A Study to Describe Weight Preoccupation Among Women

by

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This thesis is dedicated to my husband Glen and my son Liam for their constant love, support and encouragement. I also dedicate this work to my parents, Bill and Ruth, for teaching me that I could achieve anything in life.

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ABSTRACT

Weight preoccupation is a common problem for women in Western society and studies confirm that few women are satisfied with how they look. Grounded in feminist theory and based on population health principles, the present study explored weight preoccupation among women in a healthy weight range. In the first phase of the study, survey data was analysed to examine correlates of weight preoccupation in order to describe the characteristics of this phenomenon among women in or below a healthy weight in the general population. In the second phase of the investigation, interviews were conducted with healthy weight women who are trying to lose weight to further explore the phenomenon by providing a critical analysis of the social forces surrounding weight preoccupation and how these social forces translate into women's lived daily experiences.

The quantitative findings revealed that throughout the lifespan women are unnecessarily attempting to lose weight, and the foremost reason cited for attempting to lose weight was "to become more attractive". The quantitative findings did not indicate vast differences between the weight concerned and weight satisfied women, and in fact, on the surface the weight concerned women appeared to engage in healthier behaviours. The interviews confirmed that attractiveness is indeed a critical factor in women's concerns with weight and body shape issues, and illustrate how the female body is objectified, and how women are subjugated based on a thin ideal. Objectification is inter-related to anxieties about fat and the messages women receive about their bodies. This objectification can negatively affect women's physical and mental health leading to decreased self worth, unhealthy eating behaviour and a splitting of body from self. The women's stories about female embodiment over the life course reveal the significance of life experiences with weight in influencing how women feel about their bodies. A life of turmoil and struggle with their weight lead some women to question the cultural ideal of thinness and resist the negative discourses surrounding the female body. For these women in particular, there was growing love and appreciation for their bodies.

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CHAPTER 1

INTRODUCTION

BACKGROUND

Weight preoccupation[1] is a common problem for women in Western society -- so common in fact that it is difficult to find a woman who has never dieted or who is satisfied with the way she looks. In Nova Scotia, a provincial health survey found that close to a quarter of young women within or below a healthy weight range reported currently trying to lose weight (Nova Scotia Department of Health & Heart Health Nova Scotia, 1996). For many women weight preoccupation can have significant detrimental physical and psychological health consequences. Although there is an extensive body of literature examining more severe forms of weight preoccupation such as anorexia and bulimia, few studies have examined weight preoccupation among women in the general population. In addition, much of the existing research on bulimia and anorexia has tended to focus on these conditions as individual pathologies and diseases, minimizing or ignoring sociocultural influences.

It is of concern that approximately a quarter of Nova Scotian women who are in or below a healthy weight range are trying to lose weight, potentially risking their physical and mental health. Research is needed to learn more about the extent of the problem from a

[1] See *Glossary of Terms* (Appendix A) for the definition of weight preoccupation

public health perspective and to help us understand why so many women are preoccupied with their weight.

PURPOSE AND OBJECTIVES

The purpose of this study is to describe weight preoccupation among women who are in or below a healthy weight range[2] combining quantitative and qualitative research methods. In the first phase of the study, data from the Nova Scotia Health Survey was analysed to examine correlates of weight preoccupation in order to describe the characteristics of this phenomenon among women in or below a healthy weight in the general population. In the second phase of the investigation, interviews with healthy weight women who are trying to lose weight were conducted to further explore the phenomenon by providing a critical analysis of the social forces surrounding weight preoccupation and how these social forces translate into women's lived daily experiences.

The objectives of the quantitative phase of the study are:

1. To identify factors associated with weight preoccupation among women within or below a healthy weight range at a population level.

   1a. To describe what women within or below a healthy weight range who are trying to lose weight are doing to lose weight, and why they want to lose weight.

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[2]See *Glossary of Terms* (Appendix A) for the definition of women in or below a healthy weight range

1b. To examine the association between demographic factors (age. socioeconomic status and marital status) and weight preoccupation.

1c. To examine the association between psychological well being (depression), lifestyle characteristics (smoking behaviour and level of physical activity) and weight preoccupation.

1d. To examine the association between body shape factors (hip circumference. waist circumference, waist-hip ratio) and weight preoccupation.

The objective of the qualitative phase of the study is:

1. To understand the sociocultural factors (family relationships; childhood experiences; social relationships; social support; the role of women in society; etc.) associated with weight preoccupation among women in a healthy weight range.

RELEVANCE

Research examining weight preoccupation among women is important for several reasons. There is a great need to understand why so many women who are in a healthy weight range are trying to lose weight. Which groups of women are more likely to pursue thinness: who are they, how can we identify them and how do these women differ from women who are satisfied with their weight? What is revealed about the world in which we live by some women's relentless pursuit of thinness? The findings of this study will help to provide answers to these questions. This research will inform practitioners who work with women in addressing issues related to body image and weight management; inform policy

decisions regulating the diet and advertising industry; help women move from weight preoccupation to body and self acceptance; and counter the notion that the only health problems related to weight are the extremes such as obesity and anorexia/bulimia.

CHAPTER 2

BACKGROUND LITERATURE

INTRODUCTION

There is increasing recognition among practitioners and researchers that weight preoccupation and body image dissatisfaction are complex sociocultural phenomena affecting many women. Sociocultural influences such as the cultural construction of femininity, how women are valued in society, women's social position, fat oppression, and social and family relationships, appear to predispose women to becoming preoccupied with their weight, and research is needed to understand the impact of these influences. While some women suffer from the consequences of severe forms of weight preoccupation such as anorexia and bulimia, a large percentage of women may be suffering from less severe physical and psychological health problems due to preoccupation with their weight. Feminist scholars challenge the traditional medical/psychiatric model where the individual is separated from social and cultural influences. Such a model, predicated by patriarchal ideologies, does not allow for a complete understanding of phenomena such as eating disorders and weight concerns among women, and may in fact distort our understanding of these complex and contextual issues. Given that weight concerns among women are so prevalent in Western society, research which explores the sociocultural dynamics of this phenomenon is warranted.

WEIGHT PREOCCUPATION -- HOW COMMON IS IT AND WHO IS AFFECTED?

> It is a rare woman today who has a healthy body image, who is not actively doing battle with her body (Hutchinson, 1985, p. 15).

Introduction

In Western society a thin body type has been embraced as the cultural ideal for women. Surveys show that close to 90% of women in Canada are dissatisfied with some aspect of their bodies and eight out of ten are estimated to have dieted by age 18 (Health Promotion, 1991). The high prevalence of weight concern in Western society is reflected in the shear size of the industry where over $30 billion is spent yearly in America on weight loss efforts (NIH, 1993). Several studies indicate that many women are not satisfied with their appearance, fear weight gain and often overestimate how much they weigh. A study of a random sample of 803 adult women representative of the U.S. population by age, race, income, education and geographical region found that nearly one-half reported negative evaluations of their looks and were concerned with being or becoming overweight (Cash & Henry, 1995). A mailed survey to a 10% random sample of the entire undergraduate population of a large Midwestern University found disparity between females' self-perception of body weight and their actual weight. Only 17% of the females were overweight yet 40% described themselves as either moderately or a great deal overweight (Sciacca, Melby, Hyner, Brown, & Femea, 1991). Weight and body shape dissatisfaction are the norm for women in Western society -- the problem is so prevalent that a large percentage of women in a "healthy" weight range are also in relentless pursuit of the thin ideal.

Women in a Healthy Weight Range

Research has found that many women who perceive themselves to be of normal weight, or who are actually in a healthy weight range, think they should lose weight or are in fact attempting to shed pounds (Greenfield, Quinlan, Harding, Glass, & Blidd, 1987; Horm & Anderson, 1993; Huon, 1993; Tiggemann & Rothblum, 1988). Based on a probability sample of 3,227 adults in Nova Scotia it was found that 24% of women 18 to 34 years old and 18% of women 35 to 64 years old who were within or below a healthy Body Mass Index (BMI)[3] reported trying to lose weight (Nova Scotia Department of Health & Heart Health Nova Scotia, 1996). An analysis of the Canadian Heart Health Surveys (population-based cross-sectional surveys conducted in each Canadian province between 1986 and 1992) found that 35% of women within a healthy weight range said that they would like to lose weight (Green, et al., 1997). A random-digit dial survey conducted in 1989 in the U.S. (as part of the Behavioural Risk Factor Surveillance System) found that 20% of adult women who considered themselves to be the "right weight" reported that they were nonetheless trying to lose weight (Serdual, Collins, Williamson, Anda, Pamuk, & Byers, 1993). Another telephone survey using a random digit-dial probability sample of adults in the U.S. found that about one-half of women who were in or below a healthy weight range were trying to lose weight (Levy & Heaton, 1993). Weight concern is an issue affecting a large percentage of women, including women in a healthy weight range. Although weight

[3]See *Glossary of Terms* for a definition of BMI

and body shape issues are increasingly becoming an issue for men, this phenomenon remains a greater problem for women in Western society.

Being Female

The literature on body image illustrates that weight and appearance concerns are more prevalent among women than men. The Youth Risk Behaviour Survey, a self administered survey of a random sample of U.S. high school students conducted in 1990, found that female students were more than twice as likely as male students to consider themselves to be "too fat" (Serdual et al.,1993). In a study of 204 college students recruited from introductory psychology courses, it was found that females place more importance on the appearance benefits of maintaining an ideal weight than do males (Klesges, Mizes & Klesges, 1987). In a sample of 639 visitors to a museum ranging in age from 10 to 79 years, Pilner, Chaiken and Flett (1990) found that females are more concerned than males about eating, body weight and physical appearance and that these gender differences are generally apparent at all ages. Analysis of the Canadian Heart Health Surveys revealed sex related differences with regard to weight. Weight dissatisfaction was found to be far more prevalent among women (35% of women vs. 7% of men in a healthy weight range said that they would like to lose weight), and furthermore, men with high BMIs (greater than 27) were more satisfied with their weight than women in the same BMI range. The study concludes that two different health promotion messages are required: one for men emphasizing the health risks of obesity, and another for women, promoting more realistic body sizes and shapes and educating about the risks of preoccupation with weight and appearance (Green, et al., 1997).

Rodin, Silberstein and Striegel-Moore (1984) argue that weight concerns and dieting have become so normative for most women in Western society that weight has become the lens through which life experience is viewed.

Age

Research demonstrates that weight concerns, and particularly severe forms manifested in anorexia and bulimia, are more prevalent in younger women than older women (American Psychiatric Association, 1994). However, studies have tended to focus on high school and college students, ignoring women from other age groups. Research that has included older women has found weight preoccupation among women across all ages, and Pilner, Chaiken and Flett (1990) found concerns with weight and physical appearance among women across the lifespan. One finding from the Nova Scotia Health Survey illustrates the salience of the issue of weight concern for all women. In this survey 24% of women 18 to 34 years old and 18% of women 35 to 64 years old who were within or below a healthy BMI reported trying to lose weight (Nova Scotia Department of Health & Heart Health Nova Scotia, 1996). Analysis of data from the Canadian Heart Health Surveys found that like young women many middle-aged women consider themselves above their desired weight and are trying to lose weight, even when their weight is within acceptable limits (Green, et al., 1997).

Although hidden or falsely portrayed by the media, aging *does* change women's physical appearance, and women tend to gain weight at each of the major reproductive milestones: menarche, pregnancy and menopause (Chrisler & Ghiz, 1993). Faced with a

changing body shape that does not match the cultural ideal, it is not surprising that weight concerns and body image disturbances continue to be the experience of women in midlife and beyond. Research has all but ignored body image issues of midlife and older women and researchers point to the need for further investigation about this phenomenon throughout the lifespan (Chisler & Flett, 1993; Pilner, Chaiken, & Flett, 1990).

Socioeconomic Status (SES)

Research indicates that there may be an association between higher SES status and dieting (Bowen, Tomoyasu, & Cauce, 1991; Drewnowski, Kurth, & Krahn, 1994). However, recent studies have begun to question what was thought to be well established associations among high SES status, body image disturbances and eating disorders. In fact, in a study of a random sample of 2,115 adults in the general population aged 18 to 30, some bulimic behaviours and symptoms were found to be more common among lower SES than higher SES respondents (Rand & Kuldau, 1992). In a review of studies between 1970 and 1990, Gard and Freeman (1996) conclude that existing research fails to support the stereotype that there is a relationship between eating disorders and SES. The authors contend that the relationship between anorexia nervosa and high socioeconomic status remains to be demonstrated, and that there is increasing evidence to suggest that the opposite relationship may apply to bulimia nervosa. Research on the association of SES and less severe forms of weight preoccupation is lacking, but feminist scholars assert that body image and weight issues cut across all socioeconomic levels (Bordo, 1993).

Body Shape

One rationale cited for weight preoccupation and dieting among women is body shape. Female body shape is determined both by the amount of fat and its distribution. Women tend to deposit fat on the buttocks and hips producing feminine or gynoid fat distribution. Men on the other hand tend to deposit fat on upper body parts and centrally producing masculine or android fat distribution. The waist-to-hip ratio (WHR) is a measure of body shape -- women with a higher WHR have a more android physique with a higher ratio of fat located on the waist compared to the hips.

Research indicates that women may become dissatisfied with their bodies and preoccupied with their weight depending on where they deposit fat. Most research indicates that WHR is inversely related to weight preoccupation and disordered eating in women and that hip circumference is a salient determinant of women's dissatisfaction with their bodies (Bailey, Goldberg, Swap et al., 1990; Ben-Tovim & Walker, 1991; Davis, Durin, & Dionne et al., 1994; Radke-Sharpe, Whitney-Saltiel, & Rodin, 1990). The Ben-Tovim Walker Body Attitudes Questionnaire (BAQ) identified consciousness about the size of the lower body as a central construct in overall body satisfaction in women (Ben-Tovim & Walker, 1991). A study of 77 females aged 21-50 years found that subjects with the greatest distribution of fat on the hips and buttocks relative to the abdomen and waist (lower WHR) were the most eating disordered and viewed being the right weight as more central to their sense of self (Radke-Sharpe, Whitney-Saltiel, & Rodin, 1990). Analysis of the Canadian Heart Health Surveys found that WHR was unrelated to current attempts to lose weight except among women of BMI 27-29 Kg/m -- those with lower WHRs were more likely to be trying to lose

weight (Green et al., 1997). In contrast, a study by Singh (1994) found that men and women from ages 18 to 85 years judged normal weight female figures with low WHR (more fat on the buttocks and hips compared to the abdomen and waist) as more attractive and healthy than higher WHR figures depicting similar or lower body weight. Although Singh (1994) found an association between higher WHR and body dissatisfaction, most studies have found the opposite relationship, and it appears that a lower WHR may be a contributing factor in weight preoccupation and body shape dissatisfaction. However, this is not a consistent finding in the literature and further research is needed to confirm this association.

Conclusion

Clearly women are more preoccupied with their weight than men, and a widely accepted explanation for this difference is that our culture considers the "thinness is attractive" equation more true for women than for men. It is apparent that the majority of women in our culture do not accept their bodies as they are and are constantly toning and trimming in relentless pursuit of thinness. This "battle" with our bodies can be devastating for some women manifested in the form of life threatening eating disorders. While most women escape the dire consequences of anorexia and bulimia these "battles" that "average" women wage erode both their physical and mental health. Weight preoccupation is a phenomenon affecting most women in society and this is a public health issue that demands further investigation.

HEALTH ISSUES

Diets -- success rates and possible health consequences

In controlled settings, diets, behaviour modification, exercise and drugs produce short term weight losses with reasonable safety. Unfortunately, most people who achieve weight loss with any of these programs regain weight (Garner & Wooley, 1991; NIH, 1993; Parham, 1996; Siegler & Ciliska, 1991). Despite the high rate of failure of many diets, most health practitioners continue to advocate their use. The weight loss industry continues to boom and uses images of thin beautiful women to sell their product. In addition, even though for many women weight preoccupation is a greater health hazard than their weight, there are few health promotion activities urging normal weight women to stop dieting. The NIH warns against attempts at weight loss for those within a healthy weight range. They caution that the decision to lose weight should take into account the difficulty of the task as well as the potential adverse physical and psychological effects of weight loss. These effects include risk of poor nutrition, possible development of eating disorders, physical effects of weight cycling and the sometimes serious psychological consequences of repeated failed attempts to lose weight. The negative psychological consequences associated with dieting in "normal-weight" individuals include a "starvation syndrome" of depression, anxiety, weakness and preoccupation with food (Robison, Hoerr, Strandmark, & Mavis, 1993).

It is not only normal-weight women but also overweight women who are at risk for the potential detrimental effects of dieting. In fact, recently researchers have begun to question the negative consequences of the diet craze. Symptoms such as irritability, poor concentration, anxiety, depression, apathy, lability of mood, fatigue and social isolation have

been associated with dieting (Ciliska & Rice, 1989; Garner Garfinkel, Schwartz, & Thompson, 1980). In extreme cases dieting may contribute to eating disorders such as anorexia nervosa and bulimia, and some diet programs have been implicated in a number of deaths in Canada, necessitating the release of Canadian government guidelines for the treatment of obesity (Polivy & Herman, 1992).

Excessive Physical Activity

The benefits of physical activity are conveyed in many health promotion messages and lack of physical activity is recognized as a risk factor for several chronic diseases (Fletcher, et al., 1995; Nova Scotia Heart Health Program, 1992; Pate, et al., 1995). Research examining eating disorders illustrates that too much exercise may have detrimental health effects. A recent study found that for a number of anorexic women, sport/exercise is an integral part of the pathogenesis and progression of self starvation (Davis, Kennedy, Ravelski, & Dionne, 1994). In this study, history of physical activity was assessed for hospitalized eating disordered patient's and an age-matched control group. The results indicate that the eating disordered patients were more physically active than controls from adolescence onwards, and prior to the onset of the primary diagnostic criteria for anorexia and bulimia. The authors conclude that a serious commitment to sport or exercise has significance not only for its potential to create a psychological predisposition to an eating disorder but as a contributing factor in its progression (Davis, Kennedy, Ravelski, & Dionne, 1994). These findings are striking and lead one to question the fitness craze which often equates physical fitness with physical attractiveness. Research examining the role of

physical activity in the lives of women with less severe forms of weight preoccupation than seen in eating disorders is needed to determine if it is indeed health enhancing.

Health effects of weight preoccupation

Preoccupation with weight and the body may detrimentally affect one's psychological well being. Weight preoccupation can provoke feelings of guilt and shame and is interwoven with low self-esteem and a general sense of personal inadequacy. Some researchers believe that the psychological consequences of weight concerns and chronic body dissatisfaction may also be among the causes of depression in many women. In a study of 92 male and female college students, it was found that a failure to match the internalized ideal (which we know is unrealistically thin for most women) is likely to prompt self-criticism and to damage self-esteem (Silberstein, Striegel-Moore, Timko, & Rodin, 1988). A study of college women found that those concerned with weight had extremely low self-esteem scores compared to college student norms. These women were depressed, disliked themselves and had somewhat disordered eating patterns and feelings about their bodies (Polivy & Herman, 1992).

A study of 256 male and female university undergraduates of Caucasian, Chinese and Japanese ethnicity found that depressed respondents had significantly higher levels of overall body-image dissatisfaction. The body image scale used in this study assessed satisfaction with weight, waist and hips, in addition to a variety of other body parts such as nose, hair, complexion, etc. The authors note that the question remains as to whether depression produces body-image dissatisfaction or vice versa, and hypothesize that the process likely

is a circular one where both variables act to exacerbate one another (Maresella, Shizuru, Brennan, & Kaneoka, 1981).

Preoccupation with weight can lead some women to jeopardize their physical health by using dangerous weight control methods such as fasting, self induced vomiting, laxatives, diet pills, bingeing and smoking (Greenfield, Quinlan, Harding, Glass & Blidd, 1987; Huon, 1993; Klesges, Mizes, & Klesges, 1987; Levy & Heaton, 1993). A telephone survey based on a probability sample of U.S. adults found that 21% of the women were skipping meals while 14% were taking diet pills (Levy & Heaton, 1993). In a study of 204 college students recruited from introductory psychology courses at a Midwestern University, Klesges, Mizes, and Klesges (1987) found that 61% of college females reported using inappropriate or dangerous weight loss strategies such as laxatives, appetite suppressants and skipping meals. The investigators also found that 21% of females reported using either smoking and/or caffeine as a weight-loss strategy. Research has shown that weight control is a critical reason for smoking in females (Klesges & Klesges, 1988; Lissiner, Bengtsson, Lapidas, & Bjorkelund, 1992). In addition, research has demonstrated that more women than men are concerned about weight gain when considering quitting (French, Perry, Leon, & Fulkerson, 1994; Sorenson & Pechacek, 1987; Streater, Sargent, & Ward, 1989).

The most severe consequences of weight preoccupation may be the development of anorexia/bulimia nervosa. Anorexia nervosa is drastic weight loss resulting from extreme dieting or starvation (Rice, 1995). Bulimia nervosa is identified by changes in weight and a cycle of binge eating followed by purging to rid the body of unwanted calories (Rice, 1995). Body image has been seen as a crucial aspect of eating disorders for many years and

was incorporated in the DSM III diagnostic criteria for anorexia nervosa (Raphael & Lacey, 1992). The DSM IV estimates a female-male ratio of 19 to 1 for anorexia nervosa and a similar ratio of females to males with bulimia nervosa (American Psychiatric Association, 1994; Nagel & Jones, 1992). Research has shown that weight and body shape concerns are associated with eating disorders and appear to be prominent features of people with eating pathology (Bunnell, Cooper, Hertz, & Shenker, 1992; Heinberg, Thompson, & Stormer, 1995; Killen, et al.,1994).

The evidence indicates that women in a healthy weight range who attempt to lose weight may be risking their physical and mental health, and yet studies show that many women in a healthy weight range are still trying to lose weight. Research is needed to determine why so many women are jeopardising their health and to help these women and all of Western society understand the impact of weight preoccupation on women's lives.

WEIGHT IN A CULTURAL CONTEXT

> The human body is a cultural artifact. While our bodies are biophysical, what our bodies mean and how they are experienced has much to do with the sociocultural and historical spaces they occupy. (Lee & Sasser-Coen, 1996, p. 13)

Being Female

A thread that runs throughout feminist writings is women's oppression in and through their bodies. In understanding this oppression, feminist scholars such as Bordo (1993), and Lee and Sasser-Coen (1996) emphasize the mind -- body dualism characteristic of Western philosophy and theology. In Western societies, women are frequently cast in the role of

body, while men are associated with the mind and the soul, able to transcend the mundane toward abstract reason and the veneration of the mind (Lee & Sasser-Coen, 1996). These myth-based connections have strongly informed gender ideologies that remain pervasive in the 1990s. This gendered ideology defines women as sex objects and reproducers, and negatively contributes to societal standards of contemporary femininity.

Femininity has come to be defined in the politicized terms of gender, intimately intertwined with sexuality. The rules of gender are learned through homogenizing images and ideologies which tell women how to behave and what to look like (Bordo, 1993). These images reinforce women's subordination on the basis of gender and press for conformity to dominant cultural norms. Through their bodies women are integrated into the social and sexual order. In a patriarchal society, women learn that their bodies are objects of the male gaze and that gaining power is intimately connected to how sexually attractive their bodies appear to men. As objects, women are dehumanized, devalued and stripped of their personhood. Feminist scholars conclude:

> The objectification of women is a fundamentally important aspect of women's psychology in a culture where a women's body is literally her self...In a culture where a women's body size is of such paramount importance, it is not surprising that dieting and other weight loss behaviours have become normative.
> (Rice & Langdon, 1991, p. 30)

Most women struggle with weight and body shape issues as they learn at an early age that their appearance affects how they are valued in society, and how they are treated as individuals.

Women's social position in Western society has changed throughout history and some feminists argue that the contemporary thin ideal expresses the current circumstances in which women's oppression co-exists with women's emancipation (Brown & Jasper, 1993). The thin, muscular shape that many women strive for suggests liberation, independence and achievement in a man's world. However, at the same time this thin ideal expresses continued oppression through its smallness, delicacy and dependence. Feminist scholars elaborate on this argument stating that the relentless pursuit of thinness trivializes liberation and is a manipulative tool to prevent women from gaining power in their personal and profession lives (Berg, 1992; Bordo, 1993; Lee & Sasser-Coen, 1996; Wolf, 1990). While the feminist struggle has resulted in gains in opportunity for many women, women still remain oppressed in fundamental ways. Control of their bodies means control of their lives.

Feminists believe that much can be understood about the world women live in through examining the pervasiveness of weight preoccupation (Brown & Jasper, 1993). By exerting control over their bodies, women hope to gain power and control over their lives. The body becomes the site of struggle and resistance for most women -- the arena for their expression of discontent and protest. The relentless pursuit of thinness is an attempt to embody cultural norms, to create a body that will speak for the self in a meaningful and powerful way (Bordo, 1993).

Fat Oppression

It is well documented that in Western society, overweight people suffer more negative consequences as a result of their body size than do thin people. Fat is a cultural sign of powerlessness, ineffectiveness and lack of control. The results of one study found that young girls believed that people who were fat were viewed less favourably than thin people. Being fat was associated with being sloppy, mean, sad, dirty, stupid and tired whereas being thin was associated with being good looking, smart, neat, kind, clean, happy, polite, and having lots of friends (Staffieri, 1972). In a more recent study of attitudes about body weight and appearance among a sample of 512 undergraduates at universities in the United States and Australia, men and women stereotyped obese people significantly more negatively than they did non-obese people. While the notion of the fat jolly person was to some extent confirmed in that fat people were seen as warmer and friendlier, fat people were rated as unhappier and less self-confident. They were also viewed as more self-indulgent, less self-disciplined, lazier and less attractive. In addition, the negative stereotypes were more prevalent for the fat female figures compared to the male figures (Tiggemann & Rothblum, 1988).

A longitudinal study (the National Longitudinal Survey of Labour Market Experience, Youth Cohort) examined the relation between being overweight and subsequent educational attainment, marital status, household income and self-esteem in a nationally representative sample of a cohort of 10,039 young people in the U.S. The survey found that overweight adolescents and young adults marry less often and have lower household incomes in early adult life than their non-overweight counterparts, regardless of socioeconomic status

origins and aptitude-test scores (Gortmaker, Must, Perrin, Sobol, & Dietz, 1993). In another review of studies by Rice (1995), research indicates that overweight people have lower rates of acceptance to college, reduced likelihood of being hired for jobs, a lower standard of living and lower rates of pay.

In a review of studies, Rodin, Silberstein and Striegel-Moore (1984) concluded that women are more stigmatized than men for obesity and experience discontent and dissatisfaction because of sex-specific pressures to be thin and to obtain a desirable body image. A woman's value in society is based largely on how she looks and women who do not meet or are not actively striving towards the ideal of thinness are persecuted and reproached (Brown & Jasper, 1993). Fat oppression is a form of social control that keeps women in their "proper" (read: subordinate) place in patriarchal society.

