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## **Thresholds of size: An interpretative phenomenological analysis of childhood messages around food, body, health and weight.**

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**Abstract:** This study explores the lived experiences of non-dieting, middle-aged Western women classified as ‘overweight’ or ‘obese’ on BMI charts. Qualitative research that has focused on non-weight loss experiences with this population has been rare. This study aims to allow their experiences to be heard within the mainstream health literature. Four women from aged 40-55 were interviewed about their early messages and experiences around food, body, health and weight. An interpretative phenomenological analysis was conducted. Three themes were identified: 1) family culture and body norms 2) thresholds of size and 3) action and outcome. Participants identified a range of influences upon their early body appraisal, with parents, extended family, peers and community members contributing to their understanding of what constituted as an acceptable size. The impact upon their sense of identity and emotional wellbeing is discussed. This study contributes to the role of the modelling and messages around size and value given by important others and the psychological ramifications these can have over time.

**Key words:** Interpretative phenomenological analysis, eating behaviour, body image, body size, stigma, adolescence, family

## **Introduction**

In Western cultures, the fat body is perceived as out-of-control, a-sexual, unattractive and essentially immoral (Bordo, 2003). Fat people face prejudice, teasing and ridicule even from an early age (Puhl & Latner, 2007; Puhl & Heuer, 2009). The visual standards of acceptable weight in the West are more narrowly defined for women than for men (Taylor, 2011) and women experience greater social and material consequences of fat stigma than their male counterparts (Fikkan & Rothblum, 2011). Women of European descent exhibit strong tendencies towards body dissatisfaction and extensive research has been undertaken to explore this phenomenon (see Grogan, 2016 for a summary).

Body dissatisfaction, weight concerns and pro-dieting attitudes emerge in many girls by the age of six (Lowes & Tiggemann, 2003). Children are aware of the Western bias against fat people and link body size with negative traits that have nothing to do with weight (Solbes & Enesco, 2010). Weight-related teasing is common among adolescents and is experienced more prevalently in girls categorised as being overweight (Goldfield et al., 2010).

Research to date has pointed to a variety of factors that influence children to negatively appraise their bodies and those of others. These include learning to ascribe negative characteristics to overweight people from influential others such as peers, teachers, parents, family members and the media (Davidson & Birch, 2004; Puhl & Latner 2004; Puhl & Brownell, 2006). These interactions and experiences are embedded within broader sociocultural contexts and the thin and sexualised ideal for girls and women is highly gendered in the West for children and parents alike (Carlson Jones, 2011). Critics argue that the discourses around fat being shameful and harmful to health create pressure on parents to control their children's weight and size, shifting their focus away from the child's wellbeing and towards the central concern of maintaining a normative body (Friedman, 2015).

In Western countries 34-65% of girls experience poor body image (Al Sabbah et al., 2009). This is a concern for health as body satisfaction in pre-teen years has been posited to predict body esteem and eating problems in early adolescence (Werthheim, Paxton & Blaney, 2009). Dieting is common in girls and studies suggest that many of the processes underlying disordered eating and negative body appraisal are largely established well before adolescence (Clark & Tiggeman, 2006). Research indicates that teenagers who restrict food are at more risk of gaining weight over the next few years (Micali et al., 2014) and set themselves up for future binge eating and purging (Neumark-Sztainer, 2006)

Within the wider body image literature, 'underweight' or 'overweight' women have been less visible (Hahn-Smith & Smith, 2002). Scholars within the interdisciplinary Fat studies field have begun to fill this gap via documenting fat individuals' experiences (e.g. Puhl & Heuer, 2009). There continues to be a need to understand the embodied nature of living with a range of body sizes as studies that include individuals' voices in expressing their lived experiences remain rare in the discourses of 'obesity'.

Critical appraisals of dieting and the subsequent ramifications of restricted eating practices and body dissatisfaction that emerge in childhood are largely absent from the broader literature. Over the past ten years, body image research has expanded to include samples from broader cultural and demographic contexts; however lived experiences of fat women are still less visible, particularly outside of the Fat studies field. Fikkan & Rothblum (2011) recommended that researchers should "devote as much attention to the lived experiences of fat women as they have to the "fear of fat" experienced by thin women" (p. 575). Women across the lifespan also deserve the attention of researchers. The majority of body image research historically has focused on college-aged women (Grogan, 2016; Tiggemann, 2004). More recent studies of women in mid-life reveal contrasting findings; Mangweth-Matsek et al, (2016) posited that body dissatisfaction in their sample of middle-aged women declined with age. Others have

concluded that women's body dissatisfaction remains stable across the life span (Grogan, 2016; Tiggemann & Slevec, 2012). Tiggemann and McCourt (2013) studied body appreciation in women aged 18-75 and found that this was positively related to age. They suggest that women in midtolaterlife may learn to come to terms with their bodies and learn to appreciate them. However, a gender difference may still be in play as middle-aged women report greater body dissatisfaction compared to men in their age group (McGuinness & Taylor, 2016).

This paper responds to this call as it highlights experiences of a less visible population in the literature, middle-aged western women who live in bodies above the medically constructed 'ideal' BMI (we describe them as fat women), who demonstrate positive body esteem and live without dieting. We aim to allow their experiences to be heard within the mainstream health and psychology literature. Although it is clear that body image is influenced by a myriad of complex life factors, family-of-origin has been shown to play a key role in the development of body dissatisfaction and eating disorders (Kluck, 2010). This paper addresses these gaps as it focuses on experiences surrounding food, body, health and weight across the lifespan in this previously under-represented population; our goal for this study was to learn from the lived experiences of fat women (above a BMI of 25). In particular, for this paper, we aimed to understand the women's recalled experiences of their formative years and explore messages they received both implicitly and explicitly around food, body, health and weight.

