exact and complete understanding of the phenomenon, and checked by the study supervisors to enhance validity. The analysis took place on two levels namely the actual words used by the participants and the conceptualisation of these words by the researcher, a procedure seen by Smit (2006:97) as relevant for comprehensive investigation. According to Creswell, (1998:57) "axial coding identifies the central phenomenon, explores causal conditions, specifies strategies (the action or interaction that result from the central phenomenon), identifies the context and intervening conditions, and delineates the consequences for this phenomenon".

Although open coding and axial coding are two distinct procedures, they were used alternatively during the analysis process in this study.

**Selective coding**

In the next step *selective coding* was done. It involved selecting one main core category and relating the other categories to it. The researcher identified a "story line" that integrated the categories. This helped to refine and integrate categories and identify definite themes for the research (Creswell, 1998:57; Strauss & Corbin cited in De Vos, 2004:349; Henning *et al.*, 2005:132).

In Atlas ti selective coding was done in the process of creating families and creating networks. In qualitative research when codes are meaningfully grouped together the groupings are known as themes. Codes that are related to each other are thus clustered together and given a descriptive name. In Atlas ti themes are known as families (Archer, 2008:39). (See **Addendum A.2**). Relationships can be graphically represented using network views. Through these graphic representations of networks, complex interactions can be clarified to enhance the researcher's understanding of the situation. (See **Addendum B**). These networks, as well as the families, were used to identify the themes of the research (Appalsamy in Archer, 2008:42).

The researcher worked with 14 documents, highlighted some 2451 quotations that yielded 1971 codes that were grouped into 51 families. Many links were established and a variety of networks were created. Although the researcher did not purposefully intend to follow a grounded theory enquiry, the process of identifying codes and categories reflected elements of a grounded theory approach as Smit (2006:90) notes.

When making use of Atlas ti the strength of the enquiry is built up. It helps with the process of interpreting in more than one way. According to Henning (2005:103), it is not only the use of a variety of data collection methods and sources (the triangulation of methods) but also the use of different approaches to data analysis that will lead to better interpretation and understanding. “By coming from various points or angles towards a measured position, you find the true position” (Henning *et al.*, 2005:103).

### 5.7.3 Data presentation and verification

Data presentation is, according to Miles and Huberman (1994:426), the second step in the process of data analysis. Concepts and themes were identified and the data from the different participants was compared to recognise differences and similarities. With the research questions in mind and the data collected, it was possible to identify three central themes:

- The meanings of food (through the life course and in interaction with others)
- The sadness of obesity (the experience of the physical and inner self)
- Coping with obesity (self-assertion, coping strategies)

The second phase of data analysis process gives rise to the description, interpretation and understanding of the data. The researcher reflected the purpose and the context of the study via rich and in-depth descriptions of each of the three central themes. Direct verbatim records from the interviewed participants verified the discussion.

### 5.7.4 Conclusion

The last step in Miles and Huberman’s (1994:428-444) process of data analysis is making conclusions based on the data. In addition the researcher made use of

acknowledged theories to come to meaningful conclusions. The conclusions drawn were derived from information given by participants selected for this particular investigation. They cannot be confidently generalised as applicable to the experiences of obesity within the wider population. Moreover, although the researcher does not claim that the research was based on the principles of grounded theory, the process of identifying codes and categories does contain elements of the grounded theory approach.

## 5.8 STRATEGIES THAT WERE USED TO ENHANCE THE TRUSTWORTHINESS OF THE STUDY

According to Lincoln and Guba (in Babbie & Mouton, 2002:276), there are four strategies that are important when thinking in terms of the soundness of a qualitative research study, namely: credibility, transferability, dependability and confirmability.

### 5.8.1 Credibility

In terms of credibility Neuman (in Delport & Fouche, 2004:357) put it as follows:
"The key is to provide readers with enough evidence so that they believe the recounted events and accept the interpretations as plausible".

- **Descriptive credibility:** whether the information provided is factually accurate and comprehensive
  - An in-depth literature study was done to ensure the credibility of the theoretical underpinning of the study.
  - At the end of each session during which an in-depth interview was conducted, the researcher summarised the content and required the participant to give his opinion on the accuracy of the data acquired, and to comment on his own general perspectives. This was done to enhance interpretative credibility and is also called member checking (Riege, 2003; Pottas, 2004:138; Henning *et al.*, 2005.)

- **Triangulation**

- Data triangulation: Various data sources (several participants) were used in the acquisition of the data (data triangulation). More than one interview was conducted with each participant to enhance credibility.
- More than one perspective was used as point of departure when approaching the research theme and to interpret and understand obesity.
- The use of Atlas ti for data analysis
- The use of more than one peer researcher's interpretation of the data (Healy & Perry, 2005).
- Multiple triangulations: The use of more than one method of triangulation contributed to the validity of the data. A more comprehensive idea was obtained of the phenomenon being investigated.

- **Peer debriefing**: Three study leaders were involved in the data analysis process and interpretation. They all understood the nature of the research and questioned several aspects of the study to which the researcher had to respond. The researcher had the opportunity to discuss constraints and problems with them.

- **Referential adequacy**: During the interviews, audio recordings were made as well as field notes written in order to document the findings. Observation aspects were part of the field notes.

### 5.8.2 Transferability

According to Babbie and Mouton, (2002:277) transferability is "the extent to which the findings can be applied in other contexts or with other participants". The qualitative researcher is not primarily interested in generalisations. Moreover, all observations are defined by the context in which they occur. Therefore it cannot be argued that knowledge gained from context will necessarily have significance for other contexts (Babbie & Mouton, 2002:227). The advice of other scholars was heeded and transferability was, however, enhanced by:

- **Thick description**: Detailed descriptions of participants and procedures were provided to enable the reader to judge the degree of transferability of the study (Miles & Huberman cited in Riege, 2003).

- **Purposive sampling**: To obtain the greatest advantage from the participants the researcher purposefully selected the participants according to the specific stated aims of the study.
- **Use of several participants**: In order to obtain "rich" descriptive data 14 participants were used and interviews were stopped when data -saturation started taking place (Babbie & Mouton, 2002:278, De Vos, 2004:352).

### 5.8.3 Dependability

This is the degree to which the results are repeatable (Pottas, 2004:139). Although dependability refers to reliability in quantitative research, it must be borne in mind that in qualitative enquiry the social world is always being constructed and the concept of replication is problematic (De Vos, 2004:352). In this study attention has been given to:

- **Triangulation:** Already discussed
- **Detailed descriptions:** Detailed descriptions of methods and data gathering as well as data analyses were provided.

### 5.8.4 Confirmability (objectivity)

Confirmability is "the degree to which the findings are the product of the focus of the enquiry and not the biases of the researcher" (Babbie & Mouton, 2002:278).

- **Conformability audit**: An independent neutral researcher, also an expert in the specific area of research was approached for an opinion on the extent to which this research complied with accepted research practice.
- **Raw data**: Recorded audiotapes, written field notes and documents and data analyses are available and information can be traced back to its original source.

The researcher tried to appropriately put all these practices in place in order to enhance the trustworthiness of the study. She was committed to being honest in every possible way and sought to reflect on the true scope of the research as presented in this thesis.

## 5.9 ETHICS

During this research study, the necessary steps were taken to ensure that the human rights of all participants were recognised and protected. It was ascertained that the consent of participants to take part in the research was voluntary. The participants had to sign a consent form to confirm this. They were also asked permission for the use of a voice recorder during the interviews. All information obtained about participants has been and will be treated confidentially. Discussion of the evaluation of cases would be for professional purposes only. This is common practice (Morse, 2003; Strydom, 2004:74). It was also the responsibility of the review committee of the Department of Consumer Science to examine the proposal for ethical concerns. The research only began after the Ethics Committee of the Faculty of Natural and Agricultural Sciences at the University of Pretoria had approved the proposal. In each case the researcher showed the participants the written document of permission granted by this committee.

## 5.10 CONCLUDING REMARKS

A qualitative research approach was appropriate for this study. In-depth interviews were used to collect data. The sample consisted of 14 obese men who met the prescribed criteria for inclusion. Strategies were implemented to enhance the trustworthiness of the study and steps were taken to ensure that the rights of all participants were recognised and protected at all times.

In the next chapter (**Chapter 6**) the findings will be discussed according to the themes that emerged from the data, namely, the meaning of food, the sadness of obesity and coping with obesity.

# CHAPTER 6

## Findings, discussion and interpretation

### 6.1 BACKGROUND

The purpose of this study was to explore and describe life course stages and transitions that could be associated with excessive weight gain as a high health risk factor in men. The discussion and the interpretation of the findings were done against the background of the viewpoints of the chosen theoretical perspectives, namely symbolic interactionism and a life course perspective, as well as the broad objectives that directed the research. Where further understanding or explanation was necessary, additional theories that were compatible with the viewpoints of the chosen perspectives were consulted. The emphasis was on a better understanding of what happened during the obese man's life, and on his experience of food and obesity, during his life course. From the outset the aim was not to confirm previous research findings or to prove certain relationships or associations, but rather to record and analyse individual cases focusing on how an obese man's life course related to his food behaviour. Hence, when referring to the obese man in this thesis, the information only refers to the participants in this study, as the findings of this qualitative study could not be generalised to the broader population.

From the findings it became clear that during three life stages, namely, early and middle childhood, adolescence and young adulthood, excessive weight gain could be a significant health risk for men. Discussion of the findings has therefore been organised around these stages. From the interviews with fourteen participants and with the research questions in mind, it was possible to identify three themes that were central to each of these stages, namely:

- The meaning of food (through the life course and in interaction with others)
- The sadness of obesity (the experience of the physical self and inner self)
- Coping with obesity (self-assertion, coping strategies)

The discussion on each theme is verified with direct verbatim extracts from transcribed interviews with the participants as well as making use of Atlas-ti networks. Each verbatim record can be traced by using the participant's unique number and the relevant line number from the Atlas Ti document, as well as an indication of whether the participant had been obese since childhood *[O]* or became obese at a later stage *[N-O].*

## 6.2 THE MEANING OF FOOD

From a symbolic interactionism point of view food can be seen as a social object, as it is isolated, can be pointed out, categorised, interpreted and given meaning through social interaction. Through interaction with others (significant, generalised and reference group others) people learn what things are (in this case food), what it is good for, how it is used and what it means in life (Charon, 1998:37). Mead (1934:227–228) therefore noted that "men's physiological and biological needs (especially hunger and sex) are social in character and have social implications since they require social situations for their satisfaction". The meaning that food as a social object has for the obese man can, therefore, not be separated from his interactions with others. Blumer (1969:68) notes that "objects consist of whatever people indicate or refer to". What others, who are important to us, decide and regard as important, determine the importance we attach to it. According to Blumer (1969:68), the meaning "is not intrinsic to the object". The object is therefore defined and assigned meaning according to its use for the people involved with it.

Linking up with symbolic interactionism, a life course perspective underlines the consent of linked lives. These interdependent lives give rise to the phenomenon that "the dependence of the development of one person on the presence, influence or development of another" (Wethington, 2005:116) takes place in real life. The obese man's eating habits and the meaning that food, as a social object, has for him are therefore influenced by and learned from others such as his family during childhood and adolescence, his married partner and work colleagues in adulthood.

It is clear from the findings that food as a social object, and eating it, has always played a central role in the lives of the participants as obese men, and still does. For the obese man food is not only there just to be eaten. He eats for the anticipated pleasure it brings. For him food is life, it is beautiful, it is good and it should be enjoyed. It is as if food and eating it becomes a whole aesthetic experience, having sensory, emotional and symbolic dimensions. It almost reminds one of Mead's (1934:150) profound assertion that "Man is body, soul and mind".

*R4-1307 … I could go on and on eating for days at a time! How shall I put it? I am not shy to admit that I love food. [O]*

*R6-1653 … Food is a passion in my life. [N-O]*

*R3-659 … My first feeling about food? I love it. I am crazy about food, always have been. I love cooking and experimenting. Yes, I love food. I do not have any negative feelings about it. [O]*

*R10-3203 … Food is great (laugh)! It's good! It's beautiful. [N-O]*

*R13-4741 … Yes I enjoy food, I enjoy delicious food, but food is not an obsession with me. [O]*

*R5-357 … I am mad about food and I do not want to get stressed about it. [N-O]*

*R3-475 … Yes food is a big factor. It is mostly pleasurable. For one or another reason when you eat with other people or as a group of guys together, you feel good and care-free. Then the folks would say "he is a fun guy who enjoys eating and drinking; he is not worried - in any case he does not care how he looks". [O]*

*R14-5043 … When I am feeling stressed, I eat; and when I am happy then I also eat (laugh!) [O]*

*R4-954 … I treat myself with food all the time. When I want to treat myself, especially on Wednesdays or small Saturdays, then I like to go and buy myself biltong. Over weekends it is so nice to take a steak out of the freezer for us. I like eating something*

*I enjoy and would eat the whole day long if I could! You feel you deserve it especially when you are watching TV - then you want to eat popcorn the whole time. [O]*

*R5-1311 … I always eat a lot. One friend of ours often says that when he makes a potjie[1], or when he puts a leg of lamb in the Weber, he always phones me to come over and eat at their place, because he knows I enjoy eating it as much as he does and it's so nice. [N-O]*

*R3-707 … I enjoy socialising. I enjoy eating - ninety per cent of the time it is such a pleasurable experience. [O]*

*R3-663 … Food is a symbol of life. It really symbolises life and it is delicious. If you look at people when they are having a most enjoyable time, you will notice it is when they are eating. They enjoy it but there comes a thing of 'stop when you have to'. Just do it healthily. You must never eat in a way that you cannot walk when you get up. Enjoy it, but within limits. [O]*

For the obese man food is associated with strong pleasant feelings. Eating-related pleasure is an essential part of life for him. He does not only love food as a social object, he enjoys anything that has to do with food. Food preparation is an activity that he really enjoys and he puts a great deal of effort into doing it extremely well. It reminds one of what Macht, Meninger and Roth (2005) say about food preparation: "it should be remembered that hedonic eating is preceded by anticipating cognitions and preparatory behaviours that are associated with the joy of anticipation". The obese man also likes to share a meal and eat with others and their appreciation gives him the recognition that he needs.

*R6-651 … I cook in the evening. It is almost more of a pleasure for me to make it than to eat it. [N-O]*

*R9-2788 … I love cooking very much. I like experimenting. [O]*

[1] Traditional South African stew cooked over a fire in a three-legged cast iron pot.

*R5-1319 … Yes, I do the cooking myself and usually am the one left with the braai[2] tongs. I actually like the physical activity of braaing. My wife's meat has to be done in a certain way, because she likes cooked meat that tastes like shoe leather and not half-cooked. So I am the one who ends up with the braai tongs. I enjoy it so much. [N-O]*

*R1-35 … Yes, I like preparing food. Yes, always. Actually we were very keen to be on a TV programme where we could prepare food, but we couldn't get a sponsor. If we could have had a TV programme cooking food on kykNET[3], that would have been great. I just love preparing food. [O]*

*R3-427 … and the Lord blessed me with gift of being able to cook well. I started experimenting with food seriously and the result was really delicious but later on in life it gave me a sense of feeling secure and, how should I put it? Yes feeling satisfied with myself. In fact as time goes by you become almost addicted, because if you have not eaten well, then you feel down in the dumps. You might even only feel partially secure at a later stage. [O]*

*R4-1035 … I like cooking, but I do not cook all the time. I believe in taking my time when I do: like an hour or two. A treat for me is to wake up on Sundays, go and buy the newspaper and then I would come home and make a chicken stew. I am not good yet. I prefer cooking on the stove. I do not like putting something in the oven. I like to braai, but I believe that to cook food well must take time. [O]*

From the comments the participants made in the interviews it is clear that they all love food dearly and thoroughly enjoy preparing it. It appears that the participants who had been overweight and obese since childhood were the ones who were especially inclined to attach considerable meaning to food (See **Addendum B: Figure 1: Food as a symbol**).

In order to understand which meanings the obese man attaches to food as well as the origin of those meanings, one needs to look at his life course as a whole. In doing so the different life stages and the interaction processes during each stage where

[2] To braai (verb); braai (noun): (American: barbeque) to grill raw meat over an open fire (traditionally wood or using modern gas equipment), usually outdoors
[3] A South African television channel broadcasting popular programmes in Afrikaans

meaning was attached can be identified. The life course is taken to exist as a more or less intrinsic progression of experience over time. It is necessary to describe how individuals assemble meaning and subjective understandings of everyday realities (such as preparing food and socialising) as they move through various life stages (Holstein and Gubrium, 2007). Herbert Blumer (1969:2) postulates that life stages in themselves have different meanings; those meanings are constructed in social interaction and the meanings are adjusted and modified in the light of social definitions of situations (Blumer in Holstein and Gubrium, 2007).

Additionally one has to look at the obese man's food trajectory for a better understanding of the meanings that he attaches to food. A (food) trajectory is a stable pattern and tends to be consistent, but it has momentum (for example, early childhood eating experiences) and it can change. Trajectories include thoughts, feelings and strategies as well as actions (Price, McKenry & Murray, 2000:5; Devine, 2005). The food trajectory starts with milk, one food and expands to a varied set of foods, food preparations, attitudes and food-related rituals. "Food progresses from being a source of nutrition and sensory pleasure to being a social marker, an aesthetic experience, a source of meaning and metaphor, and often a moral entity" (Rozin, 1996). There can be multiple trajectories in an individual person's life that reinforce one another and it can be seen as a model of numerous, interlocking trajectories that vary in organisation (Elder (jr), 1998). In order to understand the obese man's food trajectory, one should therefore take notice of his thoughts, experiences, feelings, strategies and actions.

From a life course perspective, when looking at Levinson's theory of adult male development (Levinson, 1986), it can be postulated that the life cycle (course) comprises a sequence of four eras, each lasting approximately twenty-five years. Levinson identified a number of developmental periods within each era. Each era begins with a novice phase during which the individual tries out an initial life structure designed to deal with the new demands of that era. Following this is a culminating phase in which an improved or more adaptive life structure is created. This culminating life structure itself is reassessed and modified at the end of the era when the transition to the next era begins. The eras and developmental periods are approximately: (1) childhood and adolescence; (2) early adulthood, (17-45 years); (3) middle adulthood, (40-65 years); and (4) late adulthood, (over 60 years). According

to Levinson (1986), each era has a distinct and unifying character of living. Each transition between the eras may take between three and six years to complete and each transition requires a basic change in the nature of the individual's life. Each period of development is characterised by a set of tasks and an attempt to build or modify one's life structure. From a symbolic interactionism point of view, Mead (1934:152) identified three stages of development of man's self, namely the pre-play stage, the play stage and the game stage. Shibutani (1961:132) added a fourth stage, namely the reference group stage that is applicable to modern day societies where people are part of more than one reference group. From earliest infancy the experience of eating is entangled with the experience of close human contact with the provider of the food (Lupton, 1996:7). Mead (1934:153-54) suggested that early in life children have difficulty in distinguishing their own roles from the roles of others. He calls this stage the pre-play stage. During this stage the child occasionally imitates parents or significant others like siblings. The child is just imitating others' behaviour without understanding what it means. The child learns, however, that actions or behaviour evoke responses in others, and might even learn that crying might lead to being comforted by food. Through recurring experiences and the way people react, a child starts learning the meaning of objects and words (Sandstrom *et al.*, 2006:62).

The family provides the initial models to be imitated. The child will behave in a way to acquire the approval of significant others and acts according to the wishes of caregivers. Initially, for example, the infant will demonstrate the type of obedience required by family members (Baldwin, 1987:35 cited in Harter, 1999). In interpersonal relationships with significant others like caregivers (especially the mother) the personal self develops according to experienced approval or rejection and is shaped during these interactive processes (Harter, 1999). (See **Chapter 4.2.3**).

As children grow older they acquire language and learn to use symbols. This stage is called the play stage (early and middle childhood years). Through observation of significant others around them, at this stage, family members, their words and deeds are incorporated in their behaviour. They are usually role models with whom the child interacts (Sandstrom *et al*., 2006:62-63). According to Mead (1934:155), the young child is capable of assuming only one role at a time. The child learns to respond to

himself in the same way as others respond to him. The child will follow the example the role model sets even in terms of food behaviour. (See **Chapter 4.2.3**).

The behaviour of older children and young adolescents is characterised by more active interaction within the environment and with others. The person now enters Mead's third stage of development, the game stage (Mead, 1934:154-164). As they grow older children gradually improve their ability to take on the perspectives of others and to respond to themselves in terms of these perspectives (Edstrom *et al*., 2006:63). "The child must not only take the role of others, as he does in the play, but he must assume the various roles of all the participants in the game and govern his actions accordingly" (Mead, 1925:271).

The individual has the ability to incorporate all significant others into one generalised other (them). This interaction must take place according to their rules (Charon, 1998:77) and is the time when children develop their "role taking abilities" to the fullest. They now evaluate themselves and their actions from the perspective of generalised others or the community. They can even adjust their actions to the viewpoint of others (Sandstrom *et al.*, 2006:83). Shibutani (cited in Charon, 1998:77) refers to this fourth stage as a stage of self, namely the reference group stage which is especially appropriate to an industrial urban mass society. The individual now has several reference groups and shares a perspective with each of the groups in order to define the self. This reference group of interaction becomes that person's generalised other. People may have as many selves as they have interpersonal relationships (James, 1915:179). The spheres of social influence widen as the child moves out of the immediate domestic life into the world of school where teachers and peers become significant others. As more spheres become salient, "greater complexities in the adoption of attributes will come to define the self" (Baldwin cited in Harter, 1999). A person's image and acceptance in this group depends on appearance, confidence and stature.

It is clear from the findings that, in interaction with others during childhood and early adolescence, the obese man's food habits and preferences developed and established. However, the obese man's life course food trajectory includes not only food choices and experiences, but also thoughts (the meanings attached to food)**,** feelings and strategies associated with those choices, and the change in social

circumstances that take place throughout the different chronological life stages that help to shape these experiences (Devine, 2005).

The participants indicated that their eating habits were shaped during childhood and they could recall specific circumstances at home that played a role in the way these developed. In many cases these eating habits continued into adulthood and marriage life. (See **Addendum B: Figure 2: Eating habits during childhood**).

*R8-2296 … The eating patterns that you learned as child in your home, you transferred into your marriage. These childhood eating habits are part of your homely environment. [N-O]*

*R14-5215 … My mom gave us good food, but I would secretly eat another two slices of bread, sometimes spread with watermelon jam from a bottle that I hid in my drawer. [O]*

*R8-2597 … We were taught some eating habits from a young age – like you have to eat your vegetables. [N-O]*

*R4-0868 … My mom complained mostly about cooking, but she cooked quickly. It was usually something fatty like sausage that she fried. [O]*

*R1-46 … I need to think why food plays such an important role in my life. Actually I have often thought and I wondered especially as I am also very busy with many other things in my life… perhaps food is something what one uses in life as a 'soother'? This is very important to me, because if you are used to it from childhood, as I said the other day. My mother tells me that whenever I cried she used to give me a bottle. I look at my friends now they are also people who struggle with their weight. If a child performs well or if you want to celebrate something special, then you eat out. And if you're sad, say, "come, sit here. Here is some chocolate for you" It may be good or bad, but it becomes a 'soother'. This is the type of things you use to comfort yourself. Other people do it with something else. That is why some people struggle more with their weight than others. [O]*

*R1-47 … So I don't know if my mother's eating habits were passed on. My mom often said that I was her first child and that she didn't know how to handle it when I cried and then she would give me a bottle. And ever since childhood when I did well, then she said, "Here, have a chocolate". Then she said, "Congratulations, congratulations!" and when I was small, I would come home crying. Then she would say, "Do not cry, have something to eat". One's toe is sore, and you eat. So you were always eating. [O]*

Many of the lifelong habits that may influence health negatively are mostly formed during childhood and adolescence. Health habits are formed in familial practices (Wardle, 1995; Bandura, 1998). In theory the mother can be seen as the transmitter of obesity, since she dominates early feeding and can be seen as the primary caretaker of the adolescent, by providing the food for them to eat (Campbell *et al.,* 2007). Often fat mothers do engender fatness in their young children, even those of low birth weight. The mother usually dominates the kitchen and determines portion sizes (Kallen & Sussman, 1984:46). The meaning she attaches to food can therefore be transferred to the children.

It seems that, especially in the case of the obese man who was obese as a child, food was seen as something precious – not to be wasted. You therefore do not only eat until you feel satisfied and not hungry any more. You eat until nothing is left on your plate. This value was learned in early childhood.

*R9-3033 … I was born in the war years and my mom and the family had a very difficult time. And when it came to eating times, it was stressed that you do not waste food. That which is on your plate, you must eat. And unfortunately they didn't dish up small portions. They dished up big portions as if serving adults. [O]*

*R13-4537 ... there was no chance of me leaving food on my plate. [O]*

*R14-5287 … So you won't ever stop halfway when eating something. It is a thing you were taught from a small age (not to waste food). It is a general thing that you see very often. You are not allowed to waste food. [O]*

*R8-2585 … Many Afrikaner* [Afrikaans-speaking South African] *parents force their children to eat. If you do not eat your food, then you do not get pudding. So subconsciously you have learned a habit that dessert is actually a reward if you eat your plate of food, because you need to eat your vegetables. In a manner you learn to eat even if you do not have a need for it. [N-O]*

*R14-5285 … I do not want to blame someone else, but I grew up in a home where you were told that you would have to sit there until you had finished your food. So there was no chance of me leaving food on my plate. I ate what was dished up for me. [O]*

It also seems that, although the obese man's father was in most cases not overweight and supported a healthy life style, the mother, on the other hand, was in many cases also overweight and also accepted the fact that the child would be overweight too. The following quotations represent the interviewees' responses to the question about evidence of parents having a tendency to being obese.

*R7-2212 … You know my dad is in Greece and I do not see him that often. The last time that I saw him was last year and he was strongly disgusted when he saw me. We are going there again in August and you know a person's parents are very important to you so I will not be happy about disappointing him again. For my wife being overweight is also an issue but it is not so bad that she does not want to know me. [O]*

*R1-110 … No, my dad isn't overweight. Look my mom is not at all overweight either. Perhaps five, six kilograms, but that is not a problem at all, but my dad's brother, he is about 55 and he is really fat and my dad's other two sisters are beyond simply fat, they carry excessive excess weight. [O]*

*R4-1071 … My dad was physically active ... and healthy for most of his life. One thing that my dad always said was that it did not help that you get old and just lie in bed. He said for him it was important to be physically healthy and to see how long you could stay healthy. [O]*

*R3-451 … Yes, my parents. After a while I talked to my dad [*about my state of health] *and he said to me it was the most difficult thing for him to see. He then said to me that he just laid and cried in bed every evening because the worst thing for him was that, ten to one, I could die. I was incredibly unhealthy. [O]*

*R3-463 … And through all those times when I talked to my dad, he prayed endless prayers in his prayer book for me. About my weight and, if something were to happen, that I would realise that I had to do something about my health. The effect* [of his support] *was huge and it was really the only reason why I succeeded. My dad played a tremendous role in supporting me and he still does. He has always been the soft one. I believe that father and son always have a stronger bond than the son and his mother. And it is just because we always dreamed together about sport and everything. I think it was very hard for him and my mother to see how I got bigger and bigger and bigger. Yet they never did say anything negative. When it came up my mom always said "do not worry, he will be fine". They were always positive, never said anything negative about me. [O]*

*R11-3646 … You know my dad … I would say he weighs about 60 kg ... the 29th he will be 80. And he is busy. He is still in the police service force. He also works on the house* [maintenance] *himself. He is busy. I do not believe I will ever be so busy in my life. [N-O]*

*R7-2033 … So when I saw him again I was about 60 kg heavier. When I think I do not want to go to the gym, I think about my dad. He is a source of motivation for me. [O]*

*R3-4066 … know at this moment my dad is worried about me because I do not get enough exercise and he himself is a fit man. [O]*

*R13-4557 … Yes my mom has always been overweight. I would say a lot overweight. As far back as I can remember both my mom and dad have been reasonably overweight. [O]*

*R8-2664 … I think one associates women with your mom … They are soft, they are round and then you come and touch* [what feels like] *an ironing board. That is not*

*nice. But thin people, I do not know, I have looked at these thin men so many times. They walk as if they have a pain in the stomach because they have no strength to keep their spine straight. [N-O]*

*R4-890 … My mom is fat and my dad is also fat. My dad has such a big stomach. [O]*

*R9-2860 … No, they did not think anything about it* [being fat]*. Look they all come from fat families. [O]*

According to the life course perspective there is a cumulative impact of earlier transitions on subsequent life course patterns. Rather than following a static view of life experiences, the life course approach views a person as an individual moving through life and whose social experiences are not merely influenced by contemporary conditions but also by experiences of earlier life course transitions. Circumstances that shape earlier life experiences indirectly project their transitions into the later years of life. Previous experiences can make lasting impressions on their lives (Elder (jr), 1998).Therefore social experiences are influenced not only by external conditions at a particular point of time but also by earlier life experiences that they were shaped by the specific conditions at that time. By looking at the lives of the obese man as a whole, the researcher may be directed to pathways across the whole life course that would have influenced the food trajectory of the obese man (Hareven & Adams, 1982: 6, Elder (jr), 1995:107; Moen *et al*., 1995 & Elder (jr), 1998). Certain health problems, for example, in adulthood, are influenced by social conditions during childhood, especially diseases associated with nutrition (Wethington, 2005).

Symbolic interactionists stress that socialisation is tied to immediate circumstances. “People’s thoughts, feelings, and actions may be influenced as much by their current surroundings as by their past experiences, including those they had as young children” (Sandstrom *et al.,* 2006:58). It is necessary to distinguish between primary and secondary socialisation. Primary socialisation refers to the process through which children learn to become mature and responsible, and it shapes the development of the child. Children learn two fundamental things: namely, the culture - ways of feeling, thinking and acting - and who they are – developing a sense of self. This learning takes place through social institutions especially the family. Secondary

socialisation refers to the more specific, formal training that individuals experience throughout their lives (Sandstrom *et al*., 2006:58).

There seems to be relatively modest agreement among life stage theorists concerning the number and the content of stages considered to be necessary for personality development (See **Chapter 4.1**). However, they share in common the assumption that social behaviour can be categorised in terms of predetermined succession of stages, with varying degrees of continuity or discontinuity between consecutive developmental periods. “The provision of models who exhibit the desired behaviour is an exceedingly effective procedure for eliciting from others appropriate matching responses early in the learning sequence and thus accelerating the acquisition process” (Bandura & McDonald, 1963:281).

From this exposition it can be seen that young children are most often affected by life events originating in the family and over which they have little control. It is especially the mother who plays a particularly noteworthy role (Campbell *et al.,* 2007). Food is a centre for parent-child interaction although such interactions are not always positive (Rozin, 1996). Children will usually eat whatever is offered to them, and imitate the eating behaviour of significant others. The mother as primary caretaker of the child provides the food to eat. Children at a younger age are willing to cooperate and they are more likely to cooperate and follow the example set by others, especially if they see others who are cooperative, and can observe firsthand that cooperation works. Children who observe eating behaviour and successful cooperation of significant others in the home are far more likely to follow the example and cooperate themselves when given the opportunity (Kail & Cavanaugh, 1996:160; Campbell *et al.,* 2007). This is an important principle in learning eating habits. (See **Chapter 4.2.3**)

Childhood is, however, also the stage when the children not only learn food behaviour, but also the meanings attached to food as communicated to them. Food as a social object then becomes a symbol that represents something (stands for something), and is also used for communication between people or by the person himself (Charon, 1998:40). (See **Chapter 4.2.3**).

It is clear from the findings that the obese participant's mother, as a significant other in his life, played a major role with regard to the meanings that he learned to attach to food, and the fact that food was, in many cases, not only used as a social object in the house, but also became a symbol with specific meanings or messages that were communicated to others in the home. It seems as if the obese man's mother specifically used food as a symbol of nurturing, love, care and comfort. (See **Addendum B: Figure 3: Role of mother in childhood)**

*R1-47 … So one doesn't really know if your mother's eating habits were passed on or not. My mom often said that I was her first child and that she didn't know how to handle it when I cried and then she would give me a bottle. And ever since childhood when I did well, then she said, "Here, have a chocolate". Then she said, "Congratulations, congratulations!" and when I was small, I would come home crying. Then she would say, "Do not cry, have something to eat". One's toe is sore, and you eat. So you were always eating. [O]*

*R1-190 … My mom has always said: You are so special, you were prayed for* [and came] *from heaven; you can do what you like. No one has ever been entitled to say to me that you are fat, or you are ugly or you are bad and I think that has to do with this question [*you are asking*]. [O]*

*R8-2557 … No, that was only mother's instinct: my son got hurt and now he needs to be comforted* [by food]. *[N-O]*

*R8-2667 … It manifests itself in your home environment. The other theory I have is that my mother plays an important role. Hmmm, we are a quarrelsome nation by nature (laugh) and when you get home and you are a little upset, or you were in a fight, or the teacher was mad at you, then mothers would say: 'do not worry, come sit here and have a glass of milk and cookies'. [N-O]*

*R8-2564 … It seems that it is a mother's problem, the nurturing thing. In your later life you still seek it for yourself. [N-O]*

*R8-2257 … But it* [nurturing] *puts you sometimes under pressure, you also want to spoil yourself and how do you spoil yourself? You buy yourself something nice to eat. [N-O]*

Charon (1998:47) noted that "symbols are social objects used to represent whatever people agree they shall represent". Symbols are meaningful and the user understands what they signify. The meaning of a symbol is based on the perception that the response called out in the other is the same response called out in the one who produces the symbol (Stone, 1962:88). Symbols (in this case food) have meaning to both the user and to others with whom that person interacts. Symbols are created and are used to stand for something else and they work well during childhood (Sandstorm *et al*., 2006:29). Whatever it stands for constitutes its meaning.

In the case of the obese man, the mother used food to convey certain messages to the child, namely, that she cares for him, that she is always available for him, that she comforts him and that she loves him. As a child the obese man understood those messages. In fact, he most probably needed those messages because he needed his mother's love, care and comfort. When the food became a symbol, it stood for something that had been communicated to him. The food became that what was important to him, namely his mother's love, comfort and care, and he communicated those same messages to himself. Food is now no longer just a social object, but has become something even more important because it is something for which he longs. He has learned that food has a very important meaning and that he can use food to fulfil very important human needs, namely the need for love, care and comfort. Locher, Yoels, Maurer and van Ells (2005:289) note that, when a person eats food for comfort, it not only brings a relationship or connection between the food and the person, but also between "the individual and the others whose memories the food object evokes". Thus the food cannot then be easily separated from its symbolic meaning.

When an obese individual uses food as a symbol he does so intentionally and tries to communicate to others what he feels, what he is and what he thinks. He also communicates with himself in terms of the meaning of food (Charon, 1998:47). Symbols are significant. Mead (1934:194) describes them as follows: "What is essential in communication is that the symbol should arouse in one's self what it

arouses in the other individual". In other words the actor can use symbols to talk to self (think) and he can use it to talk to the others.

Symbols are arbitrarily associated with what they represent (Charon, 1998:49; Sandstrom *et al*., 2006:30).The food that a person eats, as well as the food choices made can be used as a way to show whom that person actually is (Conner & Armitage, 2002:2-3). Food is thus central to an individual's identity, and the obese person is no exception. When individuals want to define who they are they rely on objects and particularly on food objects to do that. Food is also central to the obese individual's identity in that any given individual is constructed biologically, socially and psychologically by the food the person intends to eat (Fischler, 1988; Locher *et al*., 2005). The old saying "we become what we eat" is true in the sense that the moment individuals eat food, it becomes part of their identity (Fischler, 1988).

Through interaction the obese individual responds to food and other related objects, based on the meaning those objects have for them. Thus to understand why obese individuals act in a particular way to food, one needs to consider what meaning food and eating have for them (Sandstrom *et al*., 2006:217).

In the obese man's interaction with others during childhood and early adolescence, his food habits and preferences are developed and established, having long term health consequences for him. Childhood is the time when health-related knowledge is transmitted to children (Wardle, 1995). This is also the time that parents try to influence their children's food habits with rules that restrict access to food (the child is not allowed to eat junk food) or encouraging eating (the child must eat everything on the plate) or to bring forth desired behaviour (children will be rewarded by getting something they like when a task has been accomplished). These children may become adults who feel like binge eating when they get home after a challenging day where "they behave themselves". A child comforted by food to "make it feel better" may grow up to view food as a soother after both physical and emotional injuries. Parenting practices or childhood food rules to eat beyond the point of satiety (fullness) may influence the likelihood of overeating as an adult (Puhl & Schwartz, 2003). Food begins to acquire a different meaning for the child due to more interaction and feedback from several others. It can even communicate diverse meaning to children about the role food should play in their lives. The obese man's

life course food trajectory includes his past food choices and experiences, the feelings and thoughts associated with those choices and the change in social circumstances in the different chronological life stages that help to shape those experiences (Puhl & Schwartz, 2003; Devine, 2005).

The participants often recalled memories of food- and eating-related incidences. These were frequently times when strong relationships between memory and the emotional dimensions of food had developed. The taste, smell and texture of food can therefore serve to trigger memories of previous food events.

*R10-3173 … So it is always a competition in your house as to who can cook the best food or use new products? Yes. Whoever cooked, it was always the same. It was always a competition, so the food was always good. [N-O]*

*R8-2292 … You must remember one thing; your whole family has a role in that* [preparing the food]*. You rarely get big families where people are skinny. They all, if they get together, I do not know if it goes back traditionally. You know that bigger families are poorer families; they do not go on holiday that often; they do not indulge in outside entertainment that often; their entertainment is to sit around a table, socialising and eating delicious food. This is the social style what we in South Africa engage in and learn to practise. [N-O]*

*R8-2545 ... We socialise and when we get together* [as a family] *there is always fine food; and there are always nice things to eat. And, as you must know, I come from a family of eight. When there is a birthday, every brother and every sister or brother's wife brings a dessert or cake or something good to eat. Then you get there. Now eight different cakes or tarts or desserts are on the table and, if it is your birthday, you want to taste them all.* [It is hard to choose] as e*very single one looks the best and ever so nice*. *And then you have another problem: if you do not eat some of Sannie's* [contribution] *then she is mad* [furious] *because you ate some of Thea's. So I think it is family thing. [N-O]*

*R10-3177 … Yes there we stay sitting around the table. My parents never had set rules, so I am not so strict with my children. They have their own lives and also have to move on. For example, we just have Sundays that we say are reserved as a family*

*day and then we go somewhere together. If we do not go to eat at a family gathering, then the other family members come to eat with us, otherwise we go and eat at a restaurant. The children know they may not go elsewhere, as it is a family day. [N-O]*

It is the memory input, a cognitive process that is derived from the interaction process. In other words, how the individual thinks about it that leads to specific eating behaviour or a change of behaviour. In order to try to understand how the social and symbolic meanings of food have been internalised by the obese man, it can be suggested that cognitive appraisal takes place in each situation in which the obese person needs to make a decision, or take action, in terms of food behaviour. Cognitive appraisal has been described as "a process through which the person evaluates whether a particular encounter with the environment (in this case a food environment) is relevant to his well-being, and if so, in what ways" (Lazurus and Lazurus, 1994:143–145). If the outcome of the appraisal is relevant to a person's well-being and the recognition that he has something to win or to loose, an emotion will be evoked (Lazarus, 1991). A person's sense of well-being (subjective) is the general evaluation he has of his life (Diener, Suh, Lucas & Smith, 1999). The concept has been conceptualized as the three components: (1) a cognitive appraisal that one's life was good (life satisfaction); (2) experiencing positive levels of pleasant emotions; (3) experiencing relatively low levels of negative moods (Diener *et al.,* 1999).

The distinction between knowledge and appraisal should be recognised. Knowledge can be seen as cold and impersonal as well as being non-emotional, although it involves a "sense of one's self and world and the relation between self and the world" (Lazarus, 1991:354). Appraisals, and the resulting emotions, are shaped in beliefs on how things work and what is personally important. "Emotion requires an evaluation of personal significance of what is happening" (Lazarus, 1991:355). Emotional experience includes various cognitive components including the activating appraisals, consequent desires and intentions (Izard, 1992).

Without cognition an individual cannot understand the significance of what is happening in his environment, nor can he decide on a way of action or strategic planning (Lazarus, 1991). Appraisal is thus a necessary condition of the experience of emotion. The obese man evaluates the significance (or meaning) of what is

happening to his well-being in a food-related situation. His love for food and eating evokes an emotion of pleasure and a contented sense of well-being. In order to repeat this experience and those pleasurable emotions he starts to engage in strategic planning for the next session. Feedback from past experience is possible and actually interferes with the cognitive process of appraisal of a given situation. This may lead to further thoughts and successive emotions (Lazarus, 1991:335). Basic activities like eating become an important class of stimuli giving rise to positive emotions, like happiness, for the obese man. Meals in everyday life are linked to positive emotions for him (Macht *et al.,* 2005). Eating-related pleasure (hedonic eating) can be seen as an outcome of positive appraisal of food and eating.

Cognition, motivation and emotion are interdependent and difficult to separate by virtue of their nature. Each contains unique content that makes them essential for understanding human adaptation and emotion (Lazarus, 1991). We can say that there is a complex interplay of emotion, cognition and decision making. Moods and emotion can strongly influence cognitive processes and individuals are more likely to recall information from memory that is similar, rather than dissimilar, to their current feelings (Schwartz, 2000). If the obese man experiences emotions of joy when eating he will most probably recall joyful eating-related memories from the past. Individuals in a happy mood overestimate the probability of positive outcomes and underestimate the probability of negative outcomes and vice versa (Schwartz, 2000).

The association between cognition and emotion is bi-directional. Emotion is the result of appraising the consequences of what had happened concerning personal well-being. Cognitive activity generates meaning, apart from how this meaning was achieved (Lazarus, 1991; Schwartz, 2000). Thoughts are capable of producing emotions, and emotions cannot occur without some kind of thought. Emotion may interfere with cognitive processes and also produce feedback about its consequences (Lazarus, 1991). “When we say that emotion affects cognition, we are saying in effect, that thoughts are also part of the emotions they cause. The emotion returns to the object at every moment and is fed there – emotion influences cognition, which is also its cause” (Lazarus, 1991:353). Emotions of pleasure can, for instance, interfere with cognitive decisions to eat more healthily. The obese man who has decided to change his lifestyle in terms of eating may encounter a stressful event that gives rise to negative emotions. In order to address those emotions he has to do

something that will give him pleasure and an emotion of joy. Most probably the obese man will direct his actions back towards food and eating that guarantee joy and good feelings, but will result in making the efforts unsuccessful.

From a symbolic interactionism point of view, emotions are seen as embedded in, and arising out of, social behaviour processes and relationships. Emotions emerge and are expressed through interaction with others when a special situation or stimulus is defined or interpreted (Charon, 1998:145; Sandstrom *et al*., 2006:48). Emotions can therefore not be separated from cognition or from actions. An emotion has the properties of a reaction and often has a particular cause. It has "high cognitive involvement and elaborate content" (Eich, Kihlstrom, Bower, Forgas & Niedenthal, 2000:89). Sandstrom *et al*. (2006:49) note that emotions such as joy, passion and love (including love of food) are tied to social behaviour, social position and interaction, but have to be interpreted in terms of symbols and social categories. The emotions that food evokes in the obese man can therefore not be separated from the meanings that he attaches to food. Feelings or emotions such as joy have to be named and the process of naming them allows one to give meaning to them and to decide what action to take in order to manage or direct the feelings. Emotions are therefore self-feelings, and thus also social objects, just as the self. This allows the individual to react towards them, interact, categorise and form a perception of them in the same way as is done with the self as a social object, but always in accord with the social definitions and expectations provided by the groups to which the individual belongs, such as the obese man's family, friends and colleagues. Sandstrom *et al.* (2006:50) note that "we can manage, express and use emotions in various ways to realize our goals for self and to negotiate meaningful interaction with others. In this process we are often guided by 'feeling rules' that predominates action with others".