Portrayal of Women in the Media

In Western culture, the media continually present images of thin, beautiful women to their audiences. As Rice states, "it does not take a trained eye to notice that women on television, billboards and in fashion magazines are virtually always thin" (1995, p.10). In the last few decades, there has been a marked trend toward an increasingly thin ideal of women's beauty (Rodin, 1993). Four studies examining the portrayal of women in the media concluded that the standard of bodily attractiveness presented on television and in popular magazines is slimmer and more oriented to dieting and staying in shape for women than it is for men, and that the recent standard for women portrayed in magazines and in movies is slimmer than it was in the past (Silverstein, Perdue, Peterson, & Keely, 1986).

The body weight of Playboy centrefolds and Miss America Pageant contestants became significantly lighter from 1960 to 1980 (Garner, Garfinkel, Schwartz, & Thompson, 1980). This study also found a significant increase in diet articles in six popular women's magazines over the same period, and the authors conclude that the increasing number of diet articles in women's magazines provides collateral evidence for a growing emphasis on weight reduction in pursuit of fashion's ideal figure.

It is apparent that women are continually presented with images of thinness which are unrealistic for most. For example, whereas a typical female fashion model in North America is 5'8" and weighs 115 pounds, the average Canadian woman is 5'3" and weighs 144 pounds (Health Promotion, 1991). Furthermore, research indicates that many fashion models are dangerously thin. Ideal body size portrayed through the media is 13 to 19% below expected weight. Body weights which are 15% below expected are defined by the DSM -- IV diagnostic criteria (from the *Diagnostic and Statistical Manual of Mental Disorders* of the American Psychiatric Association) as one of the criteria for anorexia nervosa (Wiseman, Gray, Mosimann & Ahrens, 1992). Thus the body size idealized in the media is, in fact, glorifying a potentially life threatening disease.

While it is apparent that society is presented with homogenizing images of thin (at times deadly thin) women, the portrayal of women in the media does not occur in isolation. The thin ideal is not simply about aesthetics and media pressure, and research must explore the meaning of the ideal of slenderness in the context of the larger sociocultural environment. The traditional medical model, in attempting to understand eating disorders, has placed little or no value on sociocultural factors that impact on women's lives. Less severe forms of

weight preoccupation have been given little attention by the medical community other than in simply reporting the large number of women affected by the phenomenon. Research which considers these broader social issues, is needed to understand the impact of weight preoccupation on women's lives.

Body Image Continuum

> Most women do not feel very good about their bodies. Most women in our culture then, are 'disordered' when it comes to issues of self-worth, self entitlement, self nourishment and comfort with their own bodies; eating disorders, far from being 'bizarre' and anomalous, are utterly continuous with a dominant element of the experience of being female in this culture. (Bordo, 1993, p. 57)

It is a significant public health concern that such a large percentage of the female population may be predisposed to physical and psychological illnesses such as depression, low self esteem, and poor nutritional status as a result of weight preoccupation. Although weight preoccupation can lead a small number of women to suffer from the devastating consequences of anorexia and bulimia, the greatest health burden is likely not caused by the relative few who suffer from these severe eating disorders but rather due to the very large percentage of women who may be suffering less severe problems as mentioned above.

A population strategy attempts to reduce risk factors, and address social and environmental determinants which have an impact on population health status, rather than focusing solely on treatment for those at high risk (Rose, 1985). Such a strategy has the potential to positively impact the health of the entire population rather than just a few, and ultimately reduce mortality and morbidity. Recently, feminist scholars have proposed a body

image continuum to illustrate the range of eating and body image disturbances among women which ascribes to a population health approach (Rice, 1995; Bordo, 1993). This continuum depicts the potential link between the so called "pathological women" suffering from anorexia and bulimia and the "normal women" with weight preoccupation and body image disturbances (Figure 1).

Figure 1. Body Image Continuum

Body/Self acceptance	Body Image Dissatisfaction	Weight Preoccupation/ Yo-Yo Dieting	Compulsive/ Emotional eating	Anorexia/ Bulimia

Source: Rice, 1995

At one end of the continuum are healthy body and self-esteem which represent the goal of body and self acceptance. Women who accept their bodies have an accurate mental picture of it, their feelings, and assessment and relationship towards their body is positive, confident and self-caring. Body image dissatisfaction describes women who do not like their body or specific body parts. Weight preoccupation includes counting calories, exercising for the purposes of weight loss or continually trying various methods to lose weight. One consequence of weight preoccupation is a cycle of yo-yo dieting and normal eating/bingeing, where dieters become trapped in a repeated cycle of weight loss and weight gain. Emotional and compulsive eaters refers to individuals who feel unable to stop

themselves from eating or eating compulsively. Out-of-control eating happens when people do not acknowledge what they are doing by eating quickly, secretly or in a trance-like state. Finally, on the other extreme of the continuum are eating disorders such as anorexia and bulimia (Rice, 1995).

Many researchers, particularly feminist scholars, are critical of the treatment of eating disorders based on the biomedical model, which treats anorexia and bulimia from an individualistic psychiatric perspective. Medicalization refers to the extension of the concept of health and illness to define deviant behaviour as sickness and normal behaviour as healthy, to the exclusion of context (Marchessualt, 1993). This context-stripped view is typical of the medicalization of complex conditions (Allen, 1994).

Rice (1993) argues that when eating disorders are treated as pathologies, anorexic and bulimic behaviours are divorced from "normal" dieting behaviours, and from a larger sociocultural context, even though the degree of weight preoccupation in both groups may be similar. Body image has been a crucial aspect of eating disorders for many years, but researchers have found that people without eating disorders may also mis-perceive body shape (Bunnell, Cooper, Hertz, & Sherker 1992; Raphael & Lacey, 1992). In a study of college freshman comparing bulimic and non-bulimic students, fear of being fat was so pervasive among the non-bulimic women that its usefulness as a differentiating variable was negligible (Rodin, Silberstein, & Striegel-Moore, 1984). Many researchers do not distinguish between women who engage in dieting or other weight loss behaviours and those diagnosed by bio-medical models as having bulimia or anorexia, because they believe the difference is one of degree rather than kind. These scholars argue that eating disorders lie

on a continuum with women's "normal" concerns with weight and eating (Brown, 1993; Bordo, 1993; Rice, 1993; Rodin, et al., 1984).

A framework which emphasizes the similarities between women on a continuum of troubled eating and weight preoccupation helps researchers to understand weight preoccupation and body shape dissatisfaction in a sociocultural context (Brown, 1993; Rice, 1995). Hypothetically, if we were to superimpose a population distribution of women along the continuum we would find that the majority of women would fall between body image dissatisfaction and compulsive/emotional eating with the minority (or tails of the curve) located at the extreme ends of the continuum. By viewing eating and body image problems along this continuum researchers will be better able to investigate and obtain insight into the range of problems potentially experienced.

Although research examining weight preoccupation among women in the general population is growing, there are still gaps in knowledge and many questions remain unanswered. Who are these women who are concerned with their weight and how do they differ from women who are satisfied with their weight? How do social and cultural factors impact on women's relationship with their weight and body shape? This study will focus on women with less severe forms of weight preoccupation (i.e., those who fall between body image dissatisfaction and compulsive/emotional eating). The focus will be on women in the general population and this investigation will attempt to describe who these women are, and the impact of social and cultural factors on these women's lives in relation to their weight and body shape. Therefore, this research will help to answer the above questions and

ultimately inform program and policy decisions aimed at preventing both mild and severe weight fixation.

CHAPTER 3

METHODS

STUDY DESIGN AND SAMPLE

> ...the strengths of quantitative methods are that they produce factual, reliable outcome data that are usually generalizable to some larger population. The strengths of qualitative methods are that they generate rich, detailed, valid process data that usually leave the study participants' perspective intact. (Steckler, McLeroy, Goodman, Bird, & McCormick, 1992, p.1)

Quantitative and qualitative methods were used to describe and explore weight preoccupation among women who are within or below a healthy weight range. Combining quantitative and qualitative methods can assist investigators to more fully understand complex, multidimensional phenomena. For example, qualitative research may facilitate the interpretation of relationships between variables, and combining qualitative research with quantitative can provide an understanding of the processes and mechanisms which produce statistical relationships (Bryman, 1988). In the current study, secondary data analysis of a population-based survey in Nova Scotia (the quantitative methods) provided a description of factors associated with weight concern in women within or below a healthy weight range. Face to face interviews (qualitative methods) with women in a healthy weight range who wished to lose weight provided the investigator with the opportunity to understand the phenomenon in context using an interpretive, naturalistic approach (Denzin & Lincoln, 1994; Lincoln, 1992). The investigator attempted to understand weight preoccupation based on the lived experiences of women with an underlying critical analysis of the social structures maintaining women's focus on weight.

QUANTITATIVE METHODS

Data

The quantitative research component consisted of secondary data analysis from the Nova Scotia Health Survey (NSHS), (Nova Scotia Department of Health & Heart Health Nova Scotia, 1996). The NSHS was a population based survey, conducted in 1995, to describe the health status of adult Nova Scotians 18 years of age and older for selected health indicators.

The sample of 5,571 people was drawn based on a stratified random sample of the Nova Scotian population and disproportionately stratified by age, sex and region. The sample consisted of non-institutionalized Nova Scotians age 18 and over whose names were listed in the provincial medical insurance register (MSI)[4]. All active military personnel and RCMP are not included on the MSI register and, therefore, were not part of the sample. Exclusion criteria included pregnant woman, breast feeding women, and those unable to complete the interview because of ill-health, or disability.

The data was collected by trained public health nurses through face-to face interviews. Potential survey respondents were sent an introductory letter explaining the survey, and they were then contacted by phone by a public health nurse to determine willingness to participate. The survey questionnaire was a compilation of valid and reliable instruments requiring, on average, 1.5 hours to complete. The survey questions were read aloud by the nurses, who then recorded the respondent's answers. Respondents who

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[4]See *Glossary of Terms* for a definition of MSI

completed the interview were asked to attend a clinic session where weight, height and waist and hip measurements were recorded. Completed questionnaires and clinic data sheets were forwarded to a central collection site for data entry, quality assessment and statistical analysis. Summary results of the survey have been released in the Nova Scotia Health Survey report (Nova Scotia Department of Health & Heart Health Nova Scotia, 1996).

Data for the Current Study

The current study was based on a sub-sample of the NSHS. Eighty-five percent of the sample of 2715 women were located. Among those who could not be located, some were deceased, some did not respond to calls or mail despite repeated attempts and for others the address on the provincial health register was not current and none could be found. Three percent of those located were screened out based on the exclusion criteria. Of those remaining, 72% (n=1,619) completed the home interview and 60% (n=1337) competed the clinic visit. Therefore, of the original sample of 2715 women, 1337 (49%) participated in the clinic visit where their BMI and waist-to-hip ratio were measured. Table 1 reports the response rate for each age category.

Table 1. Response Rate of Female Sample

Age Group	Number drawn	Not found		Questionnaire completed		Clinic Completed	
	N	N	(%)	N	(%)	N	(%)
18 - 34	972	232	(24)	514	(76)	409	(61)
35 - 64	1012	125	(12)	683	(78)	599	(69)
65+	731	52	(7)	422	(68)	329	(53)
Total	2715	409	(15)	1619	(72)	1337	(60)

Weight Concern Classification

Female participants who were within or below a healthy weight range (BMI less than 25) were classified as either "weight concerned" or "weight unconcerned/satisfied" based on their response to the question "Are you presently trying to lose weight, gain weight or neither?". If the women answered "lose weight", they were classified as "weight concerned". If the women answered "gain weight" or "neither", they were classified as "non-weight concerned/weight satisfied".

The classification of women as "weight concerned" and "non-weight concerned" served to classify the women for the purposes of the secondary data analysis. A limitation of this classification is that a behavioural measure was used to classify the study participants into a broader psycho-sociological construct. While it appears that this classification makes sense (i.e., has face validity), there may well be misclassification and indeed some of the women classified as non-weight concerned may in fact be weight concerned (or vice versa).

Inclusion/Exclusion Criteria

Women who had a BMI less than 25 were included in the current study. Of the 1,337 women who participated in the clinic visit, 597 met this criteria and were included in the secondary data analysis. Eighteen percent (n=109) were classified as "weight concerned" with 82% (n=488) "non-weight concerned/ weight satisfied". For each variable examined, the number of missing data ranged from 0 to 4. Missing responses were treated as a separate category.

Measurement

The literature review has highlighted several factors that may be associated with weight preoccupation such as demographics, lifestyle characteristics, psychological well being and body shape. The data collected through the health survey included measures which could be used to assess these variables. This data includes the demographic variables of age, education level and marital status; lifestyle characteristics including smoking and physical activity behaviour; the psychological well being variable of depression; and the body shape variables of waist-hip ratio, waist circumference, and hip circumference.

Age

For the purposes of the current study age was grouped into five categories (18 to 24 years; 25 to 34 years; 35 to 44 years; 45 to 54 years and 55+ years). Further analysis was done using three age categories (18 to 34 years; 35 to 54 years; and 55+ years).

Socioeconomic Status (SES)

The relationship between SES and weight concern was examined using education as an indicator of SES. The NSHS obtained information on education based on 11 categories. For the purposes of this study, education was collapsed into three categories: 1) at least elementary school education (no schooling, some elementary, completed elementary); 2) at least secondary school education (some secondary, completed secondary, some community college/technical college/nurse's training, completed community college/technical college/nurse's training, some university B.A., B.S./Teacher's college); and 3) at least a Bachelors degree (completed university B.A., B.S./Teacher's college, some post-graduate university M.A., Ph.D., M.D., D.D.S., completed post-graduate university M.A., Ph.D., M.D., D.D.S.).

Marital Status

Demographic information about marital status was collected on the NSHS and categorized into five categories. These categories included married, living with someone, never married, separated, divorced, and widowed. For the purposes of this study women were classified as either married (married or living with someone) or single (never married, divorced, separated or widowed).

Depression

The NSHS measured a range of depressive symptoms and emotional distress using the Centre for Epidemiologic Studies Depression (CES-D) Scale (Devins & Orme, 1984;

Radloff, 1977). The CES-D scale is appropriate for use in epidemiological surveys of depressive symptomology within the general population and is a proven valid and reliable measure (Devins & Orme, 1984). Respondents answered 20 questions to assess the degree of depression, and frequency and duration of symptoms. A score of 0-60 was possible with a higher scores representing greater degrees of depressed mood. (Nova Scotia Department of Health & Heart Health Nova Scotia, 1996). For the purpose of the current study. depression was treated as a continuous variable.

Smoking Behaviour

For the purposes of this study the investigator classified participants into two levels of smoking behaviour: current daily smoker (smokes ≥ 1 cigarette per day every day) and non-smoker (does not smoke at the present time but may either be a former smoker or a person who never smoked) (Nova Scotia Department of Health & Heart Health Nova Scotia, 1996).

Leisure Time Physical Activity

Several measures of physical activity were used for the current study: 1) Whether participants engaged in physical exercise during their leisure time at least once a week during the past month; 2) Whether participants regularly exercised at least three times a week; 3) Flights of stairs climbed each day in the last week (1 flight = 10 stairs); 4) Number of city blocks or equivalent distance walked each day in the last week (12 blocks = 1 mile); 5) Hours spent participating in light sports (e.g., bowling, baseball, biking, boating, dancing,

yard-work, etc.); and 6) Hours spent participating in strenuous sports (e.g., basketball, running, mountaineering, skiing, swimming, tennis, etc.).

Body Shape (BMI, waist-to-hip ratio)

Body Mass Index, a measure of weight status, was calculated from weights and heights measured by Public Health Nurses during the clinic visit. The nurses were given guidelines and trained in measuring and recording height and weight. The formula for determining BMI is: weight in kilograms divided by the square of height in metres (Nova Scotia Department of Health & Heart Health Nova Scotia, 1996). This measure has validity, precision, reliability, and accuracy and is recommended as a measure of weight in relation to morbidity and mortality data (Health and Welfare Canada, 1988). Individuals with a BMI < 20 are considered underweight, those in the range from 20 - 24.9 are considered in a healthy weight range, those in a range from 25 - 26.9 are considered in the caution zone of a healthy weight range, those in a range from 27 - 29.9 are considered overweight and those with a BMI ≥ 30 are considered obese.

Waist and hip circumference were obtained during the clinic visits and the nurses were trained to calculate WHR ratio. The WHR has been recommended as an indicator of fat distribution (Health and Welfare Canada, 1988). Waist-to-hip ratio, waist circumference and hip circumference were examined to determine their association with weight preoccupation.

Weight Related Questions

The NSHS asked women attempting to lose weight how and why they were attempting to lose weight. In answering how they were attempting to lose weight respondents could choose from eight categories which included: dieting, eating less, eating lower fat foods, exercising, skipping meals, taking diet pills, taking laxatives, and attending weight control programs. There was also an 'other' category. For the current study, unhealthy practices of skipping meals, taking diet pills and taking laxatives were grouped together.

In answering why they wished to lose weight respondents gave open-ended responses that were then classified by the interviewer into one of seven categories. The categories included: to be more attractive, to improve general health, to decrease risk of heart attack, to maintain acceptable blood pressure, to maintain acceptable cholesterol, to slow hardening of arteries, and to decrease risk of diabetes. There was also an "other" category with this question and the investigator returned to the raw data and categorized the open ended responses. In the current study the questions which related to maintaining or improving health were grouped together leaving two categorizations -- to maintain or improve health and to be more attractive.

Statistical Analyses

Descriptive analyses was performed on the study sample. Frequency distributions and summary statistics were calculated to describe the study sample in terms of age, partner

status, and education. Frequency distributions and summary statistics were also calculated to describe how and why weight concerned women wanted to lose weight.

Bivariate analysis was used to determine the prevalence of weight concern relative to demographic and body shape factors to assess which factors appear to be associated with weight concern. This was followed by age adjusted analysis using regression (logistic and linear). For the purposes of this analyses the dependent variable was weight concern and the independent variables were age, plus one of the following: marital status, education, waist circumference, hip circumference and WHR. Bivariate analysis was used to assess significant difference between lifestyle factors and psychological well being associated with "weight concern". For the purposes of this analysis the dependent variables were smoking, level of physical activity and depressive symptoms, and the independent variable was weight concern. This was followed by age adjusted analysis using logistic regression (for categorical variables) and linear regression (for continuous variables). Some of the physical activity measures were continuous and linear regression was used for these analyses. All analyses were weighted and standard errors were adjusted for the sample design using the linearization method (Korn & Grauband, 1991). Both descriptive and bivariate analysis were run in STATA (STATA Reference Manual Release 4, 1995).

QUALITATIVE METHODS

Overview

The second phase of the study consisted of interviews with seven women in a healthy weight range who were attempting to lose weight. Informed by the quantitative results and

previous research, the investigator determined that women 35 to 54 years of age would be interviewed (this was the only inclusion criteria added to the original criteria upon completion of the secondary data analysis). The results from the survey data illustrated that weight preoccupation is an issue for middle-aged women, and yet little research exists about weight concerns among this age group. The investigator felt that middle-aged women's life experiences related to weight and body shape issues could provide insight into what it means to go through life with a female body, that could not be garnered from younger women. In addition, given the resources and time available for this study the investigator could interview between 6 to 10 women. Experience has shown that six to eight data sources are often sufficient for a homogeneous sample and such samples are often used in studies where a thorough understanding of a complex phenomenon is sought (Kuzel, 1992). The inclusion criteria used (including the addition of the age criteria) facilitated the selection of a homogenous sample.

The secondary analysis of the survey data provided an initial description and exploration of the issue of weight concern and the interviews provided an understanding and rich description of women's experiences with weight concern and the meanings women make of their experiences in context of their everyday lives. Weight concern is a complex phenomenon, multifactorial in nature and influenced by sociocultural structures. Key features of qualitative research are its commitment to seeing through the eyes of the people who are being studied and its ability to examine phenomena in their social, historical and temporal context (Bryman, 1988). The interactive, interpretive approach offers the means for exploring women's experiences and for understanding how these experiences relate to

and are shaped by the broader sociocultural landscapes in which they are embedded. The qualitative approach is predicated on the epistemological assumption that people know about and make meaning of their own lives. The qualitative methods provided rich, detailed information in context, strengthening the research design.

Participant Recruitment

Participants were to be recruited through a Family Practice Nurse, working at a family practice clinic located in metropolitan Halifax. A screening questionnaire (Appendix B) which specified the inclusion criteria was used by the Nurse to assist in the recruitment process. The criteria for participation in the study were: 1) women with a BMI less 25 and greater than or equal to 20; 2) women who are currently attempting to lose weight; 3) Caucasian women; 4) women who are not currently diagnosed with anorexia or bulimia; 5) women who are not currently clinically depressed (i.e., not taking medication for depression), and 6) women between the ages of 35 years and 54 years of age. The nurse obtained permission from the women who met the criteria to be contacted by the investigator to discuss participation in the interview. Only one participant was recruited through this method as the nurse became busy with other clinic duties and had little contact with patients. Therefore, the sampling strategy was modified and a snowball sampling technique was used to recruit women, whereby acquaintances of the investigator and self-selected interviewees suggested other potential participants. Potential participants, all unknown to the investigator, were contacted by telephone and the screening questionnaire was used to ensure they met the

inclusion criteria. Women who met the inclusion criteria were recruited as participants and the written consent was obtained at the time of the interview.

A total of seven interviews were conducted. Based on the time and resources available, seven interviews were felt to have provided sufficient information to explore associations that were found in the quantitative analysis and to begin to understand the sociocultural context of weight preoccupation. Although the number of interviews to be conducted was determined by available time and resources, saturation was achieved in most theme areas. When the information obtained from new participants is redundant, saturation has occurred (Patton, 1990).

Interview Procedure and Data Collection

Data was collected by conducting semi-structured face to face interviews. Semi-structured interviews consist of open ended questions that define the area to be explored and from which the interviewer or interviewee may diverge in order to pursue an idea in more detail (Britten, 1995). The fundamental principle of qualitative interviewing is to provide a framework within which respondents can express their own understandings in their own terms (Patton, 1990). An interview guide (Appendix C) was used, and the questions and probes facilitated a discussion which explored the impact of sociocultural structures on weight preoccupation among women. The interview questions served as a guide only and the investigator was free to explore, probe and ask questions that elucidated and illuminated particular issues. Additional probes were incorporated into the interview guide and slight adaptations made to the wording and ordering of the questions based on a pilot interview.

The interviews facilitated women telling their story of weight and body shape issues across their life spans. These oral histories allowed for the exploration of the complex meanings that women attribute to their struggle with weight and body shape issues. Oral histories are a powerful research tool for developing new frameworks and theories based on women's lives because they are based on listening to women's words and recording women's voices, thus facilitating the articulation and celebration of voices that have traditionally been ignored, silenced or considered illegitimate (Lee & Sasser-Coen, 1996).

The interview was arranged at the convenience of the participants in a private location with few distractions. The interview took place either in the person's home or at another agreed upon location such as the investigator's office. The interview lasted approximately one hour. If clarification of the transcript was required during data analysis, the participant was contacted by telephone.

The interviews were recorded with an audiotape and notes were taken during the interview. Immediately after each interview, the investigator's observations about the interview itself were recorded. Information which was documented during this time included: when the interview occurred, who was present, observations about how the participant reacted to the interview, observations about the interviewer's own role and additional observations that helped establish a context for interpreting the data. Patton (1990) refers to this as a critical time of reflection and elaboration, essential to the rigour and validity of qualitative measurement. Through ongoing analysis of the data (which occurs concurrently with data collection), additional probes were added to further explore issues.

The investigator kept a log throughout the research process to document data collection and analyses decisions and to record personal reflections and observations.

At the end of the interview, the participants completed a questionnaire to obtain information related to demographics, psychological well being, lifestyle characteristics and body shape (Appendix D). Relevant questions from the Nova Scotia Health Survey were used to develop the questionnaire. This information allowed the investigator to determine how the sample of women interviewed compared to the sample from the Nova Scotia Health Survey. The questionnaire took 10 to 15 minutes to complete.

Ethical Considerations

Several strategies were used throughout the study to protect the rights, needs and values of the participants. The Family Practice Nurse and contacts of the investigator who recruited the women obtained permission from each potential participant prior to contact by the investigator. Once the verbal consent to contact the women was obtained, the investigator approached each woman to explain the purpose of the study and determine interest in participating. Women who agreed to participate read an explanatory letter about the study and signed a consent form at the time of the interview (Appendix E). The researcher erased the audio tapes after they had been transcribed and the transcriptions were identified by a research number or pseudonym only, to ensure confidentiality. The questionnaire to be completed at the end of the interview was identified by the research number and only the researcher had access to the corresponding names. This confidential list was destroyed upon completion of the study. Participants were told they were free to

withdraw from the study at any time. Written interpretations and the final report were made available to the participants and three of the women chose to review the written interpretations helping to validate the findings.

Data Management and Analysis

The taped interviews were transcribed verbatim and all transcriptions were verified by the investigator to ensure accuracy. The transcriptions from the interviews, the post-interview reflections by the interviewer and the investigator's log formed the raw data for analysis.

The analytic framework that was utilized in examining the women's stories was informed by a feminist perspective. The goal was to analyse the women's experiences in terms of their relationship to the larger social system and the problematic nature of that system. Investigating the phenomenon in light of the larger sociocultural context placed the issue in a health determinants perspective, as broader social forces were examined. The health determinants approach asserts that elements such as culture, income, education, and social support are critical considerations in determining who is healthy and who is not. These two theoretical approaches are philosophically congruous and enabled the researcher to explore the social matrix and its impact on women's struggle with weight and body shape issues.

A modified form of narrative analysis was used to make sense of and accurately represent the women's perspectives and experiences. Through this analysis the investigator was able to interpret the women's narratives in relationship to the various sociocultural

discourses and philosophical perspectives previously mentioned. The goal of narrative analysis is to hold "intact" the core meanings in people's stories about their self and experiences in relation to the context and interactions in which they occurred (Hutchinson, 1996). Pure narrative analysis in which people's stories remain intact was not applied in this study. However, the analysis moved beyond that of content analysis typically used in grounded theory where the social context and full meaning of people's stories can be lost. Given the importance of understanding the conflicting social forces and institutions affecting women's consciousness of weight issues much would have been lost through an approach that deconstructs and fragments the data. Categorization did occur to facilitate the search for themes across the stories told. These themes were seen as markers of the meaning-making process and not fixed structures, but rather emergent and changeable in their meaning as women reflected on their life experiences (Lee & Sasser-Coen, 1996).