## **Method**

We recruited participants who were in their mid-life and who had been told they were overweight or obese by medical professionals. They represented a purposive sample (Smith, Flowers & Larkin, 2009) and were all identified as of European descent, from Western countries (U.K., Germany, and the U.S.), and aged between 44-56 years (see Table 1). Two of

the participants were invited to participate by the first author who had previous conversations around body image with them in informal social settings; the other 2 participants learned about the study and approached the first author in person. The demographics of country of residence of the participants was less homogenous, but came about due to the relocation of the first author from the USA to Europe.

### Participants

Our four participants came from Europe and the United States; their details are outlined in Table 1. The sample size of four is in keeping with IPA (Smith, Flowers & Larkin, 2009) as the emphasis on idiographic analysis is maintained and sample sizes are usually small.

Table 1. Participant demographics

| <b>Pseudonym</b> | <b>Age at interview</b> | <b>Profession</b>                     | <b>Location</b> | <b>Childhood family</b>                  | <b>Educational Level</b>              |
|------------------|-------------------------|---------------------------------------|-----------------|--|---------------------------------------|
| Clara            | 46                      | Director of a non-profit organization | USA             | Parents and one sister                   | College graduate                      |
| Isadora          | 45                      | Mother/educator                       | USA             | Parents and two brothers                 | College graduate                      |
| Marigold         | 56                      | Artist                                | UK              | Parents, one twin brother and one sister | High school and professional training |
| Anita            | 44                      | Business woman                        | Germany         | Parents and two brothers                 | High school and professional training |

The women were not dieting or attempting to lose weight. They described themselves as having a positive attitude towards their body and had no reported metabolic or chronic illnesses. All were educated to at least high school level.

Semi-structured interviews were conducted in person (2) and over Skype (2). Options were given to participants based on their preference and due to geographical location. We asked participants to reflect upon their childhood, adolescence, younger adulthood and adult years.

They explored messages, beliefs and behaviours around food, body size, health and weight. The interview questions were used as a formative guide, but participants were encouraged to talk widely about their experiences both in the family system they grew up in and after leaving home as a young adult.

We analysed the transcripts using Interpretative Phenomenological Analysis (IPA, Smith, Flowers & Larkin, 2009). All three authors read through transcripts independently before undertaking a collaborative, line-by-line coding of each. Linguistic elements, e.g. metaphor and pronoun use, were noted (Shinebourne & Smith, 2010). Narrative summaries were developed for participants, with quotes used to highlight emergent themes. Convergent and divergent quotes were included producing a comprehensive cross-case analysis. Final theme and sub-theme selection was guided by Smith's (2011) recommendations for high quality IPA, including prevalence (occurrence of themes across all interviews), representative (no hyphen)ness (of all participants) and variation (the full range of experiences).

All participants were given or gave themselves a pseudonym to ensure anonymity. Ethics approval was granted for the study through the University's research ethics process and participants all signed consent forms. The following analysis represents part of a larger analysis. Here, we focus on three themes, entitled (1) Family Culture and body norms, (2) Thresholds of Size (3) Action and Outcome. Illustrative excerpts are used in the paper and represent a small sample of the detailed and rich data.

## **Analysis**

*Theme 1. Family Culture and body norms: 'I had these models of women who were at war with their own physical selves'*

Interviews with participants started by asking them to explore how their parents modelled relationships to bodies and food. Some of the participants' reflections positioned their parents as models for how they should regard their body. This modelling operated as a mechanism to impart implicit messages and understandings about what was appropriate and acceptable within the family culture. The potency of these messages was more diffuse than more direct acts of control such as verbal shaming or active food control efforts (these are discussed in Themes 2 and 3).

One respondent, Marigold, interpreted that her mother's behaviour reflected the need for the body to be private, hidden and protected from others; ideally indent larger quotes

*So, there were lots of messages from mum about you have to be very careful about who you show your body to and I never ever saw her naked until she was dying. So, the messages about body from mum was that it was something not to be discussed, it was something to be controlled.*

This modest relationship with the body was apparent throughout Marigold's description of her mother's behaviour. The lack of communication about the body created a sense of taboo and a suppression of freedom to explore bodily expression. In contrast, her father, who was a '*terrible philander*', presented starkly opposing views about the role of the body. He modelled that '*your body was to be enjoyed with as many people as possible*'. These contrasting messages were particularly strong for Marigold. Her father's and mother's relationship to food was also extreme in its difference:

*I guess I had very mixed messages about food from my parents. So my dad was a big, ebullient, robust, eccentric character who had a huge*

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*love of fine food and extravagance. And my mum would be scraping low fat spread onto toast and scraping it off before she ate it sort of thing and my experience and perception of my parents was that my dad was naughty and huge fun and my mum was cold, which she was to me, and quite frightening.*

The warmth of feeling between Marigold and her larger-than-life father starkly contrasts the distant, chilly relationship she had with her mother. These excerpts also highlight a gendered understanding of appropriate relationships to food and body, with the father's being one of enjoyment and pleasure, while the mother's depicting intake control and bodily concealment. The link to emotional warmth transmitted through these two approaches is clear in Marigold's meaning-making. In contrast, Isadora's parents modelled that food was 'sustenance', not remarkably good or bad. Similarly though, Isadora's father modelled an exuberant love of certain foods:

*My old man could sit down and polish off half a gallon of ice cream at the end of the day. And it was good to him and he'd sit down and eat the whole thing.*

However, she also reported that her father had grown up with 'a lot of dieting messages'. His mother had 'dieted until the very end of her life' and 'he knew about exercise and weight control so maybe he modelled some of that [dieting behaviour] but it was never spoken.'