From a social cognitive point of view Lazarus and Lazarus (1994:140-141) agree with Sandstrom and colleagues' statement just quoted, and note that the emotions of joy, happiness or love come from the life situations that favour our goals. These emotions are associated with getting or having what the person wants, and they are stimulated by favourable-like conditions. In the case of the obese child or man it is love and caring that they actually want, and they obtain it through food and eating. Lazarus and Lazarus (1994:89) note that "feeling happy and joyful" is an emotion that is aroused by a particular encounter in which something good or wonderful happens. It

can, however, also be seen as an estimate of well-being; how good one feels or not at a particular time. Lazarus and Lazarus (1994:93) therefore contend that "the personal meaning of happiness/joy stems from your engagement with an important life project, for instance, your career".

The mere fact that food is delicious invokes in the obese man an emotion of joy or happiness. Then again, food goes hand in hand with the obese man's goals in life, such as to enjoy himself in life and specifically in situations where he is also in interaction with others. Due to the fact that the obese man has learned to use food as a symbol of love, caring and comfort, food will provide those needs. He not only uses food for physiological reasons but also for psychological reasons to generate positive emotions of joy and well-being. Locher *et al.* (2005) postulate that on the micro-level, food may enable people to manage difficult circumstances and distressing emotions by recalling past experiences of affection and closeness with others.

We can summarise that, as early as childhood and adolescence, the obese man's food trajectory has developed in a specific direction due to others playing a significant role during those early years, and that he attaches meanings to food other than only those of a biological or social nature. Food is associated with positive emotional experiences in interaction with the family as well as the peer group to which he seeks to conform. He appreciates food and eating. He is now moving into adulthood which, according to these findings, is also identified as an important life stage associated with excessive weight gain, being a high risk concern that may lead to obesity complications especially in men. During these years career choices are made and intimate relationships are formed. Many also get married and become parents. (See **Chapter 4.5.3**). Gould (1978) views adult development as a process of transformation. In essence it is an extension of self-definition, which is related to the individual's freedom to grow. Adult consciousness is gradually achieved by understanding and overcoming the childhood consciousness that invades adult life and interferes with developmental progression (Colarusso & Nemiroff, 1981:46).

The obese young man now enters late adolescence and the early adult phase. Early adult transition (17-22) is the stage where he terminates pre-adulthood and begins to form an initial definition of self as an adult. He explores possibilities and makes tentative choices that will lead to entry place in the adult world. This is the stage

where the participants have moved out of the protected environment of their homes. Their food intake is influenced by their growing independence and food preparation becomes their personal responsibility. Deterioration of dietary quality becomes obvious. It seems as if health and nutrition are not part of their considerations. The following quotations represent the interviewees' responses to the question about their experience of obesity during early adulthood.

*R11-3388 … Yes it did go well. It was the good life. You smoked. You did not worry. You are young and you go out with friends. Yes, you only eat cafe food like hamburgers, chips, pies with chips. It is still my favourite. [N-O]*

*R7-2149 … I was active then and again started to go to gym ... you want muscles and I was using that creatine stuff. [O]*

*R13-4605 … Since I moved here - about seven years ago, I started working shifts. I lived on my own. I did not do road races* [motor cycle] *any more. It was easier to buy food at work than to go home and make food in the evening. [O]*

Although the participants' eating habits do not comply with recommendations for a healthy lifestyle for young people in their early twenties, in most cases it did not reflect in their weight trajectories. It becomes clear from the findings that it is actually around the age of 30 that the development of obesity becomes particularly significant. The obese man makes a transition into the realities of adult life. He begins to recognise that one needs to work on imperfections at this stage. (See **Chapter 4.5.3**). Furthermore, during this stage of adult life, food also gets additional meaning for the obese man. It becomes an object for socialising, corporate communication and a symbol of pleasure built on past memories, but he also uses food as a symbol to say something about himself.

Major developments during this young adult phase (age approximately 20-40) are, according to Papalia *et al.* (1996:11) that they are generally at the height of their physical power with many aspects of their intellectual powers and their sense of identity still continuing to develop. During these years career choices are made and intimate relationships are formed. Intellectual abilities assume more complexity. Most

people get married and most of them become parents. (See **Chapter 4.5.1** and **4.5.2**).

The findings make it clear that marriage is a life course transition exceptionally important in the development of obesity. Food seems to be a central part of their marital relationship and it plays a major role in the weight status of both partners. Some of the participants reported that they had to adapt to new food practices in married life, and that it was a time of dietary change. The participants' wives, as significant others, had a noteworthy effect on how much they ate, what they were offered to eat, the direct consequences of which had an indirect influence on their health and weight. (See **Addendum B**, **Figure 4: Marriage as a turning point in weight trajectory**)

The participants' previous eating habits seemed to have been reinstated and drawn into this newly adopted lifestyle and they pretended not to care about health issues and their physical appearance. More than once they indicated that their marriage status justified why they did not need to care about their physical features any longer, nor did they have a need to impress anyone any more.

*R7-1836 … Yes it is like that. That is the truth. Since I am married, why do I have to go to the gym? Why do I have to lose weight? I have a wife and that is the truth* [and all there is to it]. *[N-O]*

*R11-347 … Yes I think so. I also have seen it with the guys who work with me. Then I tell them you cannot eat all that food or bread. In answer to this they tell me "I am married. I do not have to be thin". I have noticed that when a guy gets married, is the time he starts gaining weight. [N-O]*

*R6-1836 … Stress in the marriage can lead to weight gain ... You lose your nerve. You cannot worry about how you look. You do not have to impress anyone any more. [N-O]*

After marriage the participants' eating habits (food and eating trajectories) generally changed in a negative direction and they did not associate themselves with more positive health practices. In some cases the opposite did happen as some of the

health conscious wives motivated them to adopt healthier life styles as they prepared healthy food, gave support and kept them away from unhealthy food. However, most of the wives accepted them unconditionally even if they were obese. This latter group constantly spoiled them, felt sorry for them, and did not care about their husband's overweight condition. They cooked in excess, served very large portions and loved cooking and baking. Some of the wives also suffered from a problem of being overweight themselves and were also on a slimming diet while others were fortunate to have a recognised ideal weight.

It also seemed as if the wife as significant other had replaced the role of the obese man's mother. He often compared the way she prepared food with the way his mother did and frequently commented on his mother's culinary skills. Food seemed to be used by the wives as a symbol of love and even pity. Although the participants did not blame their wives for their obesity, they constantly referred to their wives who prepared delicious food or spoilt them by giving them specially prepared and often sumptuous meals. (See **Addendum B**, **Figure 5: Role of wife**).

*R8-2292 … When you say you come from a family of large people there are certain eating patterns and things* [that are part of your life] *and these eating patterns and things will* [automatically] *find themselves in your home too. At the end of the day you teach your wife to cook like your mother and if your mother also came from a farm background where cream, butter and meat are not a rarity* [you will use these products all the time too.]. *[N-O]*

*R4-914 ... I wouldn't say my eating habits changed after my marriage, but what I eat, yes: now it is more what she cooks. She cooks food differently from my mom. [O]*

*R2-222 … I found myself being inclined to put on weight when I got married as my life no longer centred around myself only, but my family too. [N-O]*

*R2-266 … My eating habits became worse when we got married. [N-O]*

*R9-2898 … my wife kept her weight so beautifully. [O]*

*R11-3474 … My wife is a bit overweight like me and my oldest daughter is also overweight. [N-O]*

*R12-4341 … It was … it is a form of security because I am married and my wife loves me. It is what makes everything better. [O]*

*R14-5361 … My wife is very happy not being overweight and she has a very sexy build. She can eat anything. [O]*

*R14-5365 … My wife motivates me to eat the right stuff, but then she feels sorry for me if I can say that I am in the mood for whatever. She cannot handle it when I say that. She supports me and gives me the right food and so forth, but she feels sorry for me if she sees that I am in the mood for food and I cannot eat it. Then she gives in again. Yes, but I do not blame her. She wants to help me and then she feels sorry for me again. She can't handle it. [O]*

*R14-5521 … I do not cook. I braai. My wife cooks. Okay, but I do not want to blame her, but she comes from a farm where cooking was done in excess. So there are always some leftovers. There are always, always leftovers. And if I finish eating and there is still mince on the stove, then I will eat a dish of it again before I go to sleep. Okay, but I do not want to blame her. I identify it as weak self-discipline - that is all it is. [O]*

*R1-186 … Because my wife* [challenges me and] *wants me to look like Ryk Neethling*[4]*, I would need exercise like him so that I can become slimmer. I can't do this for her, or my children, even though they do not feel good about their dad being overweight and my pals are concerned about my health. I am not doing it for any of them; I am doing it only for myself. [O]*

Marriage is a significant life course transition with corresponding changes in social and gender roles. (See **Chapter 4.5.3**). This may have an influence on the eating patterns of marital partners. Additionally, concern about nutrition may arise which may affect diet quality, either positively or negatively. It seems as if negotiation processes are involved in this particular phase. When spouses enter marriage life

[4] A well-known attractive swimmer and business man in south Africa

they tend to share the task of purchasing food for most main meals. Spouses generally seem to eat similar foods and tend to have similar nutrient intake requirements. Food negotiations and food choice in relationships such as marriage are very complex. In the case where one partner eats a narrow range of food and the other one eats a wide range of food, a problem could arise especially when those lacking food diversity, refuse to make dietary changes (Bove *et al.,* 2003; Devine, 2005).

*R11-3522 … my wife … we are on a diet together. She put me on that heart diet. [N-O]*

*R12-4140 … My wife supports me in a healthy eating pattern. If it is a normal meal time and she is home before me, then she will prepare food that which is healthy. [O]*

*R10-3166 … We make turns to prepare food. If my wife cooks, it is the healthy way. Vegetables in the oven… [N-O]*

*R9-2760 … and my wife can cook very well, that I must say and I started gaining weight badly after we got married. [O]*

Symbolically, in the context of the family, the preparation and serving of food may be regarded as a potent symbol of love and duty. Food can be perceived as a gift, and is most often prepared by the woman in her role as wife and mother. The provision of food as a symbol of love is a means of maintaining a relationship, and in some cases, a manipulating tool in a social relationship (Lupton, 1996:48). The obese man learned during childhood that food served by his mother was associated with love, comfort and good memories. If people learn something in a given mood or emotional state, they will remember it later if they are in a similar mood (Eich *et al*., 2000:93). Thus it seems as if feelings and emotions may influence a person's memories, thoughts, judgments and actions (Eich *et al.,* 2000:87). People's past and ongoing sentimental experiences like emotions, moods and other subjective states like pleasure and pain, liking and disliking guide their decisions in their everyday life. In terms of hedonic experiences the obese man seeks to repeat in the future what he has liked or enjoyed in the past, and keeps away from, or dreads, further experiences with what he has disliked or found aversive. Individuals extract meaning from their

past hedonic experiences to give direction to their current food activities. They do it by evaluating (appraising) certain past sentimental experiences or by referring to just a few selected moments they would avoid, repeat or recommend to others (Frederickson, 2000). The following quotations represent the interviewees' response to the question about their memories of their mothers' culinary skills.

*R11–3454 … I like food that my wife cooks … especially when my mom was still alive we had … the 'old Auntie' could sure cook! We really enjoyed eating. [N-O]*

*R11–3769 … My mother was a good cook, especially the puddings. She could cook. My mother-in-law is also good at cooking. It is something that is going out of fashion. [N-O]*

Sensory pleasures and experiences of love are both positive emotional states although experiences with love will be valued more. When past experiences include both love and sensory pleasures they will be remembered in a positive way (Frederickson, 2000). This may be the case in the obese man's life when he experienced the hedonic pleasures of home-cooked food and the unconditional love, especially that of his mother who had prepared it.

Positive effects can be classified as having relatively low or high personal meaning. Positive effects with low meaning may be sensory pleasure and feelings of satiation, and those with high meaning may include joy, love and interest (Frederickson, 2000). People will strive harder to repeat what they have liked or enjoyed especially to repeat experiences that include high-meaning positive effects than to repeat those that have only low- meaning positive effects, like pleasure and comfort. The obese man most probably tries to repeat experiences of hedonic pleasure combined with love and joy from childhood memory.

The obese man is confronted with significant others like his wife who has good intentions to help him eat in a healthy way. In order to justify his specific food preferences he referred to foods associated with slimming as food men do not want to eat. They also referred to the food prepared by their wives as health- food, although only those who had wives who are more health-conscious. The obese man preferred food that men liked. It became clear that certain foods are associated with

men and certain food with women. Within this sample of male obese men an additional meaning to food as a symbol of masculinity emerged. Actually the motive behind mentioning this was to justify his less healthy food choices in order to protect himself.

*R8-2573 … but do not tell me to eat white meat without the chicken's skin and boiled vegetables. I am not interested. [N-O]*

*R12-4367 … she* [my wife] *does not want to eat take-aways* [fast foods]. *Any sign of greasiness makes her nauseous. So we eat less meat and more vegetables. [O]*

*R10-3166 … If my wife cooks, it is the healthy way: vegetables in the oven. No fat, just a little bit of olive oil over it. If it is my turn, I bring take-aways. Then it is pasta or pizza. [N-O]*

It thus seems that another important component of marital food choice is food differences based on gender. There are numerous stereotypes associated with food and eating that are usually culture-based, and this attribute immediately gives food a different meaning. One of the most consistently observed is the gender stereotype. According to this view femininity and masculinity are primarily associated with specific foods (Bove *et al.,* 2003; Mooney & Lorenz in Kimura, Wada, Goto, Tsuzuki, Cai, Oka & Dan, 2009). In the association of femininity and masculinity with specific foods, health value, as well as fat and kilojoules content, are important. The individuals who are described as consuming feminine foods are evaluated as being more feminine (they lack masculinity) than those described as consuming masculine foods. Foods can also be described as being good or bad in the context of eating habits. The food choice of the obese man will say something of his self in terms of healthy/unhealthy eating (Nemeroff and Rozin (1989) in Kimura *et al*., 2009). It is apparent that, on entering marriage, the health value of men's diets is either improved or degraded by including more female foods or adapting wrong eating habits as coming from the wife as significant other (Bove *et al.,* 2003).

When men interact with others, their remarks tend to reflect traditional aspects of masculinity that place food and health promoting behaviours as being of little interest to men in general, including the obese man in this study. They use the food that they

eat as a symbol of their masculinity. Meat, especially red meat, alcohol and large portion sizes are associated with masculinity.

*R14-5551 … good friends of ours are coming to visit us on Friday evening. We are going to have a social get-together. I am going to buy a leg of lamb and my wife is going to make a chicken pie. We are going to have a happy time and eat together. [O]*

*R1-41 … All my pals usually sit nearby round the kitchen table from the start. They drink wine and so forth. I like making the food and I see people taking a second helping. They do not need to say anything because I know it* [they are clearly enjoying the food I prepared] *is a compliment.*

*R6-1554 … I think that overweight is caused by drinking too many beers.*

*R8-2569 … A man wants a pocketknife and biltong. When you are unhappy you want biltong with fat on. Yes, it is comfort food.*

*R7-2053 … I like a braai. What I do when I braai, I always braai too much meat so that if you want to eat in the evening, there is always a chop left.*

Although most of the obese men indicated that they preferred masculine" types of food to feminine food, they were aware of the health-promoting nutrition education messages recommending diets high in feminine foods (like vegetables, fruit, fish and low fat dairy products), with reduced intake of masculine foods. They even tried certain health practices by reducing red meat intake, eating smaller portions and removing visible fat from meat. As soon as they decide to try to lose weight they are more willing to eat the feminine food.

It can be concluded that marriage, as a life course transition, and significant others, like their wives, play a definite role in the obese man's food trajectory. It can almost be seen as a turning point in terms of their weight trajectory and the meaning they attach to food. The obese man's food trajectory is often transferred to a new direction as a result of this important transition in his life course.

During young adulthood entering a new career or changing careers can also be regarded as a transition or status passage that plays a role in the obese man's food trajectories. It is quite obvious that the participants' careers are an integral part of their lives that would influence on their food and weight trajectories. Beginning a new career invariably brings along with it a new lifestyle that, in turn, will also play a role in the obese man's daily food practices. Getting promotion entails accommodating certain work-related social responsibilities. Business lunches, often consisting of a three course meal, can contribute to a gain in weight. A culture of junk food and alcoholic drinks on a daily basis during work hours was another reason for a noticeable but gradual change in the participants' food trajectories and weight gain. Office parties, characterised by abundant eating and drinking, too seemed to be part of the explanation for their weight increase. The participants stated that drinking at work became a huge problem especially when the colleagues went for drinks after work on a regular basis. Their career pathways were often quite stressful and the participants admitted that they indulged in overeating and drinking when they got home and relaxed. Food was most probably used to relieve their stress.

Interaction with colleagues as reference others and clients took place on a regular basis and, to be socially accepted, the men were expected to eat and drink without considering hunger and satiety. Food thus became a symbol of socialising and acceptance as a colleague. (See **Addendum B**, **Figure 6: Career and eating habits**.)

*R14-5279 … Well now, for the past 12 years I have been working from home. I previously worked from an office, but mostly kept to office hours. And now ... it is difficult because I see most of my clients in the evening. I do not eat with the family in the evening as I will go out at 5 o'clock in the afternoon and only return that evening at 9 o'clock and it is too early to eat at 5 p.m. before I go out so I eat when I get home at 9 p.m. So ... hum ... I do not believe it is right. [O]*

*R4-926 … I think ... I was not really a group person, but at one of my first jobs, I remember well, every single day we went and sat at the Spur[5] and drank beer and eat hamburgers. [O]*

[5] A local franchised family restaurant

*R14-5295 … Work was very scarce and she* [my wife] *started working for an insurance company doing administrative work. The Sanlam insurance game is a social thing: parties, eating and drinking and it is the life which we got into when we got married. And I also went to Sanlam as a marketing consultant and ... "Jissim" ... (whistle) ... drinking terribly, and social stuff. Socialising, socialising. If there wasn't a function at work, then you socialised with pals from work at your home or at their home. So basically we came into a terrible party atmosphere when we were first married. I only think about it now. [O]*

*R14-5417 … The Lord helped me to get rid of the idea that you have to drink to do business. I do not socialise with my clients any more. Some of my clients have now become my friends. [O]*

*R10-3237 … Because you sit in the office and then you go out and you have lunch although you ate breakfast. And usually at 5 p.m. you are with friends and colleagues. Then often there are meetings where you socialise and there are always some snacks to eat. So it was these kinds of office careers that made me* [put on weight] *... but then at that time I made sure I went to gym twice a week. [N-O]*

*R10-3235 … I see it in all of my friends. Most of my friends are lawyers. They all studied law. They are all lawyers and I must say not one of them still has an ideal weight ... kept their weights if I can put it that way. They are all office workers and they all drink a little too much after work. Yes, they just do the normal office thing: they eat out too often and entertain too much. And it is right here where the problem begins and gets big, because now they eat a big meal in the afternoon, because it is on someone else's account, and in the evening it is again the evening meal at their own homes where they have to eat again. Everybody has to be kept happy. Yes and nobody actually eats healthily. Although I have not been in this business very long, in my previous restaurant I catered especially for business lunches. All the men would have an entree, main course and a dessert. It was a Spur restaurant. [N-O]*

*R5-1177 … I stopped smoking when I was about 26 or 27 and then I changed jobs. I got another job. I went from production to buying, still working for BMW* [car dealers]*. Instead of running around and moving around you all of a sudden became, as they say, this "desk jockey'. You now sit at a table and that, together with stopping*

*smoking when then you look for something to do with your hands, you find something to do and you put something in your mouth. So that is where the big problem started for me. That way I very quickly ... was able to tip the scale at 122 kg. So my weight increased from 90 to 122 kg - I had gained about 30 kg. [N-O]*

During this stage of the life course the participants were continually interacting with others who played a distinctive role in their food trajectories. These others included significant others like wives and reference others like friends and colleagues and others in general. Socialising with friends was in fact, something that they often referred to during the interviews. It seemed as if they used socialising as an opportunity to increase food intake and for the hedonic experience of food. Except for interacting with their wives and colleagues (previously discussed) the participants were also constantly in interaction with friends who most probably played an important role in the development of their food trajectories too. Cooking for their friends is seen as desirable and enjoyable. Their friends appreciated their (the participants) love and passion for food and enjoyed watching them preparing food. This was a meaningful sign for the participant, and he assumed that his friends accepted him unconditionally. While they were socialising with friends they felt safe and the pleasure of eating with them was a significant priority in their social lives. They had common interests in terms of food preparation and the appreciation of good food. (See **Addendum B**, **Figure 7: Role of friends in adulthood**.)

*R1-41 … When we lived in this house (currently used as an office), I changed the whole kitchen into a lounge. There was a table in the middle with a gas stove and all the necessary cooking equipment, because all my pals usually sat there and waited for me to finish cooking the food. Then I made it serve as a dining room. My friends had sat there at the table from when they arrived. They drank wine and so forth. [O]*

*R1-45 … Yes, entertaining was nice and I want to – but actually I do not want to do this any longer because I know it's hard work but it is my ultimate dream of an idyllic vision – I would like to own a restaurant one day. [O]*

*R1-46 … I like making food and I see people taking a second helping. They do not need to say anything, because I know it's a compliment. I know most women are always on a diet, so if a lady comes for a second helping then I know the food I*

*served was good enough. Yes, we are a group of friends who make a special tripe dish and all sorts of unusual things. Many times when you make a special dish you invite four or five people whom you know would enjoy it as they do eat tripe. Sometimes you have a competition to see who makes the best tripe. It all boils down to what you are interested in. So I see again, I realise what it's about – it's all about what is important to you. [O]*

*R5-1311 … he (a friend) makes a potjie or when he puts a leg of lamb in the Weber then he always phones me to come and eat. [N-O]*

*R14-5551 … we are going to have a great time and we'll eat together. So we are going to socialise and enjoy ourselves, so why would I start dieting now? [O]*

*R14-54655 … we arranged lots of parties, and braais with friends. [O]*

Others, like wives, friends and colleagues play a considerably significant role when the obese man defines his self and decides on action to take regarding his eating behaviour. This action is based on his relationship with others. A significant other is defined as "an individual who is or has been deeply influential in one's life, and in whom one is or once was emotionally invested, including members of the family-of-origin and people encountered outside of family relations" (Andersen *et al.,* 2002:160). Individual's different selves, stemming from the significant others in their live, are a major source of the interpersonal characteristics that are typical of a particular individual (Andersen *et al*., 2002). It is assumed that mental representations of significant others are stored in a person's memory.

An emotional, motivational and behavioural response towards a new person is greatly influenced by these mental representations. This may be the case when the obese man interacts with new colleagues, friends and other relations. A new person who resembles a positive significant other is evaluated more positively than a new person who resembles a negative significant other. The obese man wants to be emotionally close to new others who resemble a positive versus a negative other. When he appears in the presence of new others, he will try to organise his actions in such a way that they will communicate an impression to them which is in his own (the

obese man's) interests. He would like them to think highly of him, or he may wish to ensure satisfactory agreement so that the interaction can be sustained.

The obese man also expects to be accepted rather than rejected by them (Anderson *et al.,* 2002; Goffman, 1959:214). He tries to avoid negative evaluations from significant others. He attempts to make social adjustments that are associated with the strategic sense of a public self and with the group sense of collective self (which seeks to meet the goals of important "approach" reference groups, and also the avoidance of rejected reference groups) (Bannister & Hogg, 2004). For the obese man it is very important to be successful in his career and he will me*et al*l the necessary prerequisites in order to make it possible. This includes his eating behaviour. It gives him a positive experience of the inner self to be appraised as excellent in his career despite his obesity. The following quotations represent the interviewees' responses to the question about evidence of discrimination against obese employee.

*R9–2826 … I would not be able to say that they discriminate against me in the workplace. In every job that I have had … look I have BSc HOD and BJuris degree and after that also, and in every job I had, my promotion was absolutely fast, because I am now unhappy …my wife says I am a pain … something is either right or wrong and because of that I climbed the mountain quickly. I never felt that I was being discriminated against because of my being overweight, not as far as work-related issues were concerned. [O]*

*R5–5396 … No, I do not think they discriminate against me in the corporate world. I do not want to blow my own trumpet but I think my personality makes up for it* [my physical appearance]. *[O]*

*R7-1957 … With the type of work I am doing now I get to work with people from outside. I do not want to look like a guy that does not look after himself - your image should be good. [O]*

Eating food with others who are friends constitutes a source of pleasure and joy for the obese man. He may eat much more during these social occasions than under normal circumstances. There are different possibilities why people eat more in the

presence of others. The two reasons that stand out most clearly seem to be time and a loss of inhibition (disinhibition). People tend to spend a longer time eating when they eat with other people. Disinhibition, when applied to eating behaviour, implies that people are able and willing to keep to their rules pertaining food-intake but in the presence of others, this control is less strict (Charon, 1998:73).

Eating food with others like friends also becomes a symbol to present to oneself and others (Lupton, 1996:15–16; Bisogni, Connors & Devine, 2002). Food and eating can thus be seen as a symbolic and emotional object with specific and sometimes subjective meanings. The food can become a symbol of good times and it quite often reminds the obese man of others with whom he consumed those foods long ago, and the pleasurable memories associated with the family (rituals during childhood and the loving care of his mother). Food and eating have emotional implications and meaning is assigned to eating of specific foods through social interaction (Locher *et al.*, 2005; Sandstrom *et al*., 2006:218; Holstein & Gubrium, 2007). These meanings are derived through interaction with others along the life course. Certain emotions are evoked or associated with the consumption of certain foods and may strengthen emotions of joy and good times. Memories and emotions thus play an important role in food behaviour as there is a connection of specific foods to specific past events and people (Lupton, 1996:31; Stein, 2008). Levy (1959 cited in Banister & Hogg, 2004) postulates that “material objects (like food) are viewed as symbolic when individuals focus on meanings beyond tangible and physical characteristics. Thus products (like food) are social tools, serving as a means of communication between the individual and his significant reference. In order for food to function as communication symbols, meanings must be socially shared. These symbols of association or social recognition can be linked to maintenance or increase of the self-esteem (Lupton, 1996:31).

It can therefore be summarised that the obese man uses food as a symbol in the interaction process, and factors such as past experience, reference groups and significant others are particularly important (Charon, 1998:73). The meaning he attaches to food and eating largely results from his lifelong interaction with others in consumption-related behaviour. His interpretations and the meaning he attaches to food are, however, very situational (Locher *et al.,* 2005). Food is often associated with a specific memory. This memory may stay for a long period in the life course but

it can change because of new experiences he encounters. Symbolic interactionism involves taking into account either the real or imagined presence of another in making one's behavioural choices, as long as the memory of previous interaction is still active (Lupton, 1996:32; Locher *et al*., 2005). This becomes clear when the participants constantly refer to the way their mothers prepared food or food related experiences with family and friends. In each new situation he appraises previous or current food related experiences and directs his behaviour according to the emotion it evokes in him. Most of the time it is emotions of pleasure motivating the obese man to organise a similar event, to strengthen the previous positive feeling and moods.

The emotion that the obese man experiences is linked to the hedonic experience or sensory pleasure of eating. Joy plays a central role in hedonic eating. It is determined by the palatability of the food being eaten and is also labelled as 'liking'. Liking deals with immediate appraisal of food items and has been shown to be active when the person experiences satiety. The anticipated pleasure involves the willingness to engage in activities to obtain the desired foods (Van den Bos & de Ridder, 2006).

Several factors play a role in shaping the obese man's eating trajectories over the life course. These include marriage, food and the corporate environment as well as the influence of family, peers, friends, colleagues and wives. In their interaction with these groups, new meanings are attached to food and this influence the way obese men experience food and eating and use food as a symbol of things that are important for them.

Unfortunately the obese man's passion for food has a negative influence on his weight trajectory. As they continue with these food practices, their overweight problems become more serious. It is clear that the way obese men experience obesity, differs from the way they experience food.

## 6.3 THE SADNESS OF OBESITY

From the data of this study it becomes clear that the participants' experiences of obesity have a tremendous influence on the way they experience the self. This

experience includes their experience of the physical and the inner self. The obese man's body cannot be separated from the rest of his self. James referred to the body as "physical self" as early as 1890 (James, 1961:115).

The way the obese man is accepting or not accepting his overweight body and experiencing it positively or negatively, will therefore also have consequences for how he experiences the rest of the self (Sandstrom *et al*., 2006:44). However, against the background of symbolic Interactionism, it is not only their own perceptions, standards and experiences of obesity, but also their viewpoints of others and society that influence their experience of the self.

What is clear from the findings is that the obese man's experience of the self was most often negative in nature, and one of sadness. There seemed to be a clear distinction between the way the participants who had been obese since childhood, and those who became obese at a later life stage, experienced their obesity. The participants, who had been overweight and obese since childhood, experienced their obesity problem more intensely than those who became overweight and obese at a later stage. One could state that the latter group did not go through all the negative emotions like depression, anxiety, lack of success, distortions in body image as well as discrimination and stigmatisation that relate to obesity (Milich, 1975). It was observed that they reacted quite emotionally when they talked about their experience of being obese. It should be remembered that any changes in the body also have consequences for emotional and cognitive experiences. The obese participants were in constant interaction with others in social processes and their feedback had a significant influence on their own appraisal of their obese state and self-evaluation. (See **Addendum B**, **Figure 8: Emotional response to obesity**.)

*R3-625 … I remember lots of times when they took videos of rugby matches and when I looked at those recording afterwards and saw myself on the TV screen then I wanted to hang my head in shame and wished that the earth could swallow me up. When I looked in the mirror or saw a video or photos then I wanted to die. It was devastating. It is at times like those that you would tell yourself: "what is wrong with you? Just look at you. You are pathetic!" [O]*

*R4-1104 … I wish I could make peace with it, but my past taught me that things will only be better if you are thin. So it is a cross for me to bear. I will always wonder how it feels to be thin. [O]*

*R4-1137 … It makes me feel that there is nothing useful in my life or that life is unfair to me. There is no reason for me to live. Then I will go over my limits as far as food is concerned. [O]*

*R1-102 … You know it is wrong, you know it is not good for you, but you think what the hell, there's nothing I can do about it! I can't walk any way. Do not give me a chicken breast and broccoli. Give me a piece of red meat with fat on - it's so much tastier! [O]*

*R1-155 … Do not think about the whole elephant* [problem of obesity]. *This is also how one should look at this problem because it snowballs and gets worse; moreover, you get depressed. In the end you reach the point where you realise that no matter how big your snowball is, it's your snowball. [O]*

*R9-2838 … I took a drastic step* [having an operation] *because … well I was tired of my own body. [O]*

*R14-5531 … I know that is the answer. But I just do not get so far to doing it. Because then a stressful situation pops up and I go back to the old ways. [O]*

It is easier to understand the emotions and behaviour of the obese individuals by looking back on events and linking them in a pattern leading up to the endpoint. Goffman (1959) remarks that the meaning of lives has a peculiarly retroactive character. One has to look at how age of onset, duration and degree of obesity has an influence on the experience of the self.

One of the key concepts of the life course perspectives is that the timing and the conditions under which earlier life events and behaviours occurred, is most important. The influence of transitions on different trajectories depends on when they occur in a person's life. The timing of life transitions has long term consequences as well as developmental impact through their influence on the sequence of life transitions (See

**Chapter 3**). This can clarify how people are influenced differentially by their life experiences, and the impact of experience and learning on adapting to external demands for change (Elder (jr), 1998; Elder in Heinz & Marshall, 2003:10; Wethington, 2005). It can also set up a chain reaction of experiences for the obese individuals and their families. Past events can therefore have a significant effect on later life outcomes, such as the disadvantage of obesity in terms of health, as well as emotional well-being.

Social timing refers to the incidence, duration and sequence of roles, and to related age expectations and beliefs. It applies to the scheduling of multiple trajectories and their synchrony (Moen *et al*., 1995:114). This implies that the way the obese man experiences obesity depends on the life stage that has commenced, and everything that happened during that stage contributed to emotional consequences. The context in which these processes unfold may also have had an influence. It may have coincided with a critical period in an individual's life.

According to Berger and Luckmann (cited in Holstein & Gubrium, 2007), the meaning of experience is shaped by social processes. Individuals assign meaning to the world through language and social interaction. These processes take place through the life course from childhood to old age. It can be argued that meaning can be different, or more intense, depending on during which life stage the individual gets that feedback from others during social interaction.

The adolescent's experience of self for example is influenced by body image.. The dramatic changes in body shape and size can cause a great deal of ambivalence among adolescents, leading to the development of a poor body image and even eating disturbances if not addressed appropriately. It is especially the perception and experience of how others see the individual that has the greatest impact, and it is especially the feedback from peers that affects the experience of the inner self. Adolescents not only conform as far as their social behaviour is concerned, but also with regard to their desired norms in terms of physical features and competencies. Acceptance by the group depends on the way the individual complies with their norms. This may also influence the tone of self-assessment. Adolescence is thus a critical period for the development of the self concept due to drastic physical changes with girls being more vulnerable in terms of physical changes. If the adolescent male

is obese and does not comply with the norms of peers, he may experience a very low level of self-esteem and rejection from others. In males BMI is inversely associated with athletic and romantic appeal self-esteem (Wingfield *et al.*, 1991; French *et al.,* 1996; Eccles, 1999; Williams & Currie, 2000; Brown, 2008:357).

For a better understanding of the experience of obesity, one has to turn to the beginning of the life course of the participants when the development of obesity might have has started for some of the participants. When looking at the life course of the obese man, one should take a close look at what happened during childhood in terms of body weight. Some of the participants indicated that they were not overweight during childhood. They had a normal weight and even described themselves as being thin and skinny. Others indicated that they had been overweight since they could remember. (See **Addendum B**, **Figure 9: Experience of physical self during childhood**.)

*R14-4983 … I was as child a bit … no, a lot overweight. I was … hum … yes ... I was … I was always a bit overweight, since childhood except in the army. [O]*

*R3-387 … I was reasonably normal until about six years old. [O]*

*R5-1201 … I was never overweight as a child. [N-O]*

*R7-1911 … No, … not, no I was not really overweight as child. [O]*

*R12-3918 … Yes I was big then already. I was always overweight. [O]*

Although the participants were overweight during their early adolescent years it seems as if they had not yet experienced their physical self in too negative a way that would have caused intense sadness. During secondary school years they took part in sport which helped them to keep their weight within a normal range. Although they were overweight or even obese they could manage their exercise level. As soon as they had stopped exercising, they gained weight again.

*R9-2726 … I was very active as a child. I ran and …, but here at puberty (12-13 years old) I started gaining weight. [O]*

*R12-4451 ... I was thin until Standard 7. [O]*

*R9-2997 … When I was in Standard 6, they put me in the front row* [in rugby] *and then I played A team. Then my weight was to my advantage. [O]*

*R3-547 … When children are in high school they learn to be inactive, a pattern that is just going to get worse. [O]*

*R9-2780 … Yes, about in primary school, I would say it started in Standard 4. Then I really started gaining weight. [O]*

*R4-790 … Since primary school I was overweight. [O]*

*R12-3910 … At school I played rugby, and after the end of the season I gained weight again. [O]*

As they matured the experience of obesity got worse. The participants often talked about their secondary school years, and the problems they had encountered during their adolescent years. Although they talked about normal weight during those years, their estimation of normal weight was questionable. A body mass of approximately 100 kg during secondary school years was regarded as normal, and the reason may be that obesity problems experienced during that life stage was less problematic than they now are in their current situation.

It seems as if they had not experienced their physical self as negatively as their inner self. During adolescence the overweight participants were the victims of being ridiculed by others; not only by their peer group, but also by adults like family members. The participants' physical features were quite often very humiliating and certain incidents happened that had a long-lasting influence on their self concept. It was humiliating to be asked to stabilise the boat when they went sailing! Watching videos after a rugby game was also humiliating because they could not bear looking at themselves being so fat. Humiliating feedback from significant others like girls hurt most. Public ridicule at the swimming pool by girls was extremely embarrassing. Adults made fun of them in the presence of members of the opposite gender. Many

years later these incidents still affected their self perception and the way they coped with obesity.

*R12-4082 … I think I have accepted it. I am less touchy about it, but I was made fun of at school. [O]*

*R3-573 … I was the guy who had to come and sit in front of the boat to stabilise it. [O]*

*R4-816 … You could not for example climb over a wall or go through a small place. [O]*

*R12-4439 … He* [my brother] *made fun of me a lot … I got angry and felt bad and awkward. [O]*

*R3-431 … I experienced a lot of mockery … throughout the whole of my primary schooling and throughout my time at secondary school. Yes, friends, everyone. It is actually when I had my big turning point, when friends started saying those things. Children made fun of me in primary school. Adults made fun of me. They humiliated me. And it was so bad for me, it really touched me. When people said things to make fun of you, whatever…. You later just blocked it out. [O]*

*R9-2921 … But I did say that I was at the swimming pool when those girls were so nasty to me and something just snapped. I did not feel happy in myself. [O]*

*R3-431 … it was a case where ten adults stood around me with a girl next to me and I wanted to hide my head in a hole. And it was bad for me, it rather touched me. [O]*

*R9-2730 … The one girl came to me and said: "what are you laughing for fat ass?" It hit me. It was the end. [O]*

Obese adolescents experienced their inner self negatively due to humiliation, shame and not conforming to expectations from the opposite gender. Pubertal and maturational timing, as seen by developmental theorists, proclaims that "pubertal development is associated with physical and psychological changes for both genders

and is often considered as an important milestone in body image development" (Thompson, 2000:30). The relationship between maturational timing and body image dissatisfaction is clearer for girls than boys. Girls who mature later than peers have a more positive body image than those who mature earlier (Thompson, 2000:30). Stressful events that occur simultaneously during puberty should be considered. To concentrate on the timing of puberty only would not give the whole picture (Thompson, 2000:30). Adding academic stress to pubertal status and the onset of dating may result in an even more noteworthy increase in risk for the appearance of disturbed eating and a negative experience of the physical self. Being overweight during adolescence is not only harmful for the participants' health: it has shown to be damaging to their emotional health as well. It should be remembered that adolescents have to form a continuous integrated image of the self (ego-synthesis). They have to form a socio-cultural identity as well as a gender role identity that needs to be firmly established (Erikson, 1968).

Weight-based teasing is now known to be damaging to an adolescents' self-image (Kenyon *et al*., 2009). Fisher (cited in Kaiser, 1998:98) describes body image as the mental picture the person has of their body at any given moment in time. Self-image affects an individual's feelings about themselves and represents a vital element of the physical self (Kaiser, 1998:98). The developmental theory of teasing and negative verbal commentary proclaims that teasing plays an important role in the formation of body image. Fabian and Thompson (cited in Thompson, 2000:31) assert that teasing is significantly related to body dissatisfaction and eating disorders. It appears that teasing during developmentally sensitive periods may have lasting effects on the way obese persons experience their inner self. Negative things said to someone and even more subtle aspects are more harmful than teasing with respect to body image.

It seems as if some of the participants (those who have been obese since childhood) had started to experience the self in a negative way even when they were successful in losing weight. The feedback from significant others like peers and adults, especially family members, resulted in a negative self-concept. This may be the reason why the obese participants desperately tried to lose weight even at a very young stage.

The early twenties was the life stage when most of the participants had an ideal weight, according to their own norms, and when they exercised intensively with an emphasis on the practice of muscle-building. Some of them even used creatine to try and promote muscle development. During this life stage they were not concerned about health issues at all. (See **Chapter 4.5.1**.) Even the participants who had been overweight since childhood did not experience overweight as something that was frowned upon as was the case during the previous and subsequent life stages.

*R7-1997 … At the age of 22 I started to gym as that was the time when you wanted muscles and I also used creatine stuff* [preparations]. *[O]*

*R8-2344 … Then I was about 95 kg. I always say that is my favourite weight. It's a dead right weight and I was active and could move easily. [N-O]*

*R11-3388 … Yes it did go well* [having a good life].*You smoked. You did not worry. You were young. Went out with friends. [N-O]*

Some participants, those who had been overweight since childhood, indicated that their weight problem got worse from the age of 24.

*R14-5017 … When I was 24 I started gaining weight. Then I was 95 kg and now I think it is round about 190 kg. [O]*

*R13-4605 … Since I have moved here – about 7 years ago I started gaining weight. At that stage I was 31 years old. Then I started working shifts. [O]*

Late teens and early twenties is not simply a brief period of transition into adopting adult roles but is a distinct stage of the life course. These years are typically a period of frequent change and exploration. This life stage early adulthood (18–25) is also referred to as emerging adulthood or prolonged adolescence. Emerging adulthood is distinguished by relative independence from social roles and from normative expectations. (See **Chapter 4.2.**) It is the life stage during which individuals have the strongest will-power and are determined to do things for which they strive. Like adolescence, emerging adulthood is a period of the life course that is culturally constructed, and this may be the reason why young people tend to move out of their

home environment at this stage to go and live with friends / peers to intentionally adopt to a new lifestyle where health and healthy eating habits are a low priority. This phenomenon was identified in the lives of the participants in this study. For many youth, notably in a Westernised culture, one of the notable markers of entrance into adulthood is leaving home to go to a university or starting a career. Like other major status passages, the transition from high school to being a student or young working male is marked by certain phases including separation and incorporation (Sandstrom *et al*, 2006:79). These statuses become affirmed and incorporated in the sense of self by changes in the institutional practices that occurred around the obese person (Sandstrom *et al*, 2006:79). They made their own decisions in terms of eating, food and other lifestyle practices that might have a definite influence on their weight trajectory and consequently the way they experienced the self.

*R13-4605 ... My lifestyle changed a lot. It was easier to buy food at work like take-aways. We had a cafeteria where I could buy meat and vegetables. I really did not cook.*

*R12-4032 … Yes all my student years, how can I say, yes, because it is a cheaper option - you buy two pizzas and share them. We did it a lot. I was not in a hostel. I stayed in a flat. And at that time I was drinking a lot of beer, typical of student life.*

*R14-5327 … I think if a person has to think back to the past when you were still young and in the army and at university, you drank heavily, I believed that food neutralised the alcohol a bit – the effect of 'the day after experienced tomorrow' … so to prevent a hangover I would eat something to reduce the effect.*

As the participants grew older the negative experiences of their physical self had deteriorated. Several participants indicated that their weight gain started around the age of 27 to 28 while others pointed to the age 30 to 35 as the age at which their weight gain was worse. According to the participants, there seems agreement that the dangerous zone for weight gain was round the age of 30. The participants generally attributed weight gain particularly to the withdrawal from sporting activities. It was also the time when they became more concerned about health issues as a result of observing their relatives' health hazards. It was also the stage when they married and started a family and often made career changes thus establishing a

significant time of transition. (See **Addendum B**, **Figure 10: Age around 30 important for obesity**.)

