

“They all work...when you stick to them” Experiences of and attitudes towards dieting, weight loss strategies and physical activity: A qualitative study of people living with obesity.

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Abstract

Background:

To explore the extent to which people with obesity have attempted to lose weight, their attitudes towards dieting, physical exercise and weight loss solutions, why their weight loss attempts have failed, and their opinions about what would be most beneficial to them in their struggle with their weight.

Method:

Descriptive qualitative study of 76 people living with obesity in Victoria, Australia in 2006/7.

Results:

Participants turned to commercial diets to help them lose weight. Few participants had used, or were motivated to participate in physical activity as part of their attempts to lose weight. Whilst social networks were instrumental in encouraging participants to try different diets, they also were significant in persuading participants to stop dieting or to gain weight back again.

Conclusion(s):

Individuals with obesity receive numerous instructions about what to do to address their weight, but very few are given appropriate long term guidance or support with which to follow through with those instructions. Public health approaches to obesity must engage and consult with those currently living with obesity, if patterns of social change are to occur.

Background

Public perception, and even that of some health professionals, is that people who are classified as obese are lazy and have made few serious attempts to lose weight. We are now starting to understand that the underlying causes of the obesity epidemic operate at numerous levels – individual, cultural, societal, and biological. We also acknowledge that fad diets are not the solution to weight loss¹, and that we need to consider a number of short and long term strategies to facilitate the social change needed to enable individuals, families and communities to live healthy lifestyles.²

Whilst interventions based around physical activity and behavioural therapy for those living with obesity have shown to have positive impacts on wellbeing³⁴ many individuals living with obesity still rely on ‘quick fix’ strategies in their, ongoing and often life-long, struggle with their weight.⁵ Furthermore, physicians still recommend many popular commercial diets as individual strategies for weight loss, even though they have been shown not to be effective. Why then are diets still so seductive for those who are living with obesity? