

## EMPIRICAL STUDY

**Understanding everyday life of morbidly obese adults-habits and body image**

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**Abstract**

**Background:** Morbid obesity is a progressive, chronic condition associated with failed attempts at change and repeated relapses.

**Aim:** There seems to be little previous research into the understanding of the everyday life of morbidly obese adults. We wanted to gain more knowledge about characteristics of eating habits and body image as well as motivational forces for change.

**Methods:** A qualitative approach was chosen in order to gain insight into how morbidly obese adults experience everyday life. Qualitative interviews are well suited to provide insight into themes from the interviewee's life story from the subjects' own perspectives. To gain insight into such processes, a narrative approach that allowed the informants to give voice to their ways of doing, thinking and feeling in daily life, was adopted. The informants comprised seven women and four men aged of 26–56 years, recruited from a population of obese individuals who had participated in a weight reduction course. A hermeneutic approach was used where the research question was the basis for a reflective interpretation.

**Results:** The following meaning-units were identified: to be perceived as overweight; and to see oneself as overweight. Ingrained habits: the struggle between knowing and doing; acting without knowing; and eating is soothing.

**Conclusions:** Seeing oneself as an obese person is a gradual process that implied experiencing oneself as different from significant others, such as (slim) siblings and friends. To experience a gap between knowing and doing concerning food habits in everyday life indicates that informants value they have a choice. This is an important insight to consider when framing interventions to support this vulnerable group.

**Key words:** *Morbid obesity, food-habits, body, shame, qualitative study, life style, routine behaviour, weight-related problems*

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This paper focuses on characteristics of eating habits and body image among adults suffering from morbid obesity. Overweight and obesity is an increasing public health problem both in Norway and internationally (Helse-og omsorgsdepartementet, 2007). Morbid obesity is a progressive, chronic condition associated with failed attempts at change and repeated relapses (Rippe, McInnis, & Melason, 2001). The medical criteria for morbid obesity is a BMI >40 kg/m<sup>2</sup>, or >35 kg/m<sup>2</sup> with one comorbidity (Hjelmesæth, Hofsø, Handeland, Johnson, & Sandbu, 2007). A combination of genetic dispositions and social factors seems to have a causal

connection (Sosial-og helsedirektoratet, 2004). Overweight and obesity are generally conceived as results of sedentary lifestyle with too little physical activity and too much food.

Everyday life is a generic term that, among other things, relates to daily activities of an individual as typified by living habits, e.g., eating, physical activities and social life. Eating habits is a term that covers what and how people eat. The meaning and organization of everyday life has been a topic of investigation (Håkanson, Sahlberg-Blom, Ternstedt, & Nyhlin, 2011; Halkier & Jensen, 2011; Svidèn, Tham, & Borell, 2010).

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Self-esteem and body image are influenced by obesity (Cooper, Fairburn, & Hawker, 2003; Friedman & Brownell, 1995; Grilo, Masheb, Brody, Burke-Martindale, & Roth, 2005). Stigmatizing experiences among people suffering from obesity occur frequently in the context of personal relationships with family, friends, and co-workers (Puhl & Brownell, 2006). Rugseth (2011) claims living with obesity may be perceived as an individually experienced phenomenon, which is contextually conditioned by mutual exchange with other people, cultural stigma, times and places. She found that the obese body was at the forefront of all experience (Rugseth, 2011).

Individuals suffering from morbid obesity who make decisions about changing habits to promote weight-loss, often perceive this action as a continuous endeavour that requires external support (Borge, Christiansen, & Fagermoen, 2012; Dansinger, Gleason, Griffith, Selker, & Schaefer, 2005).

In order to improve our understanding of everyday life of morbidly obese adults we conducted a qualitative study. An understanding of everyday life from the viewpoint of morbidly obese adults may shed light on why changing habits to create healthier and weight-reducing way of life seems to be such a Sisyphean task. This is important to consider when framing preventive and therapeutic interventions for this major public health problem.