*R11-3438 … Certainly about … 27 or 28 I started gaining weight. [N-O]*

*R5-1169 … When I turned 30 - it was the time I went for my first medical examination … my father also had a five bypass that year. [N-O]*

*R6-1464 … It was from 30 maybe 35 when I started gaining weight. [N-O]*

*R6-1812 … Thirty two, thirty five, middle thirties is a danger zone for gaining weight. [N-O]*

*R10-3150 … at the age of 32, I started gaining weight. I just became less active, less busy. [N-O]*

The participants who indicated that their weight gain started at the age of 24-35 were the participants who became overweight at a later life stage. Those who had already been overweight since childhood acknowledged that their problems just became worse.

*R7-1985 … I started gaining* [more] *weight at 32. [O]*

*R4-1067 …I think the age of 30 is a dangerous time for gaining weight .... It is also the time when you started having kids. [O]*

During the life stage late twenties to early thirties most people have made life choices that have enduring consequences for the rest of their lives. This includes *transitions* like *marriage* and *career changes* or even *parenthood.* In retrospect, adults often refer to this stage as the time when the most important events happen in their lives (Arnett, 2000). Levinson (in Arnett, 2000) calls the stage 17–33 the novice phase of development. It is a stage of moving into adulthood and building a stable life structure. It is most probably an important stage for the development of social and career trajectories (Elder (jr), 1994). It can be seen as a transition phase where individuals re-evaluate previous decisions. Their outlook in life becomes more

serious. It is described as a time of tension between self and society. According to Erikson's theory, young adults are confronted by the developmental task of reaching out and making contact with other people (Erikson, 1968).

The top criteria for transition to adulthood are accepting responsibility for one's self, making independent decisions as well as becoming financially independent**.** Independence criteria (namely, financial independence and accepting responsibility for oneself) seem to be universally the most important markers of adulthood. Although role transitions may still be important, markers of adulthood and individual markers are also strongly present (Arnett, 2000; Louw, van Ede & Louw, 1998:518; Rankin & Kenyon, 2008). Hence it can be assumed that this life stage was significant in the life of the obese man. All these transitions and his commitments to a variety of responsibilities put tremendous pressure on him to perform according to their demands. This situation would have an influence on his weight management and experiences of the self. Additional to the pressure of his career, role responsibilities and social pressure, he also has to cope with his own physical appearance. With reference to the participants who became obese during this life stage it can be argued that in all likelihood they were so focused on their careers and adapting to their new roles as husbands and fathers with the life course changes these bring, that they neglected their own health.

How did the participants experience their obesity during this stage of the life course? From the findings it is clear that the majority of the participants were exceptionally self-conscious about their oversized bodies, their physical self, and they were well aware of the fact that they did not conform to the cultural stereotypical standards of attractiveness and thinness. More than one participant indicated that they did not swim because they refused to take off their shirts. They could not picture themselves in a swimming pool. They also indicated that their double chins were unacceptable, and some participants acknowledged that they disliked the fat parts of their bodies intensely. They did not want to look at themselves and tried to avoid looking in a mirror because they did not like their own image. (See **Addendum B**, **Figure 11: Negative experience of physical self**.) That the obese man acknowledges that his overweight condition is his own fault, and that he is not happy with the way he looks, certainly lowers his self-esteem. In addition, the attribution of blame to the obese

condition might add to a negative appraisal of the physical self resulting in a poor self-image (Ogden, 2003:138).

*R3-675 … I missed out 19 years of my life. At picnics at the dam or when, at the seaside, I never swam. There were years when I went to the sea and did not even touch the water. [O]*

*R4-1003 … I do not look good without a shirt. [O]*

*R12-3924 … I would not take off my shirt in front of people. [O]*

*R9-2890 … Here I have a few fat rolls – I hate these love handles (points to it). As I am sitting here I feel the* [fat] *rolls. If I had money I would have this lipo-sucking or lipo-suction done or have the fat cut away. [O]*

*R3-487 … You do not feel good. You feel bad about yourself. Then you go and look in the mirror again and then you see how bad you really look. [O]*

*R3-607 … I realised that I do not look good when I look at myself in the mirror. [O]*

*R9-2830 … I never looked at myself in the mirror. It was terrible. I hated it. [O]*

It should be remembered that a person's physical appearance serves as an important symbol. It represents who a person is and it is this image that is communicated to others. The obese man's awareness of how his physical appearance serves as a symbol to others is demonstrated in his refusal to take off his shirt in the presence of others and wearing oversize clothes (Sandstrom *et al*., 2006:44).

Another aspect of the physical self which they experienced as exceptionally unsatisfactory was their immobility**.** Some of the participants had difficulty in walking properly and often fell. It was mostly the participants with severe obesity who complained about immobility. Other participants denied impaired mobility and gave the assurance that they did not have difficulty in walking or engaging in physical activities. Although they were obese they were still swift on their feet. It seemed as if

they did not like the idea of immobility. (See **Addendum B**, **Figure 12: Physical self - immobility**.)

*R9-2910 … regardless my excessive extra weight I was still fast, I could move fast. It is just a problem when you bend. The stomach is so big you cannot get to your feet. [O]*

*R9-2822 … My ankles started to give me problems, my feet … because of the body weight I have to carry. [O]*

*R12-4222 … No I am rather fast on my feet. I walk around a lot. [O]*

The participants also pointed out the fact that obesity was the cause of physical discomfort in several ways. They experienced back pain and they became tired very easily. They could not stand on their feet for extended periods. The state of ankles and feet gave them serious problems. For some of the participants their big stomachs were a physical handicap and an embarrassment. In general their bodies, their physical self, seemed to be unacceptable to them. They felt disadvantaged as they were not able to do the things they would have liked to do or used to do. They also dwelt on the perception that they did not conform to social standards. Taking into consideration that, for males, muscles are a sign of strength, endurance and physical effectiveness (Kaiser, 1998:99), it is no wonder that some of the participants emphasised the experience of feeling and being disabled and were aware of the negative influence it had on their experience of the physical self and consequently on their inner self.

*R4-1067… I believe I have a unique problem when it comes to physical activities. [O]*

*R12-4378 … If you feel that you are just a bit lazy and want to sit in a heap, you go and quickly get yourself something to eat. At the time you think it is going to make you feel better, but then you find that it did nothing to make you feel any better. [O]*

*R3-675 … I wanted to lose weight. I was fed up with being labelled as a half-disabled guy who struggles to do things, always struggles to find clothes to buy and struggles to play sport. [O]*

*R1-131 … Fat people walk slower; one is less agile. Everything is an effort. [O]*

*R1-102 … I can't walk with this leg and I can't step on this leg. I slide along on my backside over stones and through holes. That was how I felt at the lowest point of my life. And I must say that is the moment you realise that you actually feel like someone in a wheelchair.*

The participants admitted that their weight affected every facet of their lives. There were certain things that they just could not do, like fastening their shoe laces, bending. They were not able to use their legs properly like walking in loose sand and they struggled to fit into a chair. The last mentioned caused embarrassment especially when they visited a restaurant or when they had to take a flight. Sometimes they even broke the chairs. (See **Addendum B**, **Figure 13: Physical self - embarrassment**.)

*R4-1142 … It affects me in every aspect of my life. At home I'm not a good husband when it comes to doing odd jobs around the house. Being overweight makes me lazier and lazier to do things. I believe that I am naturally lazy but because I am fat even more so. I am not a good father. I do not play with my children as much as I should. [O]*

*R6-1860 … Your appearance really has an influence on the way you see yourself. [N-O]*

*R14-5213 … I go to eat at a restaurant and I do not fit into the chair. [O]*

*R14-5127 … I can't sit outside at the restaurant where they have small flimsy chairs. No, then we rather have to sit inside where they have sturdier chairs. Or we are in a restaurant where the table doesn't move, then I struggle to get in. [O]*

*R14-5391 … Look it happened - I broke someone's dining-room chairs when I sat down. [O]*

Kaiser (1998:97-98) postulates that the extent to which individuals are satisfied with their bodies influences their general feelings about themselves. She also holds that positive feelings about the body are related to a positive experience of the physical self (Kaiser, 1998:130). It should be remembered that men in general most probably would prefer their arms, chest and shoulders to be larger and their stomachs and overall body to be smaller (Ogden, 2003:89).This may explain why some of the participants did express dissatisfaction about their bodies, particularly their stomachs. Although male individuals in general regard physical effectiveness as being more important than physical attractiveness in determining how they feel about the self, physical attractiveness remains important to the way they perceive themselves. Thus, cultural stereotypes of attractiveness may influence self-development or experiences because the obese man appraises his physical features according the way others react to his appearance. This evaluation is based upon idealised appearances. The body is likely to become particularly meaningful to the obese man in certain contexts, when his attention is drawn to it. In this study this is illustrated by the participants who refer to specific situations in which they experienced this, like wearing swimming clothes at a pool or beach, or when trying on clothes when shopping or watching a video after a game.

It can thus be seen that the obese participant's experience of the physical self could influence how they experience the total self. Their experience of their physical body becomes a threat to a favourable experience of the self in spite of their apparent nonchalant 'don't care' attitude.

The obese participant experiences his physical self and inner self as part of the self. It can actually not be separated. Neither of them can be seen as an object that has meaning that which can be judged and labelled in relation to, and against, the viewpoint of all others with whom the obese man interacts, namely the significant other, reference other and generalised other. Turner (1984:38–39) regards the body as similar to a vehicle for carrying around that part of the self that one cannot see or touch, the individual's thoughts, emotions, perceptions and attitudes (inner self). The body as part of the nature and part of culture can then be regarded as a link between an inner self and some of society's most important values (De Klerk & Lubbe, 2009).

The obese man's overweight body, as part of the self, serves as an object of symbolic self-interactionism. He is able to talk to himself about the self (including his weight and weight gain) in the same manner as he talks to the other. As it gets meaning as a social object, his weight or weight gain, may therefore become a symbol of aspects of the inner self. Eventually it will influence the perception the obese man has of his self. The importance of the physical self as represented by the body should therefore not be underestimated.

When looking at the way the obese man was experiencing his inner self, the findings show that the participants did not have a good self-concept. The self-concept is based on perceptions of the response of others or internalisation of others' judgments (Solomon, 2001), and it differed in the different life stages and according to the severity of the problem. Self-concept is a global perception of the self (Kaiser, 1998:147). The participants' physical handicaps resulted in a lack of self confidence. In their minds they were convinced that they could accomplish certain things but physically they were unable to do it. They were constantly longing for acceptance. (See **Addendum B**, **Figure14: Negative experience of inner self**.)

*R4-1120 … Your self-image is definitely formed by your physical appearance. [O]*

*R1-126 … I think this is how many fat people think: your soul is ahead of your body. It's difficult. It's difficult to get up out of a chair. It's more difficult to move. [O]*

*R3-491 … It is something you hide behind. Yes, overweight people are the loudest people and the friendliest people. They put up this facade, but deep inside they are broken and sad and long for acceptance. [O]*

*R14-5087 … Well, I am feeling very unhappy about myself. I feel uncomfortable. My wife and I have slept in different rooms for quite a few years now, because I snore terribly. [O]*

Through their life course the participants have tried to change their body size, the dominant feature of their physical appearance by either going on weight loss diets or exercising in an attempt to get their weight under control. They have gained weight and have lost weight and all these experiences have had an influence on their

perception of their inner self. Those who tried to do something about their weight problems quite often showed a lack of perseverance and endurance. This often resulted in an *'I do not care'* attitude. Some of the participants admitted that things sometimes just got out of control. Most of the participants also admitted that they lacked the courage to start a weight loss programme. They had identified their problem as a lack of will-power but couldn't actually do anything about it. They experienced a feeling of helplessness. They knew they had to start doing something but they could not get themselves to that point of action.

*R12-5375 … it is because I have to lose such a tremendous lot of weight, it is for me …sigh … where does a person start? How long you have to continue? It will not take me less than a year. Honestly it would be closer to 2 years. [O]*

*R5-1299 … How it seemed to me - where it went out of control, for me is the great one moment when you start cutting your activities. When you are not active as you used to be. [N-O]*

*R14 -5437 … No, it (the slimming diet) did not last very long. No, a person cannot stay on a diet when visiting a game reserve.*

*R3-511 … Someone can take you to the water, but cannot make you drink. People wanted to take me there, but I did not want to do it. [O]*

*R14-5547 … I know I have to, I know I have to, but it is just that I cannot get to that point of doing something that appears to be so drastic. [O]*

*R14-5481 … Yes I did identify it, but I have not done anything about it. [O]*

*R14-5595 … Where does one start? You know I have to lose 100 kg! [O]*

According to the participants they were undisciplined in relation to food and a healthy lifestyle. Some of them were so self-conscious that they would never make jokes about themselves. They even admitted that they were often inclined to feeling tired of their own bodies. They assumed that their appearance did not comply with the social norms. They did not want to give the impression that they did not look after

themselves and that they were undisciplined with regard to controlling their eating behaviour.

*R3-487 … You overate again. You do not feel good. You know what you did was wrong. You feel bad about yourself. [O]*

*R4-1102 … The never-ending struggle does demotivate me. I just can't make peace with my overweight. I dream of being thin but I will most probably never get it right. [O]*

*R7-1957 … I do not want to look like a guy that does not look after himself. [O]*

*R4-838 … Well, I was tired of my own body. [O]*

*R7-2099 … I'm not a disciplined person in relation to food and a healthy lifestyle. [0].*

*R14-5521 … Okay, but I do not want to blame her (my wife). I identified it as plain weak self-discipline, nothing else. [O]*

*R4-970 … I sometimes I get myself into a self-destructive mode and then I do not care at all. [O]*

*R3-391 … and then I started going back on the same old eating habits and gained double the amount of weight. From then on I went backwards and decided never to worry again … and then I thought this was how it is supposed to be. [O]*

*R12-3942 … No, I do not feel good about myself. I am self-conscious in the way of … how will I put it … I can actually feel I do not look good. When I look in the mirror … it bothers me that I am overweight. [O]*

It seemed as if the participants could not make peace with their obesity. According to them, others could not see the pain and misery of being obese and described it as a cross they had to bear. Quite often obesity became a spiritual battle for the participants. They even accused the Lord for not helping them. According to the participants, being classified as obese was very embarrassing and affected their

concept of self. The participants admitted that obesity caused so much sorrow for them. (See **Addendum B**, **Figure 8: Emotional response towards obesity**.) The following quotations represent the interviewees' responses to the question: "Have you made peace with the fact that you are overweight?"

*R7-2175 … being classified as obese was disgusting. [O]*

*R4-1104 … I wish I could make peace with it (obesity), but the past taught me all is well and things go better when you are thin. For example, I met Tertia when I was thin. I would most probably not have met her at any other time in my life. [O]*

*R4-1102 … I just can't make peace with my overweight. I dream of being thin, but I will most probably never succeed. [O]*

*R4-1106 … So obesity is a cross for me to bear. I will always wonder what it feels like to be thin. [O]*

*R1-93 … You always get people – they all stand together and share this view – they do not like fat people because they think fat people have no drive, because they ask why can't they go on a diet, after all, it is easy. You just see people's success; you do not always see the pain and misery of fat people and the flops they have. [O]*

*R1-115 … I have come to terms with my being fed-up with the world. You are angry with the Lord. You are fed up with life. You are fed up with your pals. You're depressed. The day that you realise that only you can make a difference, that is the day you reach the turning point. In the end it becomes so big that you get to a point where you give up hope. [O]*

*R3-491 … they [obese individuals] are really looking for someone who can help them. [O]*

*R1-194 … And the sadness of it all is really … I see how many people … those who are overweight … I'm not talking about 50–60 kg, overweight, but considerably overweight, the sorrow it causes many people – real, real sorrow and I do not know*

*why it doesn't bother me so much, I cannot work out why but I think it depends a lot on how you see yourself. [O]*

They even anticipated that they would suffer acute health consequences. Some of them really feared death especially when friends close to them died.

*R6-1593 … I had nightmares that I was going to have a heart attack. [N-O]*

*R1-194 … Oh hell, I am going to have a heart attack. [O]*

*R5-1244 … sport is important for my health, because on my mother's side the family has genetic cholesterol and on my father's side it is osteoarthritis and the clogging of arteries. [N–O]*

*R4-1087 … Yes, I just think how Sue would feel if her dad was not here anymore. You know at 21 for example or in the church. [O]*

The obese participants admitted that they were urgently in need of help. For them to look at videos and photographs caused intense pain. Some participants admitted that they had been overweight their whole lives and that made them feel like giving up hope. The obese man could not make peace with his condition. They felt miserable. They dreamed of being thin but accepted that this would never happen. Some of them were so depressed that they felt there was no reason to live. The constant lack of energy also made them feel depressed. They became emotional and angry when others teased them. They seemed to have a constant fight against their thoughts and against depression. They had to use antidepressants that also had tremendously negative effects on their weight management. The participants acknowledged their lack of strength and admitted that they did not know how to start solving the problem. It seemed like a never-ending battle.

*R7-1949 … I am always tired and not in the mood for anything. [O]*

*R4-1102 … I dream of being thin, but I will most probably never succeed … [O]*

*R9-2730 … I was at the swimming pool with my friends … we played … and there were a few girls sitting there and making jokes. We then heard it and laughed at them. The one girl came to me and said: "Why are you laughing, fat ass?" It hit me. It was the end.*

*R4-1137 … It feels my life has no purpose and I am of no use to anyone ... or life has been unfair to me. There is no reason for me to live. [O]*

*R3-443 … I was always the centre of the jokes and it hit me really hard. [O]*

*R12-4110 … The medication that I use also has an effect. I use a lot. I am on four different anti-depressants. One of them is for epileptic attacks as well. It helps for panic attacks, but the psychiatrist told me it will make me put on weight. [O]*

The obese men felt guilty and helpless when they realised that they could not protect their wives and children against dangers and could not join them on the beach and in other activities due to the fact that they were physically handicapped because of carrying excess weight. Some of them acknowledged that they were losing hope. It is not worthwhile going through all the effort doing something about their weight if they could not do the basic things like walking.

*R9-2993 … My heart is bleeding, because I want to play rugby but I cannot. [O]*

*R1-102 … one sometimes just get a feeling about it … if there are problems, I can't get to Marie to help her. I am only hundred metres away from her. I can't walk with this leg and I can't step on this leg. I slide along my backside over stones and through holes. It was the lowest point in my life when I discovered this. [O]*

Another aspect of the sadness of obesity is being constantly ridiculed by others. This did not only happen during adolescence as previously discussed, but also during adulthood. The participants often mentioned that others made fun of them. Their experience of being mocked was very humiliating for them and caused tremendous pain. They felt that they were the centre of jokes. They admitted that it hurt them deeply. It all depended on the significance of the persons, the others, who were ridiculing them. When it was family and friends or even a girlfriend it hurt so much

more. During the life course they developed coping strategies to help them to deal with this negative aspect of obesity. It should be emphasised that the participants who experienced it worst were those who had been obese since childhood. (**See Addendum B**, **Figure 15: Being ridiculed**.)

*R1-112 … One day we went to watch rugby. I'll never forget it. Everybody was on the pavilion. One guy yelled from above: "I know what's wrong with you!" And I kept on walking. And then again: "I know what's wrong with you!" And I looked up and he said: "Yes, you!" The man had already been drinking, of course. He said: "You have six meals in front and ten shits behind!" [laughs]. At that moment I said to him: "Then please show me where the toilet is so that I can go!" You can understand that I immediately had to say something back. Due to my personality I do not care, whereas if it had been someone else, he would just have wanted to 'die' on the spot. You know there are a few thousand people sitting and looking at you – how do you handle it? I almost laughed myself to death!*

*R1-131 … Nowadays one gets these chairs – an aluminium, silver chair. I just do not eat at places where these chairs are used, because I'd break the chair. There would lie the fat boy with the cake on his forehead. [O]*

*R3-427 … people who have said something to make fun of you or whatever, you later just block out. [O]*

*R3-443 … and later I heard from a friend how badly people whom I thought were my friends, made fun of me. [O]*

*R3-443 … I was always the centre of the jokes and it hit me really hard. [O]*

*R4-1101 … I think it (being ridiculed) hurt a bit at that stage. [O]*

*R7-2181 … You find yourself making the jokes about yourself before others do. It is easier to laugh at your own jokes than to laugh when other guys make a joke about you. [O]*
*R7-2238 … When other people make fun of you, you feel angry, but at the same time you cannot really say anything, because they are right. I am fat! [O]*

*R8-2458 … Guys do not dare to tease you, because they know they might come off second best. [N-O]*

*R12-4082 … Yes, well, actually no - a lot - (reacts decisive). I got used to it later. At the moment I make fun of myself. I do not have a problem with being fat any more. [O]*

*R12-4090 … It (being ridiculed) did bother me, but as I got older, I forgot about it. [O]*

It emerges from these documented comments that the obese man has a negative experience of the inner self due to his constant battle with his weight, particularly the observation that they repeatedly experience failure in their attempts to address the problem. The obese man has lost courage in trying to lose weight because actually he believes that he will not succeed. This would inevitably lead to a poor self-concept and depression, with further adverse consequences as far as their weight problem is concerned. The obese man constantly estimates how others are evaluating him and this too influences his behaviour. Bandura (cited in Abramson, Seligman & Teasdale, 1978) postulates that people do tend to give up trying because they lack a sense of competence in acquiring the necessary behaviour, in this case applied to eating habits, or they may be assured of their capabilities, but give up trying because they expect their efforts to have no effect.

*R14-1508 … No, I am not in the mood to do anything. [O]*

*R1-93 … you go through those steps of being fed-up with everyone around you and you are even angry with the Lord … and then you go to the next phase and one of those phases is genuine depression.*

*R6-1716 … For emotional reasons I would rather drink wine than eat.*

*R1-155 ... To add to everything else you get depressed too. In the end it all gets so overwhelming that you get to a point where all you want to do is to give up hope.*
*R14-5595 … For sure you know what to do. You know I have to lose 100 kg. How long do you think will it take?*

One of the most important responsibilities of the self is to function as an object of symbolic self-interaction. Blumer (1969:15) states that the possession of a self provides the human being with a mechanism of self-interaction with which to meet a world that must be interpreted. The obese man is in a continuous process of inner conversation – a conversation between the "I" and "me" that presents appropriate attitudes, values and emotions to get a desired response from others (Sandstrom *et al*., 2006:95; Mead in Holstein & Gubrium, 2007). The experience of sadness initiates from a cognitive process of appraisal or self-interaction. The obese man appraises his physical self in terms of his physical handicaps, disabilities, immobility, discomfort, embarrassment and the fact that he does not conform to Westernised social norms. His thoughts are capable of producing emotions; in other words, his thoughts are also part of the emotions they cause.

Emotions are specifically linked to cognitive representations of things that happened previously and are focused on a person, object or event (Lazarus, 1991; Eich *et al*., 2000:89). Frijda (1986:194) also postulates that cognition is a determinant of emotional response through the process of appraisal. According to Frijda (1986:268, 453), emotions are evoked by certain stimuli. An individual's goals, desires and expectations interact with personal thoughts and associations coming from actual events to form an effective emotional stimulus. It determines the probability that the event leads to an emotion and also determines the intensity of the emotion (Frijda, 2009). These stimuli bring forth emotional responses like sadness in reaction to events which are of concern to the individual. The concerns primarily develop through events from the past, especially in the presence of specific others and specific environments. Whether an event becomes a stimulus depends on coping capabilities. When the individual anticipates an unpleasant situation, options for coping are immediately considered. On the basis of what has been learned the person also foresees the apparent success or failure of the chosen coping effort. Coping abilities determine secondary appraisal. Abilities and inabilities for coping are important in determining whether events become emotional stimuli or not, and in determining which emotions will arise (Frijda, 1986:268, 466; Buck, 1990; Lazarus, 1991).

During self-communication, the obese man thinks about the self, points out important things to the self and makes interpretations. “The essence of self is thus cognitive and lies in the internalised conversation of gestures, which constitutes thinking” (Mead, 1934:173).The obese man talks to himself about his lack of self confidence, lack of perseverance as well as lack of will-power to do something about his obese state. He tells himself that he is responsible for it, and that he is guilty of bad eating practices and an undisciplined lifestyle. The outcome (result) of these cognitive analytic processes (appraisal) is a feeling of failure, helplessness and the experience of emotions of sadness. If a person experiences loss or repeated failure he will experience a sad emotion. These sad emotions may continue especially if one periodically thinks about the dealings that produce sadness. Cognitive representations about previous circumstances are typically focused on a person, object or an event. Social definitions of events and current situations also come into play in dealing with emotional information (Frijda, 1986:466; Buck, 1990; Smith *et al.*,1999; Eich *et al.*, 2000:89). When people are in different emotional states specific kinds of thoughts and memories will come to mind. Just as cognition can be used to arouse sadness, it can also be used to either maintain or diminish it (Eich *et al.,* 2000:89).

The process of appraisal which entails considering and evaluating aspects, is a continuous process. The obese man will repeatedly give feedback to his self and start again with the appraisal process with consequent emotions and actions. Emotions can influence cognitive processes in several ways (Lazarus, 1991; Forgas, 2001:343). People tend to remember information that is consistent with their current feelings; whether they are positive or negative. The obese man who experiences negative emotions while in interaction with others may tend to regard episodes of depreciation (as in the case of a humiliating experience with mockery) as more devastating and traumatic than the events themselves seem to dictate (Leary, 2001:344). Goffman (cited in Forgas, 2001:344) holds that people tend to give a “worst-case scenario” in their reaction to embarrassment. Thus people’s assessment of themselves and the situation may be influenced by specific emotions that they are experiencing (Leary, 2001:346–347). This may lead to emotions of devaluation with an impact of an experience of a negative inner self. Stress or negative experiences may change the way a person thinks of self, or they may make existing negative beliefs more prominent and more important (Forgas, 2001:291).

*R3-603 … Mocking hurts you a bit and you laugh it off, but eventually it is a case of in the one ear in and out the other. Sometimes those things come back to you when you are alone and then you think about it. Then it hurts. [O]*

*R4-1137 … I am angry with myself about something or somebody makes me angry. It feels as though my life is useless or life is unfair to me. There is no reason for me to live. Then I would go over my limit as far as food is concerned. [O]*

*R4-1128 … In times of happiness food is a comfort to me. In time of happiness it is a reward. Stress gives me a feeling of being out of control; my life is then not balanced. [O]*

Feelings or emotions of being out of control may be expressed in the development of body dissatisfaction, which may end up in strict weight loss diets or other practices as a means to regain some control (Ogden, 2003:113). Controllability and uncontrollability depend on the outcome of events in which the individual has tried to do something about a specific situation. It has been shown as an important factor in determining emotional intensity and quality. Uncontrollability of a situation makes it worse even if it was already bad. Uncontrollability of things that cannot be changed may lead to depression and loss of motivation (Frijda, 1986:295-296). When the obese man's weight loss efforts constantly turn out as unsuccessful, he experiences a feeling of failure.

*R3-391 … and then I stopped dieting and started going back to the same old eating habits again, and then put on double the amount. From then on I only went backwards and never worried again. Then the thought came to me that this is perhaps how it is supposed to be and I accepted it. [O]*

*R9-2840 … the diets did not help me a bit. I was on almost everything. As soon as I stopped the diet, I started climbing back. [O]*

*R7-2222 … had I seen the red lights earlier it would have been easier. [N-O]*

*R14-5375 … I had such a lot of weight to lose, it was for me … (sigh) … where does a person start? How long do you really need to go on for? If I start now it will take me*

*more than a year to reach my goal. But in honestly it would be closer to two years. [O]*

When the obese man thinks that he has no control over being obese, and whatever he does is unsuccessful, he may experience feelings of being out of control, and this would result in a real attitude of feeling really helpless. Real life helplessness is a psychological condition in which an individual learns that he is helpless. It derives from social inadequacy and rejection (Frijda, 1986:296; Abramson *et al.,* 1978; Lebel, 2008). As a result he will stay passive and continue with his food practices which at least evoke pleasant emotions. If he is practising unhealthy eating patterns (which is often the case when feeling depressed), the negative emotions associated with it, will continue (Schifferstein & Desmet, 2010). Learned helplessness happens in everyday situations where a person experiences repeated failure like going on a slimming diet and fails to succeed (Schmidt, Petersen & Bullinger, 2002; Saxena & Shah, 2008).

*R3-491 … Obese people put up this barrier, but deep inside they are broken and unhappy and are looking for acceptance. I would say that 80% of overweight people are really looking for someone who can help them, but they do not know where to go, they do not know what to do. [O]*

*R4-1102 … The never-ending struggle de-motivates me. I just can't make peace with my being overweight. I dream of being thin but I will most probably never be successful.*

In order to try to understand the obese man's negative experience of the inner self during early adulthood one has to consider the role the other may play during this life stage. You also need to look at the transitions that take place during this stage that may contribute to weight gain and consequently to the sadness he experiences.

Frequent reference has been made in this discourse to the fact that the participants were constantly in contact with others who played a distinctive role in their eating behaviour as well as their emotional experiences. Socialising was something that they often referred to in their conversations. In this interactive socialising process the obese man acquired the behaviours and beliefs of others with whom he was in regular contact. The self is defined mainly through interaction, and the perception of

the self is, in part, determined by estimates of how the individual is evaluated by others. The degree to which an individual is devoted to a social identity determines the pressure of that identity to influence personal behaviour (Solomon, 2001; Cooley, 1902:152). This means that the obese man will consider the feedback of others as important, on the basis of how significant they are in his life.

According to social identity theory people tend to classify themselves and others in a variety of social categories (Ashforth & Mael, 1989). Categories are defined by "prototypical characteristics abstracted from members" (Turner in Ashforth & Mael, 1989:20). Social classification provides the individual with an efficient way to classify others. A person is assigned the classical distinctiveness of the category into which he or she is classified. However, such assignments are not necessarily reliable, as suggested by the case of stereotypes. Social classification also enables the individual to define the self in the social environment. According to social identity theory, the self-concept comprises a personal identity, including physical attributes, abilities and psychological qualities, and a social identity (Ashforth & Mael, 1989; Heatherton, Kleck, Hebl & Hull, 2000:90, 91). Social identification therefore is "the perception of oneness with or belongingness to some human aggregate" (Ashforth & Mael, 1989:21). It helps the individual to define the self. Social categorising has an influence on how information obtained from others is processed and retrieved and how behaviour is interpreted and explained (Heatherton *et al*., 2000:91).

For the obese participant in this research survey several important others were involved in his eating and weight trajectories, and the way he was experiencing his self, in particular, his wife, friends, colleagues and generalised others.

Life course transitions should also be mentioned in this regard where others play a significant role. As individuals pass through the various phases of adulthood, they go through many status passages or "movements in and out of social statuses" (Sandstrom *et al*., 2006:77). Each passage or stage has specific properties and dynamics. While going through each step the person participates in the process of socialising and learning what it means to acquire a new status position like being a husband, father or a corporate executive. Individuals have others around them to direct them and, through interaction they learn what it means to enter a new life stage with all the associated responsibilities of the new role (Sandstrom *et al*., 2006:78).

During this socialising process several important developments take place, namely self-regulation as well as other processes including self-control. The socialising process also helps in developing a conscience through its internal monitor, the feeling of guilt if you are not complying. It further prepares the individual for those specific roles in areas such as work, gender and marriage; moreover, sources of meaning, what is important or valued which gives people meaning, comfort, guidance and hope (Rankin & Kenyon, 2008).

Marriage was seen to be a transition with a far-reaching influence on the food and weight trajectories of the obese participants, although it did not seem to contribute to the negative experience of their inner selves. Their wives as significant others did not give feedback that caused sadness. They accepted them as they were and even felt sorry for them. Some of the wives were also overweight and did not appear to be bothered by it at all. However, some participants wanted to be attractive for their wives who were not overweight and had good body features. This might have impacted on their self assessment. They also felt that they might be a burden for their families in the sense that they felt embarrassed by their physical looks. The fact they were not physically competent to protect members of their family if needed, caused an intense feeling of inferiority.

*R12-4341 … It was … it is a sense of security because I am married and my wife loves me and that type of caring. It is what made everything seem better … [O]*

*R14-5365 … but now she feels sorry for me and when I say I am in the mood for whatever. . She can't handle it when I say that. She supports me and gives me the right food, but she feels sorry for me if she sees I am in the mood for food and I cannot eat it. … [O]*

*R14-5425 …and over and above a person's weight, your marriage and family life will be burdened by it, for sure. It can also be the other way around when women are overweight, but I have the feeling that women are generally more loyal to their husbands than the other way round. [O]*

*R9-2898 … But I want to look good for my wife. When we got married, I looked so good. Well, I was overweight, but in comparison to now it was not that bad. My wife has kept her weight so beautifully. [O]*

*R1-102 … one sometimes just get a feeling about it … if there are problems, I can't get to Marie to help her. I am only hundred metres away from her but I can't walk with this leg and I can't step on this leg. I slide along my backside over stones and through holes. That was the lowest point in my life. [O]*

The feedback they got from their wives and often children too was actually not the only reason for their sadness and misery as indirectly the change of lifestyle that came with marriage itself also contributed to their weight gain and which was, in essence, the primary cause of the problem.

The workplace can be seen as the locus of the extended self. Therefore the colleagues at work become increasingly important for the obese man and their feedback is necessary for self-perception. There are often negative stereotypes with regard to the performance of obese individuals. They are perceived to be poorer performers on the job. However, the participants were sure that there was no discrimination against them. According to them they were judged on their performance and not on their physical appearance. One would expect that discrimination at work would be a major problem for the participants and might contribute to their negative emotions, but they all denied it.

*R9-2826 … I never sensed that I was discriminated against because of overweight, certainly not with regard to my work record ... stories about my promotion show that my progress was extremely fast. [O]*

*R12-3950 … I really do not think that they discriminated against me … I think it is more about how good you are in your work. [O]*

*R14-5395 … No, I do not think they discriminate against large guys in the corporate world. [O]*

When looking at the concept of equal opportunity in employment it should mean that recognition should only be on merit when there is competition for a position. There should be no discrimination based on personal characteristics like obesity and only performance related aspects should be evaluated (Roehling, 2002). Although weight discrimination is a widespread phenomenon that has a significant negative impact on the lives of obese persons, there is reliable evidence that overweight men are judged less strictly than similar overweight women. As a result, in employment settings, overweight men are less likely to be discriminated against based on weight (Roehling, 2002).

Although the participants were convinced that their colleagues did not discriminate against them because to their weight, they sometimes had an experience in which they sensed that they did not comply with the collective identity of their work environment. Through this they might have had a feeling of inferiority. A corporate organisation might well use the physical bodily appearance of an employee "to extend its own collective identity" (Tian & Belk, 2005, Cornelissen & Harris, 2001). When the male obese individual saw himself as an embarrassment for the corporate image, his work self was subjected to serious tension. Some participants emphasised the fact that they felt they needed to be accepted by others, and especially by outsiders, because it was expected from them in their careers.

*R7-1957 … With the type of work I am now doing I get to work with people from outside. I do not want to look like a guy who does not look after himself; your image should be good. [O]*

*R9-2446 … When I went to work, it was always collar and tie. I was particular on that. [O]*

*R2-324 … especially when you have to sell stuff, a person would like to portray a good image. [N-O]*

*R7-1888 … I think people discriminate without even knowing they are doing it. If you look at someone who is overweight, then you think: how can I take his technical knowledge seriously if he cannot even look after himself? [O]*

There is no doubt that, except for wives and colleagues as significant and reference others, friends also played an important role in the participants' lives in terms of their experience of the self. In general, they really appreciated their friends and the role they played in their food trajectory. The participants, however, also stated that some of their friends humiliated them, while others inspired and encouraged them to lose weight and acknowledged their weight loss efforts. Their friends were concerned about their health. However, some of their friends discouraged their weight loss efforts and made jokes about it. They laughed at them when quitting their diets. They experienced it in an extremely negative way because they wanted their friends to be a support system instead of regarding them as a fun and nice pal. They were also comparing themselves with their friends in terms of weight or lifestyle habits.

*R3-443 … To be honest, I was seriously ridiculed and always targeted as the butt of a joke ... this was hurtful and hit me hard. Then I realised that I had lost all my friends, everything … and I began to wonder what was going on and why we weren't all getting together any longer... I would have thought that they would have stood by me and, as a friend, talk to me about my problem confidentially. I felt very sorry for myself, and my friends just let me wallow in my misery but they did not understand and I should have admitted that I had a problem so that I could start again and find a solution within a trusting relationship that offers support. [O]*

*R3-447 … My friends completely tossed me away. [O]*

*R3-483 … I am seen as a fun guy who joins in eating and drinking. You do it for the sake of belonging because you are a nice guy, you are a social guy. You feel safe for a while. It is your comfort zone. [O]*

*R3-443 … friends … how badly I felt when people whom I thought were my friends made fun of me. [O]*

*R14-5465 … it's for social reasons ... I am a social eater. Hmm, as young people we arranged lots of parties with friends and it just became a lifestyle. [O]*

*R 3-427 … Or you go out with your friends, what does it matter – everybody knows in any way whom you are and how you look and friends who say something to make fun of you whatever, you later just learn to blocked out. [O]*

*R10-3255 … I see it in all my friends. Most of them are lawyers. They are all lawyers and I must say not one of them still has a good ideal weight. They are all office workers and drink a little too much after work. They do the office thing; they eat out too much and entertain too. [N-O]*

*R3-447 … Not one* [friend] *was concerned about me* [when I tried to lose weight] *and nor did anyone come to me or support me or ask: 'How are you doing?' How is your progress? Six months later they would say: 'where have you been? You look good!' I am not talking to any one of them anymore. I just know them. [O]*

*R7-2121 … Pieter (friend) and I started the whole getting fit process together. I started gym and he said that he wanted to come with me. Many times it was he who dragged me with him! And what worked nicely with us is that we were three friends because if there are only two of you and one is not in the mood for gym then the other one get discouraged quickly and easily. So we encourage one another. [O]*

*R1-46 … I look at my friends now and they are also people who struggle with their weight. [O]*

Friends undoubtedly played a significant role in the participants' lives, although in different ways. Whether positive or negative, friends influenced the way they experienced their selves. They compared themselves with them and their feedback meant a great deal to the obese man perception of his self. It seems as if for men, friends are very important as significant other. They used their friends' opinions in order to define their self and to plan their actions. Include in this observation is the food behaviour of the friends with whom they are interacting. When an individual interacts with his friends, he sees himself as a "friend" and applies their perspectives, and when he interacts with colleagues, he sees himself as a "colleague" and operates within the perspectives of the corporate group (Sandstrom *et al*., and 2006:97). For the participants who were greatly concerned about positive feedback and positive emotions, ridicule and embarrassment made their experience of

sadness even worse. Clearly, friends played a role of note in the lives of the participants and in some incidences they caused extreme sadness.

The participants' reference to other people in their lives applies to the group described as the generalised other. According to the participants, people other than their family, friends and colleagues but significantly representing cultural stereotypes, complimented them when they had lost weight. Several of the obese men held that they could not compare themselves with *others,* especially the sports idols, because it was not meant for them to look like those people. The very fact that the opinions of others' were important to them might be an indication that they actually did compare themselves without knowing they were doing it. They also stated that people made fun of them. They also cited their observation that there were *other* people who did not like individuals who were dieting and who were fussy about food. Furthermore, they mentioned that even though other people always wanted to give fat people advice, they were not at all interested in their opinions whatsoever. In fact some found it irritating. Their experience was that the obese person needed to work harder than many others in order to be acceptable to others. They could even anticipate what other people would say about them. Other people who did not have a weight problem should not use weight to scare them.

*R12-4329 … then I think that people are always looking at me because I am big. [O]*

*R3-439 … I wish there was someone whom you could trust to share your problem ... to say to you: "Look you have a problem. Let us sort it out". [O]*

*R5-1392 …* [other people] *turn their noses up at people who only eat this or that. [N-O]*

*R3-475 … Yes, food is a big factor. For some or another reason, you feel free when you eat with people or other guys. It is great to be seen as a fun guy who joins in and enjoys the eating and drinking. [O]*

*R3-603 … It was never like thinking that "I want to take revenge on those guys". [O]*

*R3-391 … Everybody likes you. In any case, it is part of always socialising together. [O]*

*R7-2206 … a fat person in my opinion has to work harder to win people over as your self-confidence is not what it should be when you are overweight. [O]*

When referring to the generalised other, the perspectives and expectations of a network of others, or the community as a whole, are implied. The individual shares their standards and stays close to their rules, expectations and views. These standards guide individuals in their behaviour, determine what is wrong or right with appropriate action depending not only on the perspectives of significant others and reference groups, but also on those of the generalised other (Charon, 1998:73; Sandstrom *et al*., 2006:64, 67). Thus individuals learn to evaluate their selves and their actions from the perspectives of the generalised others (Sandstrom *et al*., 2006:83) and their definition of others is relational and comparative (Ashford & Mael, 1989).

The obese man experiences the physical self (his overweight body) as well as his inner self from the viewpoints of other members of the same social group. It is through interaction with others that individuals experience, maintain and transform their sense of who they truly are (Sandstrom *et al.,* 2006:93). Social comparison theory is a theoretical model using social comparison processes to help explain how exposure to the socio-cultural ideals lead to increased body dissatisfaction (Thompson, 2000:39). Festinger (1954) too theorises that humans have an inherent tendency to obtain information regarding their selves through the process of social comparison.

According to self-ideal discrepancy theory, which derives from social cultural theory, “individuals have the tendency to compare their perceived appearance with an imagined ideal or with an ideal other. The result of such a comparison process may be a discrepancy between the perceived self and the ideal self and this may lead to dissatisfaction” (Thompson, 2000:38). Comparisons with others who are superior to oneself, which is seen as upward comparison, are often associated with increased emotional distress and a decrease in self-esteem. Subjects who compare themselves to more similar others (friends, classmates and even other obese individuals)

experience their inner self even more unfavourably. In other words they have greater concern about their body image than subjects who compare themselves to generic others such as an average person on street (Thompson, 2000:39).

Stereotypes, as part of the generalised other, also play an important role in how obese men see themselves and make sense of their worlds. A definition of stereotypes is “a mental image that attributes a common set of characteristics to all members of a particular group or social category” (Sandstrom *et al*., 2006:40). Although stereotypes can be useful human tools, they can sometimes be destructive. Stereotypes help to make fast decisions about others based on very little information (Sandstrom *et al*., 2006:40, 51). They therefore serve as mental shortcuts in social cognition. (See **Addendum B**, **Figure16: Stereotypes**.)

Stereotypes involve a network of associations between physical qualities that can be easily observed, and personality qualities and behaviours that can only be inferred (Ogden, 2003:74). Two particular physical characteristics in this regard are sex and body size. If the physical body does not comply with the social norms, individuals can see themselves as unacceptable even if other qualities are of great social worth (Ogden, 2003:74). According to Brown (2008:9), “society’s prejudice against people who do not conform to the cultural ideal of body size may be the most injurious consequence of obesity”. People tend to see obese people in terms of a relatively simple and pre-existing set of images they have learned from the socialisation process. These images are part of popular culture and the mass media is strengthening this message by repeatedly reflecting it (Sandstrom *et al.,* 2006:163). The standards that an individual incorporates from wider society provide the knowledge to judge what others see as failing to conform. Against this realisation the idea develops that, as an individual, there is no need to comply with social norms and be the type of person society expects. Shame becomes a possibility, arising from the individual’s perception of a specific attribute (like obesity) being discredited (Goffman, 1963:7). Negative attitudes towards obese people have actually become an accepted form of prejudice and stereotyping (Puhl & Brownell, 2003).

Obesity stereotypes are so negative because obesity is seen as something you have brought on yourself through overeating. Others seem to blame the obese person as, according to them, it is something that could be avoided. It is all about control, and

the central meaning of size is control. It is either the ability to control the self or the tendency towards loss of control. The thin body means that the person has self-control. The ability to limit food intake and to lose weight bring with them the implications of will-power and the capability of resisting temptation. Thinness is a symbol of control over the self within an environment of over-indulging (Ogden, 2003:79, 82; Murray, 2008:39).