All transcripts were read in their entirety which enabled the researcher to explore the range of women's experiences. The investigator listened to the tapes and compared the narratives to ensure accuracy. In subsequent readings patterns emerged and topic areas and illustrative statements were highlighted. Women's reminiscents were held intact, not in a full story, but in the context of their lived experiences. The analysis sought to construct meaning within these experiences and reveal the sociocultural and historical contexts in which the women's experiences unfolded. Direct quotations from the women provide rich descriptive data and will assist others who read the results to understand the data and draw their own interpretations.

Verification of the Accuracy of the Information

The criteria used to assess the quality of quantitative studies differ from qualitative research due to distinct ontological and epistemological assumptions. In the positivist paradigm reliability and validity are key features of sound quantitative research. Trustworthiness criteria are often used to judge the adequacy of qualitative research. The trustworthiness criteria include credibility, transferability, dependability and confirmability (Guba, 1981).

Credibility assures a match between the constructed realities of respondents and the realities represented by the investigator (Guba, 1981). Member checks and peer debriefing helped to ensure credibility in the current study. Participants were invited to review the investigators interpretation of their words to ensure the researchers understandings were accurate and reflected their reality. Through this process the investigator verified that what was written down is what was intended to be communicated. The investigator engaged in discussions about the analyses and findings with thesis committee members experienced in qualitative research methods as a form of peer debriefing.

Transferability is the degree of similarity between sending and receiving contexts (Guba, 1981). Narrative analysis, where the women's reminiscents were held intact in the context of their lived experiences, helped to ensure transferability. In addition, through the provision of these rich descriptions, others may evaluate the applicability of the findings to other contexts. It was critical to maintain the thoughts and words of the women to enable others to understand the data and draw their own interpretations. Rich, thick and detailed descriptions have been provided through participants' quotations. These quotations illustrate

the meaning of the women's stories in the context of the sociocultural system in which they live. However, the researcher did select key quotes and although she attempted to maintain the meaning and context of the women's words, some meaning may be lost through this analytic process.

Dependability is concerned with the stability of the data over time (Guba, 1981). Outside reviewers must be able to understand what led the researcher to the decisions and interpretations made. The investigator reviewed the process of data collection and analysis with thesis committee members and also kept a log detailing the process of data collection and analyses so that external reviewers may judge the dependability of the data.

Finally, confirmability is concerned with assuring that data, interpretations and outcomes of inquiries are rooted in contexts and persons apart from the investigator (Guba, 1981). Crucial for confirmability is attending to researcher subjectivities. A rigorous and systemized process of investigation including semi-structured interview questions helped the investigator attend to subjectivities. Throughout the study the inquirer monitored and recorded developing constructions in a journal that was kept throughout the research process. The investigator also practised reflexivity, documenting introspections and shifts, and changes in orientation on an ongoing basis. Notes, ideas and questions related to both the content and process of data collection and analysis were recorded. These reflections coupled with discussions with thesis committee members were invaluable in helping the investigator understand the women's stories and the relationship of these stories to the broader sociocultural environment.

CHAPTER 4

QUANTITATIVE ANALYSIS -- DESCRIPTIVE RESULTS AND DISCUSSION OF THE RESULTS

INTRODUCTION

In the current chapter the secondary data analysis results will be presented. Descriptive results illustrating methods and reasons for weight loss will be reviewed. This will be followed by a discussion of the bivariate analysis examining the association between demographic, psychological well being, lifestyle and body shape characteristics, and weight concern.

DEMOGRAPHIC CHARACTERISTICS OF SAMPLE

The study included 597 women who participated in the 1995 Nova Scotia Health Survey and were within or below a healthy weight range (BMI < 25). Table 2 shows summary statistics for the demographic variables. Close to one fifth (18%) of women in the sample were weight concerned. A higher percentage of the women were married or living with a partner than single and just over half (57%) of the women had completed at least secondary school.

Table 2. Descriptive Statistics of Study Sample

Variable	Category	Freq	%
Weight Concern	No	488	82%
	Yes	109	18%
Age	18-34 years	220	37%
	35-54 years	176	30%
	55+ years	201	34%
Marital	Single -- Never Married, Separated, Divorced, Widowed	250	42%
	Married / Living with Partner	347	58%
Education	At least Elementary	158	28%
	At least Secondary	337	57%
	At least Undergraduate	100	17%

Methods of Weight Loss

Women who indicated they currently were trying to lose weight were asked about their weight loss methods. The women responded to a list of categories which were read aloud, and indicated "other" reasons not included in the categories presented (see Table 3). Respondents could reply to more than one method. The majority of women were engaging in healthy behaviours such as exercising, eating lower fat foods, and eating less in their attempts to lose weight. A small minority engaged in dieting or other unhealthy practices in order to lose weight. A small percentage of women reported other forms of weight loss which included skipping junk foods (2 respondents), decreasing sweets (2 respondents), Slimfast diet plan (2 respondents), and a gluten free diet (1 respondent).

Table 3. Methods of Weight Loss Among Weight Concerned Women

Method	Freq	%	Confidence Interval
Eating Less	60	50%	(41, 60)
Eating lower fat foods/eating less fat	78	72%	(64, 81)
Exercising	87	80%	(71, 88)
Dieting	10	8.6%	(3.1, 14)
Unhealthy practices*	12	9.0%	(4.0, 14)
Attending Weight control programs	7	8.4%	(2.2, 15)
Other	9	7.8%	(2.3, 13)

Percentages refer to proportion using that method; each individual could list more than one reason, thus totals exceed 100%

* Includes skipping meals, taking diet pills and taking laxatives

Reasons for Weight Loss

Women who indicated that they were trying to lose weight were asked why they wished to lose weight. The respondents' answers were categorized by the interviewer, who probed if necessary (see Table 4). Respondents could give more than one reason. Approximately half of the women indicated they were trying to lose weight for either attractiveness or health reasons. Many (38%) also indicated other reasons for weight loss, including "to feel better/more comfortable" (n=17), "so clothes will fit better" (n=13), "to get back to pre-pregnancy weight" (n=4) and to improve fitness/energy (n=3).

Table 4. Reasons For Weight Loss Among Weight Concerned Women

Reason	Freq	%	Confidence Interval
To become more attractive	54	53%	(43, 63)
To improve health*	46	42%	(32, 52)
Other	43	38%	(28, 48)

Percentages refer to proportion using that method; each individual could list more than one reason, thus totals exceed 100%

* Includes to improve general health, to decrease risk of heart disease, to maintain acceptable BP, to maintain acceptable cholesterol, to slow hardening of arteries and to decrease risk of diabetes

DEMOGRAPHIC CHARACTERISTICS OF WEIGHT CONCERNED WOMEN

Descriptive analysis was conducted to determine if there is was a difference in the proportion of women weight concern by demographic characteristics (marital status, education and age) (Table 5).

Marital Status

There was no significant difference in the proportion weight concerned by marital status (marital or living with someone vs. never married, divorced, separated or widowed).

Level of Education

There was a significant difference in the proportion weight concerned by education, however, the significant difference disappeared when adjusted for age.

Age

There was weak evidence for an age effect, however the effect was not linear and no clear pattern was evident, as depicted in Table 5. It appears that women in the youngest age categories are most likely to be weight concerned. Although the prevalence was less in the older age groups, there were still a relatively high proportion weight concerned among all women except for those 55+ years. When adjusting for age using the bon-ferroni option the differences between age groups (the youngest as the referent and the other two age groups) were no longer statistically significant.

Body Shape

The body shape characteristics of waist circumference, hip circumference and waist/hip ratio were examined. There was a statistically significant difference in both waist circumference and hip circumference for weight concerned women compared to non-weight concerned women. As illustrated in Table 6, the weight concerned women had both larger waist and hip circumferences compared to the non-weight concerned women. These differences remained when adjusted for age. There was no statistically significant difference between weight concerned and non-weight concerned in waist to hip ratio. When adjusted for age this difference remained non significant although the p value did decrease (p=.05).

Table 5. Percent Weight Concerned by Demographic Characteristics

Characteristic	Weight Concerned			P-value (unadjusted)	P-value (Age Adjusted)
	N	n	%		
Sample	597	109	(18%)	NA	NA
Marital Status				0.88	0.88
Single	247	44	(18%)		
Married	346	64	(19%)		
Education				0.03	0.15
At least Elementary	158	19	(12%)		
At least Secondary	336	73	(22%)	0.01	0.14
At least Bachelors degree	100	16	(15%)	0.47	0.92
Age -- Five Categories				p<.01	NA
18-24 years	99	31	(32%)		
25-34 years	121	23	(18%)	.02	
35-44 years	106	19	(18%)	.03	
45-54 years	69	18	(25%)	.35	
55+ years	201	18	(9.4%)	.01	
Age -- Three Categories				p<.05	NA
18-34 years	220	54	(24%)		
35-54 years	175	37	(20%)	.40	
55+ years	201	18	(9.4%)	.05	

Table 6. Body Shape of Weight Concerned and Non-Weight Concerned Women

Characteristic	Weight Concerned N=109		Non-Weight Concerned N=488		P-value
	Mean	SE	Mean	SE	
Waist Circumference	74.9	(.79)	71.4	(.33)	p<.01
Hip Circumference	98.1	(.61)	94.1	(.29)	p<.01
Waist/Hip Ratio	.760	(.006)	.763	(.003)	p=.67

PSYCHOLOGICAL WELL BEING

Depression

There was no statistically significant difference between weight concerned and weight satisfied women related to depressive symptomology (Table 7).

LIFESTYLE BEHAVIOURS

Smoking

For the purpose of this study, smoking was defined as having at least one cigarette a day. There was a statistically significant difference between weight concerned women and women who were not weight concerned with regards to smoking status. Weight concerned women smoked at half the rate (14%) of weight satisfied women (31%) (Table 7).

Physical Activity

Several measures of physical activity were examined and the results are reported in Table 7. The variables examined included regular exercise at least once a week; regular exercise at least three times a week; participation in strenuous sports; number of flights of stairs climbed; number of hours of participation in light and strenuous sports; and number of city blocks (12 blocks = 1 mile) or equivalent walked each day. Overall, it appears that weight concerned women are more likely to be physically active than non-weight concerned women. As Table 7 illustrates, a greater percentage of women who are weight concerned exercise regularly compared to non-weight concerned women. The difference was statistically significant for both levels of activity -- once a week and three times a week. There was a difference in the number of city blocks (12 blocks = 1 mile) or equivalent walked each day with weight concerned women walking an average of 21 blocks and weight satisfied walking an average of 14 blocks; however, this was not statistically significant. There was no statistically significant difference between the weight concerned women and not concerned in participation in strenuous sports and number of flights of stairs climbed. These differences did not change when age adjusted. Weight satisfied women did report participating in more hours of light sports in the past week (about 1 hour more) which became statistically significant when age adjusted ($p<.01$).

Past Weight Loss

Participants were asked whether they have ever tried to lose weight. As anticipated, more weight concerned women (80%) had past weight loss attempts compared to non-weight concerned women (41%) (Table 7). This difference was statistically significant.

Table 7. Psychological Well-Being and Lifestyle Characteristics of Weight Concerned vs Non-Weight Concerned Women

Characteristics	Weight Concerned N=109		Non-weight Concerned N=488		P-value
	n	%/Mean	n	%/Mean	
Depressive Symptoms	109	5.5	488	5.2	p=.71
Smoking					
Current Smoker	109	14%	487	31%	p<.01
Physical Activity					
Once a Week	109	85%	486	69%	p<.01
Three times a Week	109	73%	484	58%	p<.01
Strenuous sports*	109	26%	487	19%	p=.16
Number of flights of stairs climbed	109	10.4	487	9.2	p=.27
Number of city blocks walked	108	21.3	486	14.1	p=.15
Hours of Light sports**	109	2.2	487	3.1	p=.05
Hours of Strenuous sports*	109	.74	487	.95	p=.40
Past Weight Loss					
Ever Tried to Loss Weight	109	80%	487	41%	p<.01

* Strenuous sports (e.g., basketball, running, skiing, swimming, etc)

** Light sports (e.g., Bowling, baseball, biking, yard work, etc.)

Discussion of Quantitative Results

Overview

The purpose of the quantitative phase of this study is to identify factors associated with weight concern among women within or below a healthy weight range at a population level. Most studies have focused on the issue of weight preoccupation among college populations or examined the phenomenon in its extreme form -- among eating disordered women. Few studies have examined this issue among the general population of women. In the following section, weight concerned women will be described in terms of the weight loss methods they employ and their reasons for weight loss. A summary of the results of the quantitative analysis examining the association between weight concern and demographic, psychological well being, lifestyle characteristics and body shape factors will be presented and discussed in the context of other research.

Methods of Weight Loss

The top three methods of weight loss were exercising, eating lower fat foods and eating less. It is encouraging to note that contraindicated behaviours such as skipping meals, dieting and taking laxatives were done by a small proportion of the sample. In fact, compared to other studies (particularly ones done with college age women), dangerous weight control practices were far less frequent in this sample of women. For example, a study of college females found inappropriate or dangerous weight loss strategies such as laxatives, appetite suppressants and skipping meals among 61% of the women (Klesges & Klesges, 1988). A survey of U.S. women found these pernicious behaviours to range from 14% (taking laxatives) to 21% (skipping meals) (Levy & Heation, 1993). Even though it is

of concern that close to a quarter of women in or below a healthy weight range are attempting to lose weight. on the surface it appears that they are using what would be considered more healthful behaviours -- behaviours that are advocated by most health practitioners. However, respondents in the current study were being interviewed by nurses and therefore there may be reporting bias as participants may be less likely to report unhealthful behaviours in this context.

Reasons for Weight Loss Attempts

Most feminist scholars would not be surprised to learn that over half of the women indicated that they wanted to lose weight to become more attractive. These findings are congruent with that of the Canadian Heart Health Surveys which found that 69% of women in a healthy weight range were attempting to lose weight to become more attractive (Green, et al., 1997). An argument made by feminists researchers is that women's bodies are viewed by society as sexual objects, and being thin and beautiful is equated with status and power. Certainly the survey data would suggest that such an explanation is plausible; however, the qualitative information illuminates and greatly enhances our understanding of this finding (this will be discussed in the qualitative results section). Many women also indicated that they were trying to lose weight to improve their health, indicating an awareness of the increased risks of being overweight. However, they are not overweight and ironically may be risking their physical health in pursuit of weight loss.

Demographic Characteristics

Three demographic variables were examined in the current study -- marital status, level of education (as an indicator of SES) and age -- to determine associations with being weight concerned. The only statistically significant association found was between age and weight concern, however the association was no longer significant when the bon-ferroni option was done. It appears that younger women are more likely to be weight concerned. However, the secondary data analysis demonstrated that the proportion weight concerned remained high across age groups except for those 55 years and older. These findings are similar to the research conducted by Green, et al. (1997) which found weight dissatisfaction and current weight loss attempts to be negatively associated with age among women, and the problem to be prevalent among young and middle-aged women. The findings of this study also support those of Pilner, Chaiken & Flett (1990), who found weight preoccupation among women across all ages. In the current study weight concern was less of an issue for older women (which is consistent with the findings of Green, et al., 1997) although one in ten women 55 years or older struggle with this issue. Given that the majority of research about this phenomenon has focused on younger women (adolescents, late teens and early twenties), women 35 to 54 years of age were selected to be interviewed for the qualitative portion of the study.

Weight preoccupation is an issue for middled-aged women, and yet little research exists about weight concerns among this age group. Interviews with middle-aged women have the potential to enhance our understanding of who these weight concerned women are, and how social forces impact on their struggle with weight and body shape issues. Furthermore these women's life experiences related to weight and body shape issues

provides insight into what it means to go through life with a female body, that could not be garnered from younger women.

In the current study, level of education was used as a indicator of socioeconomic status. There was no significant association between education and weight concern when adjusted for age. In the literature there was a dearth of research that examined the association between SES and weight preoccupation *as defined by the current study*. Some studies that have investigated the relationship between SES status and eating disorders/dieting conclude that there is an association between SES and eating disorders, particularly anorexia. Several studies have also found an association between higher SES status and dieting (Bowen, Tomoyasu, & Cauce, 1991; Drewnowskil, Kurth, & Krahn, 1994). However, in a review of studies, Gard and Freeman (1996) conclude that existing research fails to support the relationship between eating disorders and higher SES. This review by Gard and Freeman is supported by the current study which indicates that weight concerns cut across all SES levels. However, the research by Gard and Freeman is related to extreme forms of weight preoccupation (eating disorders) whereas the current research included women with milder forms of weight preoccupation. Therefore, this finding must be interpreted in context.

Psychological Well Being

Some researchers hypothesize that the psychological consequences of weight concerns and chronic body dissatisfaction may also be among the causes of depression in many women. Studies among university populations examining the association between body image dissatisfaction and depression have found a positive association. However, the

investigators note that the question remains as to which is the independent and dependent variable (Maresella, Shizuru, Brennan, & Kaneoka, 1981; Siberstein, Striegel-Moore, Timki, & Todin, 1988). Research examining the association of depression and the more specific issue of weight concern is lacking and there are no studies at a population level. This investigation found no statistically significant difference in the mean depressive symptoms scores between weight concerned and weight satisfied women. Further research is needed to explore this complex relationship, and the qualitative analysis provides insight about the affect of weight concerns on self esteem and self perception which are important contributors to psychological well being.

Lifestyle Behaviours

The results of the survey data indicate an association between two lifestyle behaviours -- smoking and physical activity, and weight concern. An interesting finding was that just 14% of weight concerned women smoked compared to 31% of weight satisfied women. Rates of smoking among the general population are approximately 30% among women (Department of Health & Heart Health Nova Scotia, 1995). Research suggests that weight control is a critical reason for smoking in females (Klesges & Klesges, 1988; Lissiner, Bingtsson, Lapidas, Bjorkelund, 1992). Therefore, one may hypothesize that weight concerned women would be smoking as a form of weight control. However, this study found that these women, in fact, smoke at half the rate of weight satisfied women and also at half the rate of the general population. It appears that these women exhibit more healthy behaviour with regard to smoking than their weight satisfied counterparts.

The weight concerned women were also more physically active than the weight satisfied women. Several indicators of physical activity were measured and weight concerned women were found to be more likely to exercise once a week and three times a week. Seventy percent of women in the general population engage in physical activity at least once a week. In the current sample it was found that 85% of weight concerned women participated in physical activity at least once a week compared to 69% of weight satisfied women. Research has demonstrated the tremendous physical and psychological benefits of physical activity, and lack of physical activity is recognized as a risk factor for several chronic diseases (Fletcher et al., 1995; Nova Scotia Heart Health Program, 1992; Pate et al., 1995). Interestingly, weight satisfied women reported participating in light sports more often than weight concerned women.

It appears that weight concerned women are more physically active than their weight satisfied counterparts, however this analysis provides only preliminary data about the type of physical activity that the women are doing. Although on the surface it appears that the weight concerned women are engaging in more healthy behaviour, there may well be unhealthy practices occurring such as obsessive exercise combined with inadequate diet -- hidden under the means are individual differences that may be unrevealed by this analysis.

Research indicates that compared to men, women are more likely to exercise to improve their physical appearance and for weight control (Davis & Cowles, 1991; Davis Shapiro, Elliot, & Dionne, 1993; Eklund & Crawford, 1994; McDonald & Thompson, 1992). One may hypothesis that these women are exercising to lose weight, tone their bodies and become more attractive. An indicator of a higher degree of physical activity is participation in strenuous sports. However there was no statistically significant difference in the

proportion participating in strenuous sport between weight concerned women and weight satisfied women. The lack of association may be an issue of sample size, resulting in insufficient power to detect a difference. Based on the reasons given for trying to lose weight (previously reviewed), it is likely that the women are engaging in physical activity to improve both their health and attractiveness. However, the findings from the survey do not demonstrate whether the weight concerned women are obsessively engaging in physical activity in relentless pursuit of a thin ideal. What can be concluded is that more weight concerned women than weight satisfied women are doing what is universally recommended by both researchers and health practitioners -- regular physical activity. The relationship between physical activity and weight concern was further explored in the qualitative phase of the research and the insights gained through the interviews about this relationship helped to clarify this correlation.

Body Shape

Most research about the association between body shape and weight concerns among women has found that women with lower WHR (more fat on the buttocks and hips) show more dissatisfaction with their bodies (Bailey, Goldberg, Swap et al., 1990; Davis, Durin, & Dionne, et al., 1994; Radke-Sharpe, Whitney-Saltiel, & Rodin, 1990) . However, one study found that both men and women judged female figures with low WHR as more attractive (Singh, 1994). An analysis of the Canadian Heart Health Surveys found no association between WHR and weight dissatisfaction except among women in higher BMI ranges (27 to 29) (Green, et al., 1997). The findings from the current investigation found no association between WHR and weight concerns which supports the research of Green and

colleagues . The results of this study did show that a higher percentage of weight concerned women had both bigger waist and hip circumferences. Therefore, as would be expected, women with bigger waists and hips are more likely to be weight concerned than women with smaller measurements. However, the ratio of where the fat is located did not determine if the women were weight concerned.

Conclusion

The purpose of the quantitative phase of this study was to examine correlates of weight preoccupation and attempt to describe who weight concerned women are and how they differ from women who are satisfied with their weight. From the analysis of the survey data we learned that marital status, SES and depression do not appear to be associated with weight concern. There was some evidence for an association with age. The data suggested there is an inverse relationship between weight dissatisfaction and age. However, the findings also illustrate that the issue of weight concern is prevalent among not only young women but also middle-aged women. In comparing weight concerned women with weight satisfied women, it was found that weight concerned women appear to exhibit more healthy lifestyle behaviours. Weight concerned women smoke at half the rate of weight satisfied women and are more physically active. Finally, the findings of the research demonstrate that these women tend to engage in "healthy" weight loss methods and their reasons for weight loss are related to both health and attractiveness. As noted earlier, some of the women may have been misclassified as either weight concerned or non-weight concerned. The fact that few differences were found between weight concerned and non-weight concerned women may have been because of this misclassification.

While the numbers obtained through the quantitative phase of the study are useful in explaining an important public health issue (weight concerns among women), they allow for only a partial understanding of this complicated social phenomenon. Many questions remained unanswered and the numbers may in fact distort and mask women's experiences with weight and body shape issues. Weight and body shape issues are multifarious phenomena that must be examined in context of the larger social environment. Through qualitative methods contextual complexity is retained and qualitative methods have the potential to elucidate complicated social phenomenon and guide the development of future quantitative studies (Baum, 1995). In the next phase of the study, interviews with women were conducted to help understand the web of social factors and relationships which may impact on how women view and experience their bodies.

CHAPTER 5

ANALYSIS AND DISCUSSION OF QUALITATIVE RESULTS

OVERVIEW

In the following chapter, analysis and discussion of the qualitative results will be presented. The stories shared by the seven women who participated in this study were analysed from a feminist perspective with an examination of the sociocultural factors (family relationships, childhood experiences, social relationships, social support, the role of women in society, etc.) and their impact on how women view and experience their bodies. As previously discussed, a modified form of narrative analysis was used to analyse and interpret the women's stories in context, looking for similarities and differences. Eight key themes emerged which reflect the perspectives and experiences of the women in the broader social cultural context. Verbatim excerpts from the women's oral narratives are shared to illustrate the major themes that emerged from the interpretive process.

PROFILE OF THE WOMEN

The Overall Sample

All of the women interviewed were attempting to lose weight and all but one were in a healthy weight range. Even though the inclusion criteria specified that participants be in a healthy weight range, it was found that one of the women was slightly above the healthy weight range and was in the "caution zone" (between 25 and 27) of the BMI. This women was particularly muscular and very fit. This is a limitation of the BMI measurement -- people with larger muscle mass often have a BMI above the healthy weight range and yet

weight loss would not necessarily be recommended for these individuals. The investigator decided to proceed with the interview as this woman would probably be considered to be of healthy weight given her physique.

At the end of the interview, the participants completed a questionnaire which allowed the investigator to compare the sample interviewed to the sample of weight concerned women from the quantitative data.

The average age of the seven women interviewed was 42 years with a range of 37 to 50 years of age. The women who participated in the interviews, although not recruited randomly, were very similar to the sample of weight concerned women from the survey data with respect to lifestyle factors and depressive symptom scores. Only one women interviewed smoked and six of the seven participated in physical activity at least once a month. These findings are similar to the NSHS data were 14% percent of the sample smoked and 85% participated in physical activity at least once a month. The mean depressive symptom score was similar for the two samples (5.5 and 5.4). The main difference between the women interviewed and the sample from the NSHS was that the women interviewed had more education -- five of the seven women interviewed had a university degree. Because the investigator recruited through personal contacts, who tended to have university degrees, more highly educated participants tended to be recruited.

Individual Participants

As discussed in the methodology, each participant was given a pseudonym to maintain confidentiality. However, it is useful for readers to have some background about each of the women when reading and interpreting the qualitative results. This background

information will facilitate the interpretation process, and help to put the reflections and stories shared by the women in context.

Cathy is a 40 year old divorced woman, with a university degree and working full time. Cathy does not have any children. She has been thin most of her life and has only experienced weight gain one other time in her life which was associated with a bad marriage. She has gained approximately 5 pounds over the past five years.

Mary is a 50 year old divorced woman, with a university degree and working full time. She has been thin all of her life and has never had to worry about her weight. In the last year she has gained a small amount of weight which she finds slightly disconcerting. Mary has a daughter in her early twenties.

Anne is a 44 year old married woman, with a university degree and working part time. She has three daughters, one in her twenties and two teenagers. Anne has had to struggle with weight issues since childhood, although she has never been a great deal overweight. Over the past five years Anne has gained about 10 to 15 pounds and she would like to lose about five pounds.

Linda is a 44 year old married woman with a university degree who works full time and has a daughter attending university. Linda never had any real weight concerns until her thirties. She has noticed her weight slowly creeping up over the last few years, and would like to lose five or 10 pounds.

Jane is a 43 year old married woman with a university degree and working full time. She has two children -- a girl and boy. Jane has struggled with her weight on and off since childhood and has recently gained some weight while caring for her terminally ill mother.

Jane was the woman who had a BMI between 25 and 27 (she was quite fit and was muscular) and would like to lose about 10 pounds.

Karen is a 37 year old married woman, who completed college and stays at home with her four children. Karen was always thin until after the birth of her fourth child (about 8 years ago) when she couldn't lose the extra weight of pregnancy (about 10 or 15 pounds). She has been struggling to lose this weight over the last five years.

Lois is a 39 year old married woman, who completed college and now works full time. She has no children. Lois has struggled with weight since the time she was a child and has become quite satisfied with her weight over the last couple of years although she would still like to lose an extra five or 10 pounds.

Results of Narrative/Thematic Analysis

Overview

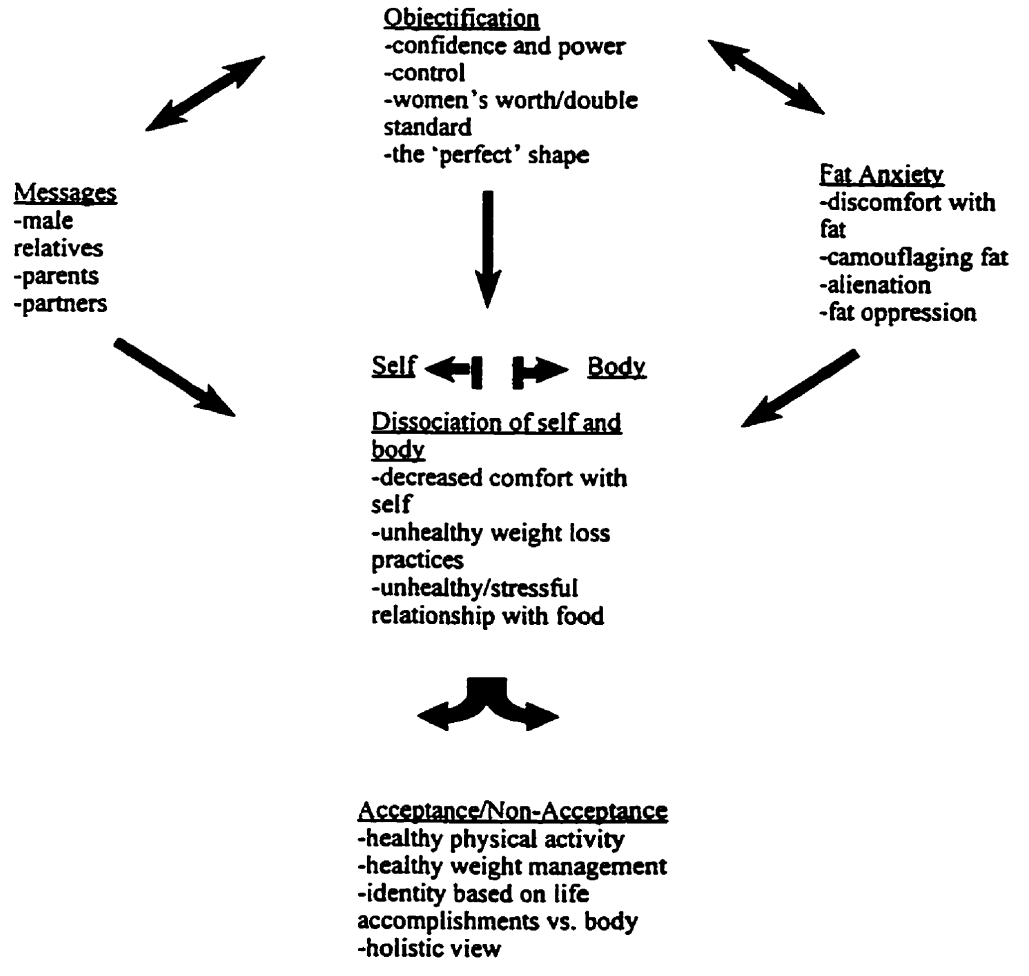
The conceptual framework depicted in figure two illustrates the themes (both key themes and sub-themes) which emerged during the interpretive process. Objectification of the female body was the central tenet and interconnected to the other seven themes. Objectification is illustrated through the women's stories as they discussed: the association of thinness with confidence and power; issues of control; women's worth in society and the double standard for women to measure up to a thin ideal; and pressure to be the 'perfect shape'. Another key theme, anxieties about fat both contributed to and was a result of objectification, and was illustrated as the women talked about discomfort with fat and the importance of camouflaging fat. Some of the women's stories illustrate how women experience alienation and see their bodies as separate from the self, further demonstrating

the anxieties women face in relation to their "fat" bodies. A couple of the women's distaste for fat illustrates fat oppression and adds credence to and emphasizes anxieties about fat. Messages from male relatives, parents and partners were influential in how some of the women viewed and experienced their bodies.

The effect of objectification, fat anxieties and messages on the physical and mental health of women emerged from the women's stories. Comfort with self and health practices related to weight loss were discussed and explored. Women's participation in physical activity was explored and their discussions illustrate healthy behaviour related to exercise. Women's relationship with food was also explored during the interview, and feeding others and food as a comfort were themes that were identified in the analytic process.

Finally, through the stories shared, it was evident that several of the women had a growing acceptance of their body and weight, and were beginning to question their pursuit of the thin ideal. Most of the women with daughters expressed the desire to help their children learn to love and accept their bodies.

Figure 2 - Conceptual Framework Illustrating the Key Themes



Objectification

Feminist theorists contend that women learn at an early age that they can gain "power" through their bodies. It is through bodily discourse that femininity is produced and the rules of gender are learned (i.e., what body shape, facial expression, movement and behaviour is expected) (Bordo, 1993). Feminist scholars assert that it is through the objectification of the female body that women remain oppressed in patriarchal society. It is through the approval of the physical self that the inner self is validated. Unfortunately by playing up to the male gaze women conspire in their own oppression:

> The cultural message women receive and internalize about their bodies is a paradoxical one: the more they watch themselves being looked at, the more they invest their self-worth in their bodies and appearance, the more they objectify and dehumanize themselves, the closer they will come to being respected as human beings. The horrible tragedy of this is that in striving for autonomy, personhood and connectedness through trying to maintain a thin body size, women collude in their own oppression. (Rice, 1990, p.55)

Objectification of the female body emerged as a central tenet in the current study. This theme was illustrated through the stories the women shared in reflecting on weight issues throughout their lives, and through their reflections on societal portrayal of women's bodies. Although the women do not use the term "objectification" themselves, their stories and reflections poignantly illustrate how the female body is objectified (e.g., the women used terms such as power, confidence, control, etc.). Sub-themes that emerged within the objectification theme include: the association of thinness with confidence and power; the issue of control; women's worth in society and the double standard for women to measure up to a thin ideal; and pressure to be the 'perfect shape'.

Confidence and Power

In sharing their stories, some of the women spoke of how they look better, feel more confident, and feel more sexual when they are thinner and their bodies more closely resembled the cultural ideal. Mary states, *"I just feel more sensual being thinner...I slinked around more. Yes I was just more playful with what I wore...If you are feeling slim and just terrific you dance more too. You know, you just kind of...you smile more. It just kind of radiates in other sorts of ways"*. Mary also equates thinness with being less visible, taking up less space: *"I kind of like being slender. You can just slip around literally a lot easier"*. Lois talks about how she was much happier when she lost weight and how she too felt more sexual.

> *"Oh, I was right happy because then I would be participating in everything, and I really felt better about myself. I really did. I do. I do. You feel good. And I think that is not only mentally but emotionally and how you perceive yourself as a sexual person too, is a big part of that."* (Lois)

Jane talks about the importance of looking good, especially when on "display" in a bathing suit.

> *"But I used to be a lifeguard. I used to spend a lot of time in a bathing suit. You know, you don't like walking around in a bathing suit being fat. You can get away with it when you're covering it up with clothes. But it's an added pressure when you really want to look half decent in a bathing suit. I'm happier when I'm down around 135. You know, you can wear different styles of clothes. There's certain things I can't wear now. But if I lose that 10 pounds it's amazing. I can put on such and such a dress and look fine. It gives you more variety in fashion, and things like that. And I find that fun. So it's partly health, but it's probably partly just feeling good, feeling that you look good." (Jane)*

Cathy articulates how she feels less sexual and as a result less confident because of gaining weight over the last five years.

> *"...the distribution, where my body is changing is disturbing to me. And it's funny because I always used to feel kind of -- that I was attractive to men and that I was a bit flirtatious, but not too much so. But I felt like I was -- but in the last 5 years, I haven't felt like that. It's been different. I don't even think that I would be attractive to men or that I would be kind of flirtatious at a party or anything like that because I just don't feel comfortable any more. It's interesting how it's gone...For me, I guess, it's* [my body] *always been such a big part of who I am. It really has been. It always made me -- how I looked, how I perceived I looked and how I was told I looked by other people. So it made me feel self confident, it made me feel like I could attract men or whatever. That I could be popular. That I could just be the life of the party because I was cute and whatever. And now I don't have that any more. So it really has been so, without that body. It sounds kind of superficial. I can't believe that it was part of my personality, that it mattered to me so much. But it did. It really was a lot of who I was. And now I'm not the same when I'm at a party or social gathering I'm really not, I'm much more self conscious and not myself."* (Cathy)

The comments and stories shared by Mary, Jane, Lois and Cathy illustrate how women are encouraged to take pleasure in being looked at, and adopt the position of the objectified other. Cathy's reflections, in particular, illustrate how she feels pleasure and confidence in being looked at and now that the body "she could count on" is becoming fatter she feels less power and confidence.

In a study of first menses, feminist researchers interviewed 100 women who agreed to share their stories and experiences of their first period. Even though the topic of Lee and Sasser-Coen's research is different from the current study, issues related to weight and body shape emerged in their investigation, and the objectification theme was evident in the women's stories. The authors found that when talking about menarche, women associated it with the ambivalences and uncertainties involved in feeling "looked at". The authors state: "the reduction of young women to nothing but bodies is a theme that runs through their stories" (Lee & Sasser-Coen, 1996, p.98).

Control

The theme of control emerged in two contexts -- women gaining control in their lives by controlling their weight, and women being controlled by societal standards. Mary talks about the importance of women controlling their weight to maintain control over their lives. In sharing her story of weight and body shape issues, Mary talks about her daughter's recent weight gain. This weight gain occurred in university and Mary sees it as a sign of weakness, not having willpower. Self control is something that Mary values and is distressed that her daughter does not seem to have this with regard to her body.

> *"But she was so much more beautiful before, and I see some of her beauty being lost in this weight gain. And plus also -- I mean it doesn't prevent her from having boyfriends or anything, I just want her to be the beauty that I know she is. Plus she has elected to also be in an area of life which is absolutely based on superficial stuff. She is a theatre major and a film major, and interested in acting. And for her own sake, not only because I am turned off to larger frames, but I want her to be able to have control over her life and get the roles that she wants. Every person wants a Juliet to look a certain way and I don't want her eliminated because of* [her weight]. *And she has a much more different attitude towards food than I do. And she doesn't also have the self-control that I have. I have incredible discipline. Like if I decide I don't want to eat for 4 days, I wouldn't have a problem. I would just make up my mind and I'd do it. Not that I would do that. But my daughter doesn't have that. I guess that is part of what bugs me about it, is because I admire somebody who has control over themselves. And the fact that she can't seem to -- because I've heard her talk about it and I have impatience with people that talk about something and then don't do or achieve their goal. And so what bothers me is that if she can't achieve this goal, is she going to be able to care enough about anything to work hard enough to achieve those goals too? Why not have it all if you can?"* (Mary)

Jane, who has struggled with weight most of her life, also talks a lot about "controlling" her weight. This is a theme throughout the interview. At one point in her life (in her early twenties just when she finished university) Jane talks about a traumatic time in her life when she moved, started a new job, and broke up with her boyfriend. At this time

Jane turned to food and developed bulimia. It appears that at this crucial juncture, when things in her life seemed out of control, she developed some sense of control through her body.

> *"My weight was getting out of control. And I wasn't exercising. My activity level just dropped right off, because I was now in a workplace and I wasn't exercising, wasn't playing on all these teams and everything. And without the support of friends and things like that I started putting on the weight. And then had read about, you know, this good way to control your weight, right? Make yourself sick."* (Jane)

For Jane controlling her weight appears to be paramount and she talks about *"controlling her weight through exercise"* and how when she was carrying extra weight after having children *"I knew that I could get control of it again"*. Jane also states *"...when I feel that I have control of my weight, and that I'm at a healthy weight, it's a relief to me."*

In contrast, Anne equates pressure for women to look and weigh a certain standard to patriarchal society's attempt to control women, and maintain the balance of power with men.

> *"I mean I just think it's such a mysoginistic society. I really do feel that. When I look at the history, women's history, if you look down through the ages, women have been controlled by males and put into these stereotypes. And why else? It's really difficult because I feel males are just as confused as women about these issues. I don't think it's a conspiracy or a plot and yet somehow the power seems to have settled with what men do. And that is different than saying men rule the world, but somehow the power just generates around them. Whereas what women do, I see as being just as important but not recognized. And I feel that if it was recognized, we may have a different type of society."* (Anne)

For some of the women, controlling their weight represents control in other aspects of their lives. Anne theorizes that in their relentless pursuit of a feminine ideal -- constructed and imposed by patriarchal society -- women are controlled and maintained in a subordinate position. Feminist scholars would agree with Anne's reflections as they believe the

relentless pursuit of thinness trivializes women's emancipation and is a form of oppression which prevents women from gaining power in their personal and professional lives (Berg, 1992; Bordo, 1993; Lee & Sasser-Coen, 1996; Wolf, 1990). Jane and Mary's reflections illustrate how control of the body means control of their life for some women.

Women's Worth and the Double Standard

When reflecting on society's portrayal of women's bodies, the women's comments illustrate their recognition that women's worth and social value in Western society is equated with appearance and weight. Most of the women think that society (portrayed through the media primarily) equates thinness with success and happiness, and that this is certainly truer for women than men.

> *"Well, it seems that women have a lot more pressure on them to look good, and I guess, actually probably to be thinner than their male counterparts. Men aren't subjected to that same kind of pressure. I mean, I've met a lot of men who are overweight themselves, but their taste in women, you know, they expect their girlfriends or their wives, you know to be very slim. But they have a different standard for themselves, and for their friends. And again that's just something else that's not fair -- it's just the expectation is there. That women should look this way if they're going to be considered attractive or whatever -- this false idea that I guess when I was doing the dating thing that people wouldn't like you as much if you were fat. If you wanted to get a boyfriend, and get this really cute guy, well you had to be cute and you had to have a good figure and all of this."* (Jane)

> *"I mean this is the overall message that women get, and nobody wants you if you are not thin. I mean that is ridiculous when I think about it logically but at the same time it's a message that comes across in so much of our advertising so much of our even -- shows -- this is kind of mixed up version of the societal message that we have out there -- is that thin is better. Although, as I say, I think it is being countered. I think lots and lots of people are really starting to see that it isn't. But definitely there is a much, much higher level of pressure on women in this society. All ages too. I don't think it's just when they are younger, I think older women too feel very frumpy if they are not sort of getting their hair done or getting their new coats and this*

type of thing, and that's with weight but in general terms it's how you look. You have to present a certain image to the world, and that's being the correct weight, whatever that is, is part of that." (Anne)

"I'd have to say that if a man and a woman walked into a room for an interview, the woman's , my opinion is that the woman's appearance would be looked at more than his. They'd be waiting to find out what he wanted to say or had to say. Where an issue would be to see how she looked. It's a sad state, but I still think it's true." (Linda)

Although some of the women think that society is beginning to accept and portray a range of body types, most think it is still unrealistically thin. Several of the women mentioned a Kellogg commercial as a positive message attempting to counter the stereotype and double standard. The commercial portrays men "chatting" about what they dislike about their bodies (e.g., "I wish I didn't have my mothers thighs") and how absurd these statements appear coming from men, and yet they are normal everyday conversation for most women.

"I don't think men are under near as much pressure. There is some pressure, of course, to be, especially with the young fellows, to be buff, I think they call it. That's what my daughters call it. There's not near as much pressure to look good. There is an ad on now, and I don't know, I think I was telling you about it on the phone. It just captures the whole differences -- where they have these males sitting around, of all shapes and sizes, in bars and anywhere, and these speech balloons come out and they are typical female responses to their weight. Well it is amazing because it nails that difference. You just don't hear males obsessing about the weight issue. And I guess there are as many over-weight men probably as there are women." (Anne)

In sharing her story of weight, Lois articulates how relationships with boys changed at around puberty when appearance and weight became crucial to being accepted and liked by boys. Lois remembers having fun and being one of the guys *"I was sort of one of the guys"* until about age 12 when things changed between the girls and the boys, and the fact that she was heavy began to make a difference. Lois then began to diet to lose weight to

become more accepted and valued. Lois's comment illustrates that women's 'irrational' drive to be slim is rooted in reality as there are concrete payoffs in our society for thinness.

> "*...But then when you hit around 12 years old, the interest in the opposite sex, and becoming acutely aware -- And I was very aware that I was on the outside, not in that crowd. They weren't interested because of my looks. Like at first I was sort of one of the guys. You know, my personality. We used to joke around and have lots of fun. But then it became -- it came to that threshold where you're starting with boys and girls. They weren't looking. They weren't interested because of my looks. I'm quite sure of that because my personality was liked, I think, but I remember that when it came to being invited out or going to dances and things, there wasn't too much interest. And looking back, I'm quite sure it had to do with appearance. I'm just about sure of it -- I remember that at 15, then I sort of almost changed overnight where I became really interested in boys. But I remember sort of trying hard and slimming down just a bit, and the change in being accepted and having dates come along.*" (Lois)

Lois describes how she was more accepted and liked when she was around 18 and became very slim (the slimmest in her life -- she weighed 113 to 114 pounds, currently she weighs 130 pounds). For Lois, this affirmed that weight and appearance are equated with worth for women in Western society.

> "*Then I became really sort of quite slim and shapely and so on, and then I had all kinds of attention. That only reaffirmed for me what I had suspected all along, that I had been sort of passed over sometimes compared to other girls because of that* [my weight]. *Like maybe someone else would say, 'Oh no, maybe your personality was no good then', or something like that. But I really don't think because just different things would tell you that -- like how you are accepted by groups or how you do in Girl Guides or how you make friends. It seemed like it was always the same. Like I hadn't been like a nasty person who turned into maybe a nicer person or something. I was the same. So that sort of made -- it sort of only verified for me as a woman that this is what it takes, you know.*" (Lois)

In their research on first menses, Lee and Sasser-Coen found that at the onset of menstruation, girls' subjective sense of themselves as growing women develops

simultaneously with a process of female sexualization whereby women's bodies are produced as sexual objects (Lee & Sasser-Coen, 1996). The authors conclude:

> At puberty girls tap into the increased sexual power given to adult women; but this 'power' really, as most of us learn, is not a stable or reliable entity. A 'nice ass' can very easily become a 'fat ass' in a different context and under different conditions. The inevitable results of playing up to the male gaze is the fact that objectified bodies are property, commodities, and thus can never be entirely owned by women. And when the context shifts, women can find their commodities worthless.
> (Lee & Sasser-Coen, 1996, p. 99)

Lois's story about how relationships with boys changed at puberty when appearance and weight became crucial to being accepted and liked are very similar to the findings of Lee and Sasser-Coen's research on first menses, and further support the hypothesis that women's bodies are objectified and women are valued for obtaining the cultural ideal of thinness.

The 'perfect shape'

In considering society's portrayal of women, the participants discussed how appearance and weight are central features of a woman's identity. There is pressure on women to obtain an ideal weight and be attractive, and this is viewed as both unfair and damaging for women by most of the participants.

> *"...it's portrayed that you have to have the perfect shape to be in this bathing suit, or whatever. And it's like these kids are thinking they have to be so skinny, and so slim. Otherwise, they don't look good. And they're portraying it in fashion shows and everything. Most of them look anorexic, and a lot of them are trying it. And my daughter's 15 and she's saying 'I have 4 friends that we're worried about.' Because all of a sudden, they lost all this weight. They never see them eat. They're only drinking water. And she said they're always going to the bathroom. And she said they're always complaining they're fat."* (Karen)

> *"We've still got this message that being thin is the key to a happy life. I mean this is the overall message that women get, and nobody wants you if you are not thin. I mean that is ridiculous when I think about it logically, but at the same time it's a message that comes across in so much of our advertising, so much of our even,* literature, *not too much, depending I guess on what you are reading. But even shows."* (Anne)

> *"People are talking about the perfect, what they think is perfect -- slim and shapely and a certain dimension -- no fat that you can pinch. Well like what you are seeing in the media, like models on the calendars, like the top 10 or whatever, or in the beauty pageants. That is the ideal. No fat and perfect shape. I think it's unrealistic, and I think it's unfair. I think it's damaging but at the same time I have to say I think that we are drawn into it too."* (Lois)

All but one women felt that women continue to be judged in terms of weight and appearance, and unfortunately most of the women continue to aspire to obtain the thin ideal. It was encouraging that several women were beginning to question this contradiction, and through the interview process of sharing their stories some of the women were starting to question why they should have to measure up to the cultural ideal.

A feminist/ethnographic study conducted to examine weight management experiences of 20 Euro-American women supports the objectification theme found in the current study. Success at weight management was examined from a biomedical perspective using BMI norms and from a feminist perspective using participants' subjective definitions of success. Participants definitions of successful weight management were categorized into 3 perspectives: biomedical, reframed normal weight and holistic. The biomedical perspective on successful weight management involved participant use and acceptance of the biomedical weight standards to evaluate their own success. Reframed normal weight, as a perspective on successful weight management, involved the rejection of biomedical definitions of normal weight and the creation of a personal norm of acceptable weight. The

holistic perspective on a successful weight management involved the use of a broader, health-focused definition of success. This view of success seemed to place weight in the background, with health, comfort, and feeling good about oneself in the foreground. The investigator found that women who ascribed to the biomedical definition of success embodied the cultural ideal of thinness by adhering to an underweight norm (Allan, 1994).

Participants using the reframed normal weight definition of success rejected biomedical weight norms and created their own weight norms. Although redefining success, these women seemed as oppressed by the cultural ideal of thinness as the normal weight women previously described. Both groups of women equated their bodies with their identities. Weight dominated their identity -- reinforced by partners, peers, the health care system and mass media. Women in the study talked about weight, or their body, as something external to themselves; they mentioned fighting their weight and watching their weight. The author concludes that the findings suggest an objectification of the body and of the self (Allan, 1994).

Allan (1994) found that the women who ascribed to a holistic perspective of successful weight management (i.e., developed personalized norms for normal weight and these norms were used as one of many criteria for success) seemed to have a more centred view of themselves that protected them somewhat from the cultural pressure to be thin. As a group, they also were most aware of cultural pressures on women in U.S. society to be thin.

In the current research on weight preoccupation among women, although most of the participants seemed aware of the cultural pressure on women to be thin, (i.e., pressure to achieve the 'perfect shape'), all of the women appeared to be oppressed by the cultural ideal of thinness, and all seemed to ascribe to the biomedical model of successful weight

management. This finding is not surprising given that all of the women were currently in a healthy weight range but still trying to lose weight. Even though most of the women stated that they felt society's portrayal of women is unrealistic and there is pressure for women to achieve the "perfect shape", most of the women seem to have a need to achieve the ideal -- they discuss how being thinner gives them more "power" and more confidence. Anne eloquently sums this contradiction up when discussing her daughters' struggle with a recent weight gain. *"And she says it all the time. You know, 'it* [weight] *doesn't matter', but I know that she is conflicted, just as we all are."*

Summary

The findings from the survey analysis indicated that on a population level a large percentage of women wish to lose weight for attractiveness. The qualitative results support this finding and provide insight into what this means for women and how it affects them. The majority of women interviewed recognize that there is immense pressure on women to measure up to a thin ideal and unfortunately all of those interviewed appeared influenced (to different degrees) by this culturally imposed thin standard. Objectification of the female body and the significance of societal structures in maintaining women's oppression is evident in the stories shared by the women, and support the results of other feminist research about weight and body shape issues.

Anxieties about fat

Anxieties about fat were apparent in the stories shared by the women and these anxieties contribute to and are the result of objectification as depicted in the conceptual

framework. Regardless of class, ethnicity, sub-culture or identity, most women growing up over the past three decades have been engendered to despise fat and place a high premium on thinness (Rice, 1990). Many studies have shown the large number of women who diet, dislike their bodies and fear becoming overweight (Cash & Henry, 1995; Green et al.,1997; Health Promotion, 1991; Klesges, Mizes, & Klesges, 1987; Pilner, Chaiken, & Flett, 1990). The new look for women of the 1990s is still lean, but now there is the added pressure to be fit and muscular (Bordo, 1993; Rodin, 1993).

In the current study, most of the women felt that the ideal image portrayed through the media is unrealistically thin and muscular -- "no fat that you can pinch". Despite this recognition, the women interviewed are trying to lose weight even though they are within a healthy weight range. All express anxieties about fat and excess weight, supporting research which indicates women dislike their bodies and fear becoming overweight. Many of the women expressed discomfort with fat and the importance of camouflaging unwanted and excess bulges. For some of the women, anxieties about fat were revealed in their stories of alienation and fragmentation with respect to their bodies and specific body parts such as breasts. Although several of the women in the current study recognized that "overweight" women are treated unfairly and may suffer prejudice as a result of being fat, comments from two women reveal fat prejudice.

Discomfort with fat and Camouflage

Some of the women talked about how they feel uncomfortable when carrying extra fat and that it just "doesn't feel right".

> *"I don't know if you've ever had extra fat, but, you know, you put on a pair of pants and there's a roll hanging over or something. I mean, it doesn't feel good. And when I put on the weight there while my mom was sick, I'd run and you could feel the fat shake. And oh, it was just an awful, awful feeling. I don't like fat. Never have, never will".* (Jane)

> *"I don't want fat. I don't want rolls and stuff. It just doesn't feel right, you know."* (Lois)

Several of the women also talked about the importance of camouflaging excess weight further demonstrating their shame and anxieties about fat.

> *"...I don't like it in a bathing suit in the summer. But I'll try working at it, and then you try working at it, and then it all goes out with the barbecued food. You just wear more stuff to cover it -- but it don't matter how heavy you are, you can wear clothes to hide a lot. And it's whether you take the initiative to try and, because if you dress yourself up a bit to cover whatever flaws you think you have, you always feel better."* (Karen)

> *"But I used to be a lifeguard. I used to spend a lot of time in a bathing suit. You know, you don't like walking around in a bathing suit being fat. You can get away with it when you're covering it up with clothes."* (Jane)

> *"...and I thank the heavens every time we are together that when I take his* [lovers] *glasses off, his vision is impaired. I do laugh, and I say, 'It's the only kind of guy I date any more, are guys with poor vision', because you look terrific to them. And it's the kind of thing too -- you know we don't make love under fluorescent lighting and actually have some candles in the bedroom, that sort of thing."* (Mary)

Bordo (1993) considers these images of unwanted bulges as a metaphor for societal anxiety about internal processes out of control -- uncontained desire, unrestrained hunger and uncontrolled impulse (1993). The enemy is fat and the ideal is of a body that is absolutely tight and areas that are soft, loose or "wiggly" are unacceptable (Bordo, 1993). In their research on first menses, Lee and Sasser-Coen (1996) conclude that at puberty girls focus attention on the body and experience anxiety and self-consciousness associated with their developing bodies. At the time of menarche, physical bodies start becoming more

problematic and there is the overwhelming fear of fat. The current investigation supports this finding and illustrates that anxieties associated with the body and fat are an issue for women into midlife.