## Background

Despite the efforts of individuals and public and private services aimed at weight reduction, the population keeps getting heavier. This suggests a need to ask what factors, other than rational choice, may be influencing living habits? Habits may be defined as non-reflective, repetitive behaviour, a basic necessity for making daily life manageable. Preferences and habits are often intimately connected. Habitual behaviour is also often associated with addiction (Lindbladh & Lyttkens, 2002). Habits can often seem like an intimate and connected part of the self, and are particularly visible when judged as bad habits, e.g., smoking, "I am a smoker" (Connerton, 1989). According to Merleau-Ponty (2002) the lived body is a habitual body. It is in action that the habitual body is accomplished.

Within a sociological frame of reference, a goal-oriented version of rational behaviour is distinguished from routine everyday practices that do not require reflection about aims, motives and means (Berger & Luckmann, 1966; Connerton, 1989). Nevertheless, in the context of everyday life the demarcation between reflective and habitual behaviours is normally fluid and contains elements

of both. It is also obvious that there are important differences in the ways in which individuals relate themselves to habits (Lindbladh & Lyttkens, 2002). These researchers found that people in lower social positions are more inclined to rely on their habits and are accordingly less likely to change their behaviour.

Some studies conducted among obese adults seem to address underlying aspects of eating habits. In a Danish qualitative study it appeared that informants had considerable knowledge of food and its energy composition, but in spite of this they made choices contrary to that knowledge (Overgaard, 2002). In a qualitative study with 11 obese adults, Grant and Boersma (2005) found strong connections between eating and various emotional and social needs. Preferences for particular foods were linked to foods the informants had known as children. Cycles of control, where food was a tool used by parents to maintain control, were also transmitted intergenerationally. These lessons are particularly powerful because they are tacit and learned by experience (Grant & Boersma, 2005). Exploring obesity as a life experience among 20 Norwegian adults, Rugseth (2011) found that food and meals formed patterns of living that informants were reluctant to give up. They perceived the choices of food and eating regimen recommended on the basis of nutritional and medical perspectives as turning their world "upside down" (Rugseth, 2011). A qualitative study from Scotland with mostly women over 50 years old, reported that many obese patients felt apathetic, that there was no room for change and that they were unable to help themselves (Jones, Furlanetto, Jackson, & Kinn, 2007). Lindelof, Nielsen, and Pedersen (2010) reported from a qualitative study exploring Danish obese adolescents' and their parents' views on the former's obesity. They found that the adolescents were fully aware that their diet was unhealthy and they wished they were able to alter this behaviour. Besides the food served at home, obese adolescents consumed large quantities of unhealthy food when alone, feeling sad, bored, hungry or with peers (Lindelof et al., 2010). It appears that habits may be a powerful force to deal with when being obese, which inspired us to do further research into how morbidly obese adults experience these aspects of everyday life.

Body shame, body image and quality of life in relation to obesity have been addressed in studies. In a meta-analysis, Friedman and Brownell (1995) found body image distortion and disparagement in obese individuals, while Cooper et al. (2003) underlined the need to address body image concerns in the treatment of obesity. Grilo et al. (2005) found that among bariatric surgery candidates, women

reported significantly higher body image dissatisfaction than men. An Australian qualitative study reported several stigmatizing experiences among mostly female obese adults: e.g., being abused when using public transport, and not being able to fit into seats on planes. Participants often blamed themselves for stigmatizing experiences (Lewis et al., 2011). In a recent Norwegian cross-sectional study among morbidly obese adults on treatment waiting lists, the participants were found to have lower health related quality of life (HRQoL) on all sub-dimensions compared with the norms (Lerdal et al., 2011).

Although themes such as emotional eating, body image disturbance, self-esteem, obesity stigma, quality of life and life experience have been addressed in studies concerning obesity, there seems to be little previous research into the understanding of the everyday life of morbidly obese adults. The aim of the study was two-sided: we wanted to gain more knowledge about characteristics of eating habits and body image as well as motivational forces for change. The paper focuses on the following research question: How do the participants describe their everyday life experiences as morbidly obese adults?

## **Method**

A qualitative approach was chosen in order to gain insight into how morbidly obese adults experience everyday life. Qualitative interviews are well suited to provide insight into themes from the interviewee's life story from the subjects' own perspectives (Kvale & Brinkmann, 2009). To gain insight into such processes, a narrative approach that allowed the informants to give voice to their ways of doing, thinking and feeling in daily life, was adopted. A way of viewing narrative is, according to Polkinghorne (1988), that experience itself is storied, or it has a narrative pattern. The narrative approach enabled a focus on the participant's own understanding, recall and interpretation of their experiences (Riessman, 2008).

## **Participants**

In Norway a Patient Education Resource Centre (PERC) offers a 40-hour course that covers major subjects related to necessary lifestyle changes. The course is mandatory for patients on waiting lists for treatment of their morbid obesity, and emphasizes an increased awareness of lifestyle choices (Lerdal et al. 2011). The study was conducted among a group of participants who had attended PERC. Having completed the course we expected that the participants had raised consciousness of lifestyle

choices, enabling them to review their everyday life even before attending PERC. Thus, they might also contribute with valuable insight into the characteristics of eating habits and body image of morbidly obese adults.

A letter of invitation to participate in this study was sent from the PERC to all course attendees ( $n = 44$ ) 4–6 months after course completion. The researchers had no prior relation to the interviews, but we have a genuine interest in the problem area we approached in this study.

The informants comprised seven women and four men aged 26–56 years. Nine of the participants were waiting for surgery, while two had chosen to reduce weight without surgery.

## **Interviews**

Narrative interviews centre on the stories the subjects tell which may come up spontaneously during the interview or may be elicited by the interviewer (Kvale & Brinkmann, 2009). Inspired by the “open narrative interview” as described by these authors, we used an interview guide as a framework allowing informants to describe their everyday life practices in their own terms. The interview guide included questions about eating habits, physical activities and other everyday activities and experiences related to obesity. Informants were encouraged to talk about what their daily lives were like before attending the course. The ways in which they expressed themselves may have been influenced by their participation at PERC, which probably raised their awareness of habits. A general impression was that they spoke more or less without restraint about their daily life experiences. To promote a realistic, detailed narrative, the informants were encouraged to describe a typical day, starting from morning rising (Haavind, 1987; Ulvik, 2007). We also asked them to look back on their history as obese. Interviews were conducted by two of the authors (BC and LB) between June and August 2009. Each informant decided where the interview should be carried out; at his or her home or at the researcher's office. All interviews were tape recorded and transcribed verbatim.

## **Analysis**

Narratives can be analyzed in many different ways. Our analysis can be described as “bricolage”, which refers to an eclectic form of generating meaning, moving freely between analytic techniques and concepts based on systematic readings of the material (Kvale & Brinkmann, 2009). A hermeneutic approach was used where the research question was the basis for a reflective interpretation. Inspired by

Kvale and Brinkmann's (2009) three contexts of interpretations, two researchers analyzed the verbatim transcripts manually.

### *Self-understanding*

The interpreter here formulates in a condensed form what the subjects themselves understand to be the meaning of their statements, and the interpretation is more or less confined to the subjects' self-understanding (Kvale & Brinkmann, 2009). After separate, in-depth readings of the transcripts to gain a sense of the whole, meaning units that derived from the data (social life, food and eating patterns, work, physical activity, etc.), were identified by colour-coding in order to structure the informants' utterances. This process involved searching the entire material for similar and contrasting utterances.

### *Critical commonsense understanding*

The interpretation here goes beyond reformulating the subjects' self-understanding, and may thus be critical of what is said. By including general knowledge about the content of the statement it is possible to amplify and enrich the interpretation of a statement (Kvale & Brinkmann, 2009, p. 215). Further attentive reading and discussions uncovered nuanced meanings related to the initial meaning units. This interpretation included a wider frame of understanding than that of the informants themselves. The meaning units were subsequently condensed by identifying patterns and variations, underpinned by illustrative excerpts and quotes from the material. Thus, the analysis moved from units of meaning and generated preliminary themes. To enhance the rigour of the research process, a third researcher was involved in discussing the analysis. The discussions opened up a more nuanced meaning, and through this process five themes eventually emerged. Verbatim quotations from the transcribed material underpinned and exemplified our interpretations. This second context of interpretation is reflected in the presentation of findings: (1) to be perceived as overweight; (2) to see oneself as overweight; (3)

ingrained habits: the struggle between knowing and doing; (4) ingrained habits: acting without knowing; and (5) ingrained habits: eating is soothing.

### *Theoretical understanding*

A theoretical frame for interpreting the meaning of a statement is applied, and thus exceeds a common-sense understanding (Kvale & Brinkmann, 2009). This more comprehensive interpretation involved contextualizing the critical commonsense understanding by using theoretical frameworks and previous research moving our analysis to a higher level of abstraction. This third context of interpretation is reflected in the discussion (Table I).

## **Ethics**

The study was approved by the Regional Norwegian Committees for Medical Research Ethics (6.2009.194). The informants were contacted by mail, distributed by PERC. Those who agreed to participate in the study sent their names in an envelope directly to one of the researchers. They were informed that participation was voluntary, and that they had the right to withdraw at any time. Written informed consent was obtained from each of them prior to the interviews, including their consent to the use of audio recordings. Assurances were also made that anonymity would be preserved when the results were published.

## **Findings**

### *To be perceived as overweight*

All informants had been more or less overweight since childhood or adolescence. They seemed, however, to have had varied experiences concerning what attention their overweight caused while growing up. One informant told how others in the family were overweight, and her mother urged her to eat. In her childhood, food was connected to cosines and reward. Another found that plenty of attention was given to weight, food and slimming: "Mom nagged" about the weight—while the nurse focused

Table I. Examples of three contexts of interpretations.

1. Self-understanding	"I don't like to see myself in a photo" "I dislike myself, and don't want to be seen"
2. Critical common-sense understanding	To see oneself as overweight: Seeing oneself as an overweight person was connected with displeasure, particular for female informants. Data indicated that they were dissatisfied and avoided images of themselves. Looking in the mirror or seeing oneself in a photograph or on video was often difficult
3. Theoretical understanding	To view oneself in mirrors, etc., reflects an outward glance at the physical body. According to Merleau-Ponty (2002), to see oneself through the eyes of others, may evoke a sense of bodily shame

on weighing: “To be measured and have one’s weight checked, and be told you have a fault, that was no good.”

Being constantly reminded about weight problems while growing up seemed to be a common experience among the informants. A man said that his mother was advised to feed him with plenty of fruit and vegetables, “which is why I hardly touch them today.”

As adults, they spoke about varied experiences from their social life. A typical pattern was that obesity seemed to cause tension in relationships, and two women told of relationships that ended, in part because of weight problems, and periods of social isolation. One of them was extremely depressed for weeks without any social contact, which she related to being overweight. One informant said that his wife did not understand his weight related problems, and argued with him. Another became annoyed with her husband when he tried to help her to lose weight.

Obesity caused job-related problems to a greater or lesser degree. Two of the informants said they were unable to perform their work the way they should because of being overweight. A male informant spoke about going to several job interviews without ever getting a job.

Even though comments about their obesity were rare, the informants were sensitive about how other people react to their obesity: “You notice a look . . .” All informants had experienced feeling uncomfortable with activities that required them to appear in public, such as the feeling of being stared at in the grocery-shop, on the beach or in a swimming pool. They also felt strain when using public transport: “I feel I take up a lot of space.” Another barrier seems to be a particular focus on chairs when visiting others, at the cinema, meetings, etc., because they feared that the chair would break or that the armrests were too narrow. Insufficient mastery of social life made one informant feel depressed and slump into passivity: “I sit down in a chair and go to sleep.”

#### *To see oneself as overweight*

One informant told how he was about 12 or 13 years old when he “saw himself as plump and heavy.” He experienced himself as different from his siblings: “It has been bothersome that they can eat what they want.” Several informants seemed not to be aware of their overweight until it came to their attention because clothes did not fit, or weight-related problems started to occur: “When I noticed that my back hardly managed to carry my weight, I thought, what’s happening?”