None of the participants experienced their stereotyped status in the same way. They were all aware of their stereotyped status, but some of the participants focused more on it than the others. This could be attributed in part to their negative experience of the self. Some of the obese participants did not seem to be the victim of the stigma although other participants were very sensitive about being victimised because of their physical appearance and even internalised the powerful social stigma that exists in society. This was especially the case for participants who had been obese for several years and who were concerned about their overweight status. The media and other facets of the generalised other category could well be responsible for contributing to the possibility of an obese person experiencing stigmatisation. This could well explain why the participants became so frustrated with their physical bodies and why they felt depressed when having a constant battle against obesity. It was not only the physical inabilities that were a handicap for them, but their manliness and sense of masculinity was also at stake. Even if no one brought negative stereotypes in association with obesity under their attention directly, they knew them well.

*R3-435 … In high school the teacher, for example, said it was because you are so lazy – so sloppy* [that you are so fat] … *and when some people see you they seem to immediately put you in a category of "you are worse than me and I am better than you" ... and I still experience it like that. The moment they see an overweight person in the community, they toss him out completely. They think, for some reason or another that the obese person is worse than he is – irrespective whether it is the case or not. [O]*

*R1-115 … I am not the sort of guy who would just go for a swim on the spur of the moment and a fat guy does not readily go and swim among others. [O]*

*R3-499 … Girls have accepted me, and always seen me as their best friend, but the moment the friendship starts turning into a relationship and was becoming a settled matter, they definitely did not see me as boyfriend material because I was overweight. [O]*

*R1-126 … The other day I visited the doctor. He gave me a look and said: "For a fat person you are very healthy!" [O]*

*R1-194 … many overweight people just do not dress neatly. [O]*

*R 12-4329 … Just as an example, when I am walking down the hallway the thought comes into my mind that people always look at me because I am big. And actually it is not like that, because I know I also walk past someone who is also a bit big … so it is not … it is not abnormal for people to be big. [O]*

*R4-1104 … I wish I could make peace with it* [being overweight] *... but in my past what I saw taught me that things go better when you are thin. [O]*

*R9-2977 … I walk down the street and I look at other people. They all seem so self-assured. It does not work like that for me. It is a result from a childhood experience: those words that that woman said to me; I still hear it in my head today. It hit on a nerve. [O]*

*R7-2238 … A person gets angry when they make jokes about you, but at the same time you cannot really say anything, because they are right. [O]*

*R3-559 … I read an article once in which several wrote about themselves saying that they were fat and it was fantastic and were quite happy with themselves. I think that is nonsense. Yes, I have been there, and all it is, is a smoke screen. You do not really feel great, you feel bad. [O]*

Stereotyping and stigmatisation are closely related but are not the same thing. Stigmatisation can take place in the absence of stereotypes but more often its effects are closely associated with those of stereotyping (Heatherton *et al.,* 2000:90). Stigmatisation occurs when an individual is linked to negative stereotypes that bring

about prejudice and discrimination. The term stigma is often used to refer to socially disqualifying attributes. Stigmatisation can be described as follows: “The core feature of stigma is that a stigmatised person has an attribute that conveys a devalued social identity within a particular social context” (Miller & Kaiser, 2001:74). Goffman (1963:14-60) describes the situation and the process by which the individual’s world is redefined and judged by others by saying that “society establishes the means of categorization of persons and the complement of attributes felt to be ordinary and natural for members of each category. When the individual possesses an attribute that makes him different from others in the category, he is reduced in the minds of others … from a whole and usual person to a tainted, discounted one. Such an attribute is a stigma.” (Goffman, 1963:2-3). Obesity and physical disability are two of the physical attributes that would disqualify an individual socially. The extent to which individuals can be held responsible for their fatness, will determine the degree of negative stereotyping suffered. They can only blame themselves for being overweight or obese (Puhl & Heuer, 2009).

It is clear that the participants did not experience stigma in the same way. Some of them were much more vulnerable to stereotyping and stigma-based stress. One of the reasons for this difference concerns stigma consciousness. “Stigma consciousness does not refer to awareness of one’s stereotyped status; rather it refers to one’s focus on one’s stereotyped status” (Pinel, 2004:39). Stigma consciousness represents a form of self-consciousness. This goes along with an individual’s social identity. High levels of stigma consciousness contribute to an individual’s experience of stereotyping, prejudice and discrimination, and they also have consequences for interaction with others (Pinel, 2002; 2004). Individuals with a high stigma consciousness will not benefit from attributing a given experience to discrimination. High levels of stigma consciousness have interpersonal consequences that contribute to the individual’s experience of stereotyping and tension. A person’s level of stigma consciousness influences perceived and the actual experience of stigma (Pinel, 2004; Pinel, 2002).

A further negative aspect of stigmatised individuals is that they are subject to stress. Prejudice, discrimination and unfair judgments are especially sources of stress, and are likely to hold implications for the way people experience their inner selves. It is suggested that stigmatised people may suffer psychological consequences such as a

low sense of self-worth and depression, but it may also have negative consequences for their physical health (Miller & Kaiser, 2001). The stigmatised obese man experiences stress when things expected from him exceed his coping strategies. When the obese man is aware of being the victim of stereotyping, he will engage in self-talk. It involves cognitive evaluation (appraisal) about the seriousness of the matter and, if he is coping, his own strategies will surface. Negative emotions like sadness and depression only emerge if something personally important is at stake. This also happens if the individual does not have the ability to cope (Lazarus, 1991; Miller & Kaiser, 2001).Thus stigmatising and the emotions and stress related to them will only be harmful if the threat exceeds the coping capability.

Although obese individuals do not always believe the negative stereotypes, their actions (as performance) in stereotype-related situations could be stressful because of the fear of confirming negative stereotypes. The extent to which an individual expects to be stereotyped could have major implications on how he experiences a stereotyped status (Pinel, 1999).

In summary we can say that the obese participants' experiences of sadness cannot be linked to the feedback and behaviour of significant others, like their wives or other close associates. Groups worth mentioning in this regard are friends and generalised others. The obese man was constantly thinking how others might think about and of him, how others evaluated him and how he was supposed to direct his behaviour in order to make a good impression and yet experience his inner self in a more positive way. He claims that he is not concerned and does not have a problem with his obese condition. However, it seems as if he does not want to accept the mark or stigma of obesity and therefore most probably engages in strong coping strategies in order to maintain a strong self-concept.

## 6.4 COPING WITH OBESITY

It becomes clear that obesity causes extreme sorrow for most of the participants, especially those participants who have had to bear the consequences of obesity for many years in their lives. The obese man experiences his physical self in a very

negative way. He has to cope with his extremely overweight body. He struggles with immobility and all the physical discomfort that is part of this unfortunate condition. He has concerns about his health and about the future implications it might have for his own and his family's future.

His experience of the inner self also threatens a satisfying experience of the total self. The obese man is well-aware of the negative stereotypes and stigmatisation attached to obesity. It is a great concern to him. There is even a possibility that he could become the victim of career discrimination. He tends to experience a lack of willpower and a feeling of hopelessness when it comes to lifestyle habits and eating behaviour. His social functioning is also at risk. The appreciation of and positive feedback from significant others' and reference groups' are extremely important to him. Ridicule and jokes have serious negative consequences for his experience of self. He needs acknowledgement for excellence and depends on people who give this for their support and friendship.

The obese man is constantly appraising the significance of what is happening to him and the consequences it has for his well-being. He regularly judges himself and those judgments involve the feelings and emotions he has towards himself. His goal is to protect and enhance his self. When he is dealt with in a negative way he feels disheartened about his self. These cognitive appraisals give rise to emotions of sadness and feelings that his self is at stake, especially when his well-being is at risk. These emotions are feedback for further appraisal which engenders more emotions (Lazarus, 1991; Lazarus & Lazarus, 1994:142; Charon, 1998:83). He realises that the upholding of his self is at risk and it becomes more challenging as negative appraisals continue. When a person experiences a threat or a challenge, something must be done to undo the stress involved and to manage the situation. More appraisal takes place and evaluation of what can and might be done takes place. This is called secondary appraisal. Efficacy expectancies are part of secondary appraisal and include the evaluation of different coping capabilities (Lazarus & Folkman, 1984:35, 70).

From the basic assumptions of symbolic interactionism the self is recognised as an object that can be manipulated, and the individual has the capability to control the self and to direct it in a specific direction. Individuals are also responsible for their

own behaviour (Charon, 1998:80). However, it should be done within the prescriptions of the society in which the individual lives (Mead, 1934:227). Goffman (1959:135–139) and Jones, Farina, Hastrof, Marku, Miller and Scott (1984:196-197) express the importance of self-control and behaviour as a reaction to emotions in an attempt to maintain the self and to pass the required image on to others. From the symbolic interactionism perspective Sandstrom *et al*. (2006:135–137) stress that, although the cognitive aspects of interaction and the definition of the situation are important, the emotional aspects of these processes are equally significant. Emotional expressions should be in line with the definition of the situation. A definition of a situation is characterised by a "set of emotional expectations, or feeling rules" (Sandstrom *et al*., 2006:136).

It should be remembered that people who are targeted for stereotyping do not play a passive role in conveying information about themselves during the interaction process. They actively try to manoeuvre the information others receive about them. They hide detail about themselves while promoting other information in their effort to shape others' appraisals and impressions about them. A particular obese man may appear as a different object to different observers (Sandstrom *et al*., 2006:47). Through this interaction process the obese man anticipates how others are likely to respond to his proposed performance in the situation at hand. He assesses the meaning of their behaviour, plans to figure out their plans and intentions and what the implications of their actions will have for their own direction of behaviour. He decides on what role to adopt and sees how others respond to it. According to their response he can modify or redirect his actions (Sandstrom *et al.*, 2006:144).

It is clear from the findings of this study that the obese participant made use of several coping strategies in order to maintain the self. To understand his choices and use of coping strategies, it is important to be aware of the interplay between the evaluation of the situation, the emotions that follow, and the strategies used to handle the situation.

Both Lazarus (1991) and Weiner (1986) acknowledged a cognitive approach to emotion and postulate that there is a relationship between how the individual evaluates the situation and the resulting emotions it evokes. In his attribution theory Weiner postulates that "the perceptions of what caused a positive or negative

outcome, in part, determine the affective reactions to that outcome" (Weiner, 1986:119). Attribution theory thus suggests that people attempt to search for information that determines the causes of a specific condition. Weiner (1986) also acknowledges that there is initially a general positive or negative (primary) emotion involved based on the perceived success or failure of the outcome of the primary appraisal. Success and failure, due to internal causes, are anticipated to respectively result in better or worse experiences of the self. The individual can either experience frustration, joy or sadness. After the outcome is appraised, the individual will seek a causal attribution especially when the outcome is negative or significantly important (Weiner, 1986:121). Contributory dimensions play an important role in the emotion process (Weiner, 1986:121). These emotions are determined by the attainment or non-attainment of a desired goal and not by the cause of the outcome. Following the appraisal of the outcome, a causal response will be sought in terms of whether that outcome was negative, positive, unexpected, important or non-important. Causal dimensions play a key role in the emotion process (Weiner, 1986:121). Furthermore, Weiner (1986:128, 155) stresses that the individual's evaluation of the dimensions of the cause can also influence the emotions experienced afterwards. Internal, stable and controllable causes are typically ascribed to effort, while external, unstable and uncontrollable ascriptions are frequently attributed to luck. Attribution theory attempts to explain how people assign causality, blame or credit, to events, on the basis of their own behaviour or the behaviour of others (Schiffman & Kanuk, 2000).

Given that weight loss programmes have limited success, and that the obese man seldom takes action to do something about his obese state, many obese persons stay obese and will have to cope with this condition for many years. If an individual's coping skills to deal with prejudice remain the same over the years, there will be insufficient coping strategies to handle the increased stigmatisation and to protect the self (Puhl & Brownell, 2003).

Coping can be defined in several ways: Lazarus and Lazarus (1994:152) defined it as: "what we do and think in an effort to manage stress and the emotions associated with it". It can also be defined as "constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (Lazarus & Folkman, 1984:141) or "conscious volitional efforts to regulate emotion, thought, behaviour, physiology, and

environment in response to stressful events or circumstances" (Miller & Kaiser, 2001:77). It is effort to reduce distress in situations where stress is experienced (Lazarus & Folkman cited in Puhl & Brownell, 2003).

According to Lazarus and Lazarus (1994:153, 156) coping can be either problem-focused or emotion-oriented when dealing with difficult and sometimes unchangeable situations. In the first case action entails problem solving. The solution may be to change what other people think or do. In the process of attempting to change the behaviour of others, it is important to know how to approach them (Lazarus & Lazarus, 1994:153). Emotion-centred coping is an attempt to suppress or otherwise manage the worrying and upsetting emotions a situation causes. Normally emotion-centred coping strategies are internal and private. Emotion-focused coping is more likely to occur when there has been appraised that nothing can be done to harmful threatening conditions while problem-focused coping is more likely to be used when appraisal has taken place of conditions that can be changed (Lazarus & Folkman, 1984:150; Lazarus & Lazarus, 1994:156; Puhl & Brownell, 2003). It changes the way one thinks about the situation from a "threatening to a more benign or positive appraisal" (Lazarus & Lazarus, 1994:156). The coping strategy that a stigmatised person uses can, in a certain way be linked to the action he is going to take and how he experiences his self (Lebel, 2008).

Emotion-centred coping can be further divided into two types namely avoidance and reappraisal of personal meaning. In avoidance the individual tries not to think what is troubling him. He draws on all sort of emotion-centred strategies to smooth the progress of avoidance (Lazarus & Lazarus, 1994:159). The second subtype of emotion-centred coping is reappraising the meaning of a happening in a less intimidating way. It is more powerful than avoidance coping. It is based on the principle of "changing personal meaning to reduce distress and applies to emotional stress, such as anxiety, guilt, shame, and depression" (Lazarus & Lazarus, 1994:160).

From a life course perspective one needs to look at the obese man's developmental trajectories of coping and attempt to understand his coping strategies. "Coping is more than simply a strategy; it is a cumulative history of interactive processes that are embedded in developmental organization" (Schmidt *et al*., 2003:65). Individuals,

whose stigma is observable, as in the case of obesity, have to deal with it in social interaction. Interaction, with the other in the coping process must also be considered. Interactions between the developing individual and his developing social world are significantly important. The coping process is part of multiple interactions. The influence of others plays an important role in the way he experiences his self.

Stigmatised (obese) individuals can use pro-active (problem-focused) and reactive (emotion-focused) coping strategies at the same point of time in different circumstances, but along the life course they may progress from one coping strategy to the other. They actually have a coping trajectory. The obese man may start early in his coping trajectory with a single reactive coping strategy, and then progress to more proactive coping strategies (Lebel, 2008; Schmidt *et al.,* 2003).

During childhood certain ways of coping are developed to place an individual on adaptive developmental trajectories. This may influence the pattern of coping and adaptation used throughout adulthood. Coping strategies learned in early childhood will be activated again when a similar situation that causes stress is experienced later (Schmidt *et al.,* 2003). In childhood and adolescence coping and development seem to be interrelated. “Coping is a process that is shaped by development and likewise development is shaped by coping” (Schmidt *et al.,* 2003:65). Cognitive and emotional coping strategies increase with age. The transition from concrete to formal operations helps adolescents to use “subtle cognitive forms of appraisal” (Schmidt *et al.,* 2003:66). Children usually use single concrete coping strategies while adolescents are more flexible in changing their ways of coping. In adulthood coping remains relatively stable (Lazarus & Folkman, 1984:172; Schmidt *et al.,* 2003; Seiffge-Krenke & Beyers, 2005). (See **Chapter 4.2.2** and **4.4.2.**)

The development of coping styles from adolescence to emerging adulthood is based on early experience with caregivers. Attachment relationships are important in coping because the attachment system is most important in times of stress. Attachment experiences form part of a coping trajectory and will be carried forward into adulthood where they help the individual to anticipate and manage stressful encounters, especially in relationship with significant others. It guides the process of stress appraisal in each life stage (Schmidt *et al*., 2002; Seiffge-Krenke & Beyers, 2005). Adolescents with insecure attachments use avoidance strategies to cope with

interpersonal disagreement more often than adolescents with secure attachments (Seiffge-Krenke & Beyers, 2005).

Erikson's (1963 in Lazarus & Folkman, 1984:172) stage theory of the life course perspective clearly implies that there are coping changes at various periods of life. However, it has more to do with the basic conflicts of psychological tasks of each period and has less to do with problem- and emotion- focused coping. Sources of stress will change with each life stage and coping will change in response (Lazarus & Folkman, 1984:172). (See **Chapter 4**.)

The obese participants used several coping strategies in order to handle their obesity problems. Repeated failure in trying to address their obese state could evoke emotions of sadness if attributed to internal causes such as the lack of perseverance and will-power which, in turn, could result in a negative experience of the self. His self is at stake and the problem needs to be addressed. One way of doing it was to use defensive coping strategies. Most of the participants were tempted to blame others for their weight problems. They constantly found excuses for their condition, or justified wrong behaviour, or neglected the things that should be done to overcome the problem condition.

Although they admitted that their weight status was unacceptable, it was easier for the obese participant to put the blame for his weight on external sources rather than to accept responsibility. To focus negative attributions for obesity on external sources would most probably lead to better emotional outcomes and a better self-esteem than attributing negative consequences to internal causes (Puhl & Brownell, 2003). Causal attributions have significant meaning because they enable individuals to make sense of their situation, to get control over handling it and to determine the type of coping strategies that should be adopted to adjust to an altered lifestyle (Lavery & Clarke, 1996). Self-esteem of obese persons is influenced by the attributions that cause obesity. If individuals can persuade others that the cause of their stigma is unmanageable their self-esteem could be higher and the blame for rejection could be placed on prejudice rather than taking the blame themselves (Puhl & Brownell, 2003). People with stigmas for which they are to be blamed, for example obesity, might be unable to benefit much from attributing poor outcomes to prejudice. They have to justify it in more convincing ways (Miller & Kaiser, 2001).

The ways in which the obese participants in this study explained their obesity was a way of coping. According to them, their obese state was the result of uncontrollable events and conditions. They might even have experienced an emotion of anger when others perceived their obese state as controllable. They attributed their condition to genetic factors and often remarked that they "came from a big family". It seemed to be a metabolic problem that could not be changed at all. According to them you would not get a skinny person in a family where the majority of the family members were overweight and there was nothing one could do about genetic hereditary. Other participants coped by believing that their weight problems were due to illness. It was an illness that prevented them from losing weight. Providing a medical explanation for obesity reduces the perceived controllability of obesity and increases the belief of others that the obese man is not responsible for his obese state and this makes him more acceptable (Wang, Brownell & Wadden, 2004). (See **Addendum B**, **Figure 17: Coping strategies**.)

*R9-2945 … things go wrong in the body and it does not want to burn the fat. [O]*

*R12-4120 … It* [the medication] *makes me very tired and nauseous. It is a real problem, because now I do not accelerate my metabolism any more. I have started getting up at 4 o'clock in the morning. Then I drink my pills and go to sleep again. [O]*

*R1-115 … I had an operation and am now busy turning around. [O]*

*R1-11 … It is because I am so tall. I am 1.96 metres tall. So this is not being extremely overweight. [O]*

*R1-93 … A woman has cellulite or has a pear- shape, those are her genes – she can do nothing about it. [O]*

*R3-439 '… I think some people have a problem (of overweight) and I know it is genetic. [O]*

*R9-2760 … but I also have to tell you, because I have thought a lot about the story, I think my problem is genetic. [O]*

*R9-2768 … I am the shorty, but I suspect that my problem is genetic. [O]*

*R8-2420 … You must remember one thing, your family plays a role in it. You will rarely get big families in which people are skinny. [N-O]*

The obese man sees the reason or locus for his obese state as outside himself. When holding the views that he is the way God created him or that his obesity is due to genetic factors, he believes that he cannot do anything about it and sees it as uncontrollable and permanent, something stable. The only thing he can do is to accept the situation. Lazarus and Lazarus (1994:78) put it as follows: "it is an irrevocable loss, in effect, the dramatic plot of sadness".

*R3-443 …The blame should be put on my parents; or the Lord did not mean for me to be thin. Later you start to believe those lies. [O]*

*R12-4082 … I do not have a problem with being fat any more. I think I have accepted it. I am less touched by it. [O]*

*R12-4096 … I have made peace with it. I would like to lose weight but it is not the alpha and omega at the moment. [O]*

The consequences are that the obese man is not going to be involved in active coping in order to change the problem. He is actually doing nothing; he has already given up. When an individual experiences an emotion of sadness nothing will most probably be done about it (Lazarus & Lazarus, 1994:150). What makes it worse is that sadness is an emotion that cannot be acknowledged or shown in public, because this can harm the self (Lazarus & Lazarus, 1994:84). The obese man needs to handle these emotions of sadness and loss, and one way of doing it is the attribution process already described. The attribution process is actually a coping strategy to release the self of any blame. If his obese state is out of his control and if he cannot do anything about it, he does not need to feel guilty or ashamed. He just needs to accept it.

Another example of focusing negative attributions for their obese state on external sources for better emotional outcomes, is putting the blame for being obese on their parents and wives. Their wives were responsible for cooking and they had to eat the food they were served. They liked to spoil their husbands.

*R14-5285 … What can I say … I cannot … I do not want to give someone else the blame, but I have grown up in a home where you were told to sit there until you finish your food. [O]*

*R7-2003 … I'll put the blame on my wife because she is the one who dishes up the food, but I eat what she gives me. [O]*

*R14-5365 … but now she feels sorry for me and I can say I am in the mood for whatever. She can't handle it when I say that. She supports me and gives me the right food, but she feels sorry for me if she sees I am in the mood for food and I cannot eat it. [O]*

*R8-2404 … I can wake my wife at two in the morning and say I want chops and eggs and then she will do it. [N-O]*

*R8-2611 … my wife spoils me constantly and I enjoy it. [N-O]*

The participants also attributed their weight problems to changed lifestyles like living on their own, working shifts, buying food at work instead of preparing their own food. Holidays with all the braais and drinking were also reasons given for being overweight. It seems to be part of the South African culture.

*R1-31 … you physically sit the whole day. You sit in front of a bench and you work with your hands. [O]*

*R1-115 … you can't go on a diet now - it is the end of the year. There are so many functions now. It won't work if you start a diet on a Monday and you have a function on the Wednesday and Friday. [O]*

*R13-4605 … Then I started working shifts (and gained weight). I lived on my own. I did not run road races any more. It was easier to buy food at work than to go and prepare food in the evening. [O]*

*R14-5303 … Socialising, socialising. If there wasn't a function at work, then you socialised with your pals from work at your own home or at their homes. [O]*

The question to be asked is how the obese man is going to address his obesity state with all the emotion involved. Except for the attribution process that actually forces the obese man to accept this unfortunate condition, the obese participant also uses emotion-centred coping to address the sadness and distress of obesity. According to Lazarus and Lazarus (1994:166) part of emotional coping is to minimise the problem or to deny the existence of the problem; the denial went so far that the participants often said that their overweight was not an issue for them; they were not concerned about weight like women; it did not bother them at all; they did not concentrate on weight issues; they felt at ease with their bodies. Some of them did not regard themselves as overweight although they qualified for the obese category.

*R1-131 … I see myself totally differently. I think if I were to see myself, I would be scared (laughs). I do not see myself as a fat person, especially because I am a tall person, and I must add this as I think this is rather important; because I've always been tall (six feet five or 1,9 meters). I have always looked over people. I always look over people; I do not have a problem standing. I am big and tall. My overweight doesn't bother me so much. [O]*

*R1-183 … I am extremely overweight, but I do not see myself as overweight [O]*

*R1-86 … Many men are overweight but it doesn't bother them at all. [O]*

*R8-2462 … My weight never was a real issue for me. [O]*

Denial-coping forms part of the reappraisal process. This is a subtype of emotional coping, according to Lazarus and Lazarus (1994:159). The obese man copes by refusing to acknowledge that he has a weight problem that could have serious consequences for his well-being. They are actually minimising the problem. Denying

the existence of the problem avoids stress. In reality it is a weak and temporary coping strategy. It does not take the problem away.

The participants appraised situations as negative or positive in terms of their self. When appraising it as a threat to themselves they often then reappraised it in order to see it in a less serious light. Reappraisal is according to Lazarus and Lazarus (1994:159-160), a stronger and more effective coping strategy than denial. It entails the change of personal meaning of things that happened in order to reduce distress (Lazarus & Lazarus, 1994:160). One way of coping with the emotion of sadness was comparing their eating habits with those of others' drinking and eating habits. This is an example of reappraising a situation to make it less threatening for the individual. In this study the obese man used this self-protecting strategy to compare himself to others who were worse-off. This helped to increase his experience of the self. While others could not stop drinking (alcoholic beverages) he could not stop eating. According to the participants a person can stop drinking and say that he will not use alcohol again, but one cannot stop consuming food. This makes it so much more difficult to go on a slimming diet because there might be an element of addiction to food that is problematic. According to the participants, their friends who were drinking too much alcohol were worse off as this was worse than food

*R1-115 … You can stop drinking alcohol and can say that you will never drink again, but one still needs food to stay alive. [O]*

*R11-3574… Look I have never been a drinker. I never drink a lot of beer or brandy or … I have lots of alcohol in the house, but I never drink it. [N-O]*

*R12-4036 … I don't drink alcohol. I just decided it is the right thing to do. [O]*

*R10-3255 … They* [friends] *eat out too much and entertain too much. [N-O]*

*R1-58 … I think one can draw a line between alcoholism and overeating. They are basically the same type of thing. [O]*

Another example of reappraisal to cope with emotions of shame, sadness and guilt is to rely on a strong personality. The participants often talked about their stunning

personalities that compensated for them being fat. According to most of the participants, they had a strong self-concept, so being overweight did not bother them or others. Being overweight even had advantages for them. They thought that their weight gave them a sense of superiority and they did not need to prove themselves. This is another coping mechanism to protect the self and to buffer themselves against prejudice.

*R1-112 … Due to my personality I did not care, whereas, if it has been someone else, he would just want to die on the spot (after being made fun of) [O]*

*R14-5609 … A strong self-image helps you to cope* [with obesity]*. [O]*

*R1-71 … Everyone has issues about themselves because you know yourself better than anyone else knows you. Only you are aware of the skeletons in your cupboards – your weaknesses. So I think the most important thing is how you feel about yourself, and this has a lot to do with how you were brought up. There were three of us and each one of us, irrespective of our own circumstances, has a good self-image. This is what it is all about – you must have a good image of yourself. [O]*

*R3-679 … I am rather happy with myself like I am now … I just want to convert the little bit of fat to muscle. [O]*

*R8-2396 … If you are big and have a well-built body … a lot of guys, you need only look at them, and then they keep their mouths shut. [N-O]*

*R8-2458 … I was big; it was actually to my advantage. I gained respect. [N-O]*

Another way of compensating for being obese seems to be seen as a nice friend for everyone – to be popular. The participants also indicated that they were fun to be with. They compensated for being victimised by being assertive, friendly and outgoing on social occasions to improve others' perception of them and positive reaction experienced in such situations helped to boost their experience of self. It was a way to direct attention away from their obese state.

*R3-621 … at that moment you are everybody's best pal. Look Brian is the guy who can down the drinks the fastest. He is the guy who can do it best. He can drink but then he does not worry anyhow. [O]*

*R3-491 … Overweight people are the loudest and friendliest people you get. It is something behind which you hide. [O]*

The participants performed exceptionally well in their careers. Their efforts to achieve in their occupations could also be seen as an attempt to compensate for being obese and to prevent discrimination on the basis of physical appearance. When reappraising their situation they might have thought that, although they were obese, nobody could accuse them of lack of excellence. They constantly gave the assurance that they did not experience discrimination at work at all due to their obesity. They were respected for their work performance. According to them, they were judged on their performance and not on their physical appearance.

*R9-2826 … I never experienced any feeling that there was discriminated against me because of my overweight, not with the work situation … my promotion was absolutely fast. [O]*

*R12-3950 … I really do not think they discriminated against me … I think it is more about how good you are in your work. [O]*

*R14-5395 … No, I do not think they discriminated against big guys in the corporate world. I do not want to think too much of myself, but I think my personality makes up for it. [O]*

Concerning the participants' experience of any form of rejection and discrimination at work and whether they made use of coping skills to diminish these effects, it appears that they were successful. Interpersonal perception is "the skill used to correctly perceive and respond to one's interpersonal and social environment" (Smith & Lewis, 2009). This ability is important for all forms of social interaction because it allows individuals to determine the meaning behind others' behaviour. Interpersonal perception ranges from awareness of unspoken cues to sensing and responding to the internal state of others. It is positively associated with successful association with

others as evidenced by smooth social interactions (Smith & Lewis, 2009). Interpersonal perception is enhanced when individuals are "tuned in" to their social and personal environments for several reasons, especially for motivation to cope when feeling vulnerable to social rejection or exclusion. People manage to behave in a specific way in order to perform in a way that fits with others' performances in a given situation (Sandstrom *et al*, 2006:145; Smith & Lewis, 2009). According to the participants, they had good human relations and were popular amongst friends and colleagues. It might be that they were very sensitive about being rejected due to their obesity, and put in extra effort to ensure that significant others found them acceptable. Such behaviour is in accord with reflective appraisal (the looking-glass self of Cooley, 1907) where individuals experience their inner self according to the opinions of others. Individuals tend to tune toward the views of others with whom they are close to (like their colleagues) or those with whom they wish to affiliate (Smith & Lewis, 2009).

If the obese man cannot do anything about his obese state, he will most probably try not to think about it and keep his thoughts busy with other things he enjoys more. Avoidance is a coping strategy to diminish stress, according to Lazarus and Lazarus (1994:159). The two main forms of avoidance, also referred to as disengagement, are physical and social avoidance of situations where stigma might be experienced in order to cope (Miller & Kaiser, 2001). Lazarus and Lazarus (1994:159) explain that in avoidance coping "we try not to think about what is troubling us". One way of achieving avoidance coping is social withdrawal, and another way of doing it is to avoid comparison with non-stigmatised people. In this way the stress that might be experienced in acknowledging that others are doing better than they are, is avoided. One participant even mentioned that the obese should not compare themselves with others especially idols in the sport world and celebrities in the media: His comment was that not everyone can look like those people. This approach could have a negative effect in the sense that, in avoiding comparison, they [the obese] would not challenge their own stigmatised status (Miller & Kaiser, 2001).

*R1-86 … The media creates wrong expectations. Life is not as seen in "Days of our Lives" or "Egoli"[6]. Those are just soap operas where it always works out one hundred per cent. They photograph a seventeen year old girl with a body that has no cellulite*

[6] Days of our Lives and Egoli: popular television programmes in South Africa

*and she looks so beautiful and they want to tell the world this is why you should look like her. [O]*

*R1-186 … We can't all be built like Ryk Neethling, because Ryk Neethling swims four hours a day. If I swam four hours a day I would also have a" six pack"*[7] *like him. [O]*

The obese man in this study has to cope with the physical self and all the negative associations of immobility, discomfort and shame. One way of doing it was to avoid physical challenges and social contact where stigma may be experienced. The participants wanted to forget about their obesity problem and are seen to engage in hobbies that do not require much physical movement. Photography is a very popular past-time as it does not make too many demands on physical exertion. Yacht sailing over weekends is another example as there is no need to walk too much. A popular holiday option is to visit a game reserve where they are in no way allowed to get out of the car. They managed to become experts in their hobbies and received positive feedback and desired goals in terms of meaningful social interaction. This might be a coping strategy to deal with stigma (Puhl & Brownell, 2003). Compensation is most used by obese individuals who have been obese since childhood, a finding from the results of the investigation. Living with stigma since childhood may lead to internalisation of expectations and stronger pressure to achieve success in other areas so as to be accepted (Puhl & Brownell, 2003). This may also be an example of reappraising a negative outcome and turn it into something positive.

*R1-99 … And I was sitting in my car. And the big lens is out and we are taking photos - then you send them in and enter a competition. You do not need to climb a mountain to compete. You came last and you were first. (laughs). It is how you adapt in life. When I visit the Hartebeespoort dam, people ask me why I have a yacht. I can sit on the yacht – my family and I. We get onto the yacht on Friday afternoons, we sail around and at night we sleep on our yacht. We never need to walk, because I can't walk on my feet. [O]*

*R1-95 … Our whole holiday revolves around photography. [O]*

[7] Six pack: Very toned abdominal muscles.

*R8-2470 … I was active. I had 4 by 4s, I had caravans and I had a boat. One doesn't think that you get exercise but take a boat and put it in the water! Then you have to pull it out again. So, you move constantly. Now we move on to the next stage. We now have a motorised caravan. Now you get less active. So your lifestyle gets easier. You are doing the things in your life that you wanted to do. You've got your plot under control. Then you sit back. Then my wife asks me: let's walk. Then I say: where to? [N-O]*

The participants also made use of problem-focused coping which entailed direct action and support-seeking strategies needed to handle problems they experienced with their physical self and possibly continuous weight gain, as well as emotions of shame, frustration or guilt. Some of the participants made use of active coping mechanisms by becoming actively involved in sport and exercise to help with their weight problem.

*R7-2025 … What I do is to swim a lot and one does try to be more active … [O]*

*R6-1605 … I do not go to the gym to build muscles. I go to the gym to work off the fat and get fitter. [N-O]*

*R12-4321 … I lost about 5 kg since we started walking, but I now am going to the gym again. [O]*

*R7-1949 … since I started exercising I feel more energetic. [O]*

*R5-1199 … So it is this exercise programme and, as I have said, I do not really follow a diet programme, but I do control my portion sizes. [N-O]*

*R12-3882 … In the beginning of 2002 I started cycling and then I got myself down to about 115 kg which was good. [O]*

The participants who became obese at a later stage managed to benefit from exercise. Unfortunately most of the other participants did not keep up with their exercising intentions. Although the participants were all aware of the importance of exercise for weight loss or maintenance, some of them were constantly justifying why

they could not exercise. They liked to comment on the times when they were engaged in sport and how well they performed. In order to handle the emotion of guilt (for not exercising while it is expected of them) they attributed this lack of exercise to external factors.

Several participants indicated that they couldn't exercise due to physical handicaps. It was either their legs or feet which caused problems. They had, according to them, unique problems why they couldn't exercise. It made exercising quite difficult and almost impossible. Most of them blamed their careers where they had to sit for hours without doing any physical activity. Driving to work sometimes took hours which left little time for exercise. They were usually too tired to exercise when they got home. Furthermore, they attributed their inactivity to lack of time. Getting to the gym took too much of their time. They were too busy. They worked for long hours to build up their careers.

Some of the participants were quite honest and said that they did not like to exercise because they got so tired too soon. Another explanation the participants offered for their lack of exercise was previous sport injuries. The participants clearly liked to talk about their handicaps and illnesses that prevented them from losing weight. They also reported that they had been involved in accidents or had hurt themselves seriously in incidences where they had fallen and were not able to exercise afterwards. Most of those incidents were due to their overweight and immobility. (See **Addendum B**, **Figure 18: Justifying for not exercising**.)

*R1-46 … some people exercise in the gym and it's a type of a drug to join a gym. [O]*

*R1-54 … this is now my problem: with my left leg I cannot move a step further than 30 cm; then my leg gives in under me and I cannot step on my right foot. [O]*

*R1-179 … The biggest difference that I see in my life now is that I can't exercise. Then I see a guy jogging there on the treadmill and I think it's all well for me too, but I must find a way to burn the food in another way because I can't run and I can't peddle a bicycle. [O]*

*R4-986 … but a person cannot walk any more. Everything is too far. I work in Johannesburg[8]. There is no time for exercising. [O]*

*R1-23 … I exercised until I got the job that I now have where you just sit all the time. [O]*

*R4-1067 … I have a physical problem, so I think that also contributes - it makes it more difficult to get physically active. [O]*

*R4-1111 … but, as my wife always says: everybody always has an excuse. [O]*

*R9-2951 … Then I hurt a muscle in my shoulder, I could not play golf any more. Then my dad died, I took care of my mom and she is now completely incapacitated due to Alzheimer's disease. I had that struggle until the end of last year. [O]*

*R10-3136 … I am not inactive, but I do not go to the gym any more. I don't do the gym thing anymore! I do not have time for it any more. [N-O]*
*R10-3139 … when he* [my son] *was still small, I played cricket with him or rugby in the park. [O]*

*R12-4185 … I have a back problem. I cannot play at all any more. [O]*

*R12-4204 … long hours are another big problem for people who work like me. [O]*

*R14-5005 … It is not nice to exercise, because I get tired and it is just not enjoyable. [O]*

*R14-5651 … Just to get there* [gym]*, takes an hour out of my day. [O]*

The obese man experienced that he had no control over his obese state. However, he felt that it was not his fault and that something needed to be done to turn these circumstances around. He experienced feelings and emotions of being out of control, that his physical self was unacceptable. He tried to engage in active coping to regain control by means of weight loss diets. Although the participants pretended that their

[8] Johannesburg: neighbouring city 50 km from home – regular peak traffic congestion.

overweight was not a problem for them, they tried several weight loss diets, even from a young age. Most often their weight loss efforts lasted only for a short while.

Even at a young age (Grade 6), some of the participants tried to lose weight. Other participants went on slimming diets during their secondary school years. Although some of them were extremely successful in their weight loss programme, they put all that they had lost on again.

*R3-387 … Then in Standard 4 – Standard 5, I went on a kind of diet. I lost weight but after I had stopped playing rugby I gained weight again. [O]*
*R9-2840 … The diets did not help me a bit. I went on almost every one* [diet]*. As soon as I stopped the diet, I started climbing back. I went to a doctor in Johannesburg. Then I was really at my fattest. Now he gave me those injections. [O]*

*R5-1380 … I struggle too when the dieticians only put a paper in your hand and say "pick a menu". If I wanted that I would have gone through the 437,000,000 "hits" on yahoo.com and built myself a menu! [N-O]*

*R1–115 … There are always excuses and until you get to a point where you realise this: there will always be excuses. I'm still going along with the pals. I'm just going to eat less. And the best is not to even tell your pals that you are on a diet because you've been on twenty diets already and they laugh at you, because they know the diets don't work. A pal said to me the other day: "when are you going on a diet?" I said to him: "Monday". He said: I've known you for ten years. The Monday diet doesn't work for you. Rather try Tuesday or Wednesday diet". [O]*

*R3-387 … I went on the same thing* [diet] *as another guy, it went great and I lost about 30 kg. [O]*

Individuals, who believe that their stigmatised status can be changed, may themselves attempt to get rid of the stigmatising label as they want to get rid of the mark associated with being overweight. The participants who were obese from a very early age tried to lose weight by dieting numerous times. This was also the case with the participants who became obese in later life. Obese people who believe they can lose weight are more inclined to blame themselves (internal locus of control) for

being obese and this frame of mind tends to decrease the use of coping strategies. According to Joanisse and Synnott (cited in Puhl & Brownell, 2003), most obese people have internalised social stereotypes about obesity at some point in their life course. They define internalisation as "agreeing with social stereotypes, believing that weight is the source of their problems, and continually attempting to lose weight to resolve social dilemmas" (Puhl & Brownell, 2003).

The fact that weight loss is more unsuccessful than successful on a permanent basis provides evidence to both overweight and normal weight individuals that negative stereotypes against obesity are accurate. Each time obese persons try to lose weight but fail to keep it off, they may be reinforcing to themselves and to others the perception that they lack will-power with negative consequences for their experience of the inner self (Wang *et al.,* 2004). Their problem of obesity became so serious that they just gave up all hope and believed that this was their fate, and that nothing could be done about the problem (external locus of control). Consequently they experienced such a strong feeling of hopelessness that they did not do anything about addressing the problem. When the obese man thought that he had no control over being obese, and felt that whatever he did was unsuccessful, he experienced feelings of being out of control. This strengthened the feeling of helplessness. As a result he remained passive and continued with his usual food practices that at least evoked pleasurable emotions. If he was practising unhealthy eating patterns, which is often the case when feeling depressed, the negative emotions associated with his obese condition, would continue (Schifferstein & Desmet, 2010).

The participants did not succeed in reducing obese- related stress. Additionally they experienced shame as an emotion due to their physical appearance and when they were ridiculed by others. It started during adolescence and became worse as time went on. Shame "involves negative self-evaluations and are painful, tense, agitating, real, present, and depressing" (Wicker *et al.,* in Weiner, 1986:151). Both guilt and shame arise from internal ascriptions that are associated with lower self-esteem. Shame results from an attribution to failure that is self-related and uncontrollable. Emotions related to shame are humiliation, disgrace and embarrassment (Goffman, 1963:108; Weiner, 1986:151-152; Lazarus & Lazarus, 1994:162). Shame follows from undesired outcomes and normally goes with negative outcome-related emotions. Shame is experienced when an individual does not comply with the

prerequisites for an achievement of a task related to the problem because of inadequate ability. The obese man knows that he does not comply with Westernised cultural ideals for being attractive. He evaluates his body as part of the self. He fears comment that may include negative critique and even rejection by others who are important to him.

How does the obese man cope with shame? Weiner (1986:152) shows that shame causes a person to lose control. One therefore attempts to change the self, to hide or to run away. Lazarus and Lazarus (1994:160) indicate that it is difficult to address shame by means of avoidance by not thinking about it, because shame involves the self and the individual is continuously in interaction with the self. This corresponds to the basic assumptions of the symbolic interactionism perspective. The obese participant made use of problem-centred coping strategies to handle the emotion of shame. Individuals often use concealment for their unwanted condition as a coping strategy. Unfortunately in the case of obesity their condition does not allow them to do this because their specific problem is quite obvious. From the findings it can be assumed that the participants made use of clothes to hide their excess fat from others. In other words, they dressed to cover the parts of their body they did not want to show to others. Goffman (1963:15) underlines this need of a person to present themselves to others in a specific manner that is important to them. They indicated that they did not like taking off their shirts especially when they were at the seaside or a swimming pool. They preferred loose-fitting clothes and being comfortable. They wore extra-large sizes especially very big shirts. They also wore black clothes as a coping strategy. They tried to dress correctly and fashionably to cope with their overweight problem. They only wore shirts with buttons and not T-shirts or golf shirts. (See **Addendum B**, **Figure 19: Coping by means of clothes**.)

*R1-77 … Well they say black makes one look thinner, so I wear pitch black. [O]*

*R3-507 … I try and wear nice clothes. I try to wear correct clothes. [O]*

*R4-1003 … I would, for example, keep a shirt on at the beach. [O]*

*R6-1750 … Look, a person wears a big shirt, and in such a way that it can just cover the fat. [N-O]*

*R7-2242 … I got so fat that I could not even hide the fat under the clothing. [O]*

*R8-2625 … I buy clothes everywhere that are loose fitting and comfortable. [N-O]*

*R9-3017 … I only wear very big shirts. I will always buy extra large, so that the rolls do not show. [O]*

*R12-4347 … I do not wear golf shirts and T shirts. [O]*

*R12-4347 … I just wear this type of button shirts. It looks better than when I wear a T shirt that fits so tightly. [O]*

*R13-4929 … I wear lots of loose fitting clothes, I do not like tight clothes. [O]*

From the candid comments from the participants, it becomes clear that the obese man cannot hide his overweight body away by clothes. Moreover he fears that others will make fun of him when they are together and interacting. One way to reduce the salience of the mark is to bypass the issue and try to change or conceal the mark. Goffman (1963:73-74, 102-103) distinguishes between "passing" the mark and "covering" or changing the mark. In the case of an obvious and visible mark such as the result of obesity, passing the mark is not an option and the marked person may then rather choose to cover the mark (De Klerk, 2006).