Alienation

In their research on first menses Lee and Sasser-Coen (1996) discuss that for most of the women in their study, menarche was described as something that was happening "to" them or as something that was outside of themselves. The women frequently referred to menarche as "it" and their descriptions of menarche exude a sense of fragmentation between self and body. The authors contend that:

> The missing discourse of desire that surrounds adolescent female sexuality reinforces and is an integral part of the sexual alienation women feel as a result of their sexual objectification and insertion into the scripts of male-dominated heterosexuality. This alienation is often experienced as a separation of self from body; it frequently functions as a survival mechanism, although it is just as frequently likely to be self-destructive and manifest itself in the form of eating disorders, addictions and mental health 'disorders'. (Lee & Sasser-Coen, 1996, p.94)

In the current study, the theme of alienation and fragmentation was exemplified in some of the women's stories, particularly by the women who had few concerns about weight throughout their lives. Cathy and Mary discuss anxieties about their aging bodies. Both these women had few concerns with their bodies throughout their lives and recent weight gain associated with aging (very minimal in both cases) is causing anxieties, mostly due to the changing shape of their body. Both women talk about their body as "it" and seem to express alienation and fragmentation. As they age they seem to be losing control over their

bodies -- bodies which have never really been a problem as they have not had to struggle with their weight to any degree.

> *"I mean it was a novelty for me to have a little bit of a belly and a little bit of thigh and I said 'Oh, this is kind of funny'. But as I think I was telling you, I looked at myself naked in the mirror the other day and I said 'who is that looking back at me?' You know, it's like I have a roommate kind of thing. It's not like a lot but it's enough to -- I don't think I look as good". But it's* [body] *something that was always there that I could depend on. It's just gone to garbage in the last little bit. It's possibly the age thing finally kicking in a little bit. And maybe I do need to do some workout or toning or something".* (Mary)

> *"When I look in the mirror and I see that, ah, it drives me crazy. And as I've gotten older too, I never had this problem before but I've started getting pads over the tops of my hips so my body has changed its distribution. I just find that a little disconcerting. It's always been the same for so many years and now all of a sudden everything is going I don't know were. I think about it all the time -- body image -- why am I so concerned about it?"* (Cathy)

This sense of alienation and separation of body from self was also found by Allan (1994) in her study of weight management among women. Allan found that the women who had the fewest struggles with weight throughout their lives were the most likely to be oppressed by the thin ideal, and talked about their bodies as external to themselves and they mentioned "fighting their weight". In the current study, the women who had not struggled with weight until later in their lives talked about their bodies as "its" and seemed to have the greatest difficultly in accepting their weight gain, a finding that is congruent with Allan's. Most women fight to control the scourge of fat, and many disassociate their body from their self, perhaps as a coping mechanism in our misogynist society.

In the current study, breasts were a source of anxiety for some of the women, further illustrating fragmentation and alienation.

> *"I'm big breasted. That's hereditary. I got it from my mother. Now that has been an image issue with me all my life. The unwanted stares, the unwanted and untrue assumptions that are made. Those sort of things, the difficulty in finding clothes that fit. The personal feeling, I don't want it. Some do, I don't. But trying to find clothes that camouflage -- with my mother, it was hide it* [breasts]. *It was hide everything. But she* [mother] *grew up in a very strict environment, where none of that stuff was talked about. And she did exactly the same with us. You never, like, baby doll pyjamas or whatever. You'd never come downstairs with just your baby dolls* [on], *in front of your father. That was the message that we always got as far as the body being an object, sexual object. There was always that, you know 'men are going to do things'*". (Linda)

> *"Some girls, of course, matured early and I matured I think I was average, I was 13 when I had my period. But when I look at myself in pictures, when I was 14, I think my boobs were bigger then they are now. I think I really kind of just went out and felt very self conscious about my body for sure. I wanted to be, well, that was the age of Twiggy. I wanted to be that thin, waif-like."* (Anne)

Anxieties about breasts was also a theme in Lee and Sasser-Coen's research on first menses. Over and over again, the women talked about anxieties associated with developing breasts in the context of their memories of menarche; they desperately wanted breasts, but at the same time were ashamed of them. Breasts represent femininity and are highly sexualized and easily recognized as objects of male gaze and perusal (Lee & Sasser-Coen, 1996). In the current research, Anne and Linda articulate their unease and anxiety with regard to their breasts and Linda eloquently articulates how breasts are fetishized in Western society when she says *"that was the message that we always got as far as the body being an object, sexual object...men are going to do things"*.

Fat oppression

Both Linda and Mary speak about the appalling number of overweight people in society. Linda states that she is concerned for these individuals (overweight teenagers) for

health reasons. Mary blatantly concedes that she finds fat people, and particularly fat women, disgusting.

> *"I'm appalled at the look of some of our teenagers nowadays. Really. I just find that looking at, like taking my daughter to school, and those sort of things, and you'd see all the kids out there on the front of the school. And I just look at them and I think 'What do these kids do? Are they active at all?' You know, a lot of, I'd have to say heavy, both men and women, but more women than the guys, at that particular stage. And what I'm saying to myself about that -- not their image physically, but it's not healthy".* (Linda)

> *"...Although I don't know if you're going to get to it, I do have an attitude about body types. And when we were talking personally about -- I'm kind of turned off to larger women...And when I first moved to [Canada] it sounds mean but it struck me like I was on the farm and these were cows or something. They are just big, big women. It just didn't visually appeal to me because -- I'm visually oriented. We're not talking a little roundness, we're talking something that you don't want to run into because you might break something. I mean these were sturdy women. I'm just shocked at how many huge women there are. I mean I just don't get it. I mean don't they want to look good or put something silky on at night or have sex, anything? I've got to -- And I'm kind of embarrassed to admit it, but it really -- It turns me off big time...I mean I can understand not everybody being a size 6 or an 8 but somebody going off the scale beyond 14 or size 16 even, gee, it's depressing. It's almost like there is so much of life that they are willing to eliminate."* (Mary)

In Western society fat is a cultural sign of weakness and lack of control. Studies have confirmed this stereotype and illustrate how fat people, particularly fat women, suffer as the result of being overweight (Gortmaker et al., 1993; Rodin, Silberstein & Striegel-Moore, 1995; Staffieri, 1972; Tiggemann & Rothblum, 1988). The comments from Mary in particular illustrate how fat people are negatively stereotyped and felt to lack self control and will power. Such negative stereotypes may create unspoken barriers between women, helping to maintain fat oppression.

Summary

Whether discussing their distaste with their own bodies and excess fat (or what is perceived to be excess fat), or in talking about other women, it appears that many of the women harbor feelings of discomfort and shame about their bodies. Many women discussed feelings of self consciousness about their bodies, and their stories illustrate a pervasive fear of fat. Feminist scholars argue that women internalize negative bodily discourses unconsciously, so saturated is our everyday existence with its representation (Lee & Sasser-Coen, 1996). In a culture that rewards women for being thin and ridicules women for being fat, women learn that lean is good and fat is bad and may unwittingly contribute to the perpetuation of this myth.

Messages

Messages from male relatives, parents and husbands/partners were found to be important sources of feedback influencing how women perceived and experienced their bodies. Messages from male relatives and parents appeared to be significant in childhood and early adulthood, whereas relationships with partners were presently more paramount in the women's lives. As with fat anxieties, the messages the women received were inter-related to objectification, and the messages were both by-products of objectification and contributors to it.

Males -- fathers, uncles and brothers

In their study of first menses, Lee and Sasser-Coen (1996) found that relationships with fathers, brothers and other boys were significant in the lives of women at the crucial

juncture of puberty. The stories of the women in this research illustrated how these relationships with males frame gender practices, imposing constraints on girls and governing "expected" behaviours (Lee & Sasser-Coen, 1996). Some of the women in the current study (those who had issues with their weight during childhood) spoke about the negative and derogatory comments they received from male relatives during their childhood which provoked feelings of anxiety and conflict. Anne concurs with Lee and Sasser-Coen (1996) when she theorizes that these messages and this teasing is a form of control, and prescribe how women should act and look. Lois, Anne and Karen discuss messages they received from their brothers (particularly when they were children/teenagers). Their stories show how women learn self-consciousness at a young age.

> *"And I remember not really thinking so much about it except like sometimes my brothers would tease me and so on, say that I'm fat or something or another, or even butterball turkey, stuff like that. And I remember my mother bought me a 2-piece bathing suit when I was 10, and I remember they had a little film done. They didn't have video cameras then but a projector. And I remember seeing it afterwards and seeing how I had rolls and everything sort of here. And I remember feeling really-- then I began to think about, like, 'Gosh'. So my brothers laughed and so on...And a lot of it was about, 'Oh, you're so fat and you have such a big bum', and making fun of you. And that even in later years..when I would be like 25 and he would come home to visit, he would make comments and it would really hurt me...So it's always been sort of a thing that I wish they wouldn't have done because I think it was really damaging. I wasn't a fighter then."* (Lois)

> *"But I'm, thinking of my brother one time...we would sit down in our silly little gym uniforms which were skirts and we had bloomers underneath, short skirts. And we would just sit cross-legged on the floor in time out, in a break. I mean I didn't think anything of it...But he said to me 'I couldn't believe the way you were sitting'. He was horrified. And I was -- you know these big ugly bloomers. I mean there wasn't anything to , but it was weird. It's like these males do, at certain points, remind you. And it's a control thing because I would never have thought anything of it...One other time when we were both starting to work, we both had part time jobs. He was really close to me. What I used to do with my money was to go into Simpsons and buy a 45 record -- whatever was number one. I would pick one. Every couple of*

> *weeks I would buy one. And he said to me that I should save up my money and buy some half decent looking clothes and never mind the music...I just remember how I felt which was kind of confused and why is that? I couldn't explain it. It didn't make me feel very good and I didn't quite know, it just made me feel that I wasn't measuring up on some level to what was expected of me. Not just by him, because I saw him as being my older brother and he represented males to me. He was my link with the male society, I guess."* (Anne)

> *"He's* [brother] *already said something to me about 'You don't look like you did when you got married'. Just different things. And it's like 'yes, but I'm happy. Leave me alone' You do get that."* (Karen)

Anne describes how comments from her uncle and father, although probably not meant to be derogatory, made her feel very self conscious, and these remarks illustrate how women are objectified, even at a young age.

> *"I had an uncle that used to tease me, although I was younger when he teased me. He didn't tease me as a teenager -- they thought it was funny, hilarious. They would laugh and I used to feel so self conscious. This was probably when I was 9 or 10 because I hadn't hit puberty yet but I still felt self conscious. You know in my bathing suit. I loved swimming, and I was happy as anything in the water, and they would make comments about my shape."* (Anne)

Teasing by brothers and uncles experienced by Anne and Lois during their childhood illustrates that from a young age girls learn to perceive their female bodies as objects, and "chubby" bodies are ridiculed and become a source of shame for some women. The message that Anne received from her brother was not to spend money on things that she enjoyed but instead spend it on things that made others enjoy looking at her. Anne's story about her brother's negative reaction to her sitting cross legged in a short skirt with bloomers during a basketball game, illustrates how girls (at puberty) and women receive messages about how to behave as "ladies", supporting the findings of the research on first menses. Anne's story illustrates how girls learn that they must always monitor other people's reactions and adjust

their behaviour to gain approval. The stories shared by Anne and Lois add credence to the findings of Lee and Sasser-Coen (1996) who found that at menarche relationships with fathers, brothers and boys involved negotiating gender through societal discourse and social relations of dominance.

During in depth interviews with four women, Rice (1990) found that the body is a setting of powerlessness some women experience, and stories shared by the women in her study illustrate how some women feel vulnerable to having their bodies used as an object of male sexual desire. In the current research Anne and Lois's stories support Rice's (1990) finding, and Anne reflects that all women in Western society are vulnerable to this debasement: *"I mean I've often thought, 'Gee, I'm so lucky, I've never been sexually abused, I've never been this and that' -- when you hear the statistics. But I think all women are harassed".*

Parents

Messages from parents figured most prominently in the lives of the women who had struggled with weight as children. Although all three of these women surmise that these messages were not meant to be hurtful, they provoked feelings of inadequacy, and reinforced the fact that the women did not measure up to the cultural ideal of femininity. Lois reflects on the contradictory messages she received from her parents.

> *"Like mom is strange. It's a really strange thing because mom was the one that was feeding us and presenting that lifestyle, and she used to say little things like, 'Oh, you're getting awful punchy. You're just like a butterball turkey.' And I would think, 'I don't like that,' and I would feel bad but yet I would think, 'Well, it's true, I guess.' It was sort of a gentle put-down, isn't it, kind of -- but then the funny thing is through my years, and even today, I'll hear things like, 'Oh my gosh, don't lose too much', because they are used*

> *to seeing me in another way, I guess. 'Don't lose too much. You're going to get sick. You look like you're sick.' And I get really annoyed because it's either that, it's either your a butterball turkey or you're getting sick. They never seemed to be pleased...And I know too that -- years ago I worked in the fish plant in the summer, and I was quite heavy. I didn't take very good care of myself. I had a hair net on and stuff. My father worked there too, and he would see me as our shifts passed. My shift would be over and he was just going in. And I remember some years later he said to me -- I remember I was getting ready for some party or something at their house. He said, 'You look really nice. I've got to tell you, you look really nice.' And then he said something about, 'When you worked at the fish plant,' he said, 'some days you looked so awful, I was ashamed', or something like that. Or he would say something to that effect, and I thought I have been sort of judged that way. It just surprised me, and I didn't really think he would even -- it's a funny thing. I don't know."* (Lois)

Both Jane and Anne received messages from their parents that described them as "sturdy" and "chubby". In both cases, it appears that the comments were not meant to be hurtful and in fact Jane discusses how her parents were quite supportive. However, it appears that such messages reinforced the fact that they didn't measure up to the thin ideal.

> *"....but I've got this short muscular build. And so I was probably chunky, I don't know how you'd describe it. Just solid. My parents always described me, they were always, any time their friends came in, they would call me over and say, 'now just feel her arm. Feel her muscle. Show them your muscle, [name]' -- you know and 'she's solid as a brick'. So that was always just, it was more the muscle thing."* (Jane)

> *"I think I must have been around 8 or 9, and I think I really at that point started feeling like a chubby little girl because I was a very -- when I look at pictures I can see that I was a sturdy girl. I had a younger sister who was quite thin and I think my parents used to, not intentionally, but used to say I was the chubby little one. I remember it dawning on me 'My goodness, maybe I shouldn't eat three chocolate cookies', if they were in front of me. And that is a huge step in consciousness of your body."* (Anne)

Lee and Sasser-Coen (1996) found that while many women felt their mothers tried to make menarche a positive experience, they also felt their mothers were responsible for imposing restrictive femininity on them and on their bodies. An analogous finding emerged

from the current research whereby the messages given to the daughters by their parents reinforced that they did not meet the cultural construction of the feminine ideal. The fact that the women who were thin in childhood received very few messages from their parents about their bodies supports this claim -- since they embodied the thin norm, restrictive behaviour with regard to weight was not necessary.

Husbands/Partners

Negative messages from partners were reported infrequently, perhaps because most of the women had never gained a great deal of weight. Lois (who probably had the greatest struggle with weight) had received derogatory messages from her husband, particularly earlier in their marriage. Even though Anne's husband is now supportive about her weight, early in their marriage he expressed his concern about her becoming overweight.

> *"Well,* [husband] *is not hard on me, or wasn't...But he used to be like making comments such as, 'Gosh, you're gaining a lot of weight there.' I don't blame him. When we got married, I wasn't like that. And I had changed quite a bit and he hadn't so you can't blame him for being shocked, I guess...We used to fight about it quite a lot. And then if I would try to lose some weight, and then I would maybe fail and be eating stuff, he would like be quick to point it out, 'Look at you, you're sitting over there eating a pie, and the other day you were complaining stuff is too tight,' and that kind of thing. All battling. But there is no battling like that now...it seems like it's not an issue any more. He seems like he's satisfied, so maybe it was bad enough before that he felt like he had to say something. But he wasn't doing it in a nasty way or anything like that."* (Lois)

> *"One time a long time ago, and I reminded him of this one time and he denied it. He had an aunt that was quite plump. Really she was quite fat. But I really liked her. She was such a nice person. I remember him saying... 'That's the only thing that would turn me off somebody' and meaning me because we were involved in this relationship 'is if you got really fat'. And at the time I remember thinking 'Oh I hope I don't get really fat', and then letting it go. But I said that to him one time, and maybe it was when I*

> *was feeling fat. I don't know maybe it was just one of our low cycles and I accused him of something. He denied it. He said 'No, I never said that' But I remember him saying it distinctly. So I think that if I did gain say 20, 30, 40 pounds, I think that he would say something. I'm not sure. Or maybe he knows enough now. But he's changed to. He's grown a lot since those days."* (Anne)

For the majority of the women interviewed, messages from husbands/partners tended to be supportive and positive.

> *"...and the same is with* (partner)*, the man I live with now, he and I have been together for over 10 years now. He's just, 'you're beautiful'. So it's all positive. and I said to him, 'My God dear, if I put on 50 pounds tomorrow, you'd say the same thing'. 'Well of course I would', he said. And it doesn't matter what I hear. It's all nice -- positive, negative, it doesn't matter. It's more what I see, and if I'm comfortable with what I see, then great. So I don't really take that into consideration in making decisions."* (Linda)

> *"No, I never felt pressure from other people. And my husband, you know, he's always 'why care about losing weight? Forget about losing weight. You look fine.' He doesn't have a lot of tolerance for this needing to be a certain size. It's all from within. I'm the one that feels the need."* (Jane)

> *"He's quite supportive too. Poor guy, he's trying to gain weight all the time. So I mean it doesn't help because he eats and eats and eats, and I always feel that I have to even if I don't make it. So I don't get any messages though about weight from him."* (Anne)

However when asked how her husband feels about her trying to lose weight Anne responds:

> *"I don't think he knows. It's not something we would talk about. Now that is revealing in itself isn't it. It's not something I would, it's something I would keep to myself partly because he wouldn't agree. He would say 'Oh you don't need to lose weight'. And maybe it's something I'm trying to hold onto as part of my identity."* (Anne)

The theme of partner support was not found in any of the literature examined. Despite the fact that many women received positive and affirmative messages from their partners, most discuss how this positive feedback is nice but has little affect on how they view their bodies. This perhaps points to the pervasiveness of the cultural ideal of thinness

-- despite support from significant others women still remain oppressed by this ideal. Or perhaps it points to women's struggle to gain power and visibility through their bodies which are all too often denied to women in our sexist society.

Comfort with Self

Comfort with self emerged as an important theme in the women's relationship with their bodies as depicted in the conceptual framework. The literature has shown that women, whether overweight, underweight or in a healthy weight range, are dissatisfied with their weight and body shape. In a review of research, Rodin, et al. (1993) conclude that self-perceived attractiveness and self-esteem are correlated more so for women than men, and therefore hypothesize that a woman's body weight and her satisfaction with it would be important variables in her overall satisfaction with herself. The authors investigated the relative importance of body weight and shape in determining perception of one's own degree of physical attractiveness in a random sample of male and female undergraduates, and found that weight and body shape constituted the central determinants of a woman's perception of her physical attractiveness. Therefore, since perception of physical attractiveness is correlated with self esteem the authors assert that women who are dissatisfied with their weight (which we know is a high percentage of women) are prone to low self esteem and have negative self perceptions. They conclude by stating that shame evoked by dissatisfaction with one's body is intricately interwoven with low self-esteem and a general sense of personal inadequacy (Rodin & Striegel-Moore, 1984).

Indeed more recent research has demonstrated this association between weight and body shape dissatisfaction, and a sense of personal inadequacy. In a study of 92 male and

female college students, it was found that a failure to match the internalized ideal is likely to prompt self-criticism and to damage self-esteem (Silberstein, et al., 1988). Polivy and Herman (1992) also found that those concerned with weight had extremely low self-esteem scores compared to college student norms.

In the current investigation, stories shared by the women who had struggled with weight throughout their lives vividly illustrate the negative effect it had on their self worth and self perception, and certainly support the research which has demonstrated an association between dissatisfaction with weight and body shape, and low self esteem. None of the women are considered "overweight" and undoubtedly most have had fewer problems with weight issues throughout their lives compared to many women. However, their comments illustrate how strongly self esteem/self perception appears to be linked to body image. For all of these women, this struggle seemed to consume a great deal of their energy which could have been spent on more growth enhancing endeavours, and had a negative affect on their confidence and self worth. The following quotes from these women illustrate this:

> "*...Internally I think I was really kind of unhappy about it* [weight] *thinking that if I could just will myself, I could lose weight. But of course it never really happened. I mean I just basically stayed the same weight, and I wasn't really obese or heavy at all. I was plump or stocky or sturdy, I guess. It just was my body shape for sure.*" Later in the interview Anne shares "*...I know as a young girl, I guess I did feel that. It wasn't overwhelming and it wasn't often but overall I had a feeling of not measuring up because I wasn't dressed in these great clothes and thin and I didn't reflect the image in the fashion magazines.*" (Anne)

> "*Well I can actually remember the first time that weight was, not weight, but size was made an issue, was when I was probably 6 or 7 years old, and I was taking a ballet class. And I really enjoyed it, and you know, I was always athletic. But one day, a girl down the street said to me, she said, 'Oh, you could never be a ballerina. You're too fat.' And I thought, Fat? Me? And*

I wasn't fat. Looking back on it I know that I wasn't. But I've got this short muscular build, and so I was probably chunky. So that was always just, it was more the muscle thing. But of course this girl said that I would never be able to be a ballerina. And I can remember being so shocked. It's the first time I ever thought about my body like that. And I dropped out. Yes, I never told anybody, never told my parents, talked it over, or anything. I think she was probably a little jealous, and just being a little mean, as kids do. You know, not meaning, I'm sure she didn't mean to totally devastate me or anything, but it was rather devastating at the time." (Jane)

"Like let's say someone is really, really heavy, so many times they will be excluded from things or passed over, especially when you are young and you are just needing -- for boyfriends and so on, they look right past you because of that, because you are 20 pounds heavier than some other girls in the class. And that's so unfair because they are not seeing you. You are still you. You are still who you are regardless of your outside. So I think that kind of thing is damaging...Like I can remember years ago like not going swimming maybe for maybe a couple of years because I just felt too awful in a bathing suit...But that is what I used to do -- miss out on swimming, miss out on some of the fun things because of what you think people are viewing you like, like we don't even care...You know, you feel embarrassed or you feel that people are going to be looking at you and thinking, 'Oh, what an old slob', or whatever. I think that, well, I didn't have as much self-worth as I should have had. Probably self esteem and all those things you talk about today...And I think I would have done a lot of different things maybe. I think it affected how things turn out sometimes -- what you think you can do or you think you want to try, or what you think you can be. I think that really is bad that way." (Lois)

Near the end of the interview Anne is asked if there is anything else she would like to add and the issue of her struggle with weight throughout her life course, and particularly during adolescence and early adulthood emerges again, and upon reflecting she wishes she had not been so consumed with weight issues. Anne also further reflects and talks about it in terms of women's subordinate position in society. She reflects on a conversation with a girlfriend:

"I guess in some ways I feel sad that some of my childhood was concerned about those things. I really do. I feel that is a shame. Maybe I would be a different person today. Although I can't say I'm that discontented with who I am today. But I do feel that I fell into kind of a, not so much a trap, but a

> *trend as a teenager and as a girl. And it wasn't so much just to do with weight but it was more to do with what women did. Mind you, I'm a little bit older than you so I think I went through -- in the late 60's things were changing a bit but still -- I remember my best friend saying to me, this was after we both started having children and we thought we would like to get a job. I remember her saying to me, 'But not a career. Not a career person'. And I think back to that remark and I remember saying to her 'Oh, no, we don't need a career. We just want a job.' It sounds so silly. So I guess in some ways I wish that things could have been different as a young girl, that I wasn't made aware so early of those pressures of looking good."* (Anne)

For Anne, Jane and Lois, their struggle with weight began in childhood and all of these women passionately articulate the negative impact that concern with weight and appearance had on their self image and self worth. For Anne and Lois, this preoccupation appeared to impact on how their lives have turned out: *"Maybe I would be a different person today"* (Anne) and *"And I think I would have done a lot of different things maybe. I think it affected how things turn out sometimes -- what you think you can do or you think you want to try, or what you think you can be."* (Lois). For these women, weight and appearance were preoccupations that detrimentally affected their self esteem, and perhaps altered the course of their lives.

Collateral support for the detrimental affect of weight dissatisfaction on women's emotional health are the responses given by women when asked what would happen if they gained 20 pounds. All of the women reacted negatively and talked about the detrimental effect it would have on their self image and self worth. The women responded with words such as "depressed", "miserable" and "disgusted" in describing how they would feel with the weight gain.

> *"I think I would feel miserable actually. I do. Oh, I think I would. For one thing, I would have to buy new clothes and that is such a pain. It's a real pain. In terms of finances as well. I don't think I would feel good at all health-wise. I think I would feel so self conscious in a bathing suit, and I love*

swimming. I look forward so much to the summertime, going swimming, especially in the salt water. Yes, it's a real shame and I don't know how that can be addressed in our society other than, because we all have these internalized messages, these scripts or something. And thank goodness it's not my major concern in life. I mean I know there are people who stress out a lot more about it. But it is definitely part of my identity, I would say." (Anne)

"I would be totally disgusted with myself, but if I couldn't lose it , you have to do -- you just work on building that self-esteem up, and say 'well this is life.' And you either work hard to try to get it off, or you accept it. Because we are going to gain. I mean, we hope we don't a lot, but we are going to gain some. And I can't say by next year that I wouldn't be maybe 2 or 3 pounds heavier. You hope not, but I'm not going to stop what I do..." (Karen)

"I think I'd be depressed. Yes. Again, the relationships that I've made, and the people that I've made relationships with, I'm talking people that matter. People that don't matter in my life, I don't care what their opinion is. Because it doesn't matter to me. So, if I gained 20 pounds, those relationships with the people that matter in my life wouldn't change, because they're that type of people. The same as if they gained 20 pounds, I wouldn't think any more or any less of them. And I'd make no comment about it. It would affect me. I don't think I'd perform at the level that I perform. I think emotionally I would be depressed. I don't think I'd perform because I don't think I'd have the energy. You know? When you have, I notice the weight fluctuations, and the energy level does fluctuate with that. But I think for me it would be more, I'd internalize it more and become depressed. Yes." (Linda)

"I think I would really be depressed. I think I would probably be prone to a depression. Unless I thought that I could get it back. With my mother [when Jane's mother was sick, Jane assisted in caring for her and gained weight], *I knew I was making a temporary sacrifice and I had made a conscious decision that it was worth it. I can't imagine that would happen. But if it did, I know from experience that I do not feel good at a heavier weight. I wouldn't feel very good."* (Jane)

"It would change in feeling uncomfortable, uncomfortable in your clothes, and also sort of a disgust sort of thing. Kind of like, 'oh, this is not normal. This is not natural. This is not right. Why am I doing this to myself?' That is how I would feel. And I would feel like sort of, 'I don't know where to start. I'm on that old roller coaster ride from years ago." (Lois)

For all of the women, the thought of a 20 pound weight gain was distressing and it is evident that such a weight gain would have an impact on their self image, and for most, result in self denigration. Being thin is the central feature of the contemporary ideal of female attractiveness and the thought of not measuring up to this ideal appeared to be distressing for the women in this study.

Although an association between depression and weight preoccupation was not found in the quantitative results, it is clear that weight gain provokes anxieties and negative feelings about oneself. Several of the women eloquently articulate how their life experiences and struggles with weight have impacted on how their lives have turned out. The qualitative findings illustrate the salience of life experiences related to issues of self worth and weight preoccupation. A limitation of investigating health status and behaviours cross-sectionally, as was done in the NSHS, is that salient aspects of a person's life history are not taken into consideration. Phenomena such as weight preoccupation and depression are related to and unfold over people's life course, and the measurement of such issues may be better understood through longitudinal studies or retrospective designs.

Two population-based surveys have recently indicated the high incidence of women who are trying to lose weight when they don't need to -- an indication of dissatisfaction with their bodies (Green, et al., 1997; NSHS, 1996). The literature demonstrated an association with low self worth and concerns with weight. Population-based surveys need to examine constructs such as self worth and self concept, and their association with weight and body shape dissatisfaction to explore and understand the extent and degree of the problem. Furthermore, additional qualitative research should further explore the impact of the pervasive problem of weight preoccupation on the mental health and well being of women.

Physical Health Effects

The findings from the qualitative methods confirm the results of the survey findings. There is a very low incidence of unhealthy weight loss behaviours among women. None of the seven women interviewed indicated any negative health behaviours such as dieting, taking diet pills, laxative use, etc., in order to lose weight. All seven women indicated that they were either eating lower fat foods, eating less or exercising to lose weight. A concern may be reporting bias -- that is, negative behaviours are less likely to be reported. However, rapport was established during the interview and the women willingly shared their struggles and concerns, decreasing the chances of reporting bias.

Several of the women did report unhealthy weight control practices which they had used when they were younger. About half of the women had engaged in behaviours that would now be considered dangerous to their health (however, at the time, some were advocated!). The behaviours ranged from dieting and consuming diet pills to bulimia.

> *"...my weight was getting out of control -- I started putting on the weight. And then had read about, you know, this good way to control you weight, right. Make yourself sick -- there wasn't even a name put on it at the time. And I was all alone in that because you start off, and you think that, you know, you're just going to do it once or twice. If you pig out, you just do it once or twice. But I mean, it is a vicious cycle. And it's like any other addiction. It's a food addiction, you get caught up in it. You can't stop"* (Jane)

> *"...I did use to try to diet. Oh I remember buying those chocolate candies that were supposed to lower your appetite because I figured that was my problem -- I had too much of an appetite. And I would sneak my allowance and babysitting money and buy these horrible chocolate candies. I think they were called Aids. Actually when I was 17 and I started working, I do remember actually just skipping meals and trying to not eat. At this point I was sort of out of the home and I was a little bit more on my own for mealtimes, and I wasn't obliged to eat the same plate of food. Yes I do remember skipping meals and not feeling very well. I don't think I ever lost much weight. I don't think I skipped a lot of meals but if I would be going to*

> *work, I would skip supper and have snacks. But of course then later you are so hungry, you'll just eat almost anything that is in sight. That cycle was certainly not good. That was tough.*" (Anne)

> "*Oh, I've tried all the foolish things. You know, the cabbage soup?*" (Linda)

> "*...And so it* [losing weight] *was quite a battle but I remember always trying different diets and trying different things to try to get whatever I was after but not knowing how to achieve it the right way.* " (Lois)

Cathy shares a time in her life when she gained weight (associated with an unhappy marriage), and discusses the reaction of others when she lost the excess pounds. It appears that even though she went back to her former trim figure, she may have been too thin.

> "*...But when I lost it, because I did it pretty quick, it happened pretty quickly, from one shape to the other. So people that don't see me real often noticed it big time and a lot of people thought I was sick. A lot of people thought that. I couldn't get over how may people said that to me -- I just couldn't get over how many people would say 'Are you okay? Have you been ill?' I couldn't get over how many people said that* [you're too skinny*] to me. It was astounding. And that went on for quite a long time. Quite a few months that they were saying that. I was astounded that they thought I was too skinny. I mean I thought 'I'm not too skinny. I'm just the way I was before. There is no way I am too skinny.' You know, I didn't think I was underweight by any means. I just thought that I was back to where I was before.* " (Cathy)

Although Cathy went back to her former weight, clearly many people judged her to be far too thin, and in fact many believed that she was sick. Cathy has been in the lower end of a healthy weight most of her life and it appears that many people thought she looked unhealthy. It is possible that Cathy took her weight loss to extreme and was showing symptoms of anorexia.

Even though all of the women currently report healthy behaviours in their attempts to lose weight, the majority had used unhealthy practices in the past. This is not a surprising finding, given that most of the behaviours were advocated weight loss methods by some health professionals and the media (and some still are recommended).

It is encouraging that both the quantitative and qualitative findings indicate that women are using what most health professionals would consider healthy behaviours in their attempts to lose weight. Even though these women are subjecting themselves to unnecessary weight loss, they do not appear to be taking this weight loss to extreme. Perhaps the message that dieting, diet pills, etc., are unhealthy and potentially dangerous practices is successfully being communicated to women. Or perhaps these women, who are middle-aged, have learned from past experiences and have a healthier and more realistic attitude. Indeed, a theme that emerged was that some women had a growing acceptance of their weight and body shape, and this will be discussed in the final section under "acceptance".

Food

The women's relationship with food was explored during the interview and two sub-themes emerged which illustrate the unhealthy and constraining relationship some women have with food. Feeding others and the stressors this produces, and the fact that food is turned to in times of anxiety and loneliness were discussed by the women.

Feeding Others

In an analysis of food, hunger and gender ideology, Bordo (1993) concludes that for women "free and easy relations with food are at best a relic of the past" (p. 103). Bordo contends that the gender division of labour where men work in the public sphere while women are cocooned in the domestic arena is exemplified in relation to food and its preparation. Bordo (1993) further elaborates that in order for such a division of labour to appear natural, the notion that women are most gratified by feeding and nourishing others

is a powerful ideology underpinning the containment of female appetite, and by implication, female sexuality.

Indeed, studies have shown that the majority of women still have the primary responsibility for feeding the family (Charles & Kerr, 1986; Graham, 1984; Murcott, 1984). In interviews with 200 women (mothers of young children), a central feature of women's food preparation consisted of cooking a "proper meal" for their husbands and children. Furthermore the importance of pleasing their husbands, and the husbands' foods likes and dislikes in determining what was served, emerged as central findings (Charles & Kerr, 1986). These findings were also supported by other research exploring the issue of food preparation (Graham, 1984; Murcott, 1984).

The relationship of food in the lives of the women was explored in the interviews in the current study. For the women with children at home, the theme of preparing meals for others and nutritiously feeding their families emerged as central features. Even though these women say they love food, they articulate that cooking and feeding their families seem to be chores that are undervalued in western society.

> *"I love food. I feel really, it's funny, sometimes I feel that I stress out too much about cooking and providing a balanced meal at home. But I feel like it's so important. I really do think it's so important, not just to me but for my kids. I think a lot of women feel that they are responsible to get home and cook something."* (Anne)

> *"Love food. I love to cook. But we eat all good food. I don't believe in buying quick meals. We have a cooked meal every night. And that's always potato and vegetables and a meat. And I plan my meals, I always have a pot of homemade beans made every week. I always have a pot of homemade soup made..."* (Karen)

Although Jane's husband is involved in food preparation, (whereas Anne's and Karen's are not) she articulates how she has had responsibility for ensuring the family eats nutritiously.

> *"I'd have more information than the people that were around me. So I'd come home with these stories about how we shouldn't be eating this or that, and it's like 'Where do you get this stuff?' and so part of my job was to try to educate my family and that kind of thing, about healthy eating and all that stuff. So my husband, he's just coming around."* (Jane)

Linda discusses the importance of food preparation and presentation in the context of social relationships:

> *"The other thing I equate food with is social relationships. I love having people over for dinner parties and stuff like that. And to me, the presentation of the food, and what I serve my guests, I think it says something about who I am, and I also think it says something about what I think of them. So yes, you don't throw anything on the table. And you present it in a style that says, you know, 'you mean something to me.' So yes, food for me is more that way."* (Linda)

The findings from this study supports the research cited above where the primary focus for women was on food and its preparation. Ensuring a "proper meal" and a "cooked meal" (which consisted of a meat, vegetable and potato) were discussed by the women in the previous research (Charles & Kerr, 1986; Graham, 1984; Murcott, 1984). In the current study, Karen spoke about the importance of a "cooked meal", consisting of potatoes, vegetables and a meat. Interestingly Karen was the only women interviewed who worked at home caring for her family. The sample in the studies discussed above primarily consisted of stay at home mothers. However, in this study, both Anne and Jane (who had children at home and who worked) also spoke about the importance of nutritiously feeding their children. Jane's husband did help in food preparation, but Jane still felt it was her role to educate her family about healthy eating. Linda too talks about food preparation in terms of feeding others, although in the context of social relationships.

Some of the women interviewed talked about food and its preparation as a necessity and burdensome -- something they would rather not deal with.

"...I don't like fussing with food -- to me food is a necessity. If I really wanted to concentrate on it, every other day it's just a necessity type of thing -- you make food, and you eat it. Not that I don't enjoy it. I do. But my relationship, if I had to say I had a relationship at all, it -- food and social is the connection for me. Yes, but other than that, I'm down the middle. I don't fight with it". (Linda)

"Well, the thing about food is I really don't like cooking. And I'm on my own so, I don't really like cooking very much. I never have. Neither did my mother, neither did my little sister. So I haven't ever been a very good cook or liked cooking very much so I don't, I really don't. I tend to go for convenience foods." (Cathy)

"...If I could take a pill [as food], *you know, that's not to say I don't crave some things but it's just not an important thing in my life at all. I just, like if I go out to a restaurant, it's like 90% ambience for me and the aesthetic environment. If I go to a friend's house, it's 98% the company and not the food at all. Of course that is not to say if you're paying for a meal, it better damn well be good because I'm a good cook myself. It's just something I just don't bother with."* (Mary)

These findings support the work of Murcott (1984) who found that people, and most frequently women, do not cook for themselves. It appears that although some women stated they "loved food", their reflections and comments illustrate that food and its preparation are often chores and stressors in the daily lives of some women.

Comfort

Some of the women also talked about how they turned to food when unhappy and depressed, and in these situations food appears to relieve anxiety or fill a void.

"I think a lot of time I was sitting in that chair watching TV and eating just eating my anxiety away maybe. And [husband] *was on shift too so it wasn't really the best lifestyle. I was alone and lonely while he was gone..."* (Lois)

"I can remember as a teenager, my girlfriend and I pigging out. Really pigging out and just feeling horrible. Pigging out on donuts or whatever it was -- chips -- and feeling horrible. And at that point I think definitely we were pretty mixed up. You know, junior high. We didn't know what we were

> *supposed to be doing. It was a real outlet. It's a terrible thing. It was a comfort, I think. We didn't feel we had much life, and we would sit there and eat and play cards or something...*" (Anne)

> "*...I do the binge when I'm depressed. I do unfortunately. I'd love to be one of these people who gets depressed and doesn't eat. But if I feel pressured, or anything like that, yes* [I turn to food]." (Linda)

In discussing weight gain associated with an unhappy marriage, Cathy shares her experiences with food.

> "*Oh, it* [food] *was a friend. The reason I gained so much weight, I figured it out, was I was, I got really into chips. There were a certain kind of chips that I really liked, and I would eat a whole bag, a big bag, not just a little bag, a big bag of those chips every night. And again, I know it was just because of how I was feeling. So it was like a comfort zone. That was sort of my perspective. I guess I was doing it, I had never done that before or since...* " (Cathy)

Bordo contends that eating (in the form of private, self-feeding) is represented as a substitute for self caring (1993). The emotional comfort of self feeding is rarely turned to in a state of pleasure and independence, but rather in despair and loneliness (Bordo, 1993). Certainly the stories shared by Lois, Anne, Linda and Cathy support this claim and eloquently illustrate how many women do turn to food in an attempt to suppress anxieties or to relieve feelings of emptiness.

Physical Activity

There was agreement between the survey data and responses given on the questionnaire completed by the women at the end of the interview, and both indicate that the weight concerned women tend to be more physically active. The women who participated in the interviews were asked how they felt about physical activity to further explore the association between physical activity and weight concern. The majority of women indicated

that they participated in physical activity to reap the health benefits and because they feel better when they are active. Most of the women indicated that they participated in physical activity through walking while two indicated more intense types of physical activity (e.g., weight training, aerobics, etc). For a few, physical activity was even more important as they aged and were prone to more aliments (e.g., joint pain, cardiovascular disease risks, etc.).

> *"Like I'm not a sporty person. I don't play sports...I have to look to simpler things that I can do comfortably. Walking. I do a little bit of running in the summertime. I started last year. Things like skating and swimming and things like that I can do easily and find fun but I'm not one for like organized sports. But.. walking, I find that is so nicely fitted into your natural life, and that is what I think you have to strive for, for me anyway, is to fit things into your life...when I don't do it, I really miss it. I don't feel right. And it's not through guilt, it's through a more physical kind of need."* (Lois)

> *"...But the other thing is more of a health* [thing]. *Like everybody says, with respect* [to my running] *'Oh you're running, you're running to lose weight'. And I say 'No'. Because I'm not running to lose weight. I'm really not. The reason why I got myself out and walked, or run, was because of the cardiovascular disease in my family...if I lost a little bit of weight as a result, or toned up as a result, that's a bonus. But it's really not. It's more for the health reasons than that* [weight control]. *To me, I'm better off watching what I eat if I'm trying to control my weight."* (Linda)

> *"I hate it* [exercise]. *I was in 20 minute workouts...I can't stick with them...To me, I'd rather walk. Usually, I'll walk -- I started in September, I walk an hour every day... I feel so much better when I get outdoors that hour ever morning, than if I'm cooped up in a building doing a 20 minute workout..And I do feel better -- just attitude and everything. I think if you have an active life, and you can get out and walk. Just go out and walk, without anything on your mind. I think everybody, you've got to have that. And it changes your whole outlook in all things, I find your attitude and everything."* (Karen)

> *"The funny thing is I like it when I do it* [exercise]*...But it's getting myself into the habit to do it. I always dread, not dread, yes I suppose I dread it a little bit until I start doing it. But when I actually start doing the exercise then I feel great. I really do feel great, and I'm so proud."* (Cathy)

> *"Oh yes, I love it [exercise]. Although you get to this slump where when you haven't been doing it for a while, it's hard...But I can remember after 2 or 3*

> *weeks of steady or regular exercise how good I remember feeling. Like all of a sudden, 'Gee, I do feel good. This hill isn't so hard any more.' The aqua-fit I find is a great exercise. I love swimming and I love the aqua-fit, the water exercises. You just feel so toned afterwards. You know, your muscles feel stretched and I think you sleep so much better."* (Anne)

There was no indication that these women were obsessively engaging in physical activity and in fact most preferred walking. The overall motivator for participation in physical activity was health and the findings from the interviews indicate that these women are engaging in healthy physical activity.

Acceptance

All of the women appeared to have concerns/issues related to weight/body image. However, resonating from some of the stories shared by the women (particularly those who had more struggles with weight throughout their lives) was a growing acceptance of their bodies. It appears that some of the women chose to participate in the interview and were willing to share their stories because they recognized the conflict within themselves -- still wanting to lose some weight and yet wanting to move beyond this issue. In sharing their stories, some of the women began to reflect upon and to question their ongoing concerns about weight issues. Some of the women talked about the importance of work and other life accomplishments by which they now measure their successes - whereas when they were younger appearance figured so predominantly in their self concept and self identity. Upon reflection, all of the women realized that they had many qualities they would not want to change and the majority stated that very little would change in their lives if they lost weight except that "their clothes would fit better" and they would "feel more comfortable". Many of the women appear more accepting of themselves in their middle age.

"I would like to lose a few pounds but I can't say I'm trying too hard because I'm not willing to diet...I do feel a nice thing about getting older is I feel easier on myself. I don't really care as much. I mean I do to a certain extent but not nearly as much as I used to, and I think that just comes with age. And maybe that's part of it -- people just don't seem to comment as much on your looks or on your weight or on your hair-do or whatever. And I think it does affect how I feel about myself. I just tend to be relieved of all that. It's kind of a nicer feeling. It's more important what I'm doing than how I'm looking. And I think too, even as men get older, I think they relax a bit too because they realize themselves that they aren't so buff any more. So I have to say that I'm much more comfortable with my own image, my own body than I used to be although I would still like to lose 10 pounds." (Anne)

"I'd like to take 10 pounds off, but I'm still not unhappy with my weight. It would be nice to lose 10 pounds, but if I exercise and I'm feeling good, I'm not going to push it to be so thin. Because I always didn't feel good before. I felt like I was always underweight, but I wasn't. I always -- I just didn't have the energy. Whereas now I'm a bit heavier, but I've got lots of energy. And it's like, try to keep it [weight gain] *at an even keel. You'll gain some as you get older, but hopefully it won't be an over excessive amount. And I have no problem with that. Now I've seen so many people work so hard at trying to be just like they were when they were 20, and I'm not going to make myself miserable doing that...But I find a lot of people that are on diets and going through menopause, it's harder when they're trying to stay so thin -- accept you're going to gain a little bit. You can't have the model figure, which they promote right to a tee."* (Karen)

"God, I'm almost 40, and I think I just don't want pain. And I find as soon as I gain weight now, my heels hurt or my knees start crackling, and back pains. And I don't want that. I just want to be pain-free. And at the same time that I'm striving for that comes with it a sense of well-being all the way around -- how you view yourself, how you feel. So that seems like a healthier, better, achievable, maintainable kind of thing compared to this foolish [stuff]*...Acceptance today at this stage comes from other things. I would say your work and your ability to do your work and your feedback from the people you are working for. It's more like that. And your appearance or your weight doesn't figure into it sort of."* (Lois)

In a study of girls' transition into womanhood at puberty, menarche was found to symbolize the relationship that women have with their bodies -- a relationship which in contemporary societies tends to be fraught with ambivalence and dis-integration (Lee & Sasser-Coen, 1996). However, the authors of this study found that many of the women

showed that they resisted the destructive and alienating discourses associated with the menstrual career and female embodiment. The women's stories showed how they resisted systems of oppression in their everyday lives. Some of the women in this current study also showed resistance to the cultural oppression of thinness -- *"I would like to lose a few pounds but I can't say I'm trying too hard because I'm not willing to diet"*. It is encouraging that several of the women were beginning to resist societal pressures to be thin, and appeared to becoming to terms with weight issues that had caused such stress and turmoil in their lives.

In resistance to this relentless pursuit of thinness and realizing the dire consequences of more severe forms of weight and body shape concerns, some of the women with daughters -- Anne, Linda and Jane -- spoke about the importance of giving positive messages to their daughters.

> *"She's* (daughter) *always saying she's fat. 'Look at the size...' -- at that age (20) right? And that's gone on for several years. 'Look at the size of my butt. Man oh man'. And I'll keep saying to her, and I am always positive with her. Have been from the day she was born. Because again, aware of bulimia and all that stuff for teenagers. And I thought 'oh my god the last things I want to do is drive my kid into that.' I always talked about eating well and healthy foods. But it's always been a very positive...every time* [daughter] *says something negative about herself, I turn it around and say, 'Oh* [daughter], *don't be silly' you know? And I have always done that to her. And I'll say,* '[daughter] *your butt's not big, darling. You're beautiful."* (Linda)

> *"Yes, I don't like to make a big deal because of the trouble I went through with the bulimia. And I know all about this stuff now, and I would not want my kids* [a son and a daughter] *to go through the same thing. So right from an early age I wanted to make sure that my daughter, that I didn't make a big deal about her body or anything like that. And that she felt comfortable and whatever."* (Jane)

In reflecting on their struggles with weight and body shape issues throughout their lives, some of the women with children (particularly daughters) recognized the tremendous

pressure on teenage girls and young women to live up to the thin ideal that very few women can achieve. These women appear to want to help their daughters learn to love and respect their bodies, and in turn themselves.

Some of the women expressed a more holistic view about their bodies and health -- *"I'm striving for...a sense of well-being all the way around -- how you view yourself, how you feel. So that seems like a healthier, better, achievable, maintainable kind of thing, compared to this foolish* [stuff]" (Lois). This is congruent with Allan's research who found that in managing their weight, women who ascribed to a holistic perspective on successful weight management seemed to have a more centred view of themselves that protected them somewhat from the cultural pressure to be thin.

In Allan's study, the women who had few struggles with weight throughout their lives were more likely to ascribe to a biomedical model of weight management. This group's life experiences reinforced such a norm. With one exception, no one had ever been overweight and when they gained a few pounds, most could successfully lose the weight. From a biomedical perspective, they met the criteria for successful weight management. From a feminist perspective, this group of women seemed to accept and embody the cultural ideal of thinness; they dealt with the pressure to be thin by being thinner. They seemed to have internalized the patriarchal message that women's worth derives from appearance, not accomplishment (Allan, 1994).

Although all of the women in the current study appeared to conform to a biomedical model of successful weight management the degree of conformity varied. The women who had struggled with weight throughout their lives (albeit small weight gains) tended to be more accepting of their changing body shape and weight, and were no longer as willing to

obsess about their weight as they had done earlier in their lives. These women exhibited some of the characteristics of holistic weight management discussed by Allan (1994). In contrast, the women who had fewer struggles with weight throughout their lives tended to be more troubled by their recent weight gain and oppressed by the cultural ideal of thinness perhaps because they hadn't worked through these weight issues.

Allan (1994) concludes that from a feminist perspective, one must question the psychological and social consequences for women of trying to attain success at weight management. Although the women with the biomedical perspective of successful weight management were very successful, the cost was high. In order to be successful, they had to be constantly vigilant, controlled and committed. This is another example of how society prescribes behaviour for women. A toned, muscular body devoid of fat signifies being healthy, and weight is seen as a reflection of our ability to engage in self-corrective behaviour (Rodin, 1993). All of the women in this study talked about the importance of losing weight and shaping up for health reasons. While this appears to be an admiral goal, particularly from a biomedical perspective, some feminist scholars believe that pursuit of the slender body is couched in the terms of health, and oppression of women continues under the guise of "being healthy" (McBride, 1988).

Many of the women in the current study talked about the thin ideal and its negative impact on girls and young women. They spoke about the importance of portraying and accepting a range of body shapes and sizes. The women who had the greatest "battles" with weight throughout their lives reflected on the negative impact such struggles had on their lives. A lifetime of struggle with weight management appeared to contribute to some

women's growing resistance to the oppressive discourses surrounding the female body. The women appeared to be moving closer to body/self love and acceptance.

Conclusion

The objective of the qualitative phase of this investigation was to explore and understand the sociocultural factors (family relationships , childhood experiences, social relationships, social support, the role of women in society, etc.) associated with weight preoccupation among women in a healthy weight range. The stories shared by the women interviewed illustrate the impact that sociocultural influences have on how women view and experience their bodies. In addition, through the interviews, the investigator explored and elaborated on the findings of the survey data.

The quantitative findings illustrated that many women in a healthy weight range are attempting to lose weight and almost half of these women indicated that they wished to lose weight for attractiveness reasons. During the interview process, this association was explored which helped to explain why women are so preoccupied with their weight and body shape. The women showed various degrees of body acceptance and the qualitative findings helped to further describe why some women are further along the body image continuum towards body acceptance than others, and the findings also explored gender as a determinant of health.

The women's stories illustrate objectification of the female body and how this is interconnected with anxieties related to fat and the messages women receive about their bodies. Objectification and fat anxieties, together with messages women receive, all have a tremendous impact on women's relationship with their bodies. Comfort with self, health

behaviours related to weight management, women's relationship with food and physical activity behaviour are all impacted by these factors (i.e. objectification, fat anxieties, messages). Even though all of the women interviewed appear to be to the left side of the body image continuum (but certainly not at the 'ideal' end of acceptance), they remain oppressed by the cultural ideal of female beauty, and their pursuit of this ideal has repercussions for both their physical and mental health.

CHAPTER 6

DISCUSSION AND CONCLUSIONS

OVERVIEW

Research has demonstrated that weight preoccupation among women is indeed a pervasive problem in Western society (Cash & Henry, 1995; Green et al., 1997; Nova Scotia Department of Health & Heart Health Nova Scotia, 1996; Sciacca, Melby, Hyner, Brown, & Femea, 1991). Recent findings from the Nova Scotia Health Survey illustrate that one quarter of women are attempting to lose weight when they do not need to, and the authors conclude that there is the need for further investigation into this complex phenomenon (NSHS95, 1995). Thus this study was undertaken to describe who these weight preoccupied women are and to understand the sociocultural discourses surrounding women and women's bodies. By combining quantitative and qualitative methods the investigator was able to describe weight preoccupied women, and explore and develop a better understanding of the impact of social forces on the lives of women. In this chapter, the benefits of combining methods to examine phenomena will be illustrated, and a summary of the overall findings will be discussed in relation to the body image continuum and the population health framework. A summary of results will be presented in the form of a conceptual model. This will be followed by a discussion of study strengths and limitations, and future recommendations will be highlighted.

COMBINING THE QUANTITATIVE SURVEY AND THE QUALITATIVE INTERVIEW

Weight preoccupation is a complex public health problem related to a host of contextual factors. To begin to untangle the web of factors underlying women's fixation with weight and body shape issues and to understand this fixation, a range of research methods are required. Based on the results of population based surveys, it was determined that weight preoccupation is a serious and pervasive public health issue. Secondary data analysis of a population-based survey (the NSHS) enabled an initial description of weight concerned women in or below a healthy weight range. Through analysis of the survey data the investigator learned that weight concerns are an issue throughout the lifespan, particularly in younger and middle aged women. The weight concerned women did not appear to differ from weight satisfied women with regard to education, marital status or depression. However, the weight concerned women were found to smoke less and exercise more. Finally, the survey data indicated that the weight concerned women tended to use healthy weight loss methods and wished to lose weight for both attractiveness and health reasons.

The qualitative methods served to validate some of the survey findings and allowed for an elaboration of associations found during the secondary data analysis. The results of the interviews verified that the women had healthy attitudes towards physical activity and appeared to value exercise for its health benefits. The results of the interviews confirmed that the women typically used healthy weight management behaviours, although many had a history of engaging in unhealthy practices. The fact that the women wished to lose weight for both health and attractiveness reasons was confirmed, and the interviews provided insight into this finding. Being attractive, defined through the cultural construction of female beauty, appeared to be crucial in the lives of the women, and being thin emerged as a central

feature of the attractiveness equation. The objectification of the female body is evident in the qualitative findings and has implications for the health and well being of women. The messages the women received contribute to their feelings of objectification which resulted in anxieties and shame about their bodies, and makes it very difficult for them to have a healthy relationship with their bodies. Although a correlation between depression and weight preoccupation was not found in the quantitative analysis, the interviews revealed the negative affect weight concern can have on women's comfort with self and self worth. The interviews revealed that life experiences with weight (i.e., a history of struggles with weight) appeared fundamental in women's growing acceptance of their bodies.

The survey data illustrates the need for prevention efforts warning of the health threats of attempting to lose weight when in a healthy weight range. The interviews reveal that the female body is the site of struggle for many women where gender relations are reproduced. Societal messages must counter the stereotype that there is a thin ideal that all women can and must achieve and by not rewarding such 'achievements' so heavily. The qualitative findings can inform prevention efforts so that they are designed in light of the broader sociocultural discourses surrounding women's bodies and their gendered existence. Such interventions would target both men and women, and ultimately help women to embrace and love their bodies.

A combination of quantitative and qualitative methods were used in this descriptive study of weight preoccupation among women, and the combination of methods clearly strengthened the study design and allowed for an in-depth comprehensive exploration of the issue. Since the NSHS was a cross-sectional survey, it did not incorporate life course data which appears to be fundamental in how women view and experience their bodies. The

interviews illustrated the importance of life experiences in relation to weight and body shape issues, and the qualitative findings could inform the construction of questions in future population-based studies.

SUMMARY OF RESULTS

The Body Image Continuum

The results of this investigation have facilitated a deeper understanding and interpretation of the body image continuum. As previously discussed, feminist scholars have proposed a body image continuum to illustrate the range of eating and body image disturbances among women (Figure 3). Initially it was proposed that the women in this study defined as weight concerned/preoccupied (healthy weight women trying to lose weight) would likely be situated along the continuum between body/self acceptance and weight preoccupation/yo-yo dieting. The study findings enabled the investigator to more accurately determine where these weight concerned women are situated along the continuum, although they are still in a range along the continuum. The findings revealed that most of the women are in fact to the left of weight preoccupation/yo-yo dieting, and are probably situated between body image dissatisfaction and body/self acceptance. The women's stories reveal that none of the women are at body/self acceptance, and given all of the women's negative reactions to the thought of gaining 20 pounds, it is clear that they still have issues related to weight and body shape. Research on ethnic differences in weight and body image provide some insights into what complete body/self acceptance looks like. In a study examining body image ideals and dieting behaviour among African American and White adolescent females, the research found that the African American females were more

flexible than their white counterparts in their concepts of beauty and spoke about "making what you've got work for you". The girls spoke about the importance of being strong on the inside, and creating and presenting a sense of style that speaks for the inner self (Parker, Nichter, Nichter, Vuckovic, Sims, & Rittenbaugh, 1995). Although the women in this study talked about the importance of having a healthy body, especially as they age, most still judged their bodies based solely on their weight, and there seemed to be a lack of "celebration" among the women in cherishing, enjoying and nurturing their healthy bodies. The findings also enabled a better understanding of the impact of sociocultural factors on weight and body shape issues among women, and how these factors inform the body image continuum.

Figure 3. Body Image Continuum

Body/Self acceptance	Body Image Dissatisfaction	Weight Preoccupation/ Yo-Yo Dieting	Compulsive/ Emotional eating	Anorexia/ Bulimia

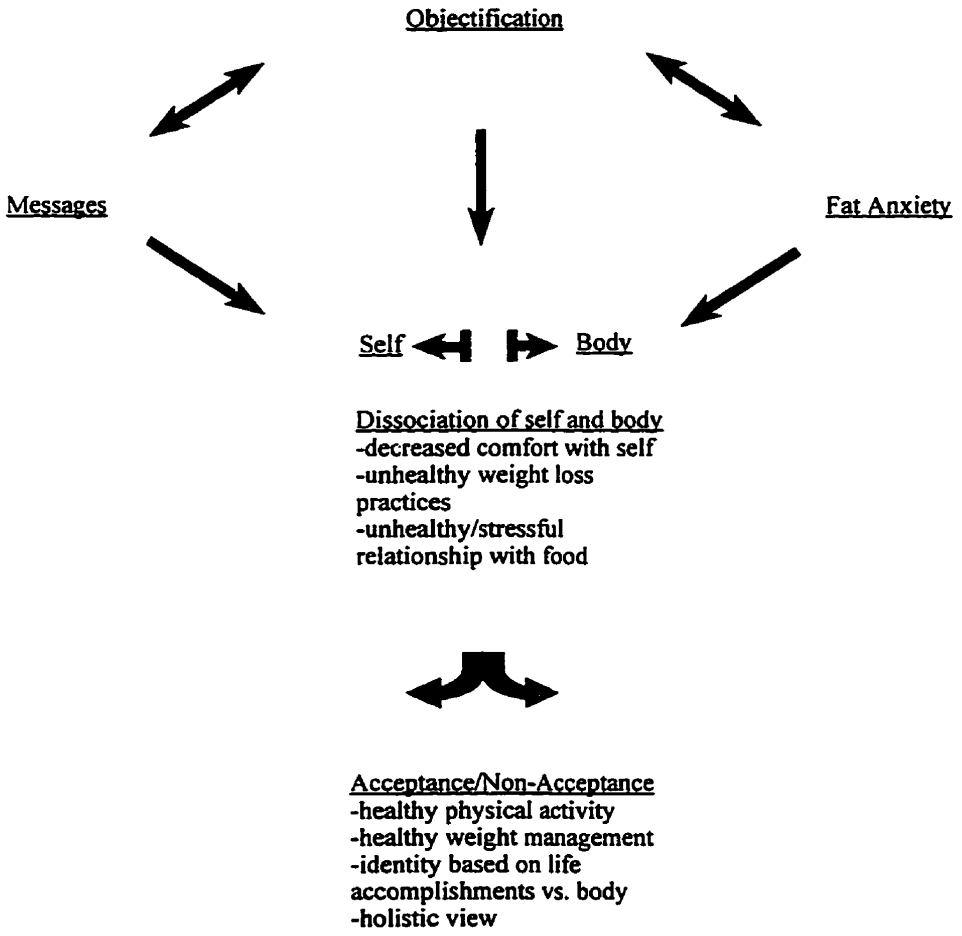
Source: Rice, 1995

The Conceptual Framework

Figure 4 graphically depicts the overall research results, and the salience and impact of sociocultural influences in the lives of women. A health determinants framework or a population health perspective asserts that several factors impact on health, and population level influences such as education, employment, income disparity, social environments,

culture and gender all contribute to an individual's health (Berry, 1996). This study found that gender, culture and the social environment, all have significant impact on weight and body shape issues among women. More specifically, the social construction of gender appears to be preeminent in shaping women's bodily histories. The social construction of gender is manifested through objectification of the female body, fat anxiety among women and the messages women receive about their bodies. These influences may result in a dissociation of the body from self, one effect of which is to maintain women's oppression in and through their bodies. The mind-body dualism characteristic of Western philosophy and theology figure prominently in women's relationship with their bodies. Comfort with self, health behaviours related to weight management, physical activity, and relationships with food are all impacted by these sociocultural influences. Although most of the women were certainly closer to body acceptance than they had ever been in their lives (except in early childhood), they showed varying degrees of oppression based of the thin ideal and as a result, varying degrees of body love/acceptance.

Figure 4 - Conceptual Framework Depicting the Qualitative Results



The conceptual framework illustrates that women often disengage from their bodies as a way of coping with the sociocultural influences. Of primary significance in the dissociation of body from self is the objectification of women and their bodies through gender relations. Fat anxieties and the types of messages women receive also impact on how women experience their bodies and are interconnected to objectification. There was recognition of women's oppression based on the thin ideal (i.e. stereotyping and pressure to be the 'perfect shape'); however, most women also achieved increased confidence and power by attaining this ideal. Unfortunately this 'power' is based on discursive bodily discourses which is therefore fleeting or unstable. Anxieties about fat were illustrated as the women talked about discomfort with fat and the importance of camouflaging the body, with some women showing clear signs of dissociation and alienation from their bodies.

The social construction of gender was also illustrated through the messages the women receive. Messages from male relatives, parents and partners figured most prominently in the lives of the women. Messages received during childhood had significant impact for the women who had weight issues as children. These messages reinforced the fact that the women did not measure up to the thin ideal. Teasing and ridicule from male relatives in particular provoked feelings of shame and confusion, and illustrated how the female body is objectified at a young age and showed them who is 'in charge'. For the women who did not have weight issues in childhood, such messages were far less memorable. Given that these women were thin and therefore embodied the ideal, it is not surprising that they have fewer memories about negative messages. Messages from husbands/partners appear to have much less of an impact on women's experiences with their bodies. This is unfortunate, given that many of the women talked about the positive and

supportive feedback they received about their bodies from their husbands/partners. It has been argued that understanding the source of messages that women receive may have policy implications related to potential targets for intervention (Delaney, O'Keefe & Skene. 1995). The findings related to messages suggest that not only women need to be informed and educated about body image issues -- both parents and males in general should also be targeted for intervention.

The sociocultural context related to gender is revealed in relation to women's bodies. These gender relations interfere with most women's ability to have a positive and accepting view of their body. Even though all of the women in the current study show only mild forms of body image disturbance, their stories illustrate how their mental and physical health have been, and in some cases continue to be, threatened by their weight preoccupation. The most significant threat is to their sense of self worth and comfort with self. The women who were constantly trying to manage their bodies in order to fulfil the untenable cultural standard of thinness, experienced the greatest feelings of inadequacy and self loathing about their bodies compared to the women who were more accepting of their bodies. Many women also discussed detrimental weight loss practices they had used when younger and using food as a comfort -- threats to their physical and mental health. The findings from this study illustrate the damaging effects milder forms of weight preoccupation can have on women throughout their life course.

The final component of the model is acceptance. Several factors appear to impact on a women's acceptance of her body. Most notable is life experience with weight issues. For the women who had received negative messages as children, who felt inadequate because they did not measure up to the thin ideal, and who had struggled with weight throughout their

lives, there was growing acceptance of their bodies. Although they were still dealing with weight issues, they were unwilling to engage in unhealthy weight loss practices as they had done in the past. The women who had far fewer (and in some cases no) struggles with weight in their younger years, appeared to have more concerns about their changing bodies. These women had traditionally embodied the cultural ideal of thinness and had likely reaped the "benefits" of meeting this ideal -- benefits such as positive comments and increased self esteem. However, now that their bodies are changing as they age, they too are experiencing feelings of shame and ambivalence which the other women have struggled with for many years. The findings of this research suggest that all women will eventually experience the negative consequences of not measuring up to the cultural construction of the feminine ideal -- for "what exists tenaciously at the core is the reality that in a patriarchal society women are simultaneously objectified as, and denigrated for being, bodies" (Lee & Sasser-Coen, 1996, p. 142).

While aging appears to be an important factor in women's growing acceptance of their bodies it is also a source of ambivalence and anxiety. Given that older women are undervalued and the subordination of women may be aggravated in older age, it is not surprising that many women approach aging with apprehension (Abu-Laban & Mc Daniel, no date). In their study of first menses, Lee and Sasser-Coen (1996) explored issues related to aging with the women who had experienced menopause. The women described feeling ambivalent about the changes taking place in their aging bodies and the majority did not like what was happening to their bodies, with one of the major concerns being weight gain. However, most of the women were circumspect about and accepting of the changes they felt were largely beyond their control (Lee & Sasser-Coen, 1996). In the current study, although

life experiences with weight appeared to be critical in how the women live with and feel about their bodies, there also seemed to be movement toward acceptance of the changes in women's bodily selves over time. Most of the women talked about healthy physical activity, holistic weight management , a self identity based on life accomplishments and relationships, and creating a society where women can value, appreciate and love their bodies.

STUDY LIMITATIONS

The sample size of weight concerned women in the quantitative analysis consisted of 109 women, a relatively small sample. The inability to detect a significant association between weight concern and certain variables (such a strenuous activity) may have been a function of an inadequate sample size. The relatively small sample also prevented further stratification that may have helped to explore associations found.

The classification of women as "weight concerned" and "non-weight concerned" served to classify the women for the purposes of the secondary data analysis. A limitation of this classification is that a behavioural measure was used to classify the study participants into a broader psycho-sociological construct. While it appears that this classification makes sense (i.e., has face validity), there may well be misclassification and indeed some of the women classified as non-weight concerned may in fact be weight concerned (or vice versa).

The data that was gathered through the NSHS was obtained by trained Community Health Nurses. This certainly is as a strength of the survey helping to ensure consistent and thorough data collection. However, participants were reporting behaviours to a health professional, which may have resulted in response bias related to certain health behaviours. Negative and contraindicated behaviours such as taking diets pills, laxative use, etc., for the

purposes of weight loss may have been under reported and positive behaviours (eg. physical activity) may have been over reported.

The limitations found in any qualitative study are also found in this study. Given that a small number of women were interviewed, results cannot be generalized within the population studied nor across other target groups. Additional interviews would not have allowed for generalizability but would have facilitated further exploration of emerging themes and constructs. However, given the scope of the research and available resources, additional interviews were not feasible.

The women who participated in the interviews were recruited through personal contacts of the investigator which probably contributed to the fact that the sample of women interviewed were highly educated. This would actually help to ensure a homogenous sample but prevented the collection of experiences and perspectives of women from a range of educational backgrounds. Women with higher incomes would likely have more knowledge related to weight issues, food and nutrition, physical activity, and how women are valued and viewed in Western society. In addition, all but one women worked outside the home and therefore may have had a stronger sense of identity and be more confident to speak out about the female body and how it is objectified.

In spite of efforts to ensure the trustworthiness of the data collection and analysis, it is inevitable that the researcher's own preconceptions and subjectivities have influenced the data collection and interpretation process. The results were subject to interpretations based on my own experiences with weight issues and informed by feminist theory which I believe is critical to enhancing our understanding of the issue of weight preoccupation.

STUDY STRENGTHS

The quantitative research component consisted of secondary data analysis from the NSHS, a population based study to describe the status of adult Nova Scotians. Although the current study was limited to indicators which had been gathered during the survey, the questionnaire consisted of a compilation of valid and reliable instruments. Health researchers with expertise in survey design and health professionals with expertise in particular content areas developed the survey instrument which was pilot tested and reviewed by a panel of leading scientists. In addition, the survey report, the methods and results were reviewed by a scientific data interpretation committee. The sampling strategy consisted of a random sample stratified by age, sex and region. The sampling strategy, instrumentation and data collection were strengths of the NSHS and therefore ensured that the investigator was working with a sound (although limited) data set in the current study.

With the exception of a couple of variables (marital status and education), the sample of women interviewed were similar with respect to the factors examined on the health survey. Where appropriate the qualitative data was used to validate and explore results of the quantitative analysis and therefore the fact that the women interviewed were similar to the survey participants strengthens the results and conclusions made.

A strength of the study design was the combining of quantitative and qualitative methods to examine the issue of weight preoccupation among women. The quantitative analysis allowed for the description of correlates of weight preoccupation at a population level, and through the qualitative interviews these associations were explored and elaborated. The qualitative data served to validate the quantitative findings and the interviews enabled

the researcher to obtain rich and detailed information to help explore and interpret associations found.

Recommendations for Future Research

Based on the results of the current study, the following are recommendations for future research:

1. The qualitative findings illustrate the salience of life experiences related to issues of self worth and weight preoccupation. A limitation of investigating health status and health behaviours cross-sectionally, as was done in the NSHS, is that salient aspect of a persons life history are not taken into consideration. Phenomena such as weight preoccupation are related to and unfold over a person's life course and the measurement of such issues would be better understood through longitudinal or retrospective studies.
2. Population-based surveys need to examine constructs such as self worth and self concept, and their association with weight and body shape dissatisfaction to explore and understand the extent and degree of the problem. Furthermore, additional qualitative research should further explore the impact of the pervasive problem of weight preoccupation on the mental health and well being of women.
3. Weight preoccupation is a complex phenomena and instruments should be developed and tested to enable a more accurate measure of this issue. Such measures would have value in population-based studies and help identify who these "weight preoccupied" women are.

4. Research must continue to explore weight and body shape dissatisfaction issues (from eating disorders to less severe forms of weight concern) in the context of sociocultural structures. Failing to examine these issues in the context of the broader sociocultural landscape will result in a limited and/or distorted understanding of pervasive phenomenon such as weight preoccupation and such research may in fact perpetuate the continued oppression of women based on a culturally imposed thin ideal.

5. Research examining complex public health issues can be strengthened by combining qualitative and quantitative research methods. The two strategies used in combination can assist researchers to more fully explore and understand their research question(s). Future research about public health issues should consider the use of both quantitative and qualitative methods in examining complex phenomena.

CONCLUSIONS

Grounded in feminist theory and based on population health principles the present study explored weight preoccupation among women in a healthy weight range. The research was based on the assumption that all women are subjected to sociocultural dynamics that adversely affect how they experience their bodies. The quantitative findings revealed that throughout the lifespan women are unnecessarily attempting to lose weight. The foremost reason cited for attempting to lose weight was " to become more attractive". The quantitative findings did not indicate vast differences between the weight concerned and weight satisfied women, and in fact, on the surface the weight concerned women appeared to engage in healthier behaviours. While the quantitative analysis provided a description of

weight concerned women from a population level, the qualitative data allowed for a more detailed exploration of this phenomenon. The interviews confirmed that attractiveness is indeed a critical factor in women's concerns with weight and body shape issues, and illustrate how the female body is objectified, and how women are subjugated based on a thin ideal. This objectification and control can negatively affect women's physical and mental health leading to decreased self worth, unhealthy eating behaviour and a splitting of body from self. The women's stories about female embodiment over the life course reveal the significance of life experiences in how women feel about their bodies. A life of turmoil and struggle with their bodies lead some women to question the cultural ideal of thinness and resist the negative discourses surrounding the female body. For these women in particular, there was growing love and appreciation for their bodies and a wish for a less tumultuous journey for their daughters.

APPENDIX A

GLOSSARY OF TERMS

1. Weight Preoccupation -- For the purposes of this study, weight preoccupation refers to women who are within or below a healthy weight range who are currently attempting to lose weight. In more general terms, weight preoccupation includes counting calories, exercising for the purposes of weight loss or continually trying to lose weight. It is recognized that the sample of women from the Nova Scotia Health Survey and the women recruited to participate in the interviews may fall along a range of points on the body image continuum from body image dissatisfaction to compulsive/emotional eating. The term weight concerned is also used to describe the women.

2. Women within or below a healthy weight range -- Women in a healthy weight range have a Body Mass Index (BMI) greater than or equal to 20 and less than 24.9. A BMI in this category is considered a good weight for most people and is unlikely to cause any health problems. Women with a BMI less than 20 are considered underweight and may be at risk for health problems such as high blood pressure, heart irregularities, depression or other emotional distress, anaemia and diarrhea.

3. Body Mass Index (BMI) -- A healthy weight standard of reference for adults, used to assess body fatness and to define the degree of overweight/obesity. The formula for determining BMI is: weight in kilograms divided by the square of height in metres (Health and Welfare Canada, 1988).

4. MSI-- Nova Scotia's provincially administered health insurance plan, updated in 1993, in which virtually all citizens of the province are enrolled (Nova Scotia Health Survey, 1996).

5. Anorexia Nervosa -- Anorexia nervosa is drastic weight loss resulting from extreme dieting or starvation (Rice, 1995).

6. Bulimia Nervosa -- Bulimia nervosa is identified by changes in weight and a cycle of binge eating followed by purging to rid the body of unwanted food (Rice, 1995).

APPENDIX B

Identification Number_____

SCREENING QUESTIONNAIRE -- Inclusion Criteria

Please answer the following questions to determine whether the potential study participant meets the inclusion criteria.

1. Is the woman Caucasian?

   a. Yes ❒
   b. No ❒

2. Is the woman's BMI less than 25 and greater than or equal to 20?

   a. Yes ❒
   b. No ❒

   Weight_____ Height_____ BMI_____

3. Is the woman trying to lose weight?

   a. Yes ❒
   b. No ❒

4. Is the woman between 35-54 years of age? Date of Birth_____

5. Is the woman currently diagnosed with anorexia nervosa?

   a. Yes ❒
   b. No ❒

6. Is the woman currently diagnosed with bulimia nervosa?

   a. Yes ❒
   b. No ❒

7. Is the woman clinically depressed and/or on medication for depression?

   a. Yes ❒
   b. No ❒

If the answer to questions 1 to 3 is "yes", and 4-6 "no", the woman is eligible for participation in the study. Briefly describe the study and determine the woman's interest in participating. If she is interested in participating in the study, please obtain her verbal consent to be contacted by the principal investigator. Please document her name and phone number.

Thank you for your assistance in recruiting women for this study

APPENDIX C

INTERVIEW GUIDE

Main Questions

1. Describe how you think society portrays women's bodies.

2. What do you think about society's portrayal of women's bodies and weight issues?

3. Tell me about your relationship with your body/weight (or share your experiences) from the time you were a child until now?

Additional Probes

- Describe times in your life when there were major changes in your weight (gains or losses)? What was happening in your life during these times? (marriage, job situation, move etc.) How did these changes affect your self perceptions?

- Who do you get messages from about your body? (family, friends, media, etc.)

- How do you feel about food? (your friend, your enemy, fearful?)

- How do you feel about exercise (what role does it play in your life)?

- Describe the affect that others in your life have on your acceptance of yourself? (husband/boyfriend or partner, friends, coworkers, parents)

- What are things about yourself that you do **not** want to change? (your body? your personality?) Things about yourself that you like vs. dislike?

- What things about yourself do you think you need or want to change (your shape, your personality, your dependence on something or someone?)

- What will change in your life if you are thinner? Are there aspects of your life that would be different if you were thinner?

- What would happen if you gained 20 pounds?

4. Is there anything else you would like me to hear that you think would help me to understand the issues?

*Some questions adapted from the Winnipeg Health Clinic

APPENDIX D

Identification Number_____

QUESTIONNAIRE

The following questionnaire asks questions related to your physical and mental health. Please answer each question to the best of your ability. Read both the questions and instructions carefully.

1. Do you consider yourself... *Please check one box only.*

   a. Overweight ❑
   b. Somewhat overweight ❑
   c. Just about right ❑
   d. Somewhat underweight ❑
   e. Underweight ❑
   f. Not sure ❑

2. Which of the following are you doing to lose weight? *Check all that apply.*

   a. Dieting ❑
   b. Eating less ❑
   c. Eating lower fat foods/eating less fat ❑
   d. Exercising ❑
   e. Skipping meals ❑
   f. Taking diet pills ❑
   g. Taking laxatives ❑
   h. Attending weight control programs ❑
   I. Other (specify) _____ ❑

3. Why would you like to lose weight? *Check all that apply.*

   a. To become more attractive ❑
   b. To improve general health ❑
   c. To decrease the risk of heart attack ❑
   d. To maintain an acceptable level of blood pressure ❑
   e. To maintain an acceptable level of blood cholesterol ❑
   f. To slow down the hardening of the arteries ❑
   g. To decrease the risk of getting diabetes ❑
   h. Other (specify) _____ ❑

4. In the past, have you ever tried to lose weight?

   a. Yes ❑
   b. No ❑
   c. Not sure/Can't remember ❑

The next set of questions are about physical activity.

5. During the past month, did you regularly engage in physical exercise during your leisure time? By regularly, I mean at least once a week during the past month.

   a. Yes ❑
   b. No ❑

6. During the last week, how many hours did you actively participate in light sports? (e.g., bowling, baseball, biking, boating, dancing, yard-work, etc.)

   ❑❑❑ hours per week

7. During the last week, how many hours did you actively participate in strenuous sports? (e.g., basketball, running, mountaineering, skiing, swimming, tennis, etc.)

   ❑❑❑ hours per week

8. Do you regularly exercise at least three times a week? *Please check one box only.*

   a. NO, and I do NOT intend to in the next 6 months. ❑
   b. NO, but I intend to in the next 6 months. ❑
   c. NO, but I intend to in the next 30 days. ❑
   d. YES, and I have been, but for LESS than 6 months. ❑
   e. YES, and I have been for MORE than 6 months. ❑

The next question is about smoking.

9. At the present time, do you smoke one or more cigarettes:

   a. Everyday ❑
   b. Occasionally ❑
   c. Not at all ❑

The next questions are about your mental health.

10. A number of psychological factors such as stress are thought to be related to people's physical health. The following statements are describing how you might have behaved in the past week. Please indicate how frequently you experienced each of the following symptoms during the past week.

    Read each statement and mark the box that corresponds to how you feel on:

    1 = Rarely or None of the Time (Less that 1 Day)
    2 = Some or a little of the Time (1-2 Days)
    3 = Occasionally or a Moderate Amount of Time (3-4 Days)
    4 = Most or All of the Time (5-7 Days)

		1	2	3	4
1.	You were bothered by things that usually don't bother you.	❑	❑	❑	❑
2.	You did not feel like eating; your appetite was poor.	❑	❑	❑	❑
3.	You felt that you could not shake off the blues even with help from your family or friends.	❑	❑	❑	❑
4.	You felt that you were just as good as other people.	❑	❑	❑	❑
5.	You had trouble keeping your mind on what you were doing.	❑	❑	❑	❑
6.	You felt depressed.	❑	❑	❑	❑
7.	You felt that everything you did was an effort.	❑	❑	❑	❑
8.	You felt hopeful about the future.	❑	❑	❑	❑
9.	You thought your life had been a failure.	❑	❑	❑	❑
10.	You felt fearful.	❑	❑	❑	❑
11.	Your sleep was restless.	❑	❑	❑	❑
12.	You were happy.	❑	❑	❑	❑
13.	You talked less than usual.	❑	❑	❑	❑
14.	You felt lonely.	❑	❑	❑	❑
15.	People were unfriendly.	❑	❑	❑	❑
16.	You enjoyed life.	❑	❑	❑	❑
17.	You had crying spells.	❑	❑	❑	❑
18.	You felt sad.	❑	❑	❑	❑
19.	You felt that people disliked you.	❑	❑	❑	❑
20.	You could not get "going".	❑	❑	❑	❑

The last three questions are about your marital status, education and age.