The gendered messages are more nuanced here, as although her father appears to relish his dessert, Isadora revealed in her interview that her father had joined weight loss programmes during her childhood. The ice-cream may be a simple pleasure after a hard-working day, but we can also interpret diet/binge patterns being modelled here. Isadora acknowledged that verbal



messages were not explicitly communicated about food; food was described as a large and comforting part of her warm, hard-working rural family's life, however, food restriction was acknowledged to be a strategy for losing weight.

Three of our participants reported an awareness of their mothers' diets and general attention to conforming to particular body norms of weight and shape. This included recalling their mothers' self-control, self-loathing, and harming their health for the sake of thinness. Clara describes that:

*My mom was a chronic dieter. I remember times when she would have to go to the physician because there would be stomach conditions that she would have because all she was eating was lettuce and diet coke.*

As she recalls her teenage years, Clara positions her mother's behaviour as being linked to low self-esteem; '*mom was still doing her on and off but mostly on dieting and hating herself business*'. The psychological discontent modelled by her mother clearly linked emotion, self-appraisal and food in Clara's understanding and sense-making around this. Other mothers also restricted and monitored their body size and weight. Marigold's mother was '*almost constantly on a diet*' and Anita described her mother as '*checking her weight every week or every second day*'. The fathers were not discussed in the same manner; the levels of vigilance and body surveillance, and in some cases, self-hatred, that we see in the reports of the mothers was not apparent in memories of the fathers' behaviour. However, it was clear that other women in the family contributed to this gendered messaging around the meaning of the body. Clara summarises her experience of observing her mother's and aunties' dieting and fat-talk;

*I think I had these models of women who were at war with their own physical selves. And that was just normal, right, that was just the way*

*it was, that was the way it was supposed to be. I didn't see an alternative. There was no other option shown to me.*

Clara highlights the absence of healthy, non-judgmental messages offered to her around being in a woman's body; the only available model was of being in a constant battle with food and body shape/size. The normalisation of this amongst her family circle was unquestioned and non-negotiable.

The participants' recollections of their childhood models revealed that three of the four women were given clear messages about dieting or monitoring being the norm for a woman. Isadora's rural family had less negativity around food, yet recognition of an acceptable size emerged as she grew into teenage-hood and the messages about this became more explicit and were communicated from a range of sources. More direct verbal commentary was apparent in all of the participants' interviews, and this overt and more potent feedback is explored in the second theme below.

*Theme 2 - Thresholds of size: 'I just remember feeling like my body was too big'.*

The participants discussed the period of time when they became aware that that their body had become less acceptable within this familial and wider social context. More overt comments began to be heard by the participants and the emotional impact of this commentary was described as being directly felt, in contrast to messages derived from observing others' behaviours. All recalled talk about their body size, typically with a focus on attempting to have them recognise this as problematic. We interpret this as reaching a 'threshold', a size where they felt that their bodies were no longer socially acceptable or beneficial for a child of their age, and something that needed modifying. This threshold was made clear by peers and family members. For example, Isadora's body was negatively commented upon by a boy in her school:

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*I think I was in fourth grade, maybe fifth grade you know this whole boy girl thing going on but my friend reported to me, this boy had said about me, "I don't want her you can have her." It was a song. "I don't want her you can have her, she's too fat for me." It was some kind of country song or something that played, but that was a comment and I was pretty young, that was nine or ten. And I was like, "wow, really? That wasn't very nice".*

Although she reported feeling 'devastated' and 'shocked', she also described her response was that she 'started putting on that hard, harder, tough outer shell of shrug it off'. The tension between this armouring of her emotional response and the inner dissatisfaction and self-consciousness about her size led her later to move from this initial place of disbelief at the boy's judgment, to a place of acknowledging her size as being problematic. She proceeded to diet in an attempt to adopt a more normatively attractive body (see Theme 3). The initial judgement was interpreted as painful, private and a place where the value of physical attractiveness in the eyes of boys was deemed important; this added to her understanding of what was acceptable; she began to question her size and approached the threshold at which she took action. Clara compared her body with her peers and reflected on the importance of male approval;

*I just remember feeling like my body was too big. And on some level, that was why I was one of the kids that never had any boyfriends.*

This extract highlights the impact of the recognising being bigger than the acceptable norm.

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Clara's increasing awareness of being unattractive to boys and her self-scrutiny around this revealed that her perceived social standing within her peer group was negatively affected by her size.

Her comparison to others left her realising that '*my body didn't fit the cultural ideal, that awareness was really clear*'. She felt less-than and her motivation to fit in drove her to disordered eating practices (see Theme 3).

In addition to peers, other family members also began to overtly comment on the participants' bodies. Isadora's parents were perceived to be supportive around weight loss. Isadora remembered that;

*My parents were never, ever, ever, mean to me or judgmental of me, she [her mother] was just always like, "yeah, lose that five or ten pounds" or "I will help you in any way I can" and I think she tried to do it in a really loving way.*

This extract reveals the tension inherent in the response as the extra weight was still articulated and problematized by her parents, albeit in a way that was perceived and defended as helpful by Isadora. Clara recalled that alongside the modelling of dieting behaviours by her mother, her father reinforced the concerns about her body initiated by her peers, by commenting on her weight:

*I remember my dad starting to say things like I really needed to do something about how much I weighed.*

This added to the seriousness of the weight 'problem' and assisted in motivating her to act upon this negative appraisal of how she looked.

Overall though, the majority of participants reported that these verbal judgments came from female family members; these comments perpetuated the social norm of femininity and the social value of being a more diminutive size. Isadora's maternal grandmother made verbal comments that, even as a girl, she recognised as being negative;

*I do remember my mom's mom. Whenever she would hug me whenever I was a younger kid maybe 8, 9 she would grab a hold of me and say "oh, she's a solid girl" and I knew it was a compliment and not a compliment at the same time. I totally sensed that it was a statement of fact as well, it was she's healthy, she's strong and then there was another implication of being overweight, of being too, too sturdy.*

A mixed message around health, robustness and lack of feminine qualities is clear in this extract as affection is combined with a critical assessment of shape and size. Other participants' experiences were recalled as being more overtly judgemental. Marigold's mother was pointedly critical of her daughters' appearance and she 'sort of put me down in terms of what I looked like and she did that with my sister as well'. The gendered messages are also clear, as no mention is made of Marigold's twin brother being treated in this manner. Anita's mother used shame tactics to 'help' her daughter acknowledge her problematic size. Anita recalls an example of this;

*in puberty my mom sometimes went shopping with me and then she said, "yes I like to go shopping with you then you see yourself in the mirror and you see what doesn't fit". So there was this sort of strange pressure that she would put on me that I should lose weight.*

By stating her pleasure at shaming Anita into seeing her true size in the mirror, we interpret

that Anita's mother felt vindicated in her appraisal of her daughter's too-large body. The power dynamic of the mother over her child and the potency of the shame of having a fat daughter are evident in this excerpt. Her intention to motivate her daughter to change her body via framing clothing shopping as a shock tactic added to Anita's acquiescence to her mother's dieting regime. Many of the mothers moved into direct action and controlled the food intake and behaviours of their daughters to facilitate weight loss and thus enhance their social acceptability. These are discussed in the third theme.

*Theme 3 - Action and outcome: 'So here came the diets'*

Commentary and observations about their daughter's weight was sometimes accompanied by parental efforts (particularly mothers) to enlist their daughters in campaigns to lose weight and to develop particular weight loss strategies. Anita recalled that her initial motivation to lose weight came from comparing her eight year-old self with peers as she wanted to weigh the same as them, *'I had 33 kilos and I wanted to come to 30 kilos'*. She partially attributed these early diets as contributing to her resulting weight gain:

*I don't know if it was because of this early dieting or if it was because a change in metabolism or just because of the puberty but I started to gain weight and that was considered problematic in my family. So I was asked quite often to make a diet and yes I did them and I felt like okay, I have to be part of whatever, I have to lose weight now.*

Anita's resignation to the dieting regime is evident. After repeated comments that she was over an appropriate size, she accepted the normative viewpoint that she had to make efforts to become smaller/weigh less.

Clara's mother inducted her into the established female way of being i.e. to be in a battle with

her body and to pursue thinness. The ‘mother-daughter’ dieting routines became normalised:

*I remember my mom being on Weight Watchers™ diets and putting me on, me going on them with her. So there were these, I remember this lunch we would make, it was so disgusting; but it was just a piece of toast with cheese on it, we’d put this spice stuff on it and broil it under the oven and that’s all we had for lunch. And I remember her packing the diet sandwiches in my lunchbox when I went to school, so those things were happening. Dieting became the thing that we did.*

Our respondents’ understanding of their family’s motivations for them to lose weight is mixed. Both negative scrutiny and caring support are reflected in their interpretations of these experiences. Isadora discusses her parents’ endorsement of her efforts to follow a commercial diet:

*So here came the diets, and in fact when I was in high school I went on, I think you’ve heard of this, the Nutrisystem™ diet and lost- you eat their food, you buy their specific food and prepare it. My family was involved in it to a degree; it was a financial commitment that my family made and it was a weekly drive, and I think in their minds they were just trying to be helpful. Because for quite a while I had heard from my mom, oh yeah, if you could just knock off five or ten pounds. So it was never really overt.*

Although she recognised the ‘helpful’ manner in which support was delivered, there was a clear message that her weight was problematic and a threshold of what was acceptable had been crossed. The existing warm relationship with her parents was a moderator in the message being

interpreted as loving rather than critical.

Marigold's experience offered a counterpoint as she was not enlisted or encouraged to pursue a specific diet regime. Her mother reportedly offered negative commentary about Marigold's appearance, social behaviour and comportment-*'no one will love you unless you're good and even if you are good, you may not get anywhere because you look like a piece of shit'*. Marigold reported that her subversion and resistance to these messages was already in place due to the *'disparity between my parents.'* Her father's modelling and overt commentary on living, loving and eating with relish buffered her mother's self-surveillance and messages around bodily control.

For those that did engage in dieting behaviours, a range of outcomes were experienced. Some lost weight, some yo-yoed, and one slid into patterns that became clinically diagnosed as an eating disorder. Anita recalled that her mother scrutinised her eating behaviour and would *'control my food or at least comment on it, it was always, "don't eat this, don't eat that" or "don't eat as much"'*. She noticed that, as the diets continued, her physical health deteriorated rather than improved- *'it [her breathing] got worse and worse with diets'* and although she initially lost weight, she began to yo-yo which left her feeling helpless; she remembered feeling when her weight rebounded: *'I'm not in control and my body takes over'*.

Isadora's dramatic weight loss success on the Nutrisystem™ diet was celebrated by her family and community, but created emotional and physical problems for her;

*My hair started to fall out and I was receiving like really ridiculous amounts of attention from people that I was not game for and proceeded to turn around and put the weight back on and then I kind of felt bad about that because there had been this financial commitment*



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*from my parents and people were like, “oh - you look so great!” and, all of those things that, in some ways made it feel really good to be thin but it wasn't good for me.*

Her feelings of guilt and the tension between taking care of her emotional self and meeting the expectations of others are evident in this extract. Despite the weight loss being praised and the aesthetic outcomes being valued, Isadora's physical and emotional wellbeing was central to her. Her agency around self-care included using weight gain to protect herself from unwanted attention.