The obese man who experiences negative emotions while in interaction with others tends to regard episodes of devaluation as more disastrous and traumatic than the events themselves seem to dictate (Leary, 2001:344). Goffman (cited in Forgas, 2001:344) holds that people tend to give a worst-case scenario in their reaction to embarrassment. They believe that their social images are more severely damaged and that others' reactions are more negative than is the real situation. The obese man may overestimate the negativity of the impressions other have of him. This may even worsen the emotions of sadness (Leary, 2001:344). Their assessment of themselves and the situation too may be influenced by specific emotions that they are experiencing (Leary, 2001:346–347). This may lead to emotions of devaluation with an impact of an experience of a negative inner self. Stress related to teasing and

ridiculing may change the content of a person's self-beliefs, or make existing negative beliefs more salient and more important (Forgas, 2001:291).

The participants believed that their social images were severely damaged by others ridiculing them. Feedback from others was extremely important for them. The pain of ridiculing was something they urgently needed to address. In order to reduce the stress they made use of anticipatory coping in this situation by making jokes about themselves (Lazarus & Lazarus, 1994:153). Sometimes sarcasm was part of it. They indicated that they mocked themselves before others could do it. When others were making fun of them they tried to laugh it off and pretended that it did not hurt them. Most of the participants tried to make jokes constantly. Being made fun of caused tremendous pain for the participants and it was therefore imperative that they developed coping strategies in order to deal with it.

*R7-2181 ... When we had our year- end function it was such a mockery that we were going to make tsunamis in the swimming pool. [O]*

*R7-2181 … It is easier to laugh at your own jokes than when another guy makes the joke about you. [O]*

*R1-7 … You should have seen us as when we got together during December – it looked like a weigh-less convention. [O]*

*R1-63 … someone said to me: "Just ask the Lord to give you will-power". Then I said it is not the Lord's fault. One knows what is right and wrong. But you are the one who must stop going to McDonald's "drive-thru". You are the one that drives through. [O]*

*R1-71 … Shame Micro died of a heart attack. Shame, can you believe it? (Sarcasm) [O]*

*R1-93 … Because I am a Botha, now I guzzle like a Botha. I am a roly-poly [O]*

*R3-603 … It hurts you a bit and then you laugh it off. [O]*

*R1-155 … the doughnut you had in-between meals becomes broccoli when you add the calories later the day. [O]*

*R12-4082 … I got used to it later* [being made fun of]*. At the moment I make fun of myself. [O]*

*R1-176 … fat people's shoe laces are on the side of their shoes. [O]*

*R8 … The weight keeps you back physically. How did Tolla*[9] *put it? He said the fat guys' shoelaces are fastened on the side of their feet, because they can't get to the shoes, then he picks up his leg and fastens the shoe lace here (points higher up the leg). Thus, all the fat guys with a tummy's shoe laces sit here. [N-O]*

*R8-2632 … He became so big. He now sits in the back of his car and drive. (Making jokes). [N-O]*

Over the years their coping trajectories developed progressively to counteract the higher demands they had to face as their experience of obesity deteriorated. This was especially valid for the participants who had been obese for many years. The evidence emphasises the words of Schmidt *et al.,* (2002:65) that "coping is more than simply a strategy; it is a cumulative history of interactive processes that are embedded in developmental organization".

## 6.5 CONCLUDING REMARKS

It is clear from the findings that the obese man's eating habits and the meanings that food, as a social object, has for him are influenced by and learned from others such as his family during childhood and adolescence, his married partner and work colleagues in adulthood. Food as a social object, and eating it, has always played a central role in the lives of the participants as obese men, and still does. For the obese man food is not only there just to be eaten. He eats for the anticipated

[9] Tolla: South African comedian.

pleasure it brings. Several factors like marriage, friends and his career have influenced the food trajectory of the obese man.

The obese man's food trajectories influence his weight trajectory with a negative impact on the experience of the self. His overweight body causes intense sadness due to physical handicaps and emotional experiences of sadness. He cannot make peace with his obese state and needs to address the situation.

Coping strategies used by the obese participants were critical in their handling of obesity. Although some of them gave the assurance that obesity was not a problem for them, they all used coping strategies. Even the denial of this problem was a coping strategy. In the process of self-appraisal they needed confirmation that they could handle the problem of obesity in such a way that it did not influence the way they experienced their physical and inner selves. It should be remembered that coping strategies can only be seen as positive as long as they help the person to release stress. When these progressively move away from the reality, they become unproductive and can even harm the person using them.

Regardless of all the coping strategies they put into use, the participants in this research study were not totally able to handle their problem of obesity. It did not change their state of obesity, neither did they help them to change the negative emotions associated with it. Their obesity problem actually got worse and impacted extremely negatively on their well-being.

# CHAPTER 7

## Conclusion, evaluation and recommendations

### 7.1 BACKGROUND

The theme of this thesis has been to explore and describe life course transitions and stages associated with a high risk of excessive weight gain in men. A qualitative research style was chosen and data was gathered from in-depth unstructured interviews. Verbatim transcriptions of the interviews as well as networks from the Atlas ti program were used as verification discussion and interpretation against the background of chosen perspectives and the broad objectives (**Section 5.2**) set for the study. Specifically, the purpose was to explore and describe these life course stages and transitions that direct the food trajectory of adult obese men (**Objective 1**); the meaning that obese men attach to food through the life course (**Objective 2**); the role of others, referred to as the significant, reference and generalised others in the obese men's food trajectory (**Objective 3**); the role of life transitions (**Objective 4**) and the role of others (**Objective 5**) in the obese men's experience of their physical and inner self.

In this last chapter a general conclusion on the research findings is discussed, the study is evaluated, some recommendations are made with reference to using a qualitative research strategy with men and finally the value of this research in the field of nutrition is pointed out.

## 7.2 OVERARCHING CONCLUSION

### 7.2.1 Background to the conclusion

The purpose of the study was to gain an understanding and deep insight into the obese man's life in relation to how he experienced obesity during his different life stages. The aim was not to be able to make any generalisations, to prove hypotheses or to confirm previous researchers' work. The conclusions drawn from this research's data thus only apply to the participants in the study. Discussion will be based on a reconstructed conceptual framework (**Figure 7.1**) and supported by a condensed summary of conclusions related to each objective.

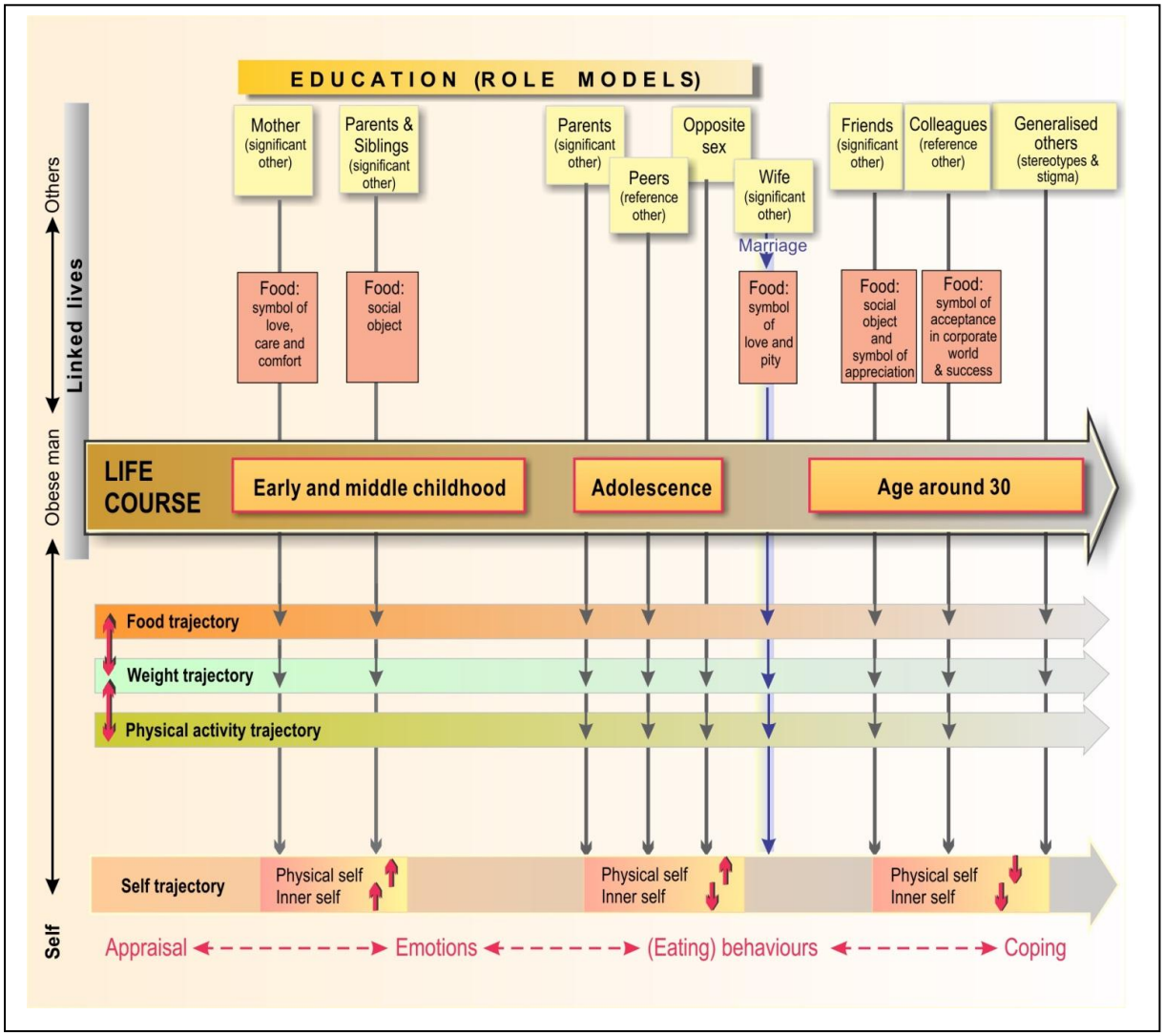


FIGURE 7.1: CONCEPTUAL FRAMEWORK DERIVED FROM NEW DATA

**Figure 7.1** is described in the following few paragraphs.

The three most significant transitions in the life course of the obese man are early and middle childhood, adolescence and early adulthood especially around the age of 30 (**Objective 1**). During early adulthood marriage can actually be seen as a turning point with regard to the obese man's weight trajectory. It is associated with a downward spiral in his well-being. Other transitions such as entering a new job or changing careers can also be mentioned as factors. Corporate success can be a major challenge for him although it often impacts negatively on his weight trajectory due to physical inactivity and social responsibilities. The meanings that the obese man attaches to food are derived through interaction with others and the associated emotions. In the case of food these emotions are joy and a sense of well-being. Food is appraised as good and enjoyable (**Objective 2**).

In each stage either representatives of the significant other, reference other or the generalised other categories were involved in his food trajectory (**Objective 3**). Linked lives seemed to be of major importance. During childhood his mother played a very important role as a *significant other*. During young adulthood the wife as a *significant other* played a major role in his weight trajectory. During adolescence peers and members of the opposite gender became increasingly important as peer *reference group others*. Although parents as significant others became less important, they are seen to still play a role in the food trajectory of the adolescent. During young adulthood friends as significant other and colleagues as a *reference group* become increasingly important. He appreciates friends' positive feedback in terms of food preparation. The obese man tries to comply with all the expectations of the corporate world in order to be successful in his career. This includes social expectations in circumstances where food and alcoholic drinks are in abundant supply. Although the obese man is aware of the *generalised other* and especially the standards set by society, the category does not influence his food trajectory significantly.

During early childhood the obese child does not experience either the physical self or the inner self negatively. As an adolescent he manages to keep his weight under control through engaging in sport and, although he might be overweight or obese already, he does not have a negative feeling about his physical self. However, during

this stage, he does start having a negative experience of his inner self. During early adulthood (around the age of 30) the obese man does experience both his physical as well as his inner self very negatively.

When very young the obese child is protected by the mother and he does not seem to receive negative remarks about his weight from her. During adolescence the obese teenager is well aware of the fact that he does not conform to society's norms in terms of his physical features due to being overweight. This affects his inner self negatively. Friends make it worse by ridiculing him and girls even reject him. On reaching adulthood his friends and colleagues begin to play a definite role in his experience of his physical and inner self. Friends appreciate his culinary skills but also make jokes about him while he is sure that colleagues do not discriminate against him because of his obesity. He puts a great deal of effort into trying to be excellent in his work to ensure that his good performance compensates for being obese (**Objectives 4** & **5**).

With these overarching study objectives directing the study, and against the background of the chosen perspectives, the researcher was able to interpret the findings according to the identified main themes, namely:

- The meaning of food
- The sadness of obesity
- Coping with obesity

To only give conclusions according to the broad objectives of the study would not give the full picture of what was actually happening during the three recognised transitions in terms of his weight, perception of self and relationship trajectories (**Figure 7.1**). The objectives are therefore interwoven into each theme in order to tell the complete story and the conclusion will be presented around these three themes.

### 7.2.2 Conclusion in terms of themes

The ***meaning*** that food, as a social object has for the obese man can be seen as a major issue in the development of obesity. The meanings he attaches to food and eating largely result from his lifelong interaction with others in consumption-related behaviour.

The obese man's eating habits and the meanings that food as a social object conjure up for him are shaped by, and learned from, others such as his family during childhood and adolescence, his wife, colleagues and friends during adulthood. The concept of linked lives, as emphasised by both symbolic interactionist and life course perspectives, is clear in this regard. Food, and eating, is playing a central role in the life of the obese man. Food is used for several reasons, and eating is engaged in for the anticipated pleasure of it. The obese man is passionate about food. Eating becomes a whole aesthetic experience with sensory, emotional and symbolic dimensions.

Since childhood, his earliest experience of eating is intertwined with the experience of close interaction with his mother who provides food for him. For a better understanding of the meaning that he attaches to food, his food trajectory since childhood should be considered.

It seems as if the obese man's mother, as a significant other in his life, plays a major role with regard to the meanings that he learns to attach to food. Equally significant is the fact that food is, in many cases, not only used as a social object in the house, but also becomes a symbol that portrays specific meanings or messages that are communicated to others in the home. It seems as if the obese man's mother uses food particularly as a symbol of nurturing, love, care and comfort. She does this to convey certain messages to the child, namely, that she cares for him, that she wants to spoil and comfort him, and that she loves him. Food gets a new meaning for him continuously and becomes something that is important to him and he communicates those same messages to himself. Food is now no longer just a social object, but becomes even more important because it becomes that which he longs for. He has learned that he can use food to fulfil very important human needs, such as the need for love, care and comfort. Later in life when he consumes comfort foods it brings a connection between him and the others whose memories the food object evokes. The food then cannot easily be separated from its symbolic meaning; it actually becomes part of his self.

Childhood is the time when the obese man's eating trajectory starts. His parents play an important role and it is especially his mother who directs her child's food habits

with rules trying to encourage eating and even forces him to eat everything on his plate. She teaches him to use food as a comfort in challenging life situations. As a child the obese man is comforted by food to 'make it feel better' and he grows up to view food as a soother after both physical and emotional injuries.

The meaning that the obese man attaches to food does not change during adolescence, but as he grows older he starts to evaluate himself and his actions, also from the perspective of the reference group and generalised others. During this stage the obese adolescent has several reference groups and he shares a perspective with each of the groups to define his own self.

Early adult transition (17-22 years old) is the stage when the obese man begins to formalise an initial definition of self as an adult. He explores possibilities and makes tentative choices that will lead to his initial place in the adult world. This is the stage when the obese man no longer benefits from the protected environment of his home. His food intake is changed by his growing independence and food preparation habits as it becomes his personal responsibility, and deterioration of dietary quality becomes obvious. Health and nutrition do not appear to be major considerations.

From the findings the age around 30 stood out as the actual adult stage when the male individual starts gaining weight. The obese man makes a transition into the realities of adult life. This is the time that he has to prove himself in his career and as a husband and father. During this life stage he still uses food as a symbol of many things as learned during childhood, but it also now becomes an object for socialising and corporate communication. It is still a symbol of joy built on past memories, but he also uses food as a symbol to communicate something about himself, namely, that he is a 'nice guy', he is exceptionally good when using his entertaining skills and he is a first-class worker. As learned in his childhood years, food acquires meaning in the sense that it symbolises the good things about you.

Furthermore, during young adulthood, a life course transition that has an exceptionally important impact on the development of obesity is marriage and its associated changes in social and gender roles. For the obese man food seems to be a central part of the marital relationship. Both partners have to adapt to new food practices in married life and their eating habits change significantly. It seems as if the

wife, as a significant other, has a remarkable effect on how much is eaten and what is offered to eat. Their marriage status too seemingly gives reason not to care about their physical features any longer, because the obese man does not need to impress anyone any more. Thus the obese man's lifestyle trajectories change in a negative direction after marriage. His wife has apparently replaced the role of his mother and, as his mother did, she accepts him unconditionally. He compares the way his wife prepares food with the way his mother did. He often refers to his mother's culinary skills where food is used as a symbol of love and empathy.

It can be further concluded that when the obese man either enters a new career or gets promotion it serves as an important transition or status passage during young adulthood that could play a significant role in the obese man's food trajectories. Entering a career in many instances brings along with it a new lifestyle that affects the obese man's everyday food practices. Interaction with colleagues and clients takes place on a regular basis and it is expected from the obese man to eat and drink to be socially accepted in situations in which hunger and satiety cannot be taken into account. Thus food now also becomes a symbol of socialising and acceptance as a colleague. For the obese man it is very important to be successful in his career and he is willing to attend all the social activities where food and drinks are served in abundance. He regards it as a way to be acknowledged as a valuable colleague. Food serves as a symbol of success and acceptance in the corporate environment. For him being appraised as excellent in his career despite his obesity is a positive experience of the inner self.

Another aspect is that the obese man is in ongoing interaction with friends and this contributes to their role in his food trajectories in another way. Cooking for friends now becomes a desirable and enjoyable experience and more so when friends appreciate his love and passion for food and enjoy watching the preparation rituals. This gives the obese man additional meaning as he assumes that his friends accept him unconditionally. While socialising with friends he gets the recognition he needs and the joy of eating with them is a priority in his social life.

During adulthood the obese man regularly appraises the significance of what is happening to enhance his sense of well-being in a food-related situation. His love for food and eating evokes an emotion of pleasure and well-being, and in order to repeat

this experience and those pleasurable emotions, he starts to get engaged in strategic planning for the next session. This may lead to further thoughts and successive emotions. Eating becomes an important class of stimuli that give rise to positive emotions like happiness for the obese man. For him eating-related pleasure (hedonic eating) is an outcome of positive appraisal of food and eating. While the obese man is experiencing emotions of joy, pleasure and well-being, he recalls joyful eating-related past experiences of affection and closeness with significant others. The emotions that food evokes in him can therefore not be separated from the various meanings that he attaches to food.

From the discussion so far it is clear that others who figure in each stage of the obese man's life course play a crucial role in his food trajectory and consequently also in his weight trajectory.

It can, however, be stated that, although the obese man enjoys food and eating immensely, he tends to experience his obese state very negatively. This experience of ***sadness*** includes both the experience of the physical and inner self. The obese man's body cannot be separated from the rest of his self. The experience of his overweight body has negative consequences for his emotional well-being.

In social processes the obese man is in constant interaction with others whose feedback plays a role in his own appraisal of his obese state and self-perception. Although in many of the cases being overweight during childhood and adolescent years might not have been a factor, as it seems as if the obese man did not experience his physical self in such a negative way that it caused negative emotions. Sometimes his overweight body even benefitted his participation in sport and this helped him to keep his weight within a normal range. His experience of the inner self during childhood was also not a major problem because he was protected by his mother and other significant others. It is during adolescence that the experience of the inner self becomes problematic. He becomes the victim of ridicule by others; not only by his peer group, but also by adults, including family members. His physical features quite often cause him to feel very humiliated and certain incidents happen that have lasting effects on the way he experiences his inner self. During adolescence he could also be rejected by the opposite sex and he is well aware of

the fact that he does not conform to their expectations. Humiliation and shame contribute to a poor body image as well as a negative experience of the inner self.

The early twenties (18-25 years) is the stage of life when the obese man is satisfied with his weight, according to his own norms. He loves going to the gym and he moves out of his home environment and prefers living with friends or people of his own age. He intentionally adapts to a new lifestyle with little concern for healthy eating habits. But, at the age of 27 or 28 his weight starts to become a serious issue. It is especially at the age around 30 that a dangerous time zone for weight gain begins to appear. One cause for weight gain is his withdrawal from sport. This is also the time that the obese man's negative experience of his physical self, deteriorates.

During this life stage of early adulthood important transitions are made. A man gets married and starts with a family and often makes career changes. Late twenties to early thirties is a significant time in his life. Financial independence and accepting responsibility for himself and the family put tremendous pressure on him to perform according to the expected demands, and these could influence his weight management and experience of the self. Additional to the pressure of his career, role responsibilities and social pressure, he also has to cope with his physical features. This is also the life stage when the obese man who was of normal weight during childhood, could become obese. It can be argued that he is most probably so focused on his career and changed roles as husband and father that he neglects good lifestyle practices.

At this stage in life he becomes exceptionally self-conscious about his oversized body, the physical self, and is well aware of the fact that he does not conform to society's stereotypical impression of attractiveness and thinness. This may play a role in his experience of self because the obese man appraises his physical features according to others' responses to his appearance. There are some in his social circle, the others, who blame him for being obese and this may further play a role in his appraisal of his physical self and results in a poor self-image.

The obese man's weight affects every facet of his life. Obesity is the cause of physical discomfort in several ways. His immobility is exceptionally adversely experienced. He feels disabled with negative effects on his experience of the

physical self and consequently the inner self. Throughout his life course the obese man tries almost every weight loss diet, or starts exercising, in an attempt to get control over his weight. Unfortunately lack of perseverance and being undisciplined with regard to food and a healthy lifestyle, result in repeated failure and often a 'don't care' attitude develops.

However, the obese man struggles to make peace with his obesity. The idea the obesity will not change, make him depressed and without hope for the future. The constant lack of energy, immobility, negative feedback from others, unattainable stereotypes and stigma make him feel depressed, coupled with little hope of being able to do something about his obese state. He seems to have an ongoing fight against his thoughts and against depression. Being the victim of permanent ridicule by others contributes to his depression and sadness; not only during adolescence but also during adulthood. The obese man often refers to others who make fun of him. His experience of being mocked is very humiliating and causes tremendous emotional pain.

The obese man is in a continuous process of inner conversation. His experience of sadness may be initiated from a cognitive process of appraisal or self-interaction. He appraises his physical self in terms of his physical handicaps, immobility, discomfort, embarrassment and the fact that he does not conform to Westernised social norms. His thoughts are capable of producing emotions of sadness in response to events that are of concern to him. When the obese man anticipates an unpleasant situation, he considers options for coping. On the basis of what he has learned he also foresees the apparent success or failure of his coping effort. Coping helps him to diminish the probability of negative emotions.

When experiencing losses or repeated failure, the outcome appraisal is a feeling of failure, helplessness and the experience of emotions of sadness. When the obese man thinks that he has no control over being obese and whatever he does is unsuccessful, he may experience feelings of being out of control. This may also result in an attitude of helplessness. As a result he will stay passive and continue with his food practices which at least evoke pleasant emotions.

The obese man considers the feedback of others as important on the basis of how significant they are in his life. Therefore the colleagues' feedback at work becomes increasingly more important for him and their feedback means a great deal in his experience of the self. Fortunately the obese man seems to be sure that there is no discrimination against him due to his obese state, and he denies negative stereotypes with regard to performance at work. (He uses denial as a coping mechanism). He is convinced that he is judged on his performance and not on physical appearance.

Friends are really important to him. He compares himself to them and their feedback helps him to define his self. Although some of his friends encourage him to lose weight and acknowledge his weight loss efforts, others humiliate him by making jokes about it. He experiences this in an extremely negative way because he wants his friends to be a support system instead of regarding him just as fun and a 'nice pal'. For the obese man who is, to a great extent, concerned about positive feedback and positive emotions, ridicule and embarrassment make his experience of sadness even worse.

Stereotypes, as part of the generalised other, also play an important role in how the self is experienced. If seen as failure it would confirm that he indeed does not comply with social norms and that obesity is discrediting and socially unacceptable; the consequences being an experience of shame and sadness. Moreover, he would be subjected to stress if the threat exceeds his coping capability. The obese man thus needs ***coping*** skills to diminish the stress and negative emotions that obesity brings in his life. Nevertheless it is clear that the obese man uses several coping strategies in order to maintain the self. Through interaction the obese man anticipates how others are likely to respond to the role he plans to adopt. According to their responses, he can modify or redirect his actions.

Whenever he experiences a threat to the self, he tries to find a causal attribution especially when the outcome is negative or very important. (He is using rationalisation as coping mechanism). Contributory dimensions play an important role in his emotional processing. Repeated failure in attempts to address his obese state evokes emotions of sadness. If the obese man attributes it to internal causes such as a lack of perseverance or willpower, a negative experience of the self usually results.

His self is at stake and he needs to address the problem. One way of doing it is to use defensive coping strategies. He constantly finds excuses for not being able to lose weight. When directing negative attributions like obesity on external sources it most probably leads to better emotional outcomes for the obese man than attributing negative consequences to internal causes. (He uses 'avoidance' as a coping mechanism). According to him his obese state is the result of uncontrollable events and conditions for which he cannot be blamed. It is due to genetic factors or illness and nothing can change it. It is uncontrollable and permanent, hence a stable condition. The only thing he can do is to accept the situation. The consequence in this case is that the obese man is not ready to direct his behaviour to actively solve the problem. He is actually not doing anything; he has already given up. When he is experiencing an emotion of sadness, he most probably will not do anything about his obese state anyhow.

Furthermore he puts the blame for being obese on his parents and his wife as well as on changed lifestyles like living on his own, working shifts, buying food at work instead of preparing his own food at home. (He uses 'blaming' as coping mechanism). Part of emotional coping is to minimise the problem or to deny the existence of the problem. The obese man copes by refusing to acknowledge that he has a weight problem that this could have serious consequences for his physical and emotional well-being. By denying the existence of the problem, stress is temporarily reduced. He further compares his eating habits with others' drinking and eating habits. (He uses rationalisation as coping strategy).The obese man uses this self-protecting strategy to compare himself to others who are worse-off. A further example of reappraisal to cope with emotions of shame, sadness and guilt is to rely on his strong personality. He often talks about his "stunning" personality that compensates for being overweight. Another way of compensating for being obese seems to be a good friend for all; to be fun to be with and being popular. The obese man is assertive, friendly and outgoing in social situations to improve others' perception of him. Others' positive feedback helps to enhance his experience of self.

According to the obese man he is performing exceptionally well in the corporate world. This may also be an attempt to compensate for being obese and to prevent discrimination on the basis of his physical appearance. When he feels stigmatised

due to his obese state he reappraises his situation. Although he is obese nobody can accuse him of not performing in an excellent manner.

The obese man also copes by trying to avoid thinking about what is troubling him. One way of avoidance coping is to avoid comparison with non-stigmatised people. In this way he avoids the stress that might be experienced in acknowledging that others are doing better than he is able to do. He has also to cope with the physical self and all the negative associations of immobility, discomfort and shame. He tends to avoid physical challenges and social contact where stigma may be experienced. He gets engaged in hobbies like photography which is very popular as that it does not involve much physical movement. Sometimes the obese man makes use of active coping by becoming involved in sport and exercise to solve his weight problem. Unfortunately this is temporary and he is constantly justifying why he cannot exercise. The excuses include physical handicaps, previous sport injuries, lack of time and his work causing him to sit for hours without doing any physical activity.

In the end the obese man experiences that he does not have control over his obese state. Although it is not his fault, something needs to be done to turn these circumstances around. He experiences feelings or emotions as being out of control. His physical self is deteriorating. He tries to become engaged in active coping to get control back through weight loss diets. Although he denies that his obese status is a serious problem, he tries several weight loss diets, even from a young age. Most often his weight loss efforts last only for a short while with little long term success. Each time the obese man tries to lose weight but fails to keep the excess loss off, it reinforces the fact that he lacks willpower with negative consequences for the experience of the inner self. When the obese man thinks that he has no control over being obese and whatever he does is unsuccessful, he may experience feelings of being a failure and lacks self-discipline. These negative factors result in an overwhelming feeling of helplessness, even depression.

In conclusion, in terms of the themes, meanings, sadness and coping, it can be said that it is about the total person: ’body, soul and mind‘. There is interplay between what the obese man thinks (the cognition), his emotions (the affective) and, arising from these, his actions (the behaviour). The meaning he attaches to food gives rise to emotions of joy and satisfaction. He uses food as a social symbol to say

something about his self. In order to repeat these positive emotions his actions become directed towards food. Unfortunately the eating practices and enjoyment of food confirms feelings of helplessness and contributes to the downward spiral of his weight-based problems. Consequently a negative experience of his physical self impacts on his experience of the inner self adversely. He is constantly appraising what is happening to him and this causes fluctuating emotions, which force him to continue to use coping strategies to make it less stressful and to boost the experience of the self. He probably chooses food and eating as a medium to counteract these sad emotions and the vicious circle repeats itself, while his world becomes increasingly unrealistic and isolated.

## 7.3 EVALUATION OF THE STUDY

It is important that the researcher evaluates the research in an objective and honest way. The evaluation is done in terms of the trustworthiness of the study, the achievement of the aim and objectives set for the study and the contribution of the study to existing theory.

### 7.3.1 Trustworthiness of the study

Qualitative research should comply with criteria of credibility, transferability, dependability and conformability in order to ensure trustworthiness (De Vos, 2004:351). In **Chapter 5** the strategies that were used to enhance trustworthiness of the study, were addressed. Comment on their effectiveness follows.

Data should be **credible**, in other words, the information provided should be factually accurate and comprehensive. This was achieved by member checking that enhanced interpretative credibility. During the second in-depth unstructured interview participants were asked to reflect on aspects that were vague for the researcher. A short summary of the previous interview was given to the participants and they could comment on it.

Triangulation also enhanced the credibility in the following ways: method triangulation enhanced credibility by using more than one data collection method, namely, in-depth interviews and observation in the form of field notes. This kind of triangulation contributed to the validity of the data. For data triangulation 14 participants were used in the acquisition of the data. More than one interview was conducted per participant. In this way trust was built between the researcher and the participants. Participants got more than one opportunity to reflect their deepest experience of the phenomenon and to be open and honest. The participants knew that the information would be treated as confidential and that there were no wrong answers to the questions posed. Another form of triangulation was the use of more than one perspective as point of departure and to interpret and understand the phenomenon. Since more than one way of interpretation was used credibility was enhanced. This was achieved by using the Atlas ti computer program.

Peer debriefing also contributed to credibility. Three study leaders, well-versed in the nature and methods of the research, were involved in the data analysis process and interpretation of the results. These persons questioned the researcher on several aspects of the research and the researcher had the opportunity to discuss constraints and problems with them.

The researcher can honestly state that the data collected and its interpretation are true and trustworthy. The researcher avoided influencing participants in any way to give specific information. Interpretation was verified by the study leader as well as the two co-study leaders and was discussed several times to make sure that important information that emerged from the data was interpreted correctly.

According to Babbie and Mouton (2001:277) ***transferability*** is “the extent to which the findings can be applied in other contexts or with other participants” implying that knowledge gained from one particular context might not necessarily have significance for other contexts (Babbie & Mouton, 2001:227). Although the qualitative researcher is not primarily interested in generalisations, the potential transferability in this study was, however, enhanced by several practices. A detailed biographical description of participants was given and care was taken to check that they all complied with the inclusion criteria for the sample. The researcher also made sure that participants represented the different life stages, and that they were willing to

share their experiences of being obese. All observations were defined by the context in which they had occurred. A detailed description of the context of the study was provided to enable the reader to judge the degree of transferability of the study as advocated by Miles & Huberman (cited in Riege, 2003). Purposive sampling was done to obtain the best possible information from the participants concerning the pertinent issues as identified in the stated research problem. In order to obtain rich descriptive data 14 participants were used and, as advised by other researchers (Babbie & Mouton, 2001:278, De Vos, 2004:352) interviews were terminated when data-saturation started to take place.

***Dependability*** is the degree to which the results are repeatable (Pottas, 2005:139). Although it refers to reliability in quantitative research, it must be taken into consideration that, in qualitative enquiry, the social world is always being constructed and the concept of replication is problematic (De Vos, 2004:352). Triangulation enhanced dependability as already mentioned when discussing transferability. Detailed descriptions of the methods and the data gathering as well as the analyses of the data were provided in the text of this document and appendices.

***Conformability*** is "the degree to which the findings are the product of the focus of the inquiry and not the biases of the researcher" (Babbie & Mouton, 2001:278). The conformability audit was enhanced by the involvement of independent neutral researchers and also experts in the specific area of research. They were approached for an opinion on the extent to which research compiled with accepted research practice.

All these practices were put in place in order to enhance the trustworthiness of the study. The researcher attempted to reflect the true scope of the research honestly in every possible way. Raw data in the form of recorded audiotapes, written field notes on observation as well as data analyses are available to trace the results back to their original source.

The choice of the specific research method and strategies used for this research was made after a thorough study of theories relevant to the topic and work done by other researchers with attention being paid to their measuring instruments as well. To make sure that the analyses and interpretation are trustworthy the researcher only

used the phenomena that repeated themselves, while other information only mentioned once or incidentally, was not regarded as relevant for the study and discarded or ignored. It is, however, available in the complete record of the transcriptions.

The approach to the study is considered as being well-chosen and executed and the following points and observations can be made:

- The study was unique and there was no intention to repeat the study.
- No hypotheses were formulated beforehand.
- The research started in the natural environment, the real world, and could be described accurately.
- Retrospective data collection strategies were used in correspondence with the life course perspective to ascertain event sequences. Respondents were able to retrospectively describe their experiences of being obese. This type of strategy proved to be valuable and resulted in worthwhile results.
- The researcher made use of in-depth interviews as a qualitative data-collection method as well as observation and by making extensive field notes.
- Emotions displayed during the interviews and other significant observations were documented to support and verify the information given during the interviews. By doing this, deeper insight and understanding of the obese man's experience of obesity as well as his coping strategies when trying to maintain the self, was gained. This enhanced appreciation of the phenomena under investigation leading to confident and accurate description.
- From the outset the researcher was aware of the fact that the study would involve eliciting information about both the emotional, cognitive and behavioural experiences of the participants.
- A conscious effort was made not to be influenced by any personal perceptions and values during the interviews as well as when interpreting the data.

### 7.3.2 The achievement of the aim and objectives of the study

As demonstrated (**Section 7.2.1**) in presenting the findings as a model (**Figure 7.1**), the aim and objectives have been achieved within the specified scope of this study.

### 7.3.3 Contribution to the theory

A commonly held view is that the value of research is enhanced if it can make a contribution to existing theory. The researcher is of opinion that this research has done this in two specific ways:

- By combining the symbolic interactionism and life course perspectives
- By strengthening current theory related to the development of obesity as experienced by men

#### 7.3.3.1 The merit of symbolic interactionism and life course perspectives

From the findings of this research as well as the conclusions drawn, it can be stated that symbolic interactionism and the life course perspective with their specific assumptions can be usefully applied to study obesity in the context of understanding the obese man's eating behaviour and life world.

***Symbolic interactionism*** focuses on the active dynamic interaction between people. The obese man can thus be seen as an active human being in his relationships with others. Meaning is a dynamic part of any action and is constructed and reaffirmed in social interaction (Blumer, 1969:8; Charon, 1998:23). From this study it is clear that the development of obesity does not take place in isolation. During each life stage others play a role in the individual's experience of his self and his food trajectory. The action he takes (his food behaviour) is based on his anticipation of others' (his mother, wife, friends and colleagues) responses and his interpretation of these. The symbolic interactionism perspective helps the researcher to identify and describe others who play a role in his food and weight trajectories and his experiences of the self.

The obese man's food behaviour is also based on the meaning he attaches to food. Food is far more than a source of nutrition. He is passionate about food and it is a symbol of love, comfort and joy. It helps to release stress and to cope with the negative self-experience of his obesity. By using this perspective the researcher managed to understand why food is so important in the obese man's life and why he relies on food and uses food as a social object and as a symbol of things that are important to him.

The symbolic interactionism perspective emphasises the development and experience of the self. The self is an object and the person interacts with it. The self arises in the process of social interaction and activity (Mead, 1969:135). In interaction with others, the obese man's self is pointed out and defined and he communicates with the self to appraise his situation and direct his eating behaviour and coping strategies accordingly (Mead, 1969:137; Charon, 1998:66; Sandstrom *et al*., 2006:82). He has many reference groups, the others in this life, and with each of them he shares a relationship that has a specific perspective. When he interacts with friends or colleagues, their feedback helps him to define the self. The obese man's self as a social object thus changes constantly in interaction. It is not only the way he experiences his physical self but also the experience of the inner self that evokes emotions and directs his behaviour. Charon (1998:69–70) describes the development of a generalised other as the internalisation of the concept of society as the individual has come to know it. The obese man shares society's viewpoints and perspectives such as the stereotypical and the social stigmas on obesity and it becomes part of the self. He possesses an attribute that conveys a social identity that is devalued in some particular contexts, and therefore he often experiences stigmatisation. He experiences the self as bearing some kind of mark which differs from the norm and this may have consequences for his behaviour.

The perspective of symbolic interactionism helps to understand why the importance of the physical self should not be underestimated because it is experienced as part of the total self and therefore also plays a role in the experience of the inner self. When the obese man's body stands out and becomes an object that reflects something that is either for or against the viewpoint of others, his overweight body starts to get meaning and becomes part of his self. Overweight cannot be separated from the body and therefore not from the experience of the self (James, 1961:115; Mead, 1934:136). The body can also be seen as a link between the inner self and some of society's most important values. This means that the obese man judges and labels his body and weight against the viewpoints of others with whom he interacts (Turner, 1984:38–39).

The ***life course perspective*** views peoples' lives across their life course, emphasising life course trajectories and transitions while taking into account life

stages, social structure and events throughout peoples' lives (Elder in Jabs & Devine, 2006). Transitions during the life course that are significant for the obese man's weight trajectory and the way he experiences his self take place in social environments with significant other, the reference group other and the generalised other who play a role. These transitions are particularly influential in early childhood, adolescence and young adulthood. Throughout the life course social relationships with parents, peers, friends, wives and colleagues are part of the experience of the self. Their feedback and even comparisons with them do play a role in self experience (Devine, 2005). The aim of this study was to describe the life stages and transitions that were important for a person with excessive weight gain. These transitions could be described well and preventative measures for obesity should be based on such information.

The life course of individuals is embedded and shaped by the historical times and places they experience over their lifetime (Elder (jr), 1998; Heinz & Marshall, 2003:9). Time operates on four levels, namely as historical events, as role trajectories, as changing social norms and as continuity and change in individual development (Moen and Roehling, 1998). The life course perspective thus elucidated why the obese man brought his past food experiences into his current situation. The thoughts and feelings associated with those previous eat-related experiences play a role on the current situation. It further helps to understand how food choices or practices develop in historical time (Devine, 2005) as well as exposing the obese man's physical, cognitive and social-psychological development within a specific time in history and the role it plays in the development of his food trajectories.

The life course perspective addresses the balance between stability and change. It deals with adaptation to events or transitions in order to restore stability. In times of constraints on adaptation, when faced with external demands, the obese man in this study needed to handle the problems because he could not live in isolation. He used several coping strategies to maintain the self in interaction with others, as other scholars too have observed (Levinson, 1986, Shanahan, 2000, Wethington, 2005). The life course perspective helps to highlight the environmental factors that play a role in aspects like physical activity levels and food intake in the weight trajectory, how it changes over time and how the obese man adapts throughout his lifetime to

changing circumstances, a point also raised in the literature (Elder (jr), 1998, Jamieson *et al.,* 1998, Edstrom & Devine, 2001; Devine, 2005; Segelken, 2005).

The developmental impact of the sequence of life transitions or events depends on *when* they occur in a person's life. The timing of life transitions and events that happen during those transitions, and the presence of others who play a role, have long term consequences for the obese man's weight trajectory, his experience of the self and subsequent transitions. As noted by other scholars (Elder (jr), 1998; Elder in Heinz & Marshall, 2003), this could explain the obese man's experiences of his inner self and how he adapts to external demands while passing through each stage in life. Human agency states that individuals construct their own life course through the choices and actions they take within the opportunities and constraints of history and social circumstances (Elder in Heinz & Marshall, 2003:11). This means that the obese man is able to control his own behaviour, but also that his choices and actions are not made in a social vacuum (Elder, (jr), 1998). In other words, through planning, the obese man can be responsible for the nature of transitions and other turning points in his own life.

The life course approach used in this study showed the obese man's food and weight trajectories in context, their development and other transitions that existed over time during his life span. As Devine (2005) notes, it incorporates several important concepts for identifying food and weight trajectories such as transitions, turning points, lives in place and time and the timing of events in lives. The life course perspective helped to describe the development of the obese man's food and weight trajectories over the years and during different developmental stages.

Both perspectives put emphasis on the important point that the self cannot be separated from the perspectives and opinions of others. The concept of linked lives is particularly true for the obese man who is constantly in interaction with others. The obese man's judgment of the self is almost completely in the hands of other people who have great control over the social environment in which he lives (Goffman 1959:14).This means that the obese man judges himself according to the standards of society in terms of physical appearance and work performance.

This discussion on symbolic interactionism and the life course perspective with their assumptions contends that there are clearly appropriate choices on which to base a research study on the development and experience of obesity and to illustrate its useful applicability. Both perspectives accentuate the linked life concept and the view that the individual is responsible for his own behaviour. When studying a phenomenon like obesity it is useful to examine 'lives in progress' and not to focus solely on a single moment or event. It is also not sufficient to study a series of two to three moments, or established phases or a separate occasion only especially if widely separated in time as happens in longitudinal research (Levinson, 1986). It is necessary to look at obesity in all its complexity, including everything of significance and the interaction of others.

#### 7.3.3.2 Contribution to theory on the development of obesity

When dealing with literature on obesity as a phenomenon in **Chapter 2** it was emphasised that obesity is a complex disorder of multiple causes (Drewnowski in Conner & Armitage, 2002:79; Peters, 2004; Kim & Popkin, 2006; Glass & McAtee, 2006; Logan, 2008). The role of social influences in addition to behaviour was also captured. It is especially true at the micro-level and embodiment level (see **Figure 2.1**) and this is where this study contributes significantly to existing basic theory on the development of obesity. The researcher could describe the relationship between social conditions and obesity which is not generally identifiable in observational studies or experimental studies as noted by Glass and McAtee (2006). This study reveals, after a sound and thorough investigation that the obese man's food behaviour is closely related to significant others. This was made possible through the design of the study and the use of appropriate perspectives. Food behaviour in social relationships could be described and this has led to a better understanding as to why the obese man's food consumption may differ when he is with friends, colleagues or significant others like his wife and mother. A holistic approach was used to bring all aspects together so that the 'entire story' could be told.

Teoretici and researchers like Lazarus and Folkman (1984:181–223), Weiner (1986:117–154), Lazarus and Lazarus (1994:152–174), Lavery and Clarke, (1996), Macht *et al.*, 2005 and Martens (2005) refer to the interrelationships between the emotions, cognition and the action an individual chooses to handle a problem. The

way an individual thinks about a problem, as well as the cause of the problem, play a role in the emotion it evokes. It also plays a role in the strategy chosen to uphold the self. This study supports this theory. Causal attributions were identified as having a significant meaning in the obese man's behaviour because they enabled him to make sense of his situation, to gain control over the handling of it and to determine the type of coping strategies that should be adopted when handling the stress-related consequences of obesity.

The theory of cognitive appraisal used in this study enhanced understanding the obese man's passion for food and the emotion of joy he experiences when busy with food-related activities. Cognitive appraisal takes place in each situation when the obese man needs to make a decision or take action in terms of food and life style behaviour. When the outcome of the appraisal is positive for his well-being an emotion of joy is evoked (Lazarus, 1991; Izard, 1992). The action following the emotion is to start planning eating-related activities. These activities once again become an important class of stimuli that give rise to emotions of joy and happiness for the obese man (Macht *et al*., 2005).

Frederickson (2000) and Eich *et al*. (2000:93) claim that if people learn something in a given mood or emotional state, they can remember it later if they are in a similar mood. The obese man's emotions of joy reminded him of good times with his mother and friends. Eating ceremonies took place where love and good relations abounded. Sensory pleasures accompanied with love were highly valued. These memories were part of the cognitive appraisal process and even further strengthened the obese man's longing to repeat in the future what he had liked or enjoyed in the past. Unfortunately an obese man's emotions of pleasure can interfere with cognitive decisions to address his obese state. If these efforts cause stress and negative emotions follow, he falls back and resorts to focusing on the enjoyment of food.

Cognitive appraisal theory could also explain the emotions of sadness the obese man experiences when realising how bad his obese state was in terms of his well-being. In fact when he experiences an emotion of sadness he most probably becomes passive in terms of efforts to address his obesity related problems (Lazarus & Lazarus, 1994:150). He has already given up. What makes it worse is that sadness is an emotion that he cannot acknowledge because this may harm the

experience of the self (Lazarus & Lazarus, 1994:84). The obese man needs to handle these emotions of sadness and thus the attribution process is repeated. The attribution process is actually a coping strategy to release the self of any blame.

Obesity cannot be separated from the self and the obese man therefore also experiences both his physical and inner self negatively. He appraises his overweight body and realises that this is not conducive for his well–being. This gives rise to emotions of sadness and shame. In order to address these negative emotions he starts to plan and employ a variety of strategies to deal with stigma and other related stressful events.

Attribution theory, when applied to this research, led to a better understanding of the obese man's experience of obesity. Furthermore it complemented the perspective of symbolic interactionism in that emotions are aroused and these are expressed through interaction with others when a special situation or stimulus is defined or interpreted (Charon, 1998:145; Sandstrom *et al*., 2006:48). Emotions of joy, passion and love (in this study, the love of food) are tied to social behaviour, social position and interaction but have to be interpreted in terms of symbols and social categories (Sandstrom *et al*., 2006:49). The emotions that food evokes in the obese man can therefore not be separated from the meanings that he attaches to food and will be followed up by actions to repeat the joyful events.

Although it was not an objective of the study to compare men who had been overweight or obese as children to those who only became obese at a later stage as two distinct groups, salient differences in their experiences during different developmental stages did emerge from the data. Those who had been obese as children and adolescents experienced the self and obesity with far more emotional intensity than the other group. They had been struggling with obesity for many years and had to use more and more coping strategies to maintain the self but their efforts met with little success. It was clear that the emotional aspects and the way they handled the situation differed markedly. The obese men who had been obese for many years had, in a sense, given up hope and relied heavily on their coping skills and were not focused on trying to improve the situation, but rather sought to make the experience of obesity more bearable. Reactive coping strategies increased with their increased struggle with their overweight bodies. Obese men in this study who

experienced a weight gain at a later stage in life were those who were more focused on doing something about the situation. They viewed their weight in a more objective manner. They also used coping strategies but did not experience their condition as a situation of hopelessness. This underlines the fact that, apart from being a health risk, childhood obesity has a much greater emotional impact on the development of obesity in later life than is generally realised.

## 7.4 RECOMMENDATIONS

Although the conclusions drawn from the findings of this study are limited to the sample only, and no generalisations will be forthcoming with regard to the broader population of obese men, a few specific recommendations can be made.

### 7.4.1 Applicability of the qualitative research design for the study of obesity

Based on the experience gained from this study it can be recommended that future researchers should consider the qualitative research strategy for getting true insight into a person's experience of living with obesity. For research of a sensitive nature, like obesity, qualitative research techniques are recommended. A further benefit that could be gained from this approach is that it leads to an improved comprehension of the problem in its totality.

In the case of research with men the following should be borne in mind and it is recommended that they be accommodated:

- It took time to gain the participants' trust and for them to reveal their emotions. Initially they were reluctant to do so and were too proud to admit they had some limitations due to their obesity. More than one interview with each participant was required and this led to a greater willingness for them to share their deepest emotions.
- Unstructured interviews generated rich data and this can be recommended for future research, sensitive in nature, for men.
- Personal documentation did not generate the type of data the researcher really wanted. Unstructured interviews seemed to be a better choice.

- The research design yielded appropriate data that described the men's experiences of obesity. Their deepest emotional experience of obesity was forthcoming and could be interpreted.

### 7.4.2 Nutrition message in terms of obesity

Obesity prevention is of utmost importance. The success rate of permanent weight loss is so low that prevention strategies should be promoted and people should be well informed and educated in more extensive ways. In terms of prevention the following recommendations are made:

- Prevention should start in early childhood. When obesity develops in early childhood it has long-lasting effects in terms of health and emotional well-being. This is the life stage when parents, and especially the mother, play a significant role in the development of food trajectories.

- Children should be provided with a stable and predictive pattern of social eating occasions to promote the social meaning of food and eating. Their learning processes will eventually result in cognitive structures and processes, including attitudes, towards food and eating that will play a significant role in their food intake as adults. Their interaction with significant others too is of considerable and even critical importance in the development of their food trajectories.

- Childhood is, however, also the stage at which children not only learn food behaviour, but also the meanings attached to food as communicated to them. Food as a social object may then also become a symbol that not only represents something, but is also used for communication with the self and between people. Symbols attached to food in childhood, like using food as a reward or comfort, may continue into adulthood. When food is emphasised too much in the home environment as a means for sending messages, it can become a self-incentive reward and coping tool in times of distress.

- Specifically the mother should therefore be careful to use food as a symbol of love, nurturing, care, reward and comfort. The child will most probably learn to use food in the same way. For years to come food will then be used for the

same reasons and for a better emotional outcome with negative impact on the weight trajectory and consequently on the individual's health.

- Health practitioners should include this message in nutrition education programmes even as early as the prenatal information sessions. Mothers should be aware of these facts and make sure that they teach their children sound nutrition messages.

- Children are interested in learning a wide range of nutrition topics so capitalise on this. To be effective, nutrition education should be appropriate to the stage of cognitive development according to the age of children. Even preschool children can benefit from simple nutrition messages.

- Adolescents should be encouraged to have a normal weight when they enter this transition because weight issues become increasingly important for them. Obesity is not a temporary problem that can be easily turned around. Boys who are overweight as adolescents will most probably start to encounter emotional problems as a result of their overweight, as will girls. Adolescents should be encouraged to take part in sports activities to delay or even prevent these problems.

- In the field of Consumer Science the findings can be of value to consumer scientists in consumer facilitation and education.

### 7.4.3 Recommendations for practitioners (nutritionists and dieticians)

Conventional weight loss programmes for obese men are most often unsuccessful. Different approaches to help them handle their obese state are needed. The following recommendations can be made for practitioners who work with obese persons:

- A better understanding of the experience of obesity can help with a more holistic approach to their treatment programme.

- Obese men should also be motivated to use active coping strategies to prevent themselves from experiencing a feeling of hopelessness. The use of reactive and defensive coping strategies can be more harmful for the state of well-being whilst proactive strategies seem to be more positively related to well-being, especially to personal strategies. Even if they were only able to keep their weight at a reasonable level and live a healthy lifestyle a better experience of the self would most likely come about. To move from feelings of hopelessness towards empowerment will need a new way of thinking: Rationale emotional behaviour therapy in support of nutrition knowledge may benefit the obese man (Ellis & Harper, 1997).

- Having an internal weight locus of control can be applied positively in weight loss programmes and should be encouraged. It makes people more self-confident and helps them to become involved in their own weight loss programmes and sometimes success can even be predicted. Obese men should be encouraged to admit to their weight problem and take responsibility for their own weight management. Although internal locus of control of weight is positively associated with weight loss programmes it is also associated with a negative self experience in obese individuals. Obese men should therefore be carefully evaluated when they are in treatment. Individual assessment is essential as it is important to give the best advice possible in terms of handling their problems associated with obesity.

- When obese men constantly feel depressed and indulge in pessimistic thinking, ever-worsening negative emotions emerge. An obese man's own negative appraisal of himself may be the very cause of all the negative emotions he is experiencing. On the contrary, positive emotions are associated with broader thinking and can contribute towards emotional well-being. Obese men should be motivated to try to handle their obesity problem with positive thinking which will support positive emotions and more pleasurable experiences. This may change behaviour and motivation. It should, however, be emphasised that the pleasant and happy experiences need not always be food-related.

- When communicating with obese men, rather use the term 'overweight' which is likely to sound less humiliating as its connotation is less strong in meaning than being obese.

## 7.5 LIMITATIONS OF THE STUDY

Qualitative studies have limited sample sizes. Although the purpose of this study was to aim for a deep understanding, extensive generalisations could not really be made due to the small sample size.

Although the participants were in different life course stages, the distribution of participants in each stage was not equal.

Participants were all white males. Men from other culture groups may experience obesity in a different way due to varying cultural expectations and values.

## 7.6 RECOMMENDATIONS FOR FUTURE RESEARCH

Participants were all white male individuals in different age groups. Future researchers could investigate the experience female participants have of obesity. Other cultures, males and females, could also be investigated.

This research design can be used to investigate other health-related conditions for a better understanding of how people experience a specific phenomenon that inhibits a comfortable state of well-being. Using the model portraying the findings of this research endeavour to investigate a potential health risk could lead to a better understanding of it, and the ways of dealing with it effectively. Moreover, adopting a more holistic approach to therapy programmes that are geared specifically to the needs of the individual will then be seen to be a most beneficial strategy and likely to bring success.

The qualitative findings of this study can be enhanced by combining it with a quantitative questionnaire for a more comprehensive understanding of obesity in men.

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# ADDENDUM A.1: PROFILES OF RESPONDENTS

| RESPONDENT 1 | Micro |
|---|---|
| **Age** | **44** |
| **Weight** | **191 kg** |
| **Height** | **196 cm** |
| **Waist circumference** | **1.6 m** |
| **BM1** | **52.9** kg/m². |
| **Marriage status** | **Married** |
| **Occupation / job** | **Jeweller**<br>**Sells vibration machines for slimming** |
| | **Obese since childhood** |
| **Notes** | Micro was contacted personally to take part in the study. Initially he was very sceptical, but after the objectives had been explained, he was willing to take part. He has no problem talking about himself, has a good sense of humour and is a reliable respondent.<br><br>All the interviews were conducted in his office. Everything in the office was organised so that he does not need to move a lot.<br><br>Probing was not really necessary as he communicated throughout. Although he repeatedly gave the assurance that he does not have an issue with his weight, the researcher concluded that he actually has many weight issues. He experiences his immobility as a disability and a serious handicap. As a result of his weight, he falls a lot and this has resulted in serious foot injuries that have caused his immobility. This frustrates him, but he does not seem to relate his injuries to his obesity.<br><br>He is very proud of his business – he sells imported German vibration machines. He emphasises that the machines are not used for weight loss, but to improve blood circulation. Our first meeting was on the first anniversary of his business – he had sold 1000 vibration machine during the first year.<br><br>He is very appreciative of his beautiful wife who supports him unconditionally, and is proud of his two children. Micro is well-known in the community and has many friends who enjoy his friendship and loyalty. He is a very talented person with exceptional communication skills. He is renowned for his good photography and jewellery designs. |

| RESPONDENT 2 | Jonathan |
|---|---|
| **Age** | **33** |
| **Weight** | **115 kg (lost 24 kg)** |
| **Height** | **1.8 m** |
| **Waist circumference** | |
| **BM1** | **35.5** kg/m². |
| **Marital status** | **Married** |
| **Occupation / job** | **Career in transport business**<br>**Salesman for wooden window blinds** |
| | **Not obese as child** |
| **Notes** | Jonathan is keen to share his experience of obesity. He is inclined to put a lot of emphasis on the fact that he has lost weight. In spite of not knowing that the researcher is a dietician, he attempted to impress her with his improved eating habits and the fact that he exercises regularly at a gym. The researcher has her doubts about the authenticity and |

| | |
|---|---|
| | reliability of some of the information.<br><br>He informed the researcher that he had recently been diagnosed with diabetes, but that this condition (according to him) has lately improved vastly. When he talks about his past he is more objective and emphasises that he grew up in a poor household and that the food they ate was not healthy. He also ascribes his sisters' overweight to their poor eating habits. He is passionate about food and talks about his wife's role in food preparation and food purchasing. It is clear that food forms a very important part of his life.<br><br>He has twin sons and is very worried that they might acquire wrong eating habits.<br><br>Jonathan was referred by a doctor. He works from home and the first interview was at his home office. The next interview was conducted via e-mail. |

| **RESPONDENT 3** | **Karel** |
|---|---|
| **Age** | **21** |
| **Weight** | **100 kg** |
| **Height** | **1.78 m** |
| **Waist circumference** | |
| **BM1** | **31.5** kg/m². |
| **Marital status** | **Unmarried** |
| **Occupation / job** | **Law student at the university of Pretoria** |
| | **Obese since childhood** |
| **Notes** | Karel was approached by the researcher who asked him to take part in the study. The first interview took place at a restaurant on University of Pretoria campus. The interview was conducted early in the morning when there were very few other customers. The second interview was conducted at the researcher's home as it was convenient for both respondent and researcher.<br><br>Karel is a jovial, friendly person who shares his experience of obesity with honesty and sincerity.<br><br>He lost a lot of weight and perceives himself as not being obese anymore, although he still falls within the obese category. His years at high school and his first year at university were characterised by his struggle with his weight, his wrong eating habits, binge eating and excessive drinking. The constant fun-making and rejection by his friends was a very traumatic experience.<br><br>Sport is a very important part of his life and his ideal is to do well at rugby. He wants to help obese people and was eager to take part in the study.<br><br>He has a very good relationship with his father whose faith in him encouraged him and drove him to stick to his diet. |

| **RESPONDENT 4** | **Joe** |
|---|---|
| **Age** | **31** |
| **Weight** | **113 kg** |
| **Height** | **1.78 m** |
| **Waist circumference** | |
| **BM1** | **35.7** kg/m². |
| **Marital status** | **Married** |

| Occupation / job | IT consultant |
|---|---|
| | **Obese as child** |
| **Notes** | The first interview was conducted at his house. He indicated that this would suit him the best. The second interview was conducted via e-mail. This respondent was approached by the researcher and was encouraged by his wife to take part.<br><br>Joe experiences his obesity very negatively. He is sure everything will go better if only he could have a normal weight. He feels that the best time of his life was when he met his wife – he ascribes this to being relatively slender at the time.<br><br>He has a very negative outlook on life and keeps emphasising that he is physically disabled and that this keeps him from participating in any physical activity. He did not indicate what his physical disability was, and the researcher did not ask him to elaborate. She could not detect any visible physical disability.<br><br>He is very fond of food and likes spoiling himself with food when experiences negative emotions. He has tried to lose weight numerous times, but without much success.<br><br>He Is extremely fond of his two little daughters and is worried that they will be orphaned if something bad might happen to him (in terms of his health).<br><br>Joe is a very reliable participant, although he had to be probed to obtain the necessary information. |

| RESPONDENT 5 | Paul |
|---|---|
| **Age** | **38** |
| **Weight** | **117 kg (was 122kg)** |
| **Height** | **1.9 m** |
| **Waist circumference** | |
| **BM1** | **32** kg/m$^2$ **(was 34)** |
| | **Married** |
| **Occupation / job** | **Engineer (BMW)** |
| | **Not obese as child** |
| **Notes** | Paul was referred by a biokineticist. The first interview was conducted in the biokineticist's office which is close to his workplace. Paul is a friendly person who was very willing to take part in the research as he is worried about his fast increase in weight. The second interview was done via e-mail.<br><br>He began gaining weight later in life and blames it on his being promoted at work and not having time to exercise anymore. He also stopped smoking and as a result started eating more. He made a serious attempt to exercise regularly and to visit a dietician. He is very sceptical about the diet she prescribed and decided to rather eat smaller portions than usual.<br><br>His wife is very fond of cooking and baking. She grew up on a farm and knows how to cook. He emphasises his good relationship with his friends and how they support and encourage each other to exercise regularly. He does, however, feel very embarrassed when his colleagues make fun of his obesity.<br><br>The researcher found it difficult to conduct an in depth interview. He answered all the questions, but did not elaborate, and tended to continuously repeat some aspects. It was clear that he had not been |

| | |
|---|---|
| | emotionally scarred as he has not experienced obesity for many years. His weight gain is something that must be addressed urgently. |

| RESPONDENT 6 | Petru |
|---|---|
| **Age** | **41** |
| **Weight** | **106 kg** |
| **Height** | **1.76 m** |
| **Waist circumference** | |
| **BM1** | **34.2** kg/m². |
| | **Married** |
| **Occupation / job** | **Engineer (BMW)** |
| | **Not obese as child** |
| **Notes** | Petru was referred by a biokineticist. The first interview was conducted in the biokineticist's office which is close to his workplace. Petru was willing to take part in the research although he did not share his inner feelings easily. He is worried about his fast weight increase. The second interview was done via e-mail.<br><br>According to Petru he is one of five children and the only one that is obese. He ascribes this to the fact that he never exercises and that he used to drink too much beer.<br><br>He took part in motorbike racing until his best friend died during a race. After this he never took part again – he feels depressed and has no motivation to do anything.<br><br>Eating is a social occasion in their family. They go to a lot of trouble when preparing food and the family always eats together around a table. He says making food is a passion – it's almost more fun to prepare it than to eat it. He also prefers drinking to eating.<br><br>He is worried and frustrated by his large body. He has two children and is worried that if something happens to him, his wife and children will not be able to cope. |

| RESPONDENT 7 | Andrew |
|---|---|
| **Age** | **37** |
| **Weight** | **120 kg (was 125kg)** |
| **Height** | **1.76m** |
| **Waist circumference** | **117 cm** |
| **BM1** | **38.7** kg/m² **(was 38.7)** |
| | **Married** |
| **Occupation / job** | **Engineer (BMW)** |
| | **Not obese as child** |
| **Notes** | The first interview was conducted in a biokineticist's office which is close to his workplace. Charles was referred by the biokineticist. The second interview was done via e-mail.<br><br>He was very embarrassed that they had informed him at the gym that he was obese. Charles is motivated to try to lose weight as he is planning to visit his father in Greece. He respects his father a lot and felt very bad when his father reprimanded him about his weight on his previous visit. He also has a lack of energy and his weight problem is unacceptable to him. He comes into contact with many clients and his obesity has a negative effect on his self-image.<br><br>Charles ascribes his weight gain when he was about 23 or 24 to the many take-always he ate and that he had moved out of his parents' house. After he stopped smoking he gained 20 kg. He also partially blames his wife who cooks the food and dishes it up for |

| | |
|---|---|
| | him. His wife loves cooking and baking. He does not like cooking but loves a 'braai'.<br><br>Charles is an honest participant and has no problem to say what he feels. |

| RESPONDENT 8 | Roger |
|---|---|
| **Age** | **60** |
| **Weight** | **120 kg** |
| **Height** | **1.72 m** |
| **Waist circumference** | **112 cm** |
| **BM1** | **36** kg/m². |
| | **Married** |
| **Occupation / job** | **South African Police, rep, sales manager** |
| | **Not obese as child** |
| **Notes** | Roger was referred by a specialist in internal medicine and the interviews were conducted in a restaurant near his home.<br><br>He has a strong personality. As he talks easily, probing was not necessary. He talks of slender people with disdain. His perception is that large people have more advantages in life.<br><br>According to him his weight does not bother him, but none the less he goes to a lot of trouble to lose weight. His wife spoils him and will do anything for him. He often refers to his mother who was an excellent cook and often comforted him with food.<br><br>He ascribes his overweight to the South African culture of always eating at any event as well as to the way South Africans prepare food. When he was about 30 years of age he stopped taking part in sport altogether to focus on his career. When he was a Rep he had a very unhealthy lifestyle and ate a lot of take always. Caravanning holidays also contributed to the overweight problem as this was a time to eat and drink a lot.<br><br>He likes making food and loves good food. He was referred to a dietician, but had already decided that he was not willing to eat healthy food.<br><br>He has an excellent sense of humour and makes fun of any reducing diet and exercising. He emphasises that he has been successful in everything he has done or attempted to do. He weight actually gives him a superior feeling as it is his opinion that people have more respect for large guys. |

| RESPONDENT 9 | Benjamin |
|---|---|
| **Age** | **65** |
| **Weight** | **92 kg (122kg)** |
| **Height** | **1.73m** |
| **Waist circumference** | |
| **BM1** | **30.6** kg/m² **(40.6)** |
| | **Married** |
| **Occupation / job** | **Retired rector of college for advanced teaching for black students** |

| | Obese as child |
|---|---|
| **Notes** | Benjamin was referred by a specialist in internal medicine and very willing to participate. He was dressed in formal clothes and punctual for his interview that was conducted in a coffee shop. He spoke easily and was willing to share his experience of obesity.<br><br>During adolescence Benjamin suddenly started gaining a lot of weight. At that age he already started to use his pocket money to buy diet pills. After his wedding he gradually stopped taking part in sport His wife is an excellent cook and he enjoys eating her food. This and the gradual lack of exercise caused him to gain weight. He is also fond of making food.<br><br>He has always been very successful in everything he has done. To him his weight has however always been unacceptable and something he could not make peace with. Out of desperation he had an operation that helped him lose weight, but in spite of this he is still obese. The operation was done years ago but had a profound effect on his health. He still has problems with diarrhoea and must be hospitalised frequently to rectify several nutrient deficiencies.<br><br>In retrospect, he would rather be overweight than have all the health problems he is experiencing. As a teenager there was an incident at a public swimming pool when a girl made a derogatory remark about his obesity – this had a profound effect on him and led to the drastic attempt to address the problem.<br><br>Benjamin willingly came for a follow-up interview. He is intelligent and could make a very good contribution to the research. He is a very reliable respondent. |

| **RESPONDENT 10** | **Etienne** |
|---|---|
| **Age** | **47** |
| **Weight** | **104 kg** |
| **Height** | **1.87 m** |
| **Waist circumference** | |
| **BM1** | **30 kg/m².** |
| | **Married** |
| **Occupation / job** | **Owner of fast food restaurant** |
| | **Not obese as child** |
| **Notes** | Etienne is a tall person and as a result does not look very obese. He was referred by a specialist in internal medicine as he suddenly started to gain weight. It is clear that he does not accept the stigma of being obese. His only concern is his health that may be influenced by his weight.<br><br>He is the owner of a restaurant and is very aware of people's unhealthy lifestyles – he says he is also guilty. His wife, on the other hand, is very health conscious and always tries to prepare healthy food.<br><br>The interview was conducted early one morning in his restaurant when it was very quiet. His whole family is in the Food industry and there has always been a competition between them as everyone wants to be known to be the best cook. They all have a passion for food.<br><br>When his two children were small he often played with them, but nowadays hardly gets any exercise. He used to visit the gym twice a week, but has also stopped doing this. He was the head of the |

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|---|---|
| | municipality's hospitality unit and began gaining weight as a result of all the functions after work.<br><br>Etienne is straightforward and honest and easy to talk to, but the researcher felt that she couldn't really manage to do an in-depth interview. He answered all the questions, but did not elaborate. He was also not willing to have a follow-up interview as he felt he had already said everything he wanted to. |

| **RESPONDENT 11** | **Guy** |
|---|---|
| **Age** | **50** |
| **Weight** | **120 kg** |
| **Height** | **1.78 m** |
| **Waist circumference** | **112 cm** |
| **BM1** | **38 kg/m².** |
| **Marital status** | **Married** |
| **Occupation / job** | **Mechanic** |
| | **Not obese as child** |
| **Notes** | Guy is a calm person who was very objective and honest about his weight problem. He was referred by a specialist in internal medicine en he feels that he should make a serious attempt to do something about his weight. Both interviews were conducted at a coffee shop of his choice.<br><br>He likes talking about his mother who was an excellent cook and baker. She was very passionate about food and he still admires her for this. It worries him that his elderly father is still so fit and still works hard while he is so overweight.<br><br>His son-in-law recently died due to serious complications associated with obesity. This made a very deep impression on him. His daughter is also overweight and he is worried that she will also become obese. He is trying to follow the same slimming diet that his wife is on.<br><br>He started gaining weight when he was about 27 or 28. He stopped smoking and started to eat more. He also says that he 'partied' too much. His work keeps him relatively active and that prevents him from losing a grip on his weight altogether.<br><br>He says he has a strong willpower and can lose weight if he really tries. Unfortunately he knows from experience that this will not be permanent. |

| **RESPONDENT 12** | ***Gideon*** |
|---|---|
| **Age** | **26** |
| **Weight** | **142 kg** |
| **Height** | **1.92 m** |
| **Waist circumference** | **112 cm** |
| **BM1** | **38.6** kg/m². |
| **Marital status** | **Married** |
| **Occupation / job** | **Sales manager in outdoor shop** |
| | **Obese as child** |
| **Notes** | Gustav is a soft spoken person who gave an honest answer to each question. He battles with his weight problem as he is unable to do any exercising as a result of a serious motorbike accident. |

| | |
|---|---|
| | He also suffers from depression for which he uses medication which has a further negative effect on his weight. When he experiences these negative emotions, he turns to food. This temporarily alleviates the problem but then leaves him with feelings of guilt which in turn add to the vicious circle as his guilty feelings result in more eating.<br><br>When he was a child his brother made fun of his overweight, but his mother always stood up for him. His wife means a lot to him and they are looking forward to the birth of their first child. This gives him a purpose in life.<br><br>Gustav was approached by the researcher to take part in the research. The two interviews were conducted in a restaurant next to the 'outdoor shop' where he works. He speaks about his obesity with intensity – the researcher did not need to probe him for information.<br><br>He strongly expressed his battle with obesity and depression. |

| **RESPONDENT 13** | **Christoff** |
|---|---|
| **Age** | **31** |
| **Weight** | **121 kg** |
| **Height** | **1.73 m** |
| **Waist circumference** | **112 cm** |
| **BM1** | **40.4** kg/m². |
| | **Married** |
| **Occupation / job** | **Technical assistant Telkom** |
| | **Obese as child** |
| **Notes** | A Dietician referred Christoff to take part in the study. He seems very unsure of himself. The first interview was conducted in a restaurant close to his workplace.<br><br>He brought his wife along to the interview that made an in-depth interview very difficult. He answers all the questions, but the researcher could not guide him to get a sincere picture of his past. The researcher felt that he was not always objective regarding the information required from him. He seems to want to give the impression that his weight problem is not very serious and that it does not really bother him.<br><br>He likes talking about food and food preparation. He tells in detail how he plans dinners. It is clear that his weight gain is due to the lack of physical activity and overeating. To add to this, he often works night shifts, which causes him to eat irregularly.<br><br>He emphasises that his situation worsened when he left home. He buys food at work which also contributes to his weight gain. The researcher did not find him a very reliable respondent. Nevertheless he could make good contributions to the study. |

| RESPONDENT 14 | Gabriel (GB) |
|---|---|
| **Age** | **43** |
| **Weight** | **121 kg** |
| **Height** | **1.85 m** |
| **Waist circumference** | **112 cm** |
| **BM1** | **55.6** kg/m². |
| | **Married** |
| **Occupation / job** | **Assurance business** |
| | **Obese as child** |
| **Notes** | Both the interviews with Gabriel were conducted in his office which is situated next to his home. He was approached personally to participate, and did not hesitate to be part of the study.<br><br>Gabriel is extremely obese and is struggling to handle it. He frequently mentions his beautiful wife who has no weight problems. She tries to help him but always feels sorry for him when she sees him struggling to keep to a diet. Then she spoils him with food.<br><br>He is a jovial person who likes entertaining friends and making food. Due to his type of work, he often visits clients until late at night. When he gets home he frequently overeats and drinks too much.<br><br>He indicates that he is too despondent to even try to lose weight – it seems almost impossible to even attempt. His children want him to have surgery to help him lose weight. He realises that he is an embarrassment to them.<br><br>His hobby is photography and this compensates for other things he cannot do.<br><br>Gabriel is a very trustworthy respondent that shares his experiences easily – it was easy to get in-depth responses from him. He is a very sincere person. |

# ADDENDUM A.2: DATA TRANSCRIPTION, CODES AND FAMILIES

This is an extract of a larger working document.

As mentioned in **Chapter 5** the verbatim transcriptions were loaded into the Atlas.ti computer software.

The complete, transcribed interviews were 259 pages in total. A part of the verbatim transcription of the in-depth interview with participant number one follows. In Atlas ti it is called primary text or Hermeneutic Unit.

*We're almost done. At what stage do you think you would be able to turn the situation around?*

The stage is – as I told you, when you get angry. You're angry with the Lord, you are fed up with life and you are fed up with your pals. You're depressive. The day that you realise that only you can make a difference, that is the day you reach the turning point. This is what we have done now. I had an operation and am now busy turning around. The thing is, it doesn't pay me to say (and this is the excuse fat people use); you can't go on a diet now, now it's the end of the year, there are so many functions. It won't pay if you start a diet on Monday when you have a function on Wednesday and on Friday you have a 'braai' at a pal's place. There are always excuses and until you get to a point where you realise that there will always be excuses. There are always going to be times where you're going to make mistakes. If you just say it's OK, I'm still going along with the pals. I'm just going to eat less. And the best is not to even tell your pals that you are on a diet, because you've been on 20 diets already and they laugh at you, because they know the diets don't work. A pal said to me the other day, "when are you going on a diet?" I said to him: "Monday". He said: "I've known you for 10 years. The Monday diet doesn't work for you. Rather try Tuesday or Wednesday diet". That's what I'm trying to capture in a nutshell. Don't say I'm going to get up on Monday and try to change my life. When it's ten o'clock for you it is 'now'. It is like a time and place that you had a life change. But I think the most important thing is, it is not about the fact that my mother fattened me up, it is not about the fact that I fell and tore the muscles in my leg. You know, I got a deck of cards in life. I once spoke about this in our care group – everyone gets a rope. Some are 30cm long and others 50 cm. – each was in its own little box. Everyone had to

take one without opening it. You didn't know what was in the box. You don't know if you are going to live for a year or 10 years or 20 and the knots in the rope – some have three and others have 50 knots. You are going to open it – it could just as well have been your life and you don't know what's beyond the corner, if it is illness or death. So you have to handle life from day to day. Just *you* can make a difference. I can't sit here and bitch because my rope is short or has knots. So what?! Those are the cards that I was dealt in life. I must make the best of them. I must say, do you know – I must use it as a stepping stone, but it's difficult. It's like when something happens to someone and you tell him the following day to pull himself together. He doesn't want to hear this. He is angry at that stage, but go and tell in a year's time, then he'll say, "I have come to terms with my anger or 'fed-upness' with the world. Everyone wants to believe that our lives will run smoothly to the end. It doesn't work like that. I once heard something significant; "If you think your life is perfect and you have no humps in the road, put on your safety belt, it only get worse". There is always something that can happen to you. So, I would say the turning point in any person's life or like mine is the day you get up and think: "even though my wife wants me to look like Ryk Neethling,[10] and I must exercise like him so that I can become slimmer. I can't do this for her, or my children that don't feel good about their dad being overweight, or my pals that are concerned about my health. I am not doing it for any of them I am doing it only for myself. Until you come to this decision, it is so much easier, although it is still going to be difficult, I think the biggest difference between alcoholism and things is that you can leave alcohol and can say that you will never drink again, but one still needs food to stay alive. So you just have to get a mindset and you must understand food. I never understood food. I would, for instance, drive after having eaten correctly that morning, a tiny portion of muesli and yoghurt, then I quickly stop at the butcher's and buy myself two pieces of dried "wors",[11] but that's bad. That dried "wors" is bad! It's just a snack. This afternoon you come back and eat a little salad - a tuna salad. Then you quickly drive home and you feel your blood sugar is not what it should be en then you go and buy anything, like a "Tex". But actually that dried wors and Tex are the same as three day's food. So I think if one starts understanding food, then one can say it's about choices. Actually and the thing I am busy writing at present: you can eat 100 g baby marrows that has about 16 calories – so you can almost eat a bag of baby marrows instead of two

[10] A well-known attractive swimmer and business man in south Africa

[11] Dried meat sausage

slices of bread. So it is about choices and fortunately I am fond of vegetables and so forth. I am now doing it the right way. I have come to a turning point and it was a few months ago. I am not a guy that would just go for a swim on the spur of the moment and a fat guy does not easily swim among others. What one doesn't realise – sometimes I sit in the pool, and then a fat person comes along and everybody stares at this fat person. And you look at the fat person and then just go on again, but the fat guy thinks everybody is talking about me and thinking about me. But it isn't like that, people see you and it passes. I am not a perspiry person and I don't 'like the sun, but the biggest reason is for my health, because one gets older.

*Do you have any health problems except...?*
No, I went to the doctor the other day and he examined me and my daughter went along too. I had fallen – I don't drink at all, but I fall a lot. Here near the hardware store. My foot just collapsed under me. I climbed down the steps and missed one step, but did I fall in amongst the wheelbarrows! Now I went to hospital. I couldn't walk. My daughter went with me. Her eyes were this big. Then we got to emergencies. The doctor said to me: "I just want to tell you that you should lose weight. You are hopelessly too fat". When we were back in the car my daughter said to me that she had met the rudest people that day. I asked her why. She said the doctor looked in your eyes and told you how fat you are and that you should lose weight. I said that that was correct. It's his job; otherwise he couldn't ask me R300 for a consultation!

**CODES**

From the data of the participants codes were created. A code is applied to a specific segment of the data. Following is an example of codes. Groupings of three codes are given namely career, childhood and physical.

```
career change: became inactive
career change: gained weight
career change: new lifestyle
career plateau does not care any more
career plateau: nothing that drives you
career stress: helps to keep weight
career: almost no activity
career: ate junk food and drank daily
career: bad relationship with colleague
career: being active at work
career: business lunches 3 course meal
career: business lunches big problem
```

career: change of lifestyle
career: changed job
career: correlation between type of work and weight
career: critical stage for success
career: discrimination in promotions
career: don't discriminate against him
career: doesn't need to drink to do business
career: drinking a lot
career: eats after addressing clients
career: eats on someone else's account
career: experienced no discrimination
career: feels good about job
career: gained weight within 3 years
career: has to eat again with family
career: has to taste the food on menu
career: inactivity caused weight gain
career: judged on work and not weight
career: learned wrong eating habits
career: limited time to watch diet
career: long hours of fasting
career: mechanic, quite active
career: men work without activity
career: must prove yourself
career: must stay busy
career: needs to dress formal
career: needs to have a good corporate image
career: no discrimination due to obesity
career: no discrimination due to weight
career: no time for sport
career: not active any more
career: not time to exercise
career: office work although walked often
career: only work less exercise
career: overeats when coming home
career: parties, eating and drinking
career: party modes dangerous
career: physical work
career: reason for weight gain
career: reps eat a lot
career: restaurant owner and manager
career: sees clients in evening
career: self discipline, not with food
career: sells life insurance
career: shifts negative influence on EH
career: snacks served at meetings
career: socializes a lot
career: socializing a problem
career: socializing after work
career: started gaining weight
career: walks a lot
career: walks around purposefully
career: walks through plant for exercise
career: went for drinks after work
career: wife works - try to help
career: worked hard up to 30 - 35
career:    working shifts influence EH
childhood: habits influence adult ones
childhood: already overweight
childhood: ate only home cooked food
childhood: balanced eating style
childhood: being ridiculed intensely
childhood: children made fun of him
childhood: eats fatty foods
childhood: forced to finish food

childhood: has been overweight
childhood: learns eating habits
childhood: learned healthy lifestyle
childhood: learned to spoil yourself with food
childhood: leftovers were not allowed
childhood: needed to eat right
childhood: needed to exercise
childhood: normal weight
childhood: not overweight
childhood: positive self image
childhood: prepares food for himself
childhood: since then doctors and diets
childhood: socializing round dinner table
childhood: started losing self confidence
childhood: take-aways very scarce
childhood: taught not to waste food
childhood: very active
childhood: was not allowed to waste food
childhood: we were very poor
childhood: little bit overweight

physical self: activity should match food intake
physical self: would like to see me thinner
physical self: acknowledge your problem
physical self: always feels tired
physical self: ankles and feet gave problems
physical self: appearance and self image
physical self: at ease with body
physical self: bad to look at photos
physical self: big body gained respect
physical self: big stomach handicap movement
physical self: big tummy not that bad
physical self: body builds fat
physical self: body unacceptable
physical self: break dining room chairs
physical self: can't bend properly
physical self: can't do what he is used to
physical self: can't keep up
physical self: can't use legs
physical self: can't walk properly
physical self: children more active
physical self: compare with other
physical self: comparing with sport idols
physical self: considers an operation
physical self: convert fat in muscle
physical self: disabled to do things
physical self: discomfort
physical self: doesn’t look good
physical self: does not comply with standards
physical self: doesn't care in unhappy marriage
physical self: doesn’t feel at ease being too thin
physical self: doesn’t fit into small chairs
physical self: doesn’t need to be big to fight
physical self: doesn’t need to proof himself
physical self: doesn’t see myself as fat
physical self: doesn’t swim
physical self: doesn’t take off shirt
physical self: doesn’t want to be too thin
physical self: double chin bothers
physical self: embarrassment
physical self: experiences himself as fat
physical self: experiences physical disability
physical self: feels good about himself
physical self: feels good while in army

```
physical self: feet and legs painful
physical self: hates fat parts in body
physical self: has to stabilize boat
physical self: healthy until old
physical self: height compensates for overweight
physical self: height gives wrong perception
physical self: idealises to be big and heavy
physical self: idealises to be thin
physical self: in constant pain
physical self: lacks energy
physical self: length hides fat
physical self: longs to be thin
physical self: look after yourself
physical self: looks bad without shirt
physical self: must be acceptable
physical self: not satisfied
physical self: physical problem
physical self: positive self image
physical self: prefers average weight
physical self: problems with foot
physical self: pushed my body to see limits
physical self: strong have resistance
physical self: too big to do job properly
physical self: very big for length
physical self: very short of length
physical self: walks more easily
physical self: wants to be more flexible
physical self: wants to be thin
physical self: wants to look good for wife
physical self: would like to go for liposuction
physically self: disabled
```

**Codes and quotations**

A small section of the data analysis is illustrated in the following part.

Atlas.ti has a function to select a code which automatically takes the user to the exact position in the verbatim transcription where the complete quote can easily be accessed and the participant be identified.

Examples of the first codes referred to as *action* as well as *physical self* with the quotes of the participants

- Hermeneutic Unit (HU) in Atlas.ti refers to the complete project or research. In this case it refers to the verbatim of the 14 participants used in this research project (Participants combined)
- The file reference refers to the location where the project is saved.
- Super refers to the researcher who actually does the analysis and

- Date and time are given for further reference
- Codes-quotations list means that this particular information shows a particular code, with the relevant quotation, the verbatim evidence given by the participant
- The code filter PT shows that that this particular list was filtered by using all the text; also referred to as primary documents (all the interviews)
- 1:165 refers to the code number
- 67:67 (in the first example) refers to the line number where the quote can be found. Clicking on the code brings the researcher to the exact position for the complete quotation.

```
U:  participants combined
File:  [C:\Documents and Settings\All Users\Documents\participants combined
3]
Edited by: Super
Date/Time: 12/01/11 08:44:48 AM
---------------------------------------
Codes-quotations list
Code-Filter: All
---------------------------------------

Code: acknowledge problem {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:651  (67:67)   (Super)
Codes:  [acknowledge problem]

you know in your head what is wrong.
---------------------------------------

Code: action: can do something about problem {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:2091  (4329:4329)   (Super)
Codes:  [action: can do something about problem]

I can still do something about it.
---------------------------------------

Code: action: decided not to get bigger {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1920  (3628:3628)   (Super)
Codes:  [action: decided not to get bigger]

look we decided long ago that I am not going to get bigger,
I do not want to get fatter
---------------------------------------

Code: action: got rid of cigarettes {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1936  (3683:3683)   (Super)
Codes:  [action: got rid of cigarettes]

I threw the packet away and I gave the lighter away
---------------------------------------

Code: action: have to do something {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:2169  (4655:4655)   (Super)
```

Codes:  [action: have to do something]

I just decided I had to do something about my weight.
---

Code: action: see biokineticist {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1155  (1185:1185)  (Super)
Codes:  [action: see biokineticist]

I now went and got a program from Davida.
---

Code: action: should be taken {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:936  (567:567)  (Super)
Codes:  [action: should be taken]

Take the bull by the horns and sort it out.
---

Code: action: think differently about smoking {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1937  (3683:3683)  (Super)
Codes:  [action: think differently about smoking]

then I decided and to get my mind right.
---

Code: action: visited dietician {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:2172  (4659:4659)  (Super)
Codes:  [action: visited dietician]

since I am with Jacqueline the dietician
---

Code: action: went to see a dietician {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1156  (1185:1185)  (Super)
Codes:  [action: went to see a dietician]

I went to the dietician.
---

code: physical self would like to see me thinner {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1021  (834:834)  (Super)
Codes:  [physical self would like to see me thinner]

I would actually look if I am thinner.
---

Code: physical self: acknowledge your problem {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:871  (439:439)  (Super)
Codes:  [physical self: acknowledge your problem]

where you acknowledge that you have a problem
---

Code: physical self: always feels tired {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:2115  (4387:4387)  (Super)

Codes: [physical self: always feels tired]

a lot of times I feel tired and it is natural.
---

Code: physical self: ankles and feet gave problems {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1685 (2822:2822) (Super)
Codes: [physical self: ankles and feet gave problems]

My ankles started to give me problems, my feet because of
the weight I have to carry.
---

Code: physical self: appearance and self image {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1326 (1860:1860) (Super)
Codes: [physical self: appearance and self image]

appearance really has an influence on the way you see
yourself.
---

Code: physical self: at ease with body {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:2049 (4082:4082) (Super)
Codes: [physical self: at ease with body]

do not have a problem with being fat anymore.
---

Code: physical self: bad to look at photos {1-1}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:964 (624:625) (Super)
Codes: [physical self: bad to look at photos]

Yes and ____
---

Code: physical self: big body gained respect {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1548 (2458:2458) (Super)
Codes: [physical self: big body gained respect]

I was big, was actually to my advantage. I gained
respect,
---

Code: physical self: big stomach handicap movement {1-1}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1716 (2910:2910) (Super)
Codes: [physical self: big stomach handicap movement] [physical self:
can't bend properly]

The stomach is so big, you cannot get to your feet.
---

Code: physical self: big tummy not that bad {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1556 (2466:2466) (Super)
Codes: [physical self: big tummy not that bad]

I don’t have a tummy that hangs over my belt.
---

Code: physical self: body builds fat {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1731 (2945:2945) (Super)
Codes: [physical self: body builds fat]

his body reaches a certain weight or threshold it goes over
it and builds fat
---

Code: physical self: body unacceptable {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1714 (2910:2910) (Super)
Codes: [mirror: image unacceptable] [physical self: body unacceptable]

except for the outside. That which you see in the mirror
---

Code: physical self: break dining room chairs {1-1}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:2365 (5391:5391) (Super)
Codes: [embarrassment: breaking chairs] [physical self: break dining
room chairs]

I break people's dining room chairs
---

Code: physical self: can't bend properly {2-1}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1715 (2910:2910) (Super)
Codes: [physical self: can't bend properly]

It is just a problem when you bend.

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1716 (2910:2910) (Super)
Codes: [physical self: big stomach handicap movement] [physical self:
can't bend properly]

The stomach is so big, you cannot get to your feet.
---

Code: physical self: can't do what he is used to {1-1}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1362 (1953:1953) (Super)
Codes: [physical self: can't do what he is used to]

A guy cannot do what he used to do anymore
---

Code: physical self: can't keep up {2-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1089 (1067:1067) (Super)
Codes: [physical self: can't keep up]

I, being younger than him could not keep up.

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1090 (1067:1067) (Super)
Codes: [physical self: can't keep up]

you cannot keep up.
---

Code: physical self: can't use legs {1-1}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:688 (102:102) (Super)
Codes: [inner self: feel inferior] [physical self: can't use legs]

I can’t walk with this leg and I can’t step on this leg.
---

Code: physical self: can't walk properly {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1016 (818:818) (Super)
Codes: [physical self: can't walk properly]

I cannot walk nice and fast.
---

Code: physical self: children more active {1-1}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1087 (1067:1067) (Super)
Codes: [inner self: feel inferior] [physical self: children more active]

That thing sticks in my head.
---

Code: physical self: compare with other {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:666 (86:86) (Super)
Codes: [physical self: compare with other]

If I swam four hours a day, I would also had a six pack like
his.
---

Code: physical self: comparing with sport idols {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:713 (115:115) (Super)
Codes: [physical self: comparing with sport idols]

Even though my wife wants me to look like Ryk Neethling,
---

Code: physical self: consider an operation {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:756 (155:155) (Super)
Codes: [physical self: consider an operation]

I thought, if they cut it away, I might only weigh 109 kg!
---

Code: physical self: convert fat in muscle {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:997 (679:679) (Super)
Codes: [physical self: convert fat in muscle]

convert the little bit of fat into muscles
---

Code: physical self: disabled to do things {1-4}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:938 (573:573) (Super)
Codes: [physical self: disabled to do things]

You could for example never climb over a wall or go through
a small space.
---

Code: physical self: discomfort {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1066 (999:999) (Super)
Codes: [physical self: discomfort]

When I sit in the car, it is uncomfortable, then my legs
start hurting.
---

Code: physical self: don’t look good {1-1}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1071 (1007:1007) (Super)
Codes: [physical self: don’t look good]

I know I do not look good.
---

Code: physical self: does not comply with standards {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1370 (1957:1957) (Super)
Codes: [inner self: make bad impression] [physical self: does not comply
with standards]

I do not want to look like a guy that does not look after
himself,
---

Code: physical self: doesn't care in unhappy marriage {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1320 (1832:1832) (Super)
Codes: [marriage life not well: doesn't care] [physical self: doesn't
care in unhappy marriage]

a marriage that is not doing well, then a man does not care
how he looks
---

Code: physical self: don't feel at ease being too thin {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1993 (3938:3938) (Super)
Codes: [physical self: don't feel at ease being too thin]

if I lose weight, it feels to me as if my bones stick out.
---

Code: physical self: don't fit into small chairs {1-1}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:2281 (5127:5127) (Super)
Codes: [physical self: don't fit into small chairs]

can sit outside on small flimsy chairs.
---

Code: physical self: don't need to be big to fight {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1532 (2424:2424) (Super)
Codes: [physical self: don't need to be big to fight]

I don’t want to be fighting fit.
---

Code: physical self: don't need to proof himself {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1582 (2557:2557) (Super)

Codes: [inner self: showed confidence] [physical self: don't need to prove himself]

If you are confident you don’t have to prove yourself,
---

Code: physical self: don't see myself as fat {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:735 (131:131) (Super)
Codes: [physical self: don't see myself as fat]

I see myself totally differently. I think if I were to see myself, I would be scared [laughs]. I don’t see myself as a fat person and because I am a large person, and I must add this and I think this is rather important. Because I’ve always been large – six feet five or 1,9 metres tall. I have always looked over people. I always look over people, I don’t have a problem to stand. I am big. My overweight doesn’t bother me so much. I think if I were a shorter person and fat as well – that would have touched me. But I think because I’m big and tall, and I don’t think that I am better than other people, but I think I never look up to people and I don’t feel inferior compared to other people. Perhaps that is what makes me feel better. The reason why I see myself this way – feel different about myself. If I were shorter and I was at the Rand show and had to try to peek between other people. I often have to consider my family in this regard.
---

Code: physical self: don't swim {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:993 (675:675) (Super)
Codes: [physical self: don't swim]

went to the sea and that did not even touch the water,
---

Code: physical self: don't take off shirt {1-1}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1998 (3942:3942) (Super)
Codes: [clothes: don't take off shirt] [physical self: don't take off shirt]

I would not take off my shirt in front of other people
---

Code: physical self: don't want to be too thin {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1198 (1287:1287) (Super)
Codes: [physical self: don't want to be too thin]

No, but I do not want to be a fire sick donkey either
---

Code: physical self: double chin bothers {1-1}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1299 (1758:1758) (Super)
Codes: [physical self: double chin bothers]

Maybe my chin (points to chin)
---

Code: physical self: embarrassment {1-14}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:726  (126:126)  (Super)
Codes:  [physical self: embarrassment]

It's difficult to get up out of a chair
---

Code: physical self: experience himself as fat {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1683  (2816:2816)  (Super)
Codes:  [physical self: experience himself as fat]

No here is still a lot of fat.
---

Code: physical self: experience physical disability {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:941  (577:577)  (Super)
Codes:  [physical self: experience physical disability]

Yes I definitely experienced physically disability
---

Code: physical self: feel good about himself {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:740  (155:155)  (Super)
Codes:  [physical self: feel good about himself]

I felt very good about myself. Had a loose flabby skin (
---

Code: physical self: feel good while in army {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1257  (1538:1538)  (Super)
Codes:  [army: muscle building] [physical self: feel good while in army]

My shoulders became nice and broad.
---

Code: physical self: feet and legs painful {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:2116  (4387:4387)  (Super)
Codes:  [physical self: feet and legs painful]

Your feet and legs get very sore
---

Code: physical self: hate fat parts in body {1-1}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1705  (2890:2890)  (Super)
Codes:  [physical self: hate fat parts in body]

I hate these love handles here (points to places).
---

Code: physical self: have to stabilize boat {1-1}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:937  (573:573)  (Super)
Codes:  [physical self: have to stabilize boat]

guy who had to come and sit in the front of the boat to
stabilize it.
---

Code: physical self: healthy until old {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1092 (1071:1071) (Super)
Codes: [other: dad promoted good health] [physical self: healthy until old]

One thing that my dad always said is that it does not help to get old just to lie in bed.
---

Code: physical self: height compensates for overweight {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:780 (190:190) (Super)
Codes: [coping: tall guys don't worry] [physical self: height compensates for overweight]

I am tall. I look over everybody’s heads.
---

Code: physical self: height gives wrong perception {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1946 (3717:3717) (Super)
Codes: [physical self: height gives wrong perception]

So his length does not make him appear big.
---

Code: physical self: idealise to be big and heavy {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1626 (2648:2648) (Super)
Codes: [physical self: idealise to be big and heavy]

I have prayed to get big and heavy.
---

Code: physical self: idealise to be thin {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1110 (1106:1106) (Super)
Codes: [physical self: idealise to be thin]

I will always wonder about how it feels.
---

Code: physical self: in constant pain {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1059 (999:999) (Super)
Codes: [physical self: in constant pain]

does bother me is that I have permanent pains.
---

Code: physical self: lacks energy {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1067 (999:999) (Super)
Codes: [health: no energy] [physical self: lacks energy]

I cannot get up in the morning. I wonder ... I wonder if it is not maybe the weight. I have never been this heavy.
---

Code: physical self: length hides fat {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1197 (1275:1275) (Super)
Codes: [physical self: length hides fat]

Yes you can hide it nicely.
---

Code: physical self: long to be thin {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1105 (1102:1102) (Super)
Codes: [emotional: desperate to be thin] [physical self: long to be thin]

I dream of being thin, but I will most probably never get it right.
---

Code: physical self: look after yourself {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:790 (194:194) (Super)
Codes: [physical self: look after yourself]

when you’re poor you don’t need to have dirty hair.
---

Code: physical self: look bad without shirt {1-1}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1069 (1003:1003) (Super)
Codes: [physical self: look bad without shirt]

I do not look good without a shirt.
---

Code: physical self: must be acceptable {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:668 (86:86) (Super)
Codes: [physical self: must be acceptable]

You look bad; come to me and I will ‘fix’ you so that you will be more acceptable to others
---

Code: physical self: not satisfied {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1703 (2885:2886) (Super)
Codes: [physical self: not satisfied]

No, no, no, no, no look if I had money I would have this Liposuction
---

Code: physical self: physical problem {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1088 (1067:1067) (Super)
Codes: [justification: not exercising] [physical self: physical problem]

I have a physical problem, so I think it also attributes but it makes it more difficult to get physically active,
---

Code: physical self: positive self image {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1992 (3934:3934) (Super)
Codes: [physical self: positive self image]

I looked good at that stage.
---

Code: physical self: prefer average weight {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1991 (3926:3926) (Super)
Codes: [physical self: prefer average weight]

I would say, more a middle weight ...
---

Code: physical self: problems with foot {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:631 (49:49) (Super)
Codes: [physical self: problems with foot]

I could hear that thing in my ankle tearing,
---

Code: physical self: pushed my body to see limits {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:2228 (4917:4917) (Super)
Codes: [physical self: pushed my body to see limits]

I always try to how far I can push my body
---

Code: physical self: strong have resistance {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1095 (1075:1075) (Super)
Codes: [health; strong, resistance] [physical self: strong have resistance]

My body is still strong. I had a lot of resistance
---

Code: physical self: too big to do job properly {1-1}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1889 (3538:3538) (Super)
Codes: [physical self: too big to do job properly]

I cannot always get in where I have to get in.
---

Code: physical self: very big for length {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1651 (2730:2730) (Super)
Codes: [physical self: very big for length]

I was almost as wide as I was long.
---

Code: physical self: very short of length {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1669 (2768:2768) (Super)
Codes: [justification overweight: genetic in nature] [physical self: very short in height]

I am the shorty, but I suspect that my problem is genetic,
---

Code: physical self: walk more easily {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:2080 (4263:4263) (Super)
Codes: [physical self: walk more easily]

I am walking much easier.
---

Code: physical self: want to be more flexible {1-1}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1020 (830:830) (Super)
Codes: [physical self: want to be more flexible]

I mean to be a bit more flexible.
---

Code: physical self: want to be thin {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1103 (1102:1102) (Super)
Codes: [emotional: dream of being thin] [physical self: want to be thin]

I dream of being thin,
---

Code: physical self: wants to be thin {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1009 (794:794) (Super)
Codes: [physical self: wants to be thin]

A person wants to be thin.
---

Code: physical self: wants to look good for wife {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1706 (2898:2898) (Super)
Codes: [physical self: wants to look good for wife]

But I do want to look nice for my wife.
---

Code: physical self: would like to go for liposuction {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1704 (2886:2886) (Super)
Codes: [physical self: would like to go for liposuction]

would have this 'liposucking' or lipo suction done or have
the fat cut away.
---

Code: physically self: disabled {1-0}

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:690 (102:102) (Super)
Codes: [physically self: disabled]

you feel like someone in a wheelchair.

## FAMILIES

After the coding process the researcher could, with the help of a function of Atlas.ti create families. Codes related to one another or codes (data) that repeated were grouped together. In this way families were created of. Two examples are given of the families: *Role of mother in childhood and Physical self: embarrassment*

```
HU:  participants combined
File:  [C:\Documents and Settings\All Users\Documents\participants combined
3]
Edited by: Super
Date/Time: 12/01/11 09:32:05 AM
----------------------------------------
Code Family: role of mother in childhood
Created: 09/01/06 05:23:00 PM (Super)

Comment:


Codes (48)
    [childhood habits influence adult ones] [childhood: ate only
    home cooked food] [childhood: eat fatty foods] [childhood:
    forced to finish food] [childhood: have been overweight]
    [childhood: learn eating habits] [childhood: learned to spoil
    yourself with food] [childhood: positive self image]
    [childhood: prepare food for himself] [childhood: socializing
    round dinner table] [childhood: taught not to waste food]
    [childhood: were not allowed to waste food] [other mother
    worried about his weight] [other mother: boosts self image]
    [other mother: come from overweight family] [other mother:
    comforted with food] [other mother: cooked very good] [other
    mother: cooked very well] [other mother: gave good food]
    [other mother: gave him healthy food] [other mother: have
    grown up on farm] [other mother: influenced eating habits]
    [other mother: loved cooking and baking] [other mother:
    overcompensated with food] [other mother: overweight] [other
    mother: played enormous role in EH] [other mother: prepared
    vegetables and baking] [other mother: protected him] [other
    mother: soft and round] [other mother: taught wrong food
    habits] [other mother: teach wife to cook like she did] [other
    mother: very thin] [other: mother's cooking influenced wife]
    [other: mother's eating habits passesd on] [other: mother
    comfort with food] [other: mother cooks Dutch food] [other:
    mother feeds them well] [other: mother forced him to eat]
    [other: mother had bad influence] [other: mother has high
    cholesterol] [other: mother is overweight] [other: mother
    anipulated with food] [other: mother influenced eating habits]
    [other: mother overweight] [other: mother played important
    role] [other: mother prepared food at home] [other: mother
    should have warned] [other: mother took care about his food]

Quotation(s): 53
----------------------------------------
P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:37  (46:46)   (Super)
Codes:  [other: mother comfort with food]

mother__________
```

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:280 (294:294) (Super)
Codes: [other: mother had bad influence]

She had a huge influence.

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:603 (7:7) (Super)
Codes: [childhood: have been overweight]

I was always a bit overweight, since childhood

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:694 (105:105) (Super)
Codes: [other: mother feeds them well]

Yes, and did she feed us!

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:700 (108:108) (Super)
Codes: [other: mother's eating habits passed on]

mother’s eating habits were passed on.

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:781 (190:190) (Super)
Codes: [other mother: boosts self image]

You are special; you were prayed from heaven,

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:783 (190:190) (Super)
Codes: [childhood: positive self image]

Since childhood it has been imprinted in my mind

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:784 (190:190) (Super)
Codes: [other: mother should have warned]

my mother should have told me more often that I was fat
then I might have been thinner at this stage

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:848 (423:423) (Super)
Codes: [other: mother is overweight]

my mom is a bit overweight,

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1002 (699:699) (Super)
Codes: [other: mother took care about his food]

my mom did not have to make sure that I eat right.

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1028 (868:868) (Super)
Codes: [childhood: eat fatty foods]

It was obviously something fatty like sausage that she
fried,

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1170 (1210:1210) (Super)
Codes: [other: mother prepared food at home]

evening my mom cooked for us, so cooked food was always in the evening

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1180 (1232:1232) (Super)
Codes: [other: mother is overweight]

My mom is a bit round

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1271 (1609:1609) (Super)
Codes: [eating habits: mom had influence] [other: mother influenced eating habits]

My mom, but she never applied specific health aspects

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1285 (1671:1671) (Super)
Codes: [other: mother cooks Dutch food]

my Mom as always just cooked Dutch.

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1289 (1690:1690) (Super)
Codes: [other: mother's cooking influenced wife]

My wife likes it, because there is less to cook.

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1380 (1973:1973) (Super)
Codes: [other: mother has high cholesterol]

Mom and my brother have high cholesterol, but not so bad.

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1461 (2292:2292) (Super)
Codes: [other mother: teach wife to cook like she did]

teach your wife to cook like your mother.

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1462 (2292:2292) (Super)
Codes: [other mother: have grown up on farm]

mother also comes from a farming family,

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1466 (2296:2296) (Super)
Codes: [other: mother played important role]

my mother plays an important role

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1467 (2296:2296) (Super)
Codes: [other mother: comforted with food]

don’t worry, come sit here and take a glass of milk and cookies’.

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1476 (2304:2304) (Super)
Codes: [other: mother forced him to eat]

mother says if you don’t eat your vegetables, then you don’t

get pudding.

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1477 (2304:2304) (Super)
Codes: [other: mother manipulated with food]

mother says if you don't eat your vegetables, then you don't get pudding

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1478 (2304:2304) (Super)
Codes: [other: mother forced him to eat]

You force yourself to eat and then you sometime eat stuff that you should not eat

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1583 (2557:2557) (Super)
Codes: [other mother: comforted with food]

my son got hurt and now he needs to be comforted

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1586 (2561:2561) (Super)
Codes: [childhood: learned to spoil yourself with food]

You do learn that habit at home.

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1587 (2562:2563) (Super)
Codes: [other mother: taught wrong food habits]

It seems that is a mother's problem.

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1588 (2565:2565) (Super)
Codes: [childhood habits influence adult ones]

in your later life then you seek it yourself.

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1591 (2571:2571) (Super)
Codes: [other mother: played enormous role in EH]

your mother played a big role in your life as far as your eating habits are concerned.

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1602 (2597:2597) (Super)
Codes: [childhood: learn eating habits]

We are taught that eating habits from young age.

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1630 (2664:2664) (Super)
Codes: [other mother: soft and round]

woman with you mom…. They are soft, they are round

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1667 (2764:2764) (Super)
Codes: [other mother: very thin]

my mom was very thin,

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1673 (2784:2784) (Super)
Codes: [childhood: prepare food for himself]

I made food for myself

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1699 (2860:2860) (Super)
Codes: [other mother: come from overweight family]

did not think anything about it. Look they all come from fat families.

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1761 (3033:3033) (Super)
Codes: [childhood: were not allowed to waste food]

it was said that you do not waste food

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1765 (3043:3043) (Super)
Codes: [other mother: overcompensated with food]

she most probably over compensated?

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1798 (3195:3195) (Super)
Codes: [childhood: socializing round dinner table]

Yes there we stayed around the table.

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1873 (3454:3454) (Super)
Codes: [other mother: cooked very good]

.. the old Auntie can cook.

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1875 (3464:3464) (Super)
Codes: [other mother: influenced eating habits]

formation of your eating habits?

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1958 (3769:3769) (Super)
Codes: [other mother: cooked very well]

She could cook.

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1965 (3852:3852) (Super)
Codes: [other: mother overweight]

My mom was a bit overweight

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:2042 (4066:4066) (Super)
Codes: [other mother worried about his weight]

Yes, she was worried because I gained weight

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:2126 (4447:4447) (Super)

Codes: [other mother: protected him]

She took hold of him

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:2127 (4447:4447) (Super)
Codes: [other family: also big] [other mother: overweight]

Lots of people in our family are big and my mom is also a bit big.

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:2128 (4451:4451) (Super)
Codes: [other mother: gave him healthy food]

But she gave me healthy food.

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:2143 (4557:4557) (Super)
Codes: [other mother: overweight]

Yes, my mom has always been overweight

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:2146 (4565:4565) (Super)
Codes: [other mother: loved cooking and baking]

My mom loved cooking and baking

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:2208 (4801:4801) (Super)
Codes: [other mother: prepared vegetables and baking]

My mom made the vegetables and did the baking.

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:2303 (5211:5211) (Super)
Codes: [other: mother overweight]

My mom was overweight

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:2307 (5215:5215) (Super)
Codes: [other mother: gave good food]

My mom gave us good food,

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:2327 (5285:5285) (Super)
Codes: [childhood: forced to finish food]

You sit there until you finish your food.

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:2329 (5287:5287) (Super)
Codes: [childhood: taught not to waste food]

It is thing that you are taught from a small age.

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:2442 (5663:5663) (Super)
Codes: [childhood: ate only home cooked food]

My mom just cooked.

U: participants combined
File: [C:\Documents and Settings\All Users\Documents\participants combined 3]
Edited by: Super
Date/Time: 12/01/11 02:06:18 PM
---
**Code Family: physical self: embarrassment**
Created: 10/02/19 08:04:16 AM (Super)

Comment:

Codes (14)
[physical self: bad to look at photos] [physical self: break dining room chairs] [physical self: can't do what he is used to] [physical self: children more active] [physical self: don't look good] [physical self: don't fit into small chairs] [physical self: don't take off shirt] [physical self: double chin bothers] [physical self: embarrassment] [physical self: hate fat parts in body] [physical self: have to stabilize boat] [physical self: look bad without shirt] [physical self: too big to do job properly] [physical self: want to be more flexible]

Quotation(s): 14
---
P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:726 (126:126) (Super)
Codes: [physical self: embarrassment]

It's difficult to get up out of a chair

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:937 (573:573) (Super)
Codes: [physical self: have to stabilize boat]

guy who had to come and sit in the front of the boat to stabilise it.

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:964 (624:625) (Super)
Codes: [physical self: bad to look at photos]

Yes and ____

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1020 (830:830) (Super)
Codes: [physical self: want to be more flexible]

I mean to physically be a bit more flexible.

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1069 (1003:1003) (Super)
Codes: [physical self: look bad without shirt]

I do not look good without a shirt.

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1071 (1007:1007) (Super)
Codes: [physical self: don't look good]

I know I do not look good.

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1087 (1067:1067) (Super)
Codes: [inner self: feel inferior] [physical self: children more active]

That thing sticks in my head.

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1299 (1758:1758) (Super)
Codes: [physical self: double chin bothers]

Maybe my chin (points to chin)

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1362 (1953:1953) (Super)
Codes: [physical self: can't do what he is used to]

A guy cannot do anymore what he used to do

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1705 (2890:2890) (Super)
Codes: [physical self: hate fat parts in body]

I hate these love handles here (points to places).

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1889 (3538:3538) (Super)
Codes: [physical self: too big to do job properly]

I can not always get in where I have to get in.

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:1998 (3942:3942) (Super)
Codes: [clothes: don't take off shirt] [physical self: don't take off shirt]

I would not take off my shirt in front of other people

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:2281 (5127:5127) (Super)
Codes: [physical self: don't fit into small chairs]

can sit outside on small flimsy chairs.

P 1: ATLAS TI COMBINED DOCUMENT.txt - 1:2365 (5391:5391) (Super)
Codes: [: breaking chairs] [physical self: break dining- room chairs]

I break people’s dining-room chairs

# ADDENDUM B: NETWORKS

Networks are visual representations of codes that form a family. Networks contain the core of the data found in the study. The themes identified in the study can be verified by the networks. Codes, from the family *physical self*, that repeated were used to form networks, for example, Physical *self: embarrassment* and *Physical self: immobility*. A network *Role of mother in childhood* was created from the families, *childhood: learned behaviour* and *role of mother*. The network gives a bigger picture of what happened.

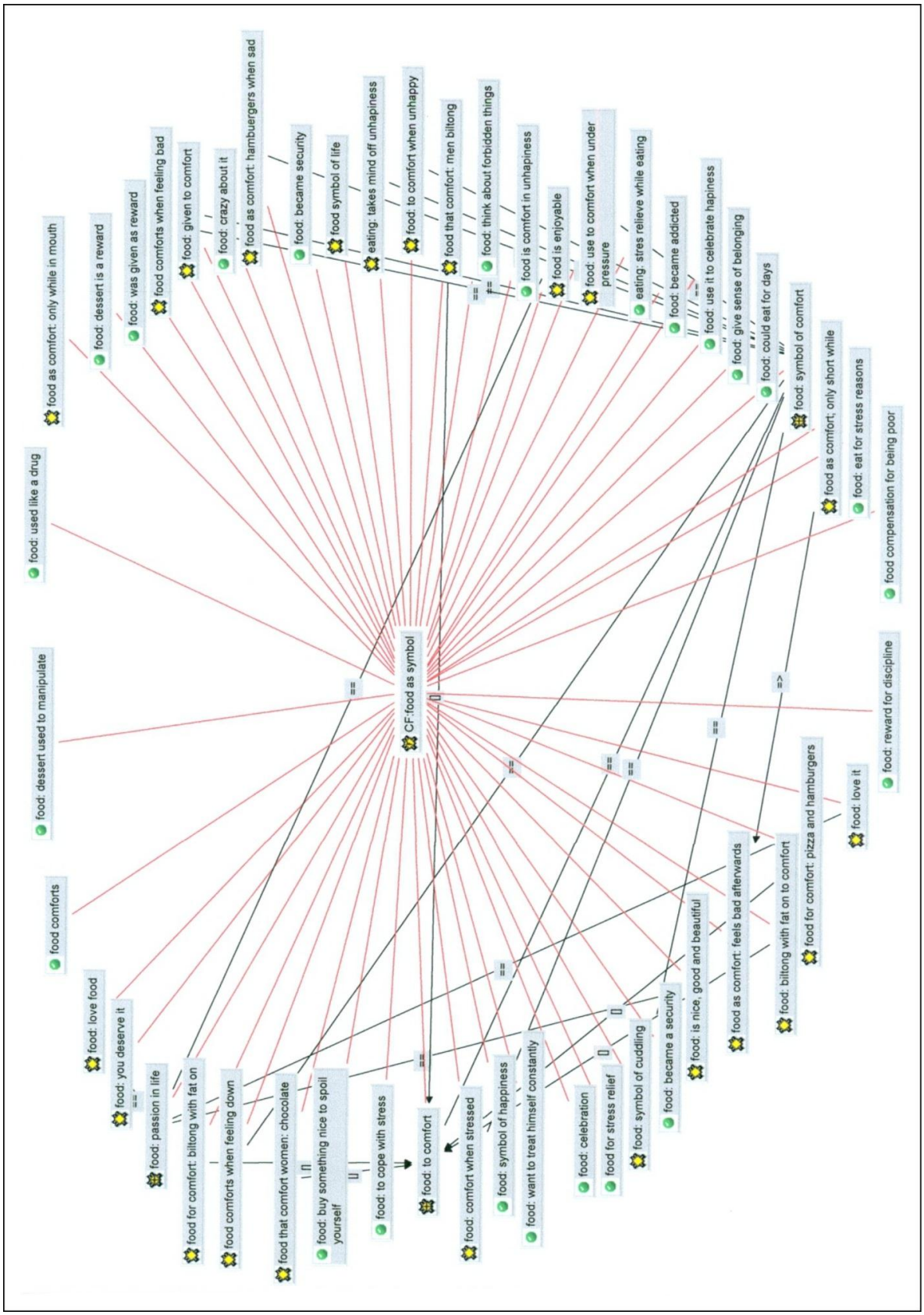


Figure 1: Focused Network on: food as a symbol

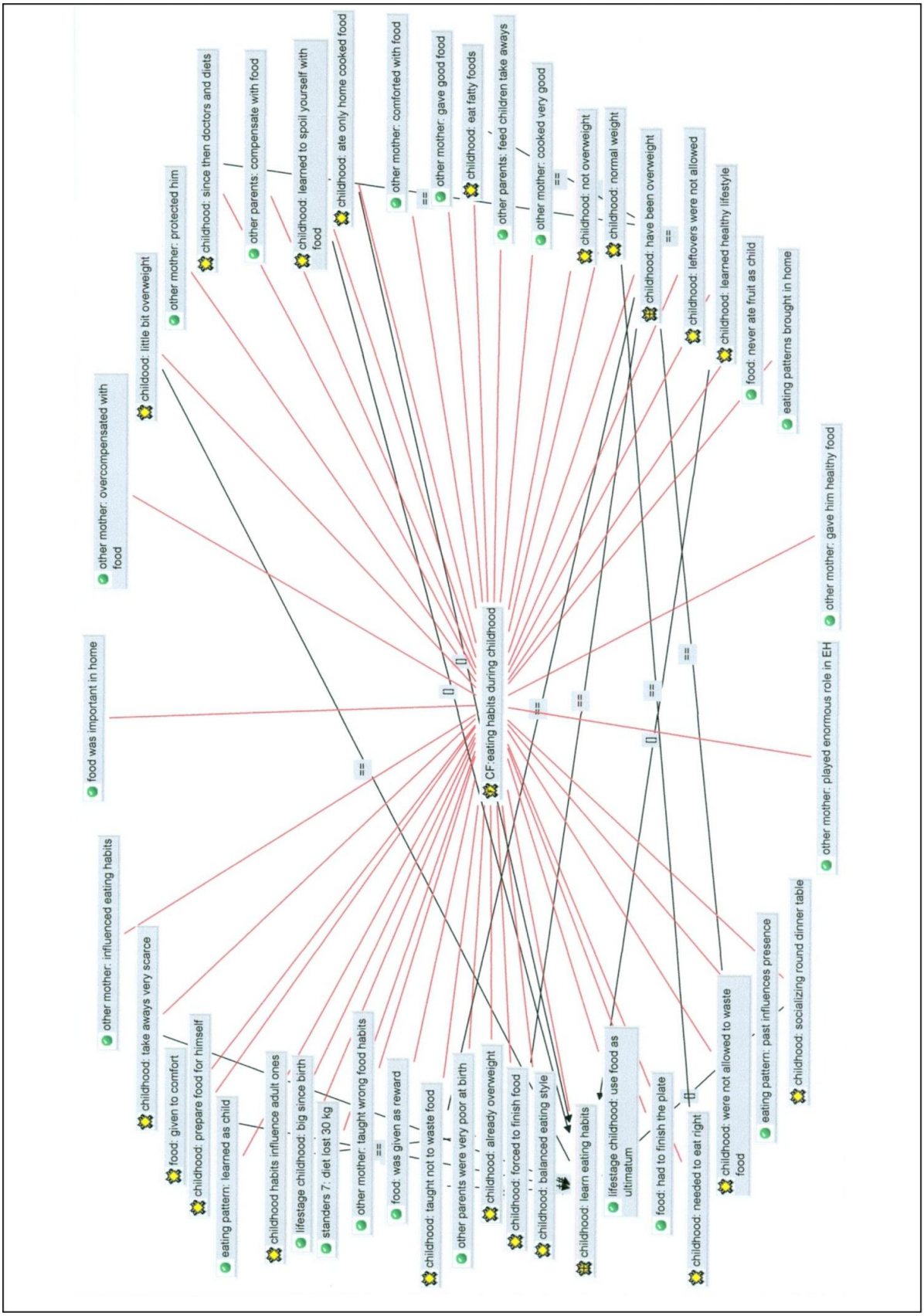


Figure 2: Focused Network on: eating habits during childhood

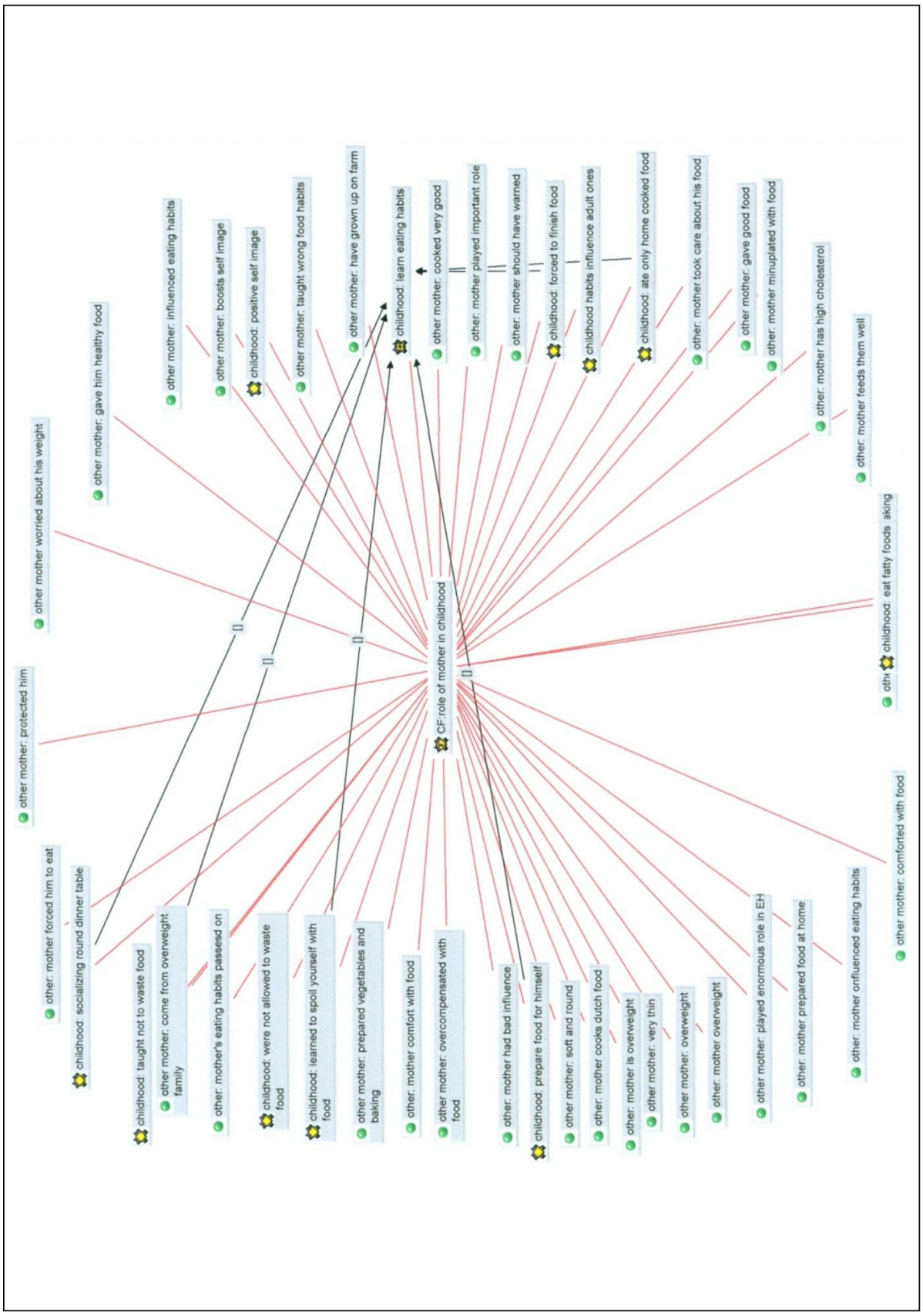


Figure 3: Focused Network on: role of mother in childhood


Figure 4: Focused Network on: marriage as a turning point in weight trajectory

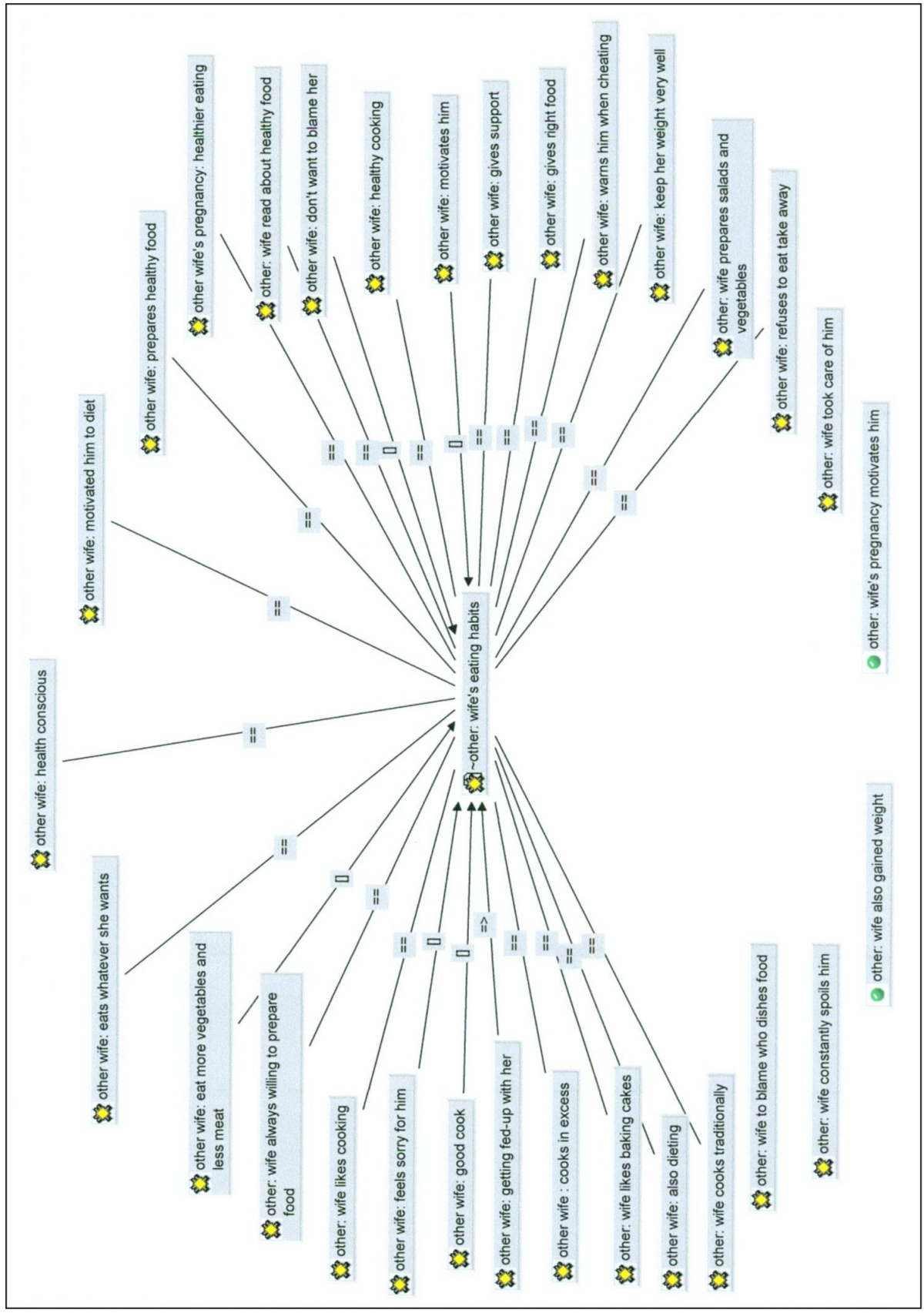


Figure 5: Focused Network on: role of wife

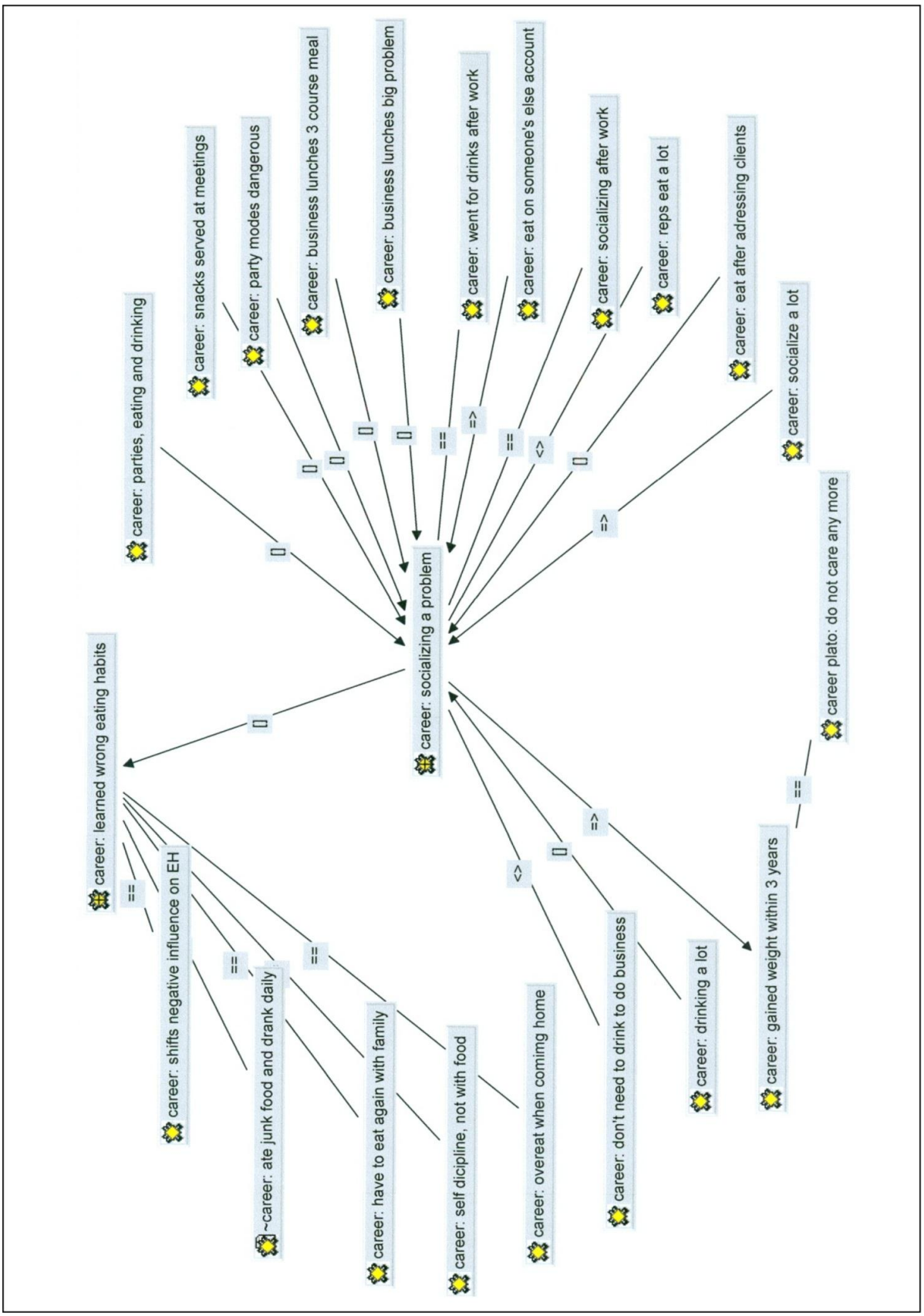


Figure 6: Focused Network on: career and eating habits

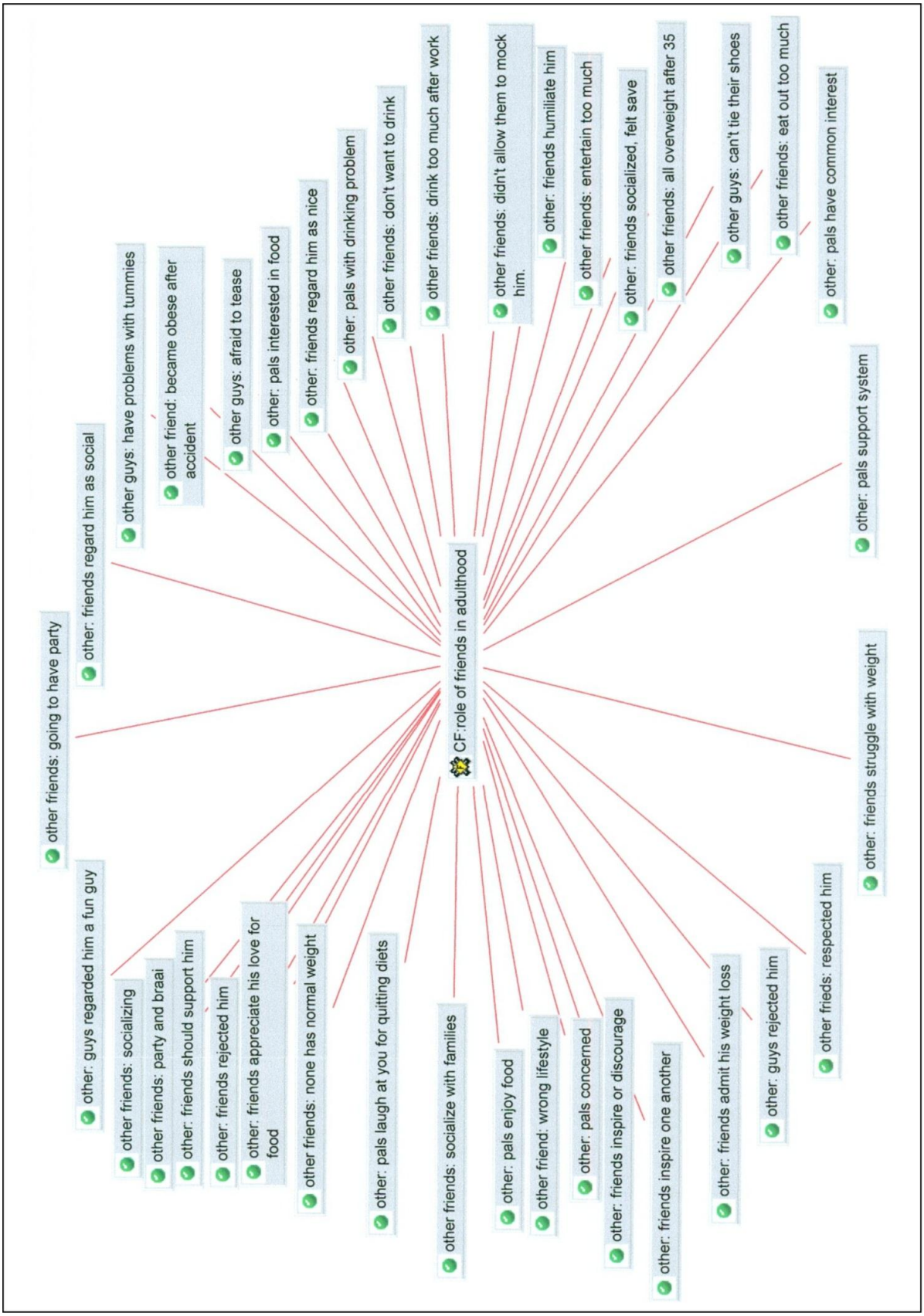


Figure 7: Focused Network on: role of friends in adulthood

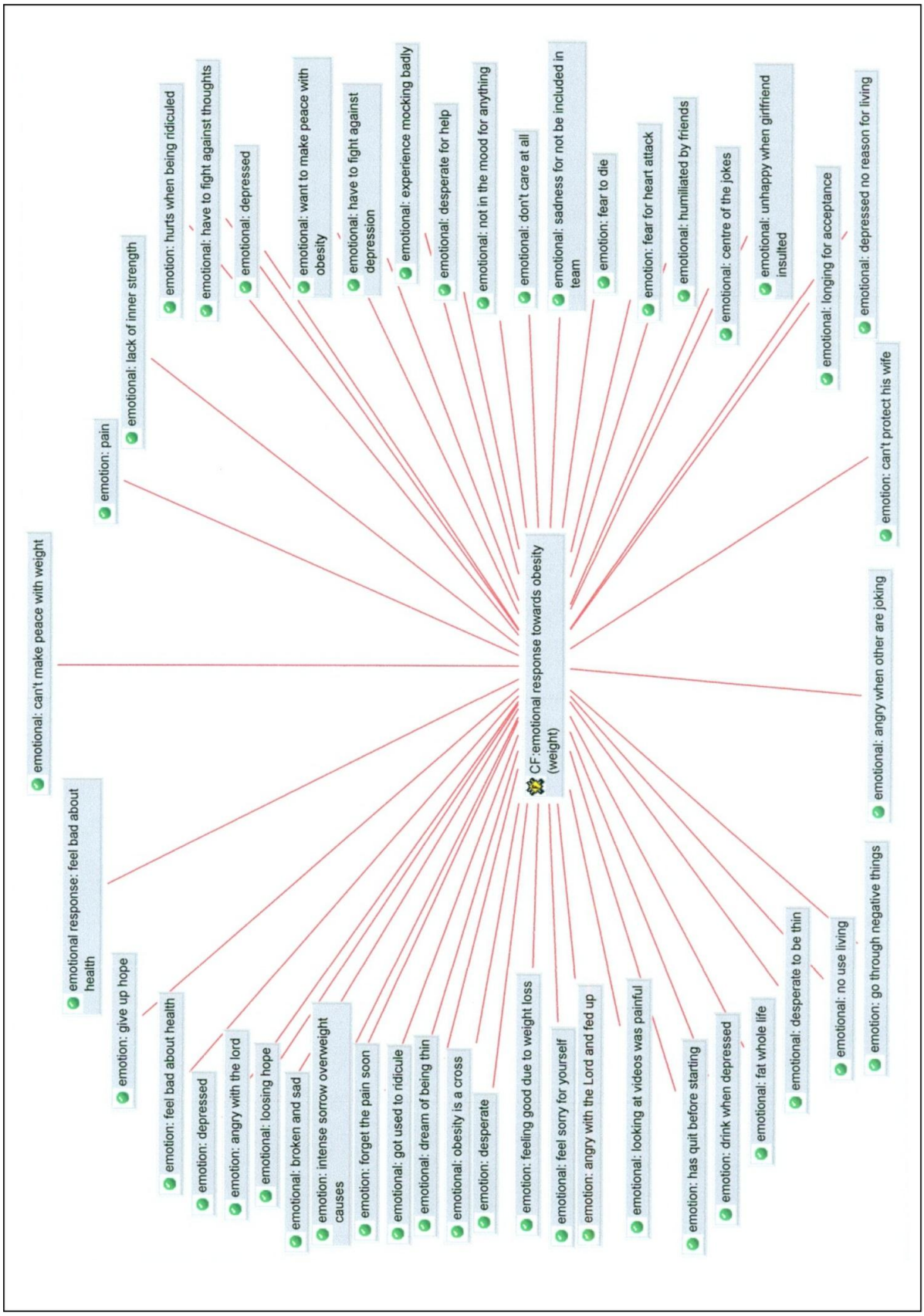


Figure 8: Focused Network on: emotional response towards obesity

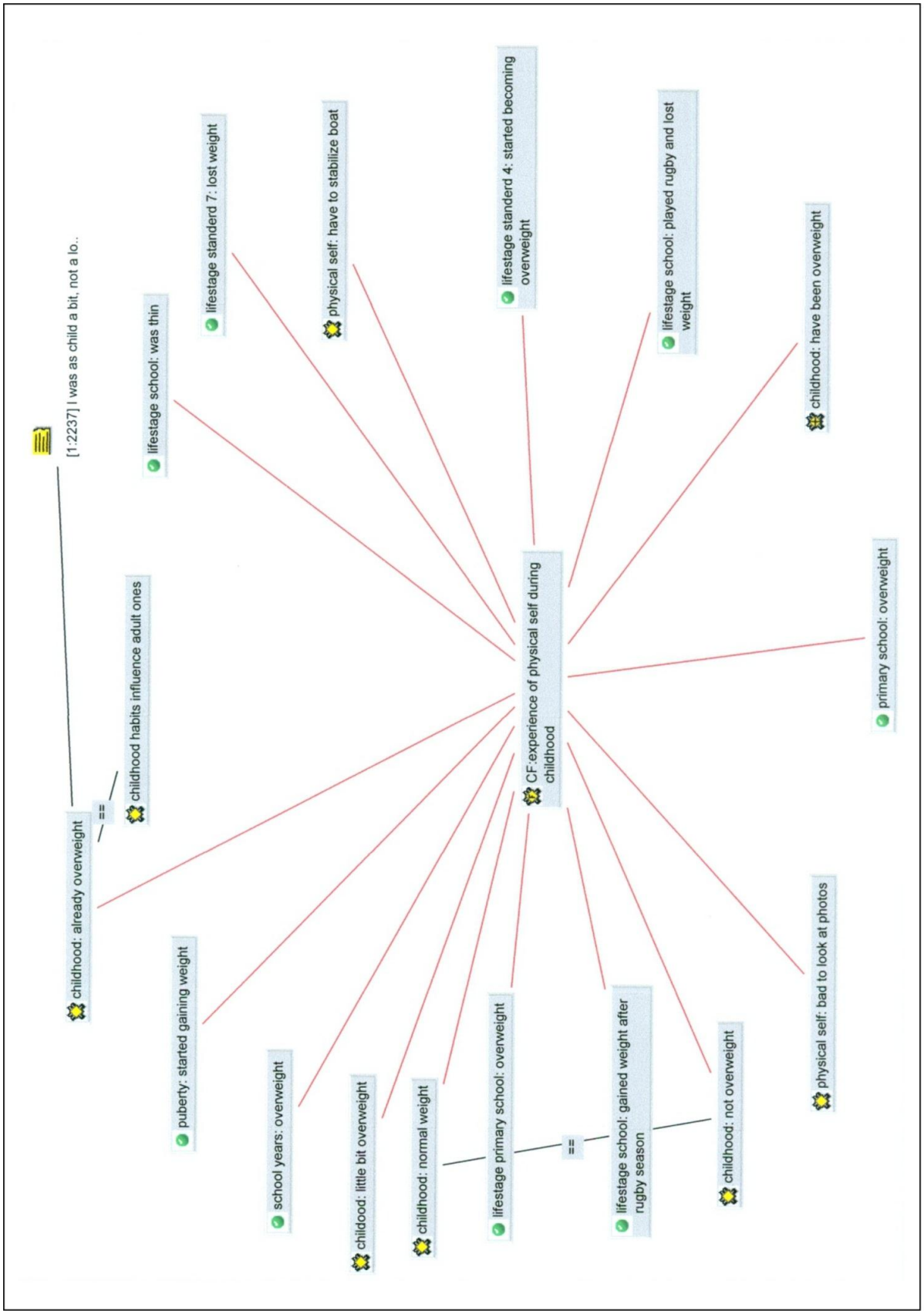


Figure 9: Focused Network on: experience of physical self during childhood

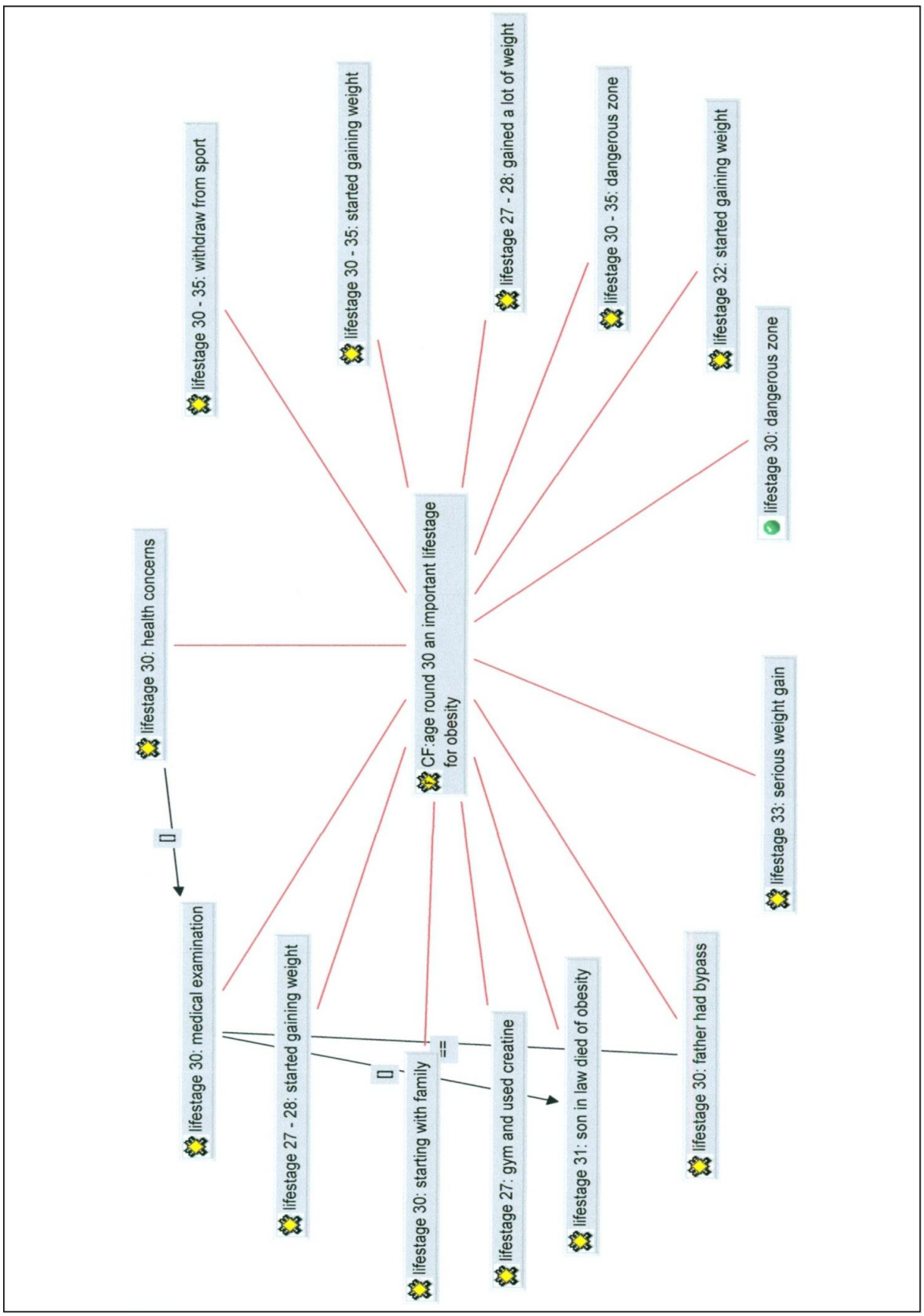


Figure 10: Focused Network on: age around 30 important for obesity

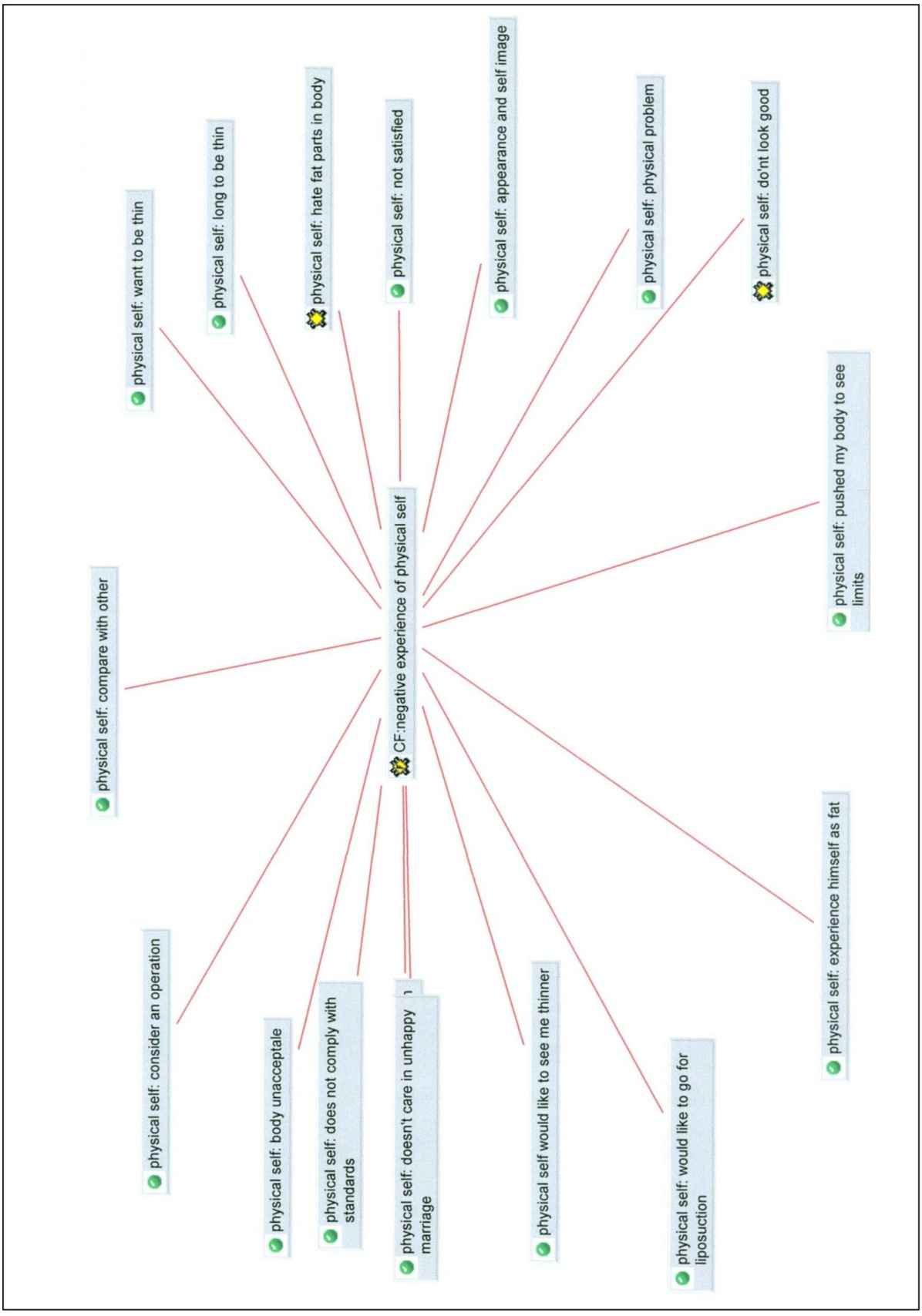


Figure 11: Focused Network on: negative experience of physical self

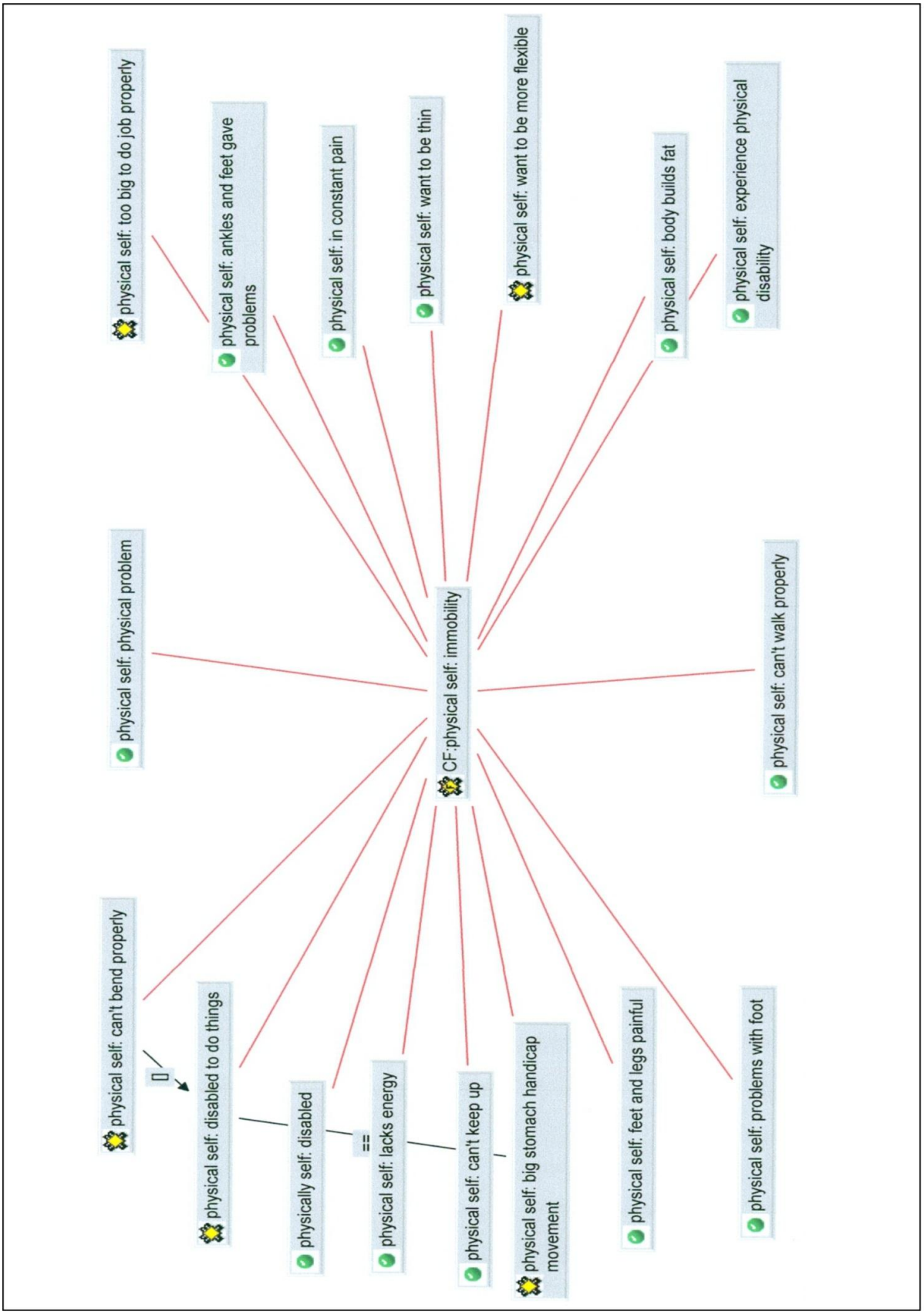


Figure 12: Focused Network on: physical self - immobility

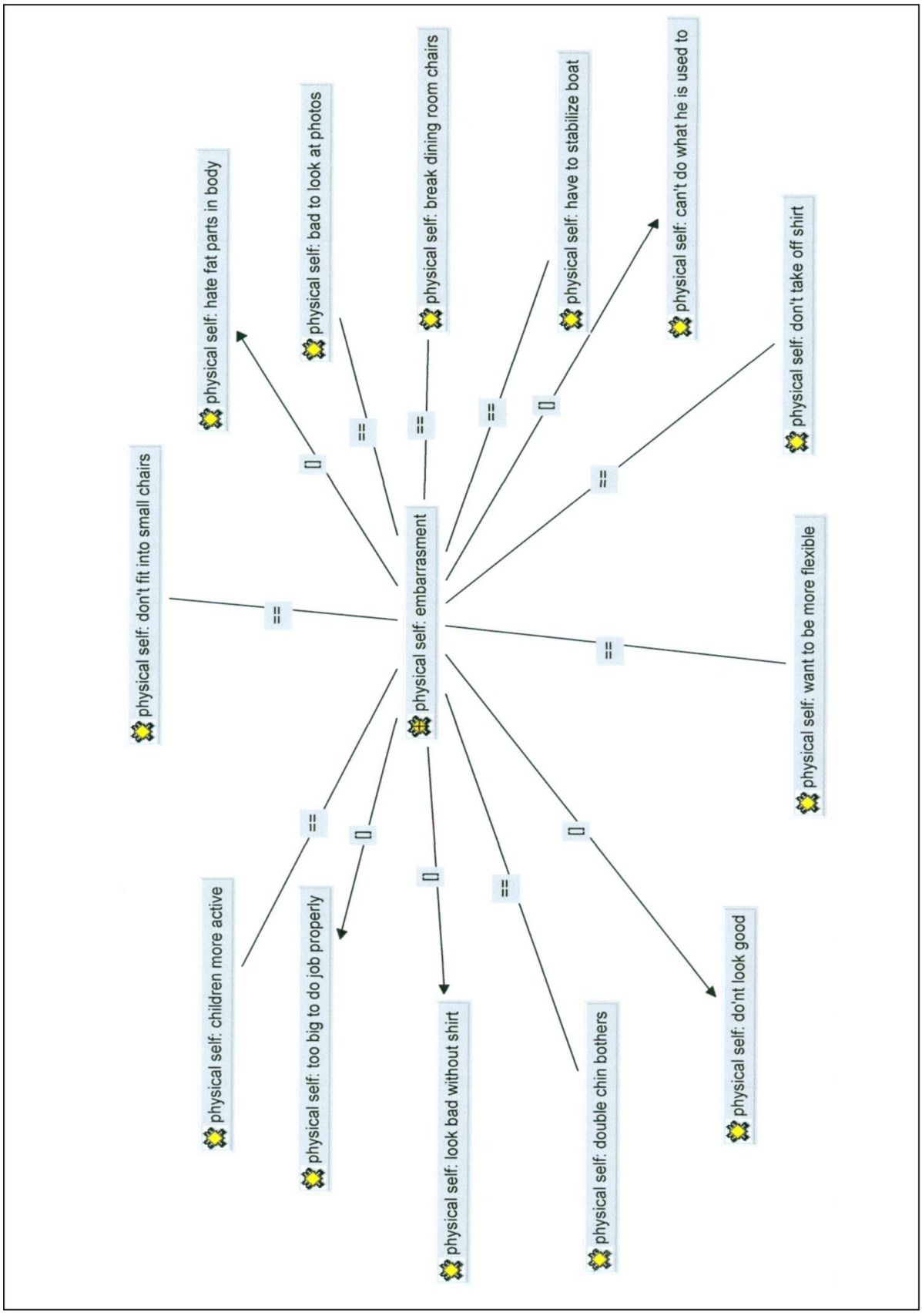


Figure 13: Focused Network on: physical self -embarrassment

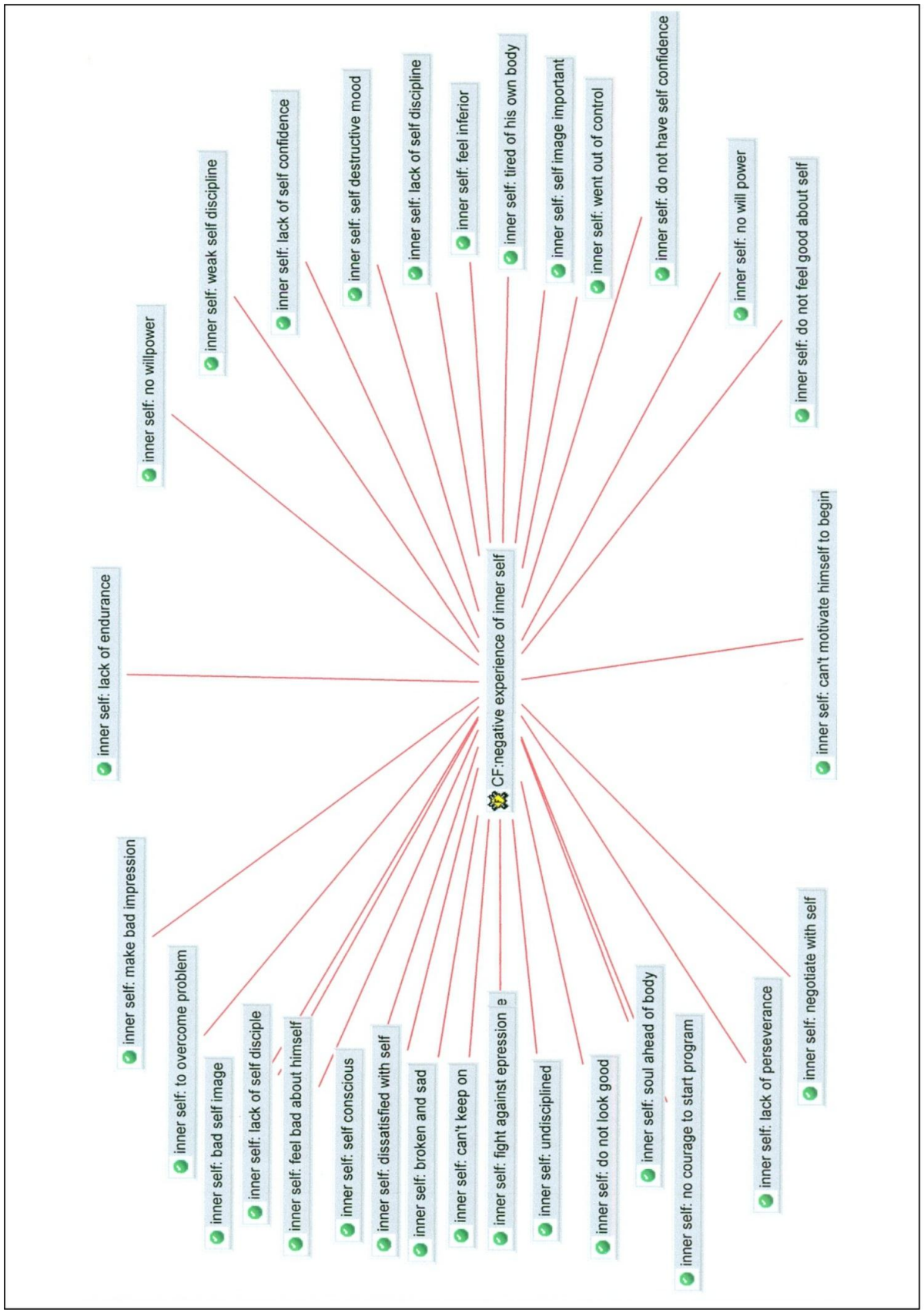


Figure 14: Focused Network on: negative experience of inner self


Figure 15: Focused Network on: being ridiculed


Figure 16: Focused Network on: stereotypes

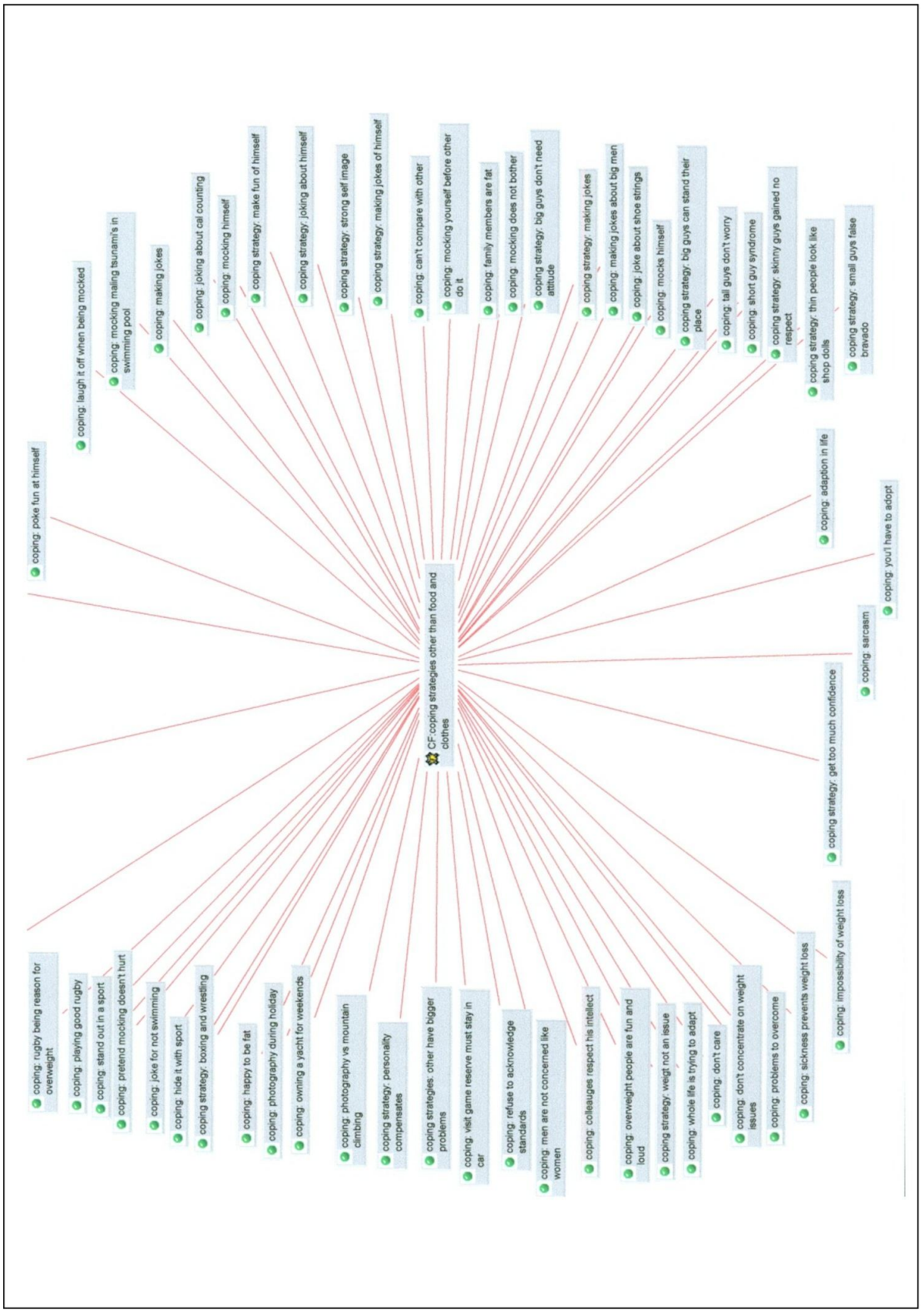


Figure 17: Focused Network on: coping strategies

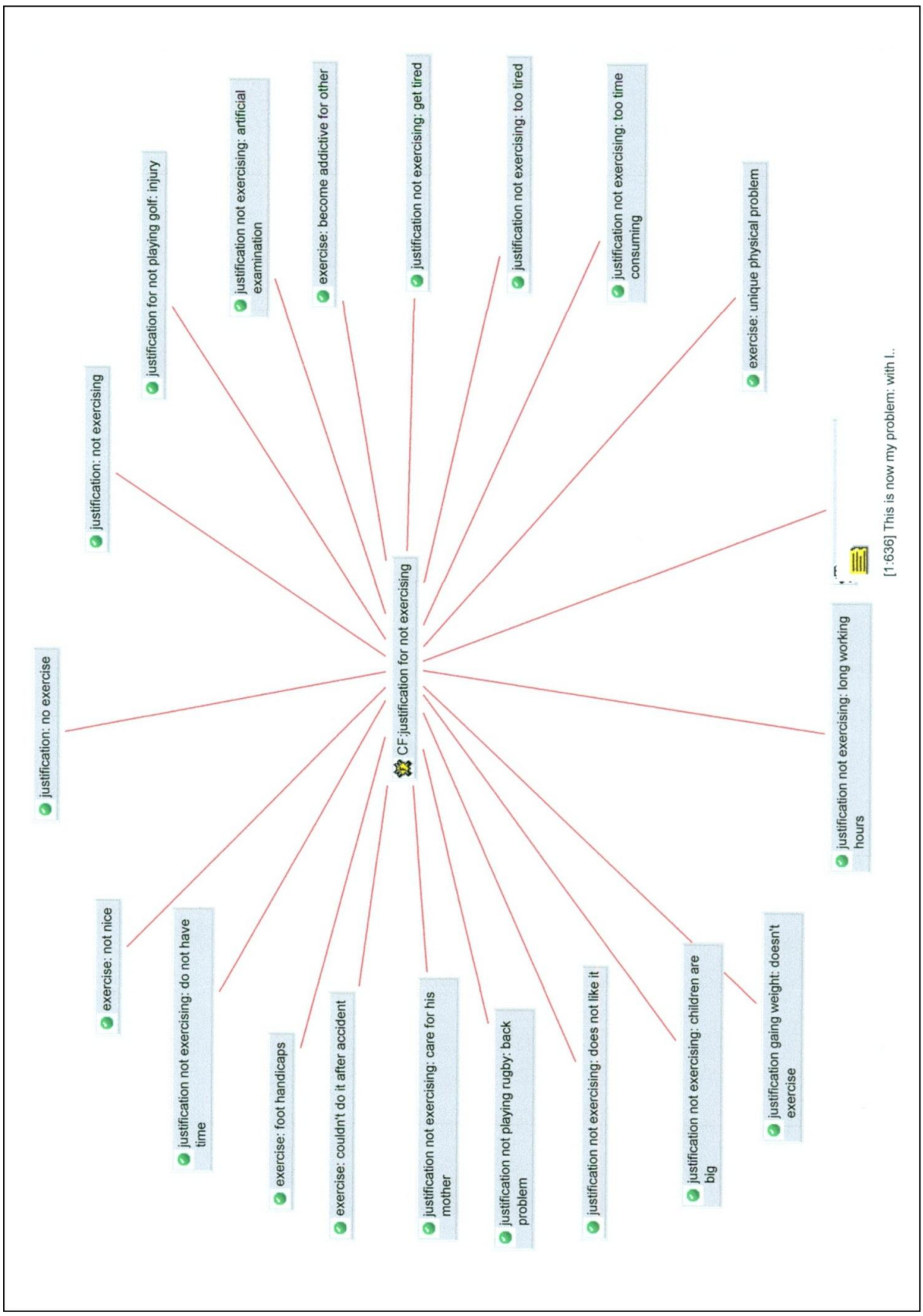


Figure 18: Focused Network on: justification for not exercising

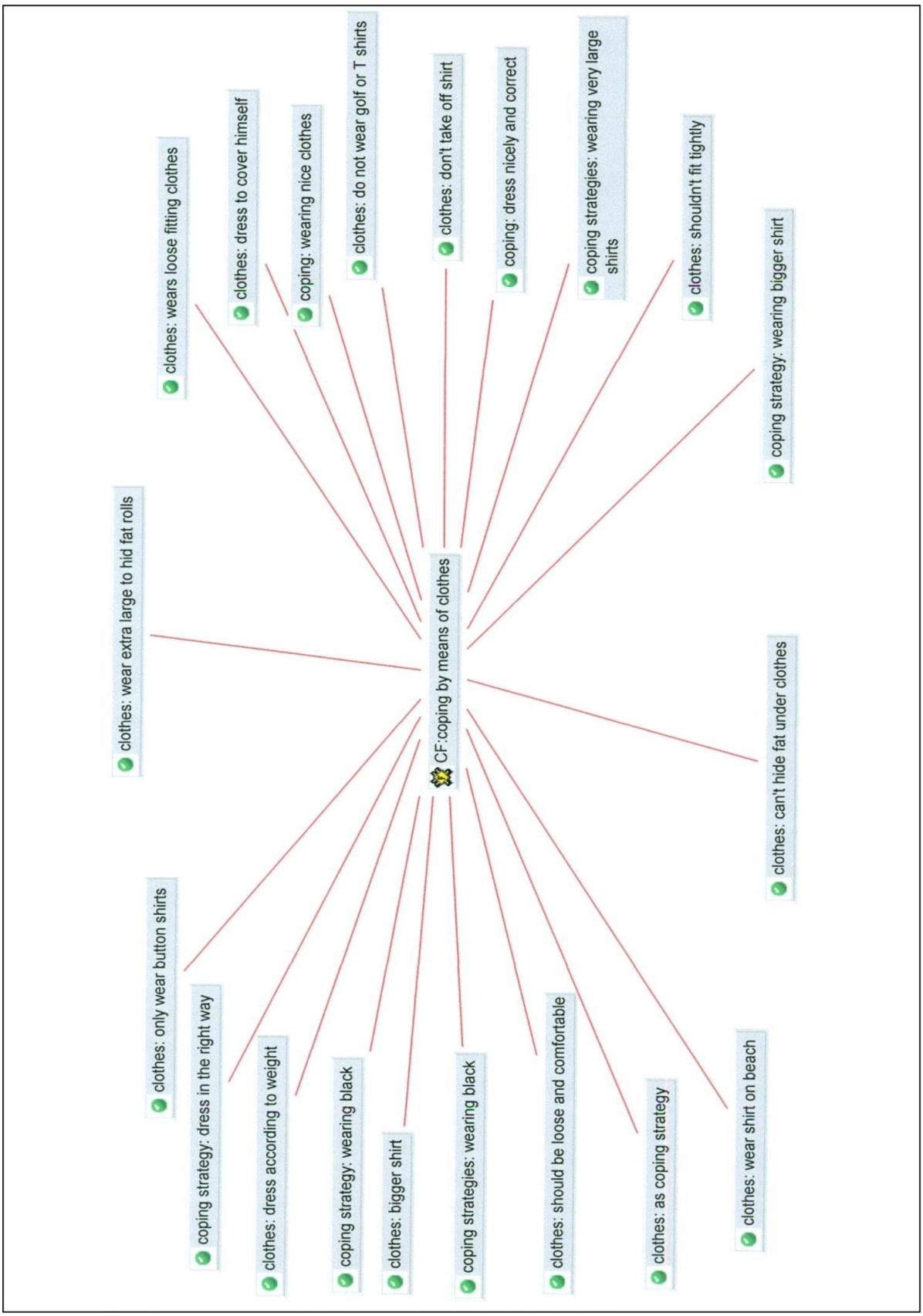


Figure 19: Focused Network on: coping by means of clothes

# ADDENDUM C: LANGUAGE EDITOR'S NOTE

**TO WHOM IT MAY CONCERN**

I have copy edited this thesis in terms of language use (grammar, spelling, clarifying meaning), using the "Track Changes" mode in MSWord. Recommended changes and explanations were given as comments. The edited manuscript was returned electronically. The edit includes suggesting changes to sentence structure, spelling (adopting the English (UK) spelling form and standardising on the form -ise-), vocabulary and word usage, punctuation and hyphenation (double vowel prefixes e.g. co-operate) without changing the meaning of the original text. The edit excluded paying attention to content, correctness or truth of information, spelling of specific technical terms, unfamiliar names and proper nouns, specific formulae, symbols or illustrations or references.

**U J Fairhurst** (Sent electronically, not signed)

U J Fairhurst (DPhil)
Professor Emeritus (University of Pretoria)
Academic Associate (University of South Africa)

*Freelance academic editor*
*Full Member: Professional Editors' Group*
*Member: South African Translators' Institute*

# ADDENDUM D: RESEARCH PARTICIPANT CONSENT FORM

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA
Natural and Agricultural Sciences
Consumer Science

## RESEARCH PARTICIPANT CONSENT FORM

A QUALITATIVE INVESTIGATION INTO LIFE COURSE STAGES AND TRANSITIONS THAT CAN BE ASSOCIATED WITH A HIGH RISK OF EXCESSIVE WEIGHT IN MEN

H H VAN DER SPUY & Prof H M DE KLERK

Thank you for your interest and willingness to participate in this research project. Please read the following and if you do not have a problem with any of the aspects, sign this consent form

**Aim of the study**

The aim of the study is to explore and describe transitions and stages during the life course that can be associated with a high risk of excessive weight gain in men. In this study, the researcher will attempt to understand obese men's perspective of the particular situation of being obese.

**Voluntary nature of participation**

The participation in this project is completely voluntary. You do not have to participate in this research project.

**Methods used**

All data collection will take place during a personal interview between the researcher and the study participant. A tape recorder will be used to capture the data only after permission has been obtained from the participant. Written documentation (a letter or e – mail) will also be used to collect data.

**Confidentiality**

All data will be treated confidentially. It will solely be used for academic purposes. Data will not in any way be related to a participant's name

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*Participants will have the satisfaction of knowing they have assisted with this research project and may help others to prevent obesity*

I HAVE HAD THE OPPORTUNITY TO READ THIS CONSENT FORM, ASK QUESTIONS ABOUT THE RESEARCH PROJECT AND AM PREPARED TO PARTICIPATE IN THIS PROJECT

Participants Signature

Participant's Name (please print clearly)

E-mail address (if available)

Contact Numbers

Home

Work

Cell

Researcher's signature

Date

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