11. What is your current marital status?

1.	Single (never married)	❑
2.	Married or living with a partner (not separated)	❑ **→Go to 12.**
	How long?	❑❑ years ❑❑ months
3.	Separated	❑
4.	Divorced	❑
5.	Widowed	❑

12. How many years of schooling have you completed? ❑❑

13. What is the highest level of education that you have completed/received? *Please mark only one.*

1.	No schooling	❑
2.	Some Elementary	❑
3.	Completed Elementary	❑
4.	Some Secondary	❑
5.	Completed Secondary	❑
6.	Some Community college/Technical college/Nurse's training	❑
7.	Completed Community college/Technical college/Nurse's training	❑
8.	Some University B.A., B.S./Teacher's College	❑
9.	Completed University B.A., B.S./Teacher's College	❑
10.	Some University M.A., PhD., M.D., D.D.S.	❑
11.	Completed University M.A., PhD., M.D., D.D.S.	❑

Thank you for taking the time to complete this questionnaire.

APPENDIX E

CONSENT FORM

A STUDY TO DESCRIBE WEIGHT AND BODY SHAPE CONCERNS AMONG WOMEN

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Dr. Erica VanRoosmalen
Department of Sociology
Dalhousie University

Title: Body Shape and Weight Concerns among Women

Introduction

We invite you to take part in a research study at Dalhousie University. Taking part in this study is voluntary. The quality of your heath care will not be affected by whether you participate or not. Participating in the study might not benefit you, but we might learn things that will benefit others. You may withdraw from the study at any time without affecting your care. The study is described below. This description tells you about the risks or inconvenience which you might experience. You should discuss any questions you have about this study with the people who explain it to you.

Purpose

The purpose of this study is to understand how your life experiences are related to how you feel about your weight and body shape. Although we will be discussing issues related to shape and body weight, participation in this study will not help you to lose weight. Your responses are very important so that we can better understand the relationship between these issues. The results of this study have the potential to help policy makers and health care providers who work with women to better address issues about body image and weight.

Who Can Participate in this Study

White women who are in a healthy weight range and who are currently attempting to lose weight may participate. Women who are included in the study will not be diagnosed with an eating disorder such as anorexia or bulimia and will not be taking medication for depression.

Procedures of the Study

You will be asked to spend an hour and a half talking to me about body shape and weight issues and to complete an eight page questionnaire at the end of the interview. The questionnaire will take about 15 minutes to complete.

Risks

There is no risk to you through participating in this project. Your answers will only be available to me and your questionnaire will be one of many. The health care you receive from your physician and/or nurse will not be affected by whether or not you choose to participate in this study.

Title: Body Shape and Weight Concerns Among Women

Confidentiality

Your participation in this study will be completely confidential. Your questionnaire will be identified by a research number only. If you agree to be interviewed, I will be tape recording our discussion. After the discussion is over, I will transcribe the tape recordings and will then erase them. The written transcription of your answers will be identified by a research number only. I will never use your name in association with this project. You may refuse to participate in this study or you may refuse to answer any questions you are uncomfortable answering. You are free to withdraw from the study at any time. The information gained from this study may be used in conference presentations, journal publications and future research projects. However, your name will not be associated with this project. Your will be provided with a copy of this document for your own records.

Questions or Problems

If you have any questions or concerns, please fell free to call me at 494-1920 (work) or 461-1090 (home). I would be happy to meet with you or discuss your comments over the phone.

Sincerely,

Stephanie Heath
Masters Student, Community Health and Epidemiology
Dalhousie University

Address: 13 Banook Ave.
Dartmouth, N.S.
B3A 2L3

Phone: 902-461-1090 (home)
902-494-1920 (work)

Identification Number:_____

Title: Body Shape and Weight Concerns Among Women

Signature Form

I have read the description of the study provided by the researcher, Stephanie Heath of Dalhousie University. I have discussed any concerns that I have about my involvement in this study with the researcher.

I understand that I am being asked to participate in an interview and to complete a questionnaire which contains questions on physical and psychological health factors. I understand that I will be completing this questionnaire alone, after the interview is complete.

I understand that my participation is entirely voluntary and that I may refuse to answer any questions or withdraw at any point in time.

I understand that my participation in this study is completely confidential and that my questionnaire will be assigned an identification number rather than my name. I understand that the questionnaire will be used only by the researcher. I understand that the results of this study may be used in conference presentations and publications but that my identity will not be linked to the findings. I understand that if I agree to be interviewed that my responses will be tape recorded and then transcribed. The tape will be erased and transcriptions will be identified by a research number only.

I realize that this research may have no immediate benefit to me, however it may provide better understanding about the relationship between social and cultural factors, and weight and body shape experiences among women.

I hereby consent to take part in this study.

_____	_____
Signature of Participant	**Date Signed**
_____	_____
Signature of Investigator	**Date Signed**
_____	_____
Signature of Witness	**Date Signed**

REFERENCES

Allan, J. (1994). A biomedical and feminist perspective on women's experiences with weight management, Western Journal of Nursing Research, 16 (5), 524-543.

American Psychiatric Association (1994). Diagnostic and Statistical Manual of Mental Disorder, Fourth Edition, Washington DC: American Psychiatric Association.

Bailey, S.M., Goldberg, J.P., Swap, W.C., et al. (1990). Relationship between body dissatisfaction and physical measurements, International Journal of Eating Disorders, 9, 457-467.

Baum, F. (1995). Researching public health: Behind the qualitative-quantitative methodological debate, Social Science Medicine, 40 4, 459-468.

Ben-Tovim, D.I. & Walker, M.K. (1991). The development of the Ben-Tovim Walker Body Attitudes Questionnaire (BAQ), A new measure of women's attitudes towards their own bodies, Psychological Medicine, 21, 775-784.

Berg, F.M. (1992). Nondiet movement gains strength, Obesity and Health, September/October, 85-90.

Bordo, S. (1993). Unbearable Weight: Feminism, Western Culture and the Body, Berkeley: University of California Press.

Bowen, D.J., Tomoyasu, N. & Cauce, A.M. (1991). The triple threat: A discussion of gender, class, and race differences in weight, Women & Health, 17 (4), 123-143.

Britten, N. (1995). Qualitative research: Qualitative interviews in medical research, British Medical Journal, 311 (6999), 102-107.

Brown, C. (1993). The Continuum: Anorexia, Bulimia and Weight Preoccupation, In Consuming Passions: Feminist Approaches to Weight Preoccupation and Eating Disorders, Toronto: Second Story Press.

Brown, C. & Jasper, K. (1993). Introduction: Why weight? Why women? Why now?, In Consuming Passions: Feminist Approaches to Weight Preoccupation and Eating Disorders, Toronto: Second Story Press.

Bryman, A. (1988). The nature of qualitative research. In Quantity and Quality in Social Research, London: Unwin Hyman.

Bunnell, D.W., Cooper, P.J., Hertz, S. & Shenker, I.R. (1992). Body shape concerns among adolescents, International Journal of Eating Disorders, 11 (1), 79-83.

Cash, T. F. & Henry, P.E. (1995). Women's body images: The results of a national survey in the U.S.A., Sex Roles, 33 (1/2), 19-28.

Charles, N., & Kerr, M. (1986). Issues of Responsibility and Control in the Feeding of Families in S. Rodmell and A. Watts (eds.). The Politics of Health Education. London: Routledge & Kegan Paul, 57-75.

Chernin, K. (1981). The Obsession: Reflections of the Tyranny of Slenderness, New York: Harper & Row Publishers.

Chrisler, J.C. & Ghitz L. (1993). Body images issues of older women in Faces of Women and Aging, Haworth Press.

Ciliska, D. & Rice, C. (1989). Body image/body politics, Health sharing, Summer. 13-17.

Creswell, J.W. (1994). Research Design: Qualitative and Quantitative Approaches, Thousand Oaks, California: Sage Publications.

Davis, C. & Cowles, M. (1991). Body image and exercise: A study of relationships and comparisons between physically active men and women, Sex Roles, 25 (1/2), 33-44.

Davis, C., Durin, J.V., Dionne, M., et al. (1994). The influence of body fat content and bone diameter measurements on body dissatisfaction in adult women. International Journal of Eating Disorders, 15, 257-263.

Davis, C., Kennedy, S.H., Ravelski, E., & Dionne, M. (1994). The role of physical activity in the development and maintenance of eating disorders, Psychological Medicine, 24, 957-967.

Davis, C., Shapiro, C.M., Elliott, S. & Dionne, M. (1993). Personality and other correlates of dietary restraint: An age by sex comparison, Personality and Individual Differences, 14, (2), 297-305.

Delaney, M.E., O'Keefe, L.D., & Skene, K. M. (in press) Development of a sociocultural measure of young women's experiences with body weight and shape.

Denzin, N. & Lincoln, Y. (1994). Introduction: Entering the field of qualitative research. In Handbook of Qualitative Research, Denzin & Lincoln (eds). Thousand Oaks, CA: Sage.

Devins, G.M. & Orme, C.M. (1984). Centre for epidemiologic studies depression scale. In Test critiques (pp. 144-160). Kansas City, Missouri: Test Corporation of America.

Drewnowski, A., Kurth, C.L. & Krahn, D.D. (1994). Body weight and dieting in adolescence: Impact of socioeconomic status, International Journal of Eating Disorders, 16, (1), 61-65.

Eklund, R.C. & Crawford, S. (1994). Active women, social physique, anxiety, and exercise. Journal of Sport & Exercise Psychology, 16, 431-448.

Fletcher, G. F., Balady, G., Froelicher, V.F., Hartley, L.H., Haskell, W.L. & Pollock, M.L. (1995). Exercise standards: A statement for health care professionals from the American Heart Association. Writing Group. Circulation, 91 (2), 580-615.

French, S.A., Perry, C.L., Leon, G.R. & Fulkerson, J.A. (1994). Weight concerns, dieting behaviour and smoking initiation among adolescents: A prospective study, Journal of Public Health, 84, 1818-1820.

Gard, M.C.E. & Freeman, C.P. (1996). The dismantling of a myth: A review of eating disorders and socioeconomic status, International Journal of Eating Disorders, 20 (1), 1-12.

Garner, D.M., Garfinkel, P.E., Schwartz, D. & Thompson, M. (1980). Cultural expectations of thinness in women, Psychological Reports, 47, 483-491.

Garner, D.M. & Wooley, S.C. (1991). Confronting the failure of behavioral and dietary treatments for obesity, Clinical Psychology Review, 11, 729-780.

Gortmaker, S.L., Must, A., Perrin, J.M., Sobol, A.B. & Dietz, W.H. (1993). Social and economic consequences of overweight in adolescence and young adulthood, The New England Journal of Medicine, 329 (14), 1008-1012.

Graham, H. (1984). Food, in Women, Health & the Family, London: Harvester Wheatsheaf.

Green, R.L., Cameron, R., Polivy, J., Cooper, K., Liu, L., Leiter, L. & Heatherton, T. Canadian Heart Health Surveys Research Group (1997). Weight dissatisfaction and weight loss attempts among Canadian adults, Canadian Medical Association Journal, 157 (1 suppl), s17-s25.

Greenfield, D., Quinlan, D.M., Harding, P., Glass, E. & Blidd, A. (1987). Eating behaviour in an adolescent population, International Journal of Eating Disorders, 6 (1), 99-111.

Guba, E.G. (1981). Criteria for assessing the trustworthiness of naturalistic inquiries, ECTJ, 29 (2), 75-91.

Guba, E.G. (1989). Judging the quality of fourth generation evaluation. In Fourth Generation Evaluation, Egon Guba (ed.). Newbury Park: Sage Publications.

Health Promotion (1991). Reshaping body image, Summer, 13-14.

Health and Welfare Canada (1988). Promoting Health Weights: A Discussion Paper, Ottawa, Canada: Supply and Services.

Heinberg, L.J., Thompson, J.K. & Stormer, S. (1995). Development and validation of the sociocultural attitudes towards appearance questionnaire, International Journal of Eating Disorders, 17 (1), 81-89.

Horm, J. & Anderson, K. (1993). Who in America is trying to lose weight? Annals of Internal Medicine, 119 (7 pt 2), 672-676.

House, J.S., Umberson, D. & Landis, K.R. (1988). Structures and processes of social support, Annual Review of Sociology, 14, 293-318.

Huon, G. F. (1994). Dieting, binge eating and some of their correlates among secondary school girls, International Journal of Eating Disorders, 15 (2), 159-164.

Hutchinson, M.G. (1985). Transforming Body Image: Learning to Love the Body You Have, Freedom, California: The Crossing Press.

Hutchinson, S. (1996). The altered self: An exploration of the processes of self-identity reconstruction by people who acquire a brain injury, Dalhousie University: Halifax.

Knafl, K.A. & Webster, D.C. (1988). Managing and analyzing qualitative data: A description of tasks, techniques and material, Western Journal of Nursing Research, 10 (2), 195-218.

Killen, J.D., Taylor, C.B., Hayward, C., Wilson, D.M., Haydel, K.F., Hammer, L.D., Simmonds, B., Robinson, T.N., Litt, I., Varady, A. & Kraemer, H. (1994). Pursuit of thinness and onset of eating disorder symptoms in a community sample of adolescent girls: A three-year prospective analysis, International Journal of Eating Disorders, 16 (3), 227-238.

Klesges, R. & Klesges, L. (1988). Smoking and fear of weight gain. International Journal of Eating Disorders, 7, 413-419.

Klesges, R.C., Mizes, J. S., Klesges, L. (1987). Self-help dieting strategies in college males and females, International Journal of Eating Disorders, 6 (3), 409-417.

Korn, E.L. & Grauband, M.A. (1991). American Journal of Public Health, 81 (9), 1166-1173.

Kuzel, A.J. (1992). Sampling in Qualitative Inquiry in Doing qualitative research (pp. 31-44). Newbury Park: Sage Publications.

Lee, J. & Sasser-Coen, J. (1996). Blood stories: Menarche and the politics of the female body in contemporary U.S. society, New York: Routledge.

Levy, A.S. & Heaton, A.W. (1993). Weight control practices of U.S. adults trying to lose weight, Annals of Internal Medicine, 119 (7 pt. 2), 661-666.

Lincoln, Y.S. (1992). Sympathetic connections between qualitative methods and health research, Qualitative Health Research, 2 (4), 375-391.

Lissner, L., Bengtsson, C., Lapidun, L. & Bjorkelund, C. (1992). Smoking initiation and cessation in relation to body fat distribution based on data from a study of Swedish women, American Journal of Public Health, 82 (2), 273-275.

MacInnis, B. (1993). Fat oppression, In Consuming Passions: Feminist Approaches to Weight Preoccupation and Eating Disorders, Toronto: Second Story Press.

Marchessault, C.D.M. (1993). Weight preoccupation in North American culture, Journal of the Canadian Dietetic Association, 54 (3), Fall, 138-141.

Maresella, A.J., Shizuru, L., Brennan, J. & Kameoka, V. (1981). Depression and body image satisfaction, Journal of Cross-Cultural Psychology, 12 (3), 360-371.

McBride, A.B. (1988). Fat: A women's issue in search of a holistic approach to treatment, Holistic Nursing Practices, 3 (1), 9-15.

McCaulay, M., Mintz, L. & Glenn, A.A. (1988). Body Image, Self Esteem, and Depression-Proneness: Closing the Gender Gap, Sex roles, 18 (7/8), 381-391.

McDonald, K. & Thompson, J.K. (1992). Eating disturbance, body image dissatisfaction and reasons for exercising: Gender differences and correlational findings, International Journal of Eating Disorders 11 (3), 289-292.

Murcott. A. (1984). 'It's a pleasure to cook for him': Food, Mealtimes and Gender in some South Wales Households, in E Gamarnikow, D. Morgan, J. Purvis & D. Taylorson (eds). The Public and the Private, London: Heinemann.

Nagel, K.L. & Jones, K.H. (1992). Sociological factors in the development of eating disorders, Adolescence, 27 (105), Spring, 107-113.

NIH Technology Assessment Conference Panel, (1993). Methods for voluntary weight loss and control, Annals of Internal Medicine, 119 (7 pt 2), 764-770.

Nova Scotia Department of Health & Heart Health Nova Scotia (1996). The Nova Scotia Health Survey 1995: Author.

Nova Scotia Heart Health Program (1992). Scientific Rationale and Recommendations for Improving the Cardiovascular Health of Nova Scotia Adults: Report of the Expert Risk Factor Message Group: Author.

Parham, E.S. (1996). Is there a new eight paradigm, Nutrition Today, 31 (4), July/August, 155-161.

Parham, E.S. (1993). Nutrition education research in weight management among adults, Journal of Nutrition Education, 25 (5), 258-267.

Parker, S., Nichter, M., Nichter, M., Vuckovic, N., Sims, C., & Rittenbaugh, C. (1995). Body image and weight concerns among African American and While adolescent females: Differences that make a difference, Human Organization, 54 (2), 103-112.

Pate, R.R., Pratt, M., Blair, S.N., Haskell, W.L., Macera, C.A., Bouchard, C., Bushner, D., Ettinger, W., Heath, G.W. & King, A.L. (1995). Physical activity and public health. A recommendation from the Centres for Disease Control and Prevention and the American College of Sports Medicine, Journal of the American Medical Association, 73 (5), 402-407.

Patton, M.Q. (1990). Qualitative Evaluation and Research Methods. Newbury Park: Sage Publications.

Pilner, P., Chaiken, S. & Flett, G.L. (1990). Gender differences in concern with body weight and physical appearance over the life span, Personality and Social Psychology Bulletin, 16 (2), 263-273.

Polivy, J. & Herman, C.P. (1992). Undieting: A program to help people stop dieting, International Journal of Eating Disorders, 11 (3), 261-268.

Radloff, L.S. (1977). The CES-D Scale: A self-report depression scale for research in the general population. Applied Psychology Measurement, 318, 65-69.

Radke-Sharpe, N., Whitney-Saltiel, D. & Rodin, J. (1990). Fat distribution as a risk factor for weight and eating concerns, International Journal of Eating Disorders, 9 (1), 27-36.

Rand, C.S.W. & Kuldau, J.M. (1992). Epidemiology of Bulimia and symptoms in a general population: Sex, age, race and socioeconomic status, International Journal of Eating Disorder, 11 (1), 37-44.

Raphael, F.J. & Lacey, J.H. (1992). Sociocultural aspects of eating disorders, Annals of Medicine, 24, 293-296.

Reinharz, S. (1992). Feminist Methods in Social Research. New York: Oxford University Press.

Rice, C. (1993). Freeing future generations: Raising our children without food and weight problems, Nutrition Quarterly, 17 (3), 55-71.

Rice, C. (1990). Pandora's Box and Cultural Paradox: (Hetero) Sexuality, Lesbianism and Bulimia, RFR/DRF, 19 (3/4), 54-59.

Rice, C. (1995). Promoting healthy body image: A guide for program planners, Toronto: Ontario Prevention Clearinghouse.

Rice, C. & Langdon, L. (1991). Women's struggles with food and weight as survival strategies. Canadian Women Studies, 12 (1), 30-33.

Robison, J.I., Hoerr, S.L., Strandmark, J. & Mavis, B. (1993). Obesity, weight loss and health, Journal of the American Dietetic Association, 93 (4), 445-449.

Rodin, J. (1993). Cultural and psychosocial determinants of weight concerns, Annals of Internal Medicine, 119 (7 pt 2), 643-645.

Rodin, J., Silberstein, L. & Striegel-Moore, T. (1984). Women and weight: A normative discontent. In T.B. Sonderegger, Ed., Psychology and Gender: Nebraska Symposium on Motivation. London: University of Nebraska Press.

Rose, G. (1985). Sick individuals and sick populations, International Journal of Epidemiology, 14 (1), 32-38.

Sciacca, J.P., Melby, C.L., Hyner, G.C., Brown, A.C. & Femea, P.L. (1991). Body mass index and perceived weight status in young adults, Journal of Community Health, 16 (3), 159-168.

Serdual, M.K., Collins, E., Williamson, D.F., Anda, R.F., Pamuk, E. & Byers, T.E. (1993). Weight control practices of U.S. adolescents and adults, Annals of Internal Medicine, 119 (7 pt 2), 667-671.

Shisslak, C.M., Crago, M., Estes, L.S. (1995). The spectrum of eating disturbances, International Journal of Eating Disorders, 18 (3), 209-219.

Siegler, A. & Ciliska, D. (1991). Beyond dieting, National Eating Disorder Information Centre Bulletin, 6 (2), 1-3.

Silberstein, L.R., Striegel-Moore, T.H., Timko, C & Rodin, J. (1988). Behavioural and psychological implications of body dissatisfaction: Do men and women differ? Sex Roles, 19 (3/4), 219-232.

Singh, D. (1994). Ideal female body shape: Role of body weight and waist-to-hip ratio, International Journal of Eating Disorders, 16 (3), 283-288.

Silverstein, B., Perdue, L., Peterson, B. & Keely E. (1986). The role of the mass media in promoting a thin standard of bodily attractiveness for women, Sex Roles, 14 (9/10), 519-532.

Sorensen, G. & Pechacek, T.F. (1987). Attitudes toward smoking cessation among men and women, Journal of Behavioural Medicine, 10 (2), 129-137.

Staffieri, J.R. (1972). Body build and behavioural expectancies in young females. Developmental Psychology, 6 (1), 125-127.

STATA Reference Manual Release 4. Statistics, Graphics, Data Management. Vol 3: Texas: Stata Press, 1995.

Steckler, A., McLeroy, K.R., Goodman, R.M., Bird, S.T., McCormick, L. (1992). Toward integrating qualitative and quantitative methods: An introduction. Health Education Quarterly, 19 (1), 1-8.

Streater, J.A., Sargent, R.G. & Ward, D.S. (1989). A study of factors associated with weight change in women who attempt smoking cessation, Addictive Behaviours, 14, 523-530.

Szekely, E. (1988). Never Too Thin, Toronto: The Women's Press.

Tiggemann, M. & Rothblum, E.D. (1988). Gender differences in social consequences of perceived overweight in the United States and Australia. Sex Roles, 18 (1/2), 75-86.

Wiseman, C.V., Gray, J.J., Mosimann, J.E. & Ahrens, A.H. (1992). Cultural expectations of thinness in women: An update. International Journal of Eating Disorders, 11 (1), 85-89.

Wolf, N.C. (1990). The Beauty Myth, Toronto: Random House of Canada.

Wooley, S.C. & Garner, D.M. (1991). Obesity treatment: The high cost of false hope. Journal of the American Dietetic Association, 91 (10), 1248-1251.

IMAGE EVALUATION
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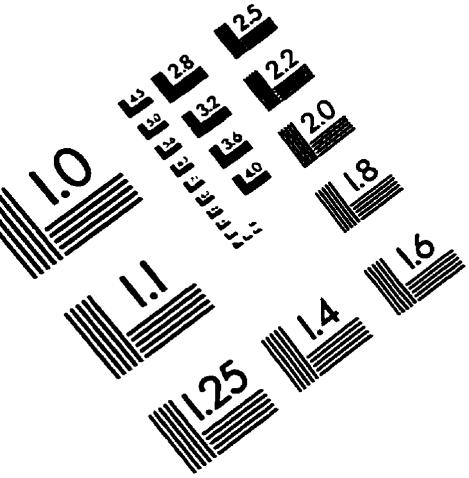

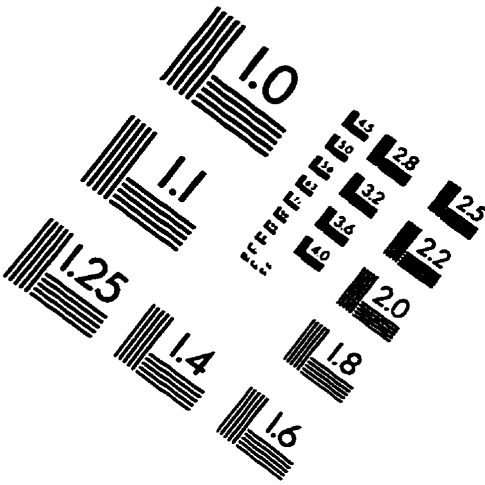

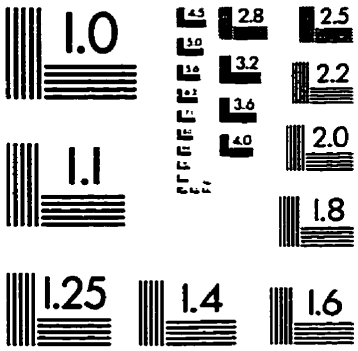

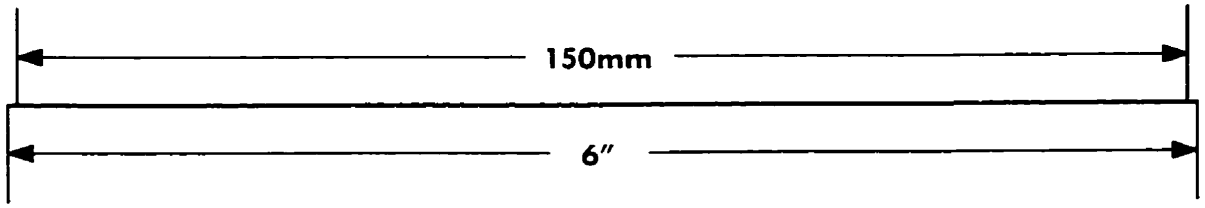

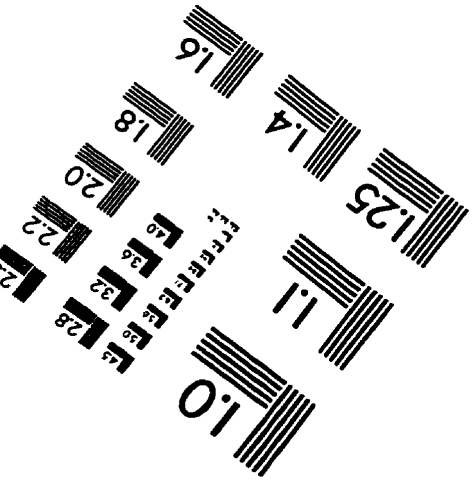

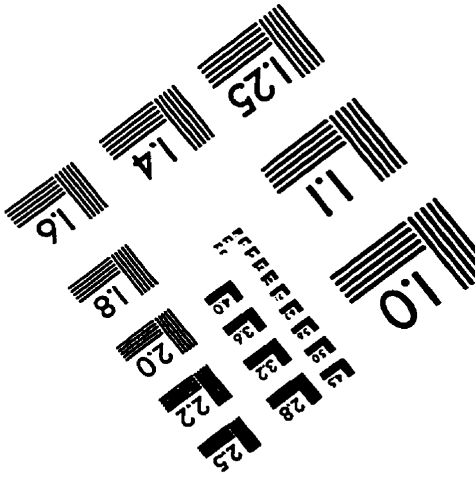

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