Clara's response to the pressure to join her mother in tandem dieting, also resulted in 'sneaking chocolate', 'turning to food', 'overeating' and 'bingeing behaviour' became established. Over one summer in her late teens, Clara succeeded in losing a large amount of weight:

*I think I lost 60 pounds over the course of one summer. Which was crazy, right? But got me what I wanted in terms of a lot of attention, a lot of people noticing. I also noticed that all I got was compliments, even physicians would compliment me, on having lost so much weight without any of them asking me how I had done it.*

This validation from members of her family, friends and authority figures reinforced Clara's understanding of the value of a thinner, smaller body in her social context. The harmful process of how she achieved this was of no concern. This feedback perpetuated her behaviour which included extreme exercise practices. She stated; (indent quote)

*I can remember things like getting up in the middle of the night and doing jumping jacks in my room or going to three aerobics sessions in a row at the gym.*

By her late teens, Clara was hospitalised for her eating disorder.

The value of extreme weight loss was also acknowledged by community members of other participants. Anita recalled that she had lost over 20 kilograms during her final year of high school and:

*When I got my diploma what the teacher said to me was “Hey, you’ve lost wonderful weight” which I still find very sort of embarrassing to give a young girl the message that when she finished school that she lost weight.*

Her weight loss was valued above her academic achievement and her body became the subject of the conversation in a public space. The power differential and unsettling inappropriate nature of this interaction was striking to her. In a similar manner, Isadora reflected on the public nature of her weight loss and how a variety of community members felt they could comment on her body;

*Your pastor at church, the boy down the street, your mom’s friends.  
Kind of, everybody who sees you. It was like “Wow!”*

The repercussions of this attention were not always positive. With Isadora, the public scrutiny of her changed body, led her to feel vulnerable and preyed upon;

*It just made me uncomfortable. It brought on extra attention that was just kind of unsolicited from men and boys that maybe because I had been overweight throughout my young life I did not have the coping, I did not have the mechanisms to kind of deal with some of that stuff.*

The women’s responses to the feedback reveal the complexity of their experience. Their

psychological needs and physiological health were overlooked in contrast with the weight loss that many of them had achieved. They recalled their feelings of dissatisfaction, not only with themselves, but with others who judged them purely on their weight, shape and size. Their interviews suggest that, even at their younger ages, they recognised this was an unhelpful and unhealthy response. Their sense of self and their sense of health also appeared fractured- we see Anita and Isadora's physical health being compromised, Isadora's becoming more vulnerable and Marigold's resistance emerging. In some cases, weight loss left them unprepared psychologically for the attention they received and they became more aware of the objectification of their bodies.

## **Discussion**

The analysis pointed clearly to the importance of the parental relationships, particular those between mother and daughter in the development of body image and identity among the participants (Diedrichs et al, 2016). Our findings support the traditional positioning of mothers as the predominant parent who transmits cultural values regarding appearance, weight and shape to their daughters (Herndon, 2010). We acknowledge that in this, the mothers of these participants are also part of the broader sociocultural context which supports gendered understandings of the value of the slender female body (Carlson Jones, 2011).

The modelling of the mothers' behaviours around food, appearance and self-care were clearly recalled by the participants; the majority of these normalised the struggle between women and weight. The participants' recollections of their mothers' body dissatisfaction and their encouragement around weight loss aligns with previous findings (e.g. Lowes & Tiggemann, 2003). Similarly, the messages that shaped the participants' behaviour and attitudes about self, weight, food and appearance were interpreted to be transmitted directly or indirectly, via discussion, encouragement, teasing or modelling (Kluck, 2010). In the participants' interviews,

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this encouragement to diet and/or appraise the body negatively was, in some cases, compounded by comments by other family members (fathers, grandmother), peers and community members (see Kluck, 2010). It was apparent from the interviews that this family-based culture of practices and attitudes plays an important role in the development of weight concerns over time (Helfert & Warshburger, 2011).

Some of the participants' early memories about their body reaching an unacceptable size included peer comparison. The role of peers in body dissatisfaction and self-appraisal has been well documented (see Dohnt & Tiggemann, 2006) and it was clear from the participants that both comparing with others and weight-related teasing influenced their self-appraisal. However, the modelling of peers' behaviours was not as potent an influence as that of family members. This contrasts with some of the published studies which point to peers becoming more important models than family members as girls age. We suggest that the participants' retrospective accounts reflect the more influential messages that shaped their experiences over time.

Their experiences are consistent with the literature around the impact of body-based comments; direct verbal teasing has been shown to have a clear link to body dissatisfaction particularly in children and adolescents (Menzel et al, 2010). Teasing about body weight by family members has been shown to predict body dissatisfaction, dieting and ideal-body internalization in girls (Levine, Smolak & Hayden, 1994). Parents (Davis et al., 2004) and sisters (Vincent & McCabe, 2000) appear to be the most influential people for girls. Weight-related teasing by peers has also been associated with body weight control behaviours, low self-esteem and higher levels of depressive symptoms in adolescents (Lampard et al., 2014). Children and adolescents who are classified as 'overweight' and 'obese' have been found to be particularly vulnerable to this teasing (Quick et al., 2013). Previous research has indicated that boys are more likely to tease peers about their shape and size than girls (Smolak, 2004). In our study, comments about

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desirability and attractiveness of the participant's bodies (in their childhood and teen years) by both boys and men in the community highlight the importance of the male gaze (Calagero, 2004) in self-appraisal. However, participants were predominantly appraised by other women—a form of 'looking' that communicated the value of their appearance and femininity (Skeggs, 2001). This judgmental looking between women (Evans & Riley, 2013) has been perceived to be more influential and damaging upon young women than the gaze from males (Riley, Evans & Mackiewicz, 2016).

Those participants who experienced specific size-related comments from important others took action by attempting to change their body size and weight. The negative appraisal of their bodies resulted in dieting by the majority of participants which had repercussions for them, even if they were successful in these weight loss pursuits. They described physical and emotional strain, such as hair loss, disordered eating patterns, and weight re-gain. Other studies have found similar negative outcomes of food restriction in teenagers as those who diet are at higher risk of gaining weight over the next few years (Stice et al., 1999) and set themselves up for future binge-eating and purging (Neumark-Sztainer et al., 2006). In addition, evidence has also clearly shown that concerns about fatness are related to the development of eating disorders and depression in adolescents (Smolak, 2004). It was apparent from the participants in our study that health was of lesser importance in their cultural contexts than their body size. This supports recent arguments that position the wider discourses around fat as being shameful and harmful to health; these create a problematization of their child and call parents to focus on controlling their children's weight and normalizing their size, rather than prioritizing the child's emotional and long-term wellbeing (Friedman, 2015). This is evident within our study as the participants' weight loss was lauded despite detrimental side effects.

Our analysis adds to the existing literature by introducing lived experiences of fat women who navigated weight and size bias in their formative years. Although the sample size is

small, it is consistent with other IPA studies. It is recognised that women from different socio-economic, educational, geographic and ethnic backgrounds may have different experiences. The study reported here is retrospective in nature, with women being interviewed in their 40s and 50s, reflecting back on their childhood and adolescence. There are challenges associated retrospective self-report (Puhl & Schwarz, 2003) as this may limit the interpretability of the findings (Tan, Ruhl, Man Chow & Ellis, 2016) yet studies have acknowledged the usefulness of such data when aiming to understand patterns around people's relationship to food over time (Puhl & Schartz, 2003; Brink, Ferguson & Sharma, 1999; Tan, Ruhl, Chow & Ellis, 2016).

From the lived experiences of the participants, early messages around body acceptance were absent and may have been helpful in catalysing them to resist the dominant dieting paradigms and ultimately supporting the development of a more peaceful relationship with their body image. Interventions for parents, particularly mothers, could be helpful in developing a weight neutral approach to self-care; early studies exploring mother-daughter web-based interventions show promise (Diedrichs et al., 2016). In addition, interventions that discuss body image and weight/size equality with children in primary school settings may prevent weight-related teasing, negative body appraisal and maladaptive behaviours (Lampard et al., 2014). Cognitive dissonance-based interventions that help 12-13-year-old girls to resist negative messages have been found to be successful (Halliwell & Diedrichs, 2014). Health at every size™ approaches which promote health as a focus rather than weight and support intuitive eating and intrinsic benefits of physical activity (Bacon & Aphramor, 2011) have also shown to positively influence eating and dieting attitudes, body esteem and reduce fat bias (Humphrey, Clifford & Morris, 2015). These approaches offer less weight stigma and all are worthy of further study.

## **Conclusion**

The participants' experiences highlight the importance of parental messages on shaping body appraisal in younger women. Mothers played a particularly important role; via modelling and overt commentary they supported and facilitated dietary restriction in attempts to reduce their daughters' problematic size. Fathers played a less prominent role overall, but their endorsement of negative comments around weight and size added to the importance of the message received. Other female family members contributed to a gendered norm around women struggling with their weight and endorsed a threshold of acceptable size. Negative size-related commentary by peers was clearly recalled and highlighted the undesirable qualities of having a larger body. Community members' judgements around weight, size and attractiveness created an awareness of the public nature of bodies; whether thinner or fatter, the women perceived their bodies were open for discussion by others. The collective appraisal of their shape and size led the majority of the women to diet/exercise. These attempts had negative physical and psychological outcomes regardless of weight loss. And weight loss was not maintained over time. These fat women's reflections on their childhood experiences help us to unpack their meaning-making around their bodies within their broader social context. This offers an interpretation of a first-person perspective often overlooked in studies within the fields of health and psychology and provides recommendation for future interventions.

## References

Al Sabbah, H., Vereecken, C.A., & Elgar, F.J. et al., (2009). Body weight dissatisfaction and communication with parents among adolescents in 24 countries: international cross-sectional survey. *BMC Public Health*, 9(1), 1.

<https://bmcpublikealth.biomedcentral.com/articles/10.1186/1471-2458-9-52>

Bacon, L., & Aphramor, L. (2011). 'Weight science: Evaluating the evidence for a paradigm shift.' *Nutrition Journal*, 10, 9. doi:10.1186/1475-2891-10-9

<https://nutritionj.biomedcentral.com/articles/10.1186/1475-2891-10-9>

Bordo, S. (2003). *Unbearable Weight: Feminism, Western Culture, and the Body* Tenth Anniversary Edition. London: University of California Press.

Brink, P.J., Ferguson, K. & Sharma, A. (1999) Childhood memories about food: The successful dieters' project. *Journal of Child and Adolescent Psychiatric Nursing*, 13, 17-25

Calogero, R.M. (2004). A test of objectification theory: The effect of the male gaze on appearance concerns in college women. *Psychology of Women Quarterly*, 28(1), 16-21.

[https://www.researchgate.net/publication/229638479\\_A\\_Test\\_Of\\_Objectification\\_Theory\\_The\\_Effect\\_Of\\_The\\_Male\\_Gaze\\_On\\_Appearance\\_Concerns\\_In\\_College\\_Women](https://www.researchgate.net/publication/229638479_A_Test_Of_Objectification_Theory_The_Effect_Of_The_Male_Gaze_On_Appearance_Concerns_In_College_Women)

Carlson Jones, D (2011) interpersonal and familial influences on the development of body image In T.F. Cash & L. Smolak *Body Image: A handbook of science practice and prevention* (2<sup>nd</sup> Edition), Guilford, New York.

Clark, L., & Tiggemann, M. (2006). Appearance culture in 9- to 12-year-old girls: Media and peer influences on body dissatisfaction. *Social Development*, 15, 628–643. doi:10.1111/j.1467-9507.2006.00361.x

Davis, C., Shuster, B., Blackmore, E., & Fox, J. (2004). Looking good—Family focus on appearance and the risk for eating disorders. *International Journal of Eating Disorders*, 35, 136–144. <https://www.ncbi.nlm.nih.gov/pubmed/14994350>



Davison, K. K., & Birch, L. L. (2004). Predictors of fat stereotypes among 9-year-old girls and their parents. *Obesity Research*, 12, 86–94.

Diedrichs, P.C., Atkinson, M.J., Garbett, K., Williamson, H., Halliwell, E., Rumsey, N., Leckie, G., Sibley, C., & Barlow, F.K. (2016) Randomized controlled trial of an online mother-daughter body image and well-being intervention. *Health Psychology*, 35(9), 996-1006. <http://psycnet.apa.org/doiLanding?doi=10.1037%2Fhea0000361>

Evans, A., & Riley, S. (2013). Immaculate consumption: Negotiating the sex symbol in postfeminist celebrity culture. *Journal of Gender Studies*, 22(3), 268-281. <http://dx.doi.org/10.1080/09589236.2012.658145>

Fikkan, J.L. & Rothblum, E.D. (2011). Is fat a feminist issue? Exploring the gendered nature of weight bias. *Sex Roles*, 66, 575–592. <https://link.springer.com/article/10.1007/s11199-011-0022-5>

Friedman, M. (2015). Mother Blame, Fat Shame, and Moral Panic: “Obesity” and Child Welfare. *Fat Studies*, 4(1), 14-27. <http://dx.doi.org/10.1080/21604851.2014.927209>

Goldfield, G., Moore, C., Henderson, K., Buchholz, A., Obeid, N., & Flament, M. (2010). The relation between weight-based teasing and psychological adjustment in adolescents. *Paediatric Child Health*, 15(5), 283-288. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2912633/>

Grogan, S. (2016). *Body image: Understanding body dissatisfaction in men, women and children (3<sup>rd</sup> Edn)*: Hove: Routledge.

Halliwell, E., & Diedrichs, P.C. (2014). Testing a dissonance body image intervention among young girls. *Health Psychology, 33*(2), 201. DOI: [10.1037/a0032585](https://doi.org/10.1037/a0032585)

Hahn-Smith, A.M., & Smith, E.J. (2002). The positive influence of maternal identification on body image, eating attitudes, and self-esteem of Hispanic and Anglo girls International. *Journal of Eating Disorders, 29*(4), 429–440. <https://www.ncbi.nlm.nih.gov/pubmed/11285580>

Helfert, S., & Warschburger, P. (2011). A prospective study on the impact of peer and parental pressure on body dissatisfaction in adolescent girls and boys. *Body Image, 8*(2), 101-109. <https://pdfs.semanticscholar.org/f602/85aa177eb0d1226b0e115d016c8863cb3f7b.pdf>

Herndon, A.M. (2010). Mommy made me do it: Mothering fat children in the midst of the obesity epidemic. *Food, Culture & Society, 13*(3), 331-349. [https://www.researchgate.net/publication/233510851\\_Mommy\\_Made\\_Me\\_Do\\_It\\_Mothering\\_Fat\\_Children\\_in\\_the\\_Midst\\_of\\_the\\_Obesity\\_Epidemic](https://www.researchgate.net/publication/233510851_Mommy_Made_Me_Do_It_Mothering_Fat_Children_in_the_Midst_of_the_Obesity_Epidemic)

Humphrey, L., Clifford, D., & Morris, M.N. (2015). Health at every size college course reduces dieting behaviors and improves intuitive eating, body esteem, and anti-fat attitudes. *Journal of nutrition education and behavior, 47*(4), 354-360. <http://linkinghub.elsevier.com/retrieve/pii/S1499404615000111>

Kluck, A.S. (2010). Family influence on disordered eating: The role of body image dissatisfaction. *Body Image, (7)* 8–14. <http://www.sciencedirect.com/science/article/pii/S1877042814065094>

Lampard, A.M., MacLehose, R.F., Eisenberg, M.E., Neumark-Sztainer, D., & Davison, K.K. (2014). Weight-related teasing in the school environment: associations with psychosocial health and weight control practices among adolescent boys and girls. *Journal of youth and adolescence*, 43(10), 1770-1780. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4085153/>

Levine, M.P., Smolak, L. and Hayden, H. (1994). The relation of sociocultural factors to eating attitudes and behaviours among middle school girls. *The Journal of Early Adolescence*, 14 (4), 471-490 <http://journals.sagepub.com/doi/10.1177/0272431694014004004>

Lowes, J., & Tiggemann, M. (2003). Body dissatisfaction, dieting awareness and the impact of parental influence in young children. *British Journal of Health Psychology*, (8), 135–147. <http://onlinelibrary.wiley.com/doi/10.1348/135910703321649123/abstract>

Mangweth-Matzek, B., Rupp, C., Hausmann, A., Assmayr, K., Mariacher, E., Kemmler, G., Whitworth, A. and Biebl, W. (2006). Never too old for eating disorders or body dissatisfaction: A community study of elderly women. *International Journal of Eating Disorders*, 39 (7) 583-586.

McGuinness, S. and Taylor, J. (2016). Understanding body image dissatisfaction and disordered eating in midlife adults. *New Zealand Journal of Psychology*, 45 (1) 4-6.

Menzel, J.E., Schaefer, L.M., Burke, N.L., Mayhew, L.L., Brannick, M.T., & Thompson, J.K. (2010). Appearance-related teasing, body dissatisfaction, and disordered eating: A meta-analysis. *Body image*, 7(4), 261-270.

<http://www.sciencedirect.com/science/article/pii/S1740144510000616?via%3Dihub>

Micali, N., Ploubidis, G., De Stavola, B., Simonoff, E., & Treasure, J. (2004). Frequency and Patterns of Eating Disorder Symptoms in Early Adolescence. *Journal of Adolescent Health, 54*(5), 574-581. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5183523/>

Neumark-Sztainer, D., Wall, M., Guo, J., Story, M., Haines, J., & Eisenberg, M. (2006). Obesity, disordered eating and eating disorders in a longitudinal study of adolescents: How do dieters fare 5 years later? *Journal of the American Dietetic Association, 106*, 559-68. [http://jandonline.org/article/S0002-8223\(06\)00004-6/fulltext](http://jandonline.org/article/S0002-8223(06)00004-6/fulltext)

Puhl, R. M. and Brownell, K. D. (2006), Confronting and Coping with Weight Stigma: An Investigation of Overweight and Obese Adults. *Obesity, 14*, 1802–1815. doi:10.1038/oby.2006.208

Puhl, R.M., & Heuer, C.A. (2009). The stigma of obesity: a review and update. *Obesity, 17*(5), 941-964. <http://onlinelibrary.wiley.com/doi/10.1038/oby.2008.636/abstract>

Puhl, R.M. & Latner, J.D. (2007) Stigma, obesity and the health of the nation's children. *Psychological Bulletin, 133* (4), 557-580

Puhl, R.M., & Schwartz, M.B. (2003). If you are good you can have a cookie: how memories of childhood food rules link to adult eating behaviors. *Eating Behaviors, 4*(3), 283-293 [https://doi.org/10.1016/S1471-0153\(03\)00024-2](https://doi.org/10.1016/S1471-0153(03)00024-2)

Quick, V., Wall, M., Larson, N., Haines, J., & Neumark-Sztainer, D. (2013). Personal,

behavioral and socio-environmental predictors of overweight incidence in young adults: 10-yr longitudinal findings. *International Journal of Behavioral Nutrition and Physical Activity*, 10(1), 1. <https://ijbnpa.biomedcentral.com/articles/10.1186/1479-5868-10-37>

Riley, S., Evans, A., & Mackiewicz, A. (2016). It's just between girls: Negotiating the postfeminist gaze in women's 'looking talk'. *Feminism & Psychology*, 26(1), 94-113. <http://journals.sagepub.com/doi/abs/10.1177/0959353515626182>

Shinebourne, P., & Smith, J.A. (2010). The communicative power of metaphors: an analysis and interpretation of metaphors in accounts of the experience of addiction. *Psychology and Psychotherapy: Theory, Research and Practice*, 83(1), 59-73. <http://onlinelibrary.wiley.com/doi/10.1348/147608309X468077/abstract>

Skeggs, B. (2001). The Toilet Paper: Femininity, Class and Mis-recognition. *Women's Studies International Forum*, 24(3-4), 295-307. <http://www.sciencedirect.com/science/article/pii/S0277539501001868?via%3Dihub>

Smith, J.A. (2011). Evaluating the contribution of interpretative phenomenological analysis. *Health psychology review*, 5(1), 9-27. <http://www.tandfonline.com/doi/abs/10.1080/17437199.2010.510659>

Smith, J.A., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis*. London: Sage.

Smolak, L. (2004). Body image in children and adolescents: where do we go from here? *Body*

|  
*image*, 1(1), 15-28.

<http://www.sciencedirect.com/science/article/pii/S1740144503000081?via%3Dihub>

Solbes, I. & Enesco, I. (2010). Explicit and Implicit Anti-Fat Attitudes in Children and Their Relationships with Their Body Images. *Obesity Facts*: 3(1), 23-32.

<https://www.karger.com/Article/PDF/280417>

Tan, C.C., Ruhl, H, Man Chow, C & Ellis, L (2016) Retrospective reports of parental feeding practices and emotional eating in adulthood: the role of food preoccupation, *Appetite*, 105,410-415 <https://doi.org/10.1016/j.appet.2016.06.009>

Taylor, N. (2011). “Guys, She’s Humongous!”: Gender and Weight-Based Teasing in Teasing Adolescence. *Journal of Adolescent Research* 26(2), 178-199.

<http://journals.sagepub.com/doi/abs/10.1177/0743558410371128>

Tiggemann, M. (2004) Body image across the adult life span: stability and change. *Body image*, 1, 1, 29-41 [https://doi.org/10.1016/S1740-1445\(03\)00002-0](https://doi.org/10.1016/S1740-1445(03)00002-0)

Tiggemann, M. & McCourt, A., (2013) Body appreciation in adult women: Relationships with age and body satisfaction, *Body Image*, 10 (4), 624-627

<https://doi.org/10.1016/j.bodyim.2013.07.003>

Tiggemann, M & Sleviec, J. (2012) Appearance in adulthood In N. Rumsey, D. Harcourt (Eds.), *The Oxford handbook of the psychology of appearance*, Oxford University Press, Oxford.

Vincent, M.A. & McCabe, M.P. (2000). Gender differences among adolescents in family, and peer influences on body dissatisfaction, weight loss, and binge eating behaviors. *Journal of Youth and Adolescence*, 29(2), 205-221.

<https://link.springer.com/article/10.1023/A%3A1005156616173>.

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