Seeing oneself as an overweight person was connected with displeasure, particular for female informants. Data indicated that they were dissatisfied and avoided images of themselves. Looking in the mirror or seeing oneself in a photograph or on video was often difficult: “I don’t like to see myself in a photo.”

One woman said that she kept an expressionless face, but felt different inside, while another felt she was living inside a box, to protect herself: “I dislike myself, and don’t want to be seen.”

It appears that the men view themselves in a more positive way. Two men stated that they think they function normally, but were aware of being overweight when they bought clothes.

Physical activity was a theme in the interviews. A typical pattern involved explanations about how they were more or less prevented from undertaking physical activity because of obesity, which made them resigned to inactivity. Several informants told about health problems related to obesity that hindered physical activity. While a few informants said that they were fond of physical activities such as walking and participating in sports, particular as youngsters, there were also examples of a lifelong story of escape, for instance making up weight-related excuses so they did not have to participate in various activities: “I sneaked away from physical activity in periods” and “I don’t like to walk outside during winter because I’m afraid of falling and not being able to get up.”

Some of the informants indicated positive experiences with adapted training: “They (trainers) made me run on the treadmill for the first time in many years, and I enjoyed it very much.” Even so, several of the informants seemed to prefer a sedentary lifestyle with activities that did not demand much movement of the body, such as listening to music, reading books and handicraft.

#### **Ingrained habits: the struggle between knowing and doing**

All informants had participated in various weight-management programmes that resulted in rapid weight loss and subsequent gain. While such programmes did not produce long-term changes in obesity, informants seemed to acknowledge them as a source of knowledge about weight-reduction diets. According to the informants it was not lack of knowledge about food and diet that seemed to cause their weight problems, as these statements illustrate: “I know exactly what to do! I have a plan, but I can’t go through with it!” and “As an overweight person I know everything about food, but when I experience things going in the wrong

direction, I might just as well carry on ...” Even though she knew she ought to eat several meals a day, she struggled to make it a habitual routine: “I am very aware of what I am doing wrong; it’s easy to talk about, and easy not to go through with.”

As the data illustrate, informants seemed to have a common struggle to integrate obtained knowledge into daily diet and food habits, but when they talked about their daily food habits, it was not only what they ate that created problems, but also how they ate.

### **Ingrained habits: acting without knowing**

All informants told about routines and habits concerning food that seem to deviate to some extent from what is understood as common practice. This was exemplified either by eating rarely and becoming “extremely hungry”, or eating often and therefore never feeling hungry. Regular meals were the exception for informants, who also told about other characteristic habits. One informant said he ate in a greedy way, another that she used to “put something in the mouth” when she stood in the kitchen making food. A common practice among informants seemed to be eating large quantities at each meal, including “a lot of gravy.”

There were examples of food habits that seem to be more or less subconscious: “I was unaware that I didn’t eat breakfast,” and “If I drop hot meals for several days, I often find myself snooping around in the cupboards for something to eat.”

Conversely, the data also indicated that informants paid considerable attention to food, and one informant stated that she had to think about food continuously. Several informants expressed a weakness for chocolate: “Very fond of food, chocolate and everything, forever.” The passion for chocolate could also indicate indifference, or blaming their body. A typical statement was that it did not seem to matter if they ate a bar of chocolate, because they were already fat. In a similar statement, one informant admitted a lack of willpower: “When I ate a chocolate bar, it was a big one. When I opened a bar of chocolate, I couldn’t leave a piece.”

### **Ingrained habits: eating is soothing**

Some of the female informants explained that they ate more than they should to compensate for other problems. They told how food sometimes became a comfort, and that eating relieved stress: “I pop something in my mouth to relieve my troubles.”

Although data show that the informants suffering from obesity were facing great challenges concerning food and meal habits, there were also examples of how some of them had developed personal strategies

to manage their weight and change their habits. One informant said that she complimented herself when she avoided fattening food, and another that he instructed himself to go out and eat regularly: “When I mobilize thought and will in the right direction it can work well, but I’m often slow ...”

## **Discussion**

One pattern that appeared was that seeing oneself as an obese person is a gradual process that implied experiencing oneself as different from significant others, such as (slim) siblings. Female informants seemed to suffer more from negative social consequences, for instance low self-esteem, poor body image, and in relationships, illustrated when they told of how they disliked the view of themselves in mirrors and photographs. To view oneself in mirrors, etc., reflects an outward glance at the physical body. According to Merleau-Ponty (2002), to see oneself through the eyes of others, may evoke a sense of bodily shame. The dys-appearing body appears as alien (Zeiler & Wickström, 2009). However, male informants did not seem to be so preoccupied with their bodies, as shown by their awareness of obesity being evoked only when clothes did not fit. Overgaard (2002) reported that women in particular wanted to hide their bodies, and four of the five interviewees were distanced from their physical bodies. Lewis et al. (2011) found that mostly female obese adults often blamed themselves for stigmatizing experiences. Grilo et al. (2005) and Friedman and Brownell (1995) also found poor body image and body image distortion in obese individuals. Our findings indicate gender differences in body image, other studies report no such differences in quality of life (HRQoL) among obese (Lerdal et al., 2011). Hence, the gender perspective on everyday life and body image should be further investigated. Another interesting question for further research is the gradual process of seeing oneself as obese.

A distanced, outward way of experiencing one’s own body may provide an understanding of the way our informants were particularly aware of their obese bodies, in mirrors, photographs or when clothes did not fit. Leder (1990) described how the body, at times of dys-appearance, is often experienced as separate from oneself. Merleau-Ponty (2002) would describe this in terms of the body as an object seeming to be in the forefront of our informants’ lived experience. A person’s sense of own physical appearance, usually in relation to others, can shape his or her body image, and can be different from how others actually perceive him or her. This widespread understanding of body image is much in line with Merleau-Ponty’s (2002) theory of the body as

relational, in the sense that it is inseparably connected to its surroundings. The body is seen as fundamental to all human experience and is understood as both subject and object, which coexist. "We must ask why there are two views of me and the body: my body for me and my body for others, and how these two systems can exist together" (Merleau-Ponty, 2002, p. 122). According to Merleau-Ponty, the feeling of shame is closely connected to the gaze of others: "... in so far as I have a body, I may be reduced to the status of an object beneath the gaze of another person, and no longer count as a person for him ..." (Merleau-Ponty, 2002, p. 193).

Another pattern that appeared was that the obese body created obstacles and influenced living habits in various ways. Although some informants claimed they had been fond of physical activities, the obese body had caused restrictions that led to a lifelong story of escape from physical activities and the development of more sedentary activities and habits. Wiklund, Olsén, and Willén (2011) reported from a Swedish qualitative study with 18 patients suffering from severe obesity how excess weight itself was considered an obstacle to physical activity, although physical activity was experienced positively. Findings in a Norwegian qualitative study with five obese women showed that they felt more comfortable when exercising within a treatment context organized for patients with obesity problems. In ordinary fitness gyms they felt the gaze of others as well as bodily pain (Groven & Engelsrud, 2010). All our informants had experienced feeling uncomfortable with activities that required them to appear in public, for instance in the grocery-shop, on the beach or in a swimming pool. This is consistent with results from Rugseth's (2011) study, where body weight was at the forefront of all experience and was an impediment to the things they wished to do.

Our study found that experiences concerning food and meals while growing up seemed to influence the informants' food habits. Understanding the body as the primary source of experience also implies that a person's lived experiences are an integral part of the body; where present time includes both the past and future (Merleau-Ponty, 2002). A question that is also raised by Lindbladh and Lyttkens (2002) is whether reference to childhood and adolescence for the grounding of today's obesity and habits is seen as "natural", and therefore sustained in an unreflective way? For instance, one of the informants explained that he seldom ate fruit and vegetables now because he was more or less forced to eat these foods in his childhood to lose weight. Furthermore, informants spoke of how attention from significant others seemed to be related to food and eating patterns

either in positive or negative ways; food used for cosiness and reward, or in contrast, food as a source of problems when considerable negative attention was given to weight, food and slimming. Female informants in particular described eating patterns that seemed to compensate for various forms of emotional distress. Grant and Boersma (2005) found that food may be used as a tool to numb emotional pain and regulate emotions. In line with their findings, people learn by experience in a tacit way when food is used by parents as a tool to maintain control, or it is the symbol or substitute for relationships and well-being. Although informants in their study were able to reflect on "bad" habits and showed awareness of them, the symbolic association with food and meals is rendered powerful by the fact that it operates below the level of consciousness (Grant & Boersma, 2005).

This is a pattern recognized among our informants when, probably influenced by greater awareness of their daily lives after attending the PERC course, they spoke of food habits that seemed to be more or less subconscious, for example, being unaware of not eating breakfast, or finding oneself snooping around in cupboards. A process of reflection is initiated when everyday routines that have been taken for granted are, for some reason, interrupted (Lindbladh & Lyttkens, 2002). Similar patterns are also reported in the study by Grant and Boersma (2005), where cycles of emotional overeating became evident in retrospect, but not consciously in the moment. Speaking of "bad habits" could also suggest that our informants made a distinction between positive and negative aspects of their daily routine behaviour. According to Lindbladh and Lyttkens (2002), to classify habitual behaviour in negative terms could be assumed to function as a change-promoting mechanism.

However, the habitual and the good are two dimensions that were mentioned by several informants, for example, when they said that they often ate "a lot of gravy." Lindbladh and Lyttkens (2002) suggest that there is a tendency to equate habits and preferences. In our study this is particular prominent when informants described their passion for chocolate. Eating chocolate was justified as a deeply rooted pleasurable habit by several informants. The characteristic pattern was that they simultaneously expressed indifference and lack of control, blaming their obese bodies. In relation to the situation of many obese persons, Riva et al. (2006) have described some similarities to addictive behaviour, with a strong desire or compulsion, difficulties in control, and persisting despite clear evidence of harmful consequences.

Another typical pattern in the findings was that there seemed to be much effort and tension between what informants knew they should eat, and what they actually ate. Similar findings were also reported by Overgaard (2002), who found that, in spite of having knowledge, informants made choices contrary to that knowledge. Even though our informants claimed they, as a group, had knowledge about healthy and weight-reducing food-habits, they seemed to struggle to translate this knowledge into action and change, a well-known tension that requires a process of reflection. However, to experience a gap between knowing and doing concerning food habits in everyday life indicates that they value they have a choice. This is an important insight to consider when framing interventions to support this vulnerable group. The experience of such a gap may work as a source of pressure, which, as argued by Lindbladh and Lyttkens (2002), may make an energy-demanding change worthwhile. The least costly way of maintaining a healthy lifestyle, is to turn healthy living into a habit.

### Methodological considerations

Although our material from qualitative interviews has been valuable in highlighting nuanced and subtle aspects of everyday life of morbidly obese adults, it must be noted that our sample is limited, and that only 25% of those who were invited to participate in the study did so. As researchers we have reflected upon the reason for this; it is possible that the stigma associated with being obese may have been an important barrier for those who did not consent. As noted earlier, our participants were a diverse sample in terms of age and gender, which may be considered a strength of the study because it enriched the data.

In any qualitative interview, interaction between interviewer and interviewee influences the outcome. In this study interviews were conducted by either one of two interviewers, which may have influenced the course of the interviews to some degree. A third researcher was involved during the analyses. We do not, however, consider this a weakness, because more than one researcher provides a good basis for the analysis. According to Kvale and Brinkman (2009), it is not a problem that different interpreters construct different readings from an interview story, but it is instead a source of fruitfulness and a virtue of interview research.

The focus on the daily life experiences of the informants has also left us with new questions that ought to be further examined. In addition to an in-depth study of the gender-perspective on lived experiences that we have already mentioned, it would be of interest to do further empirical work into what

constitutes changes in health-related habits among obese adults.

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The authors have not received any funding or benefits from industry or elsewhere to conduct this study.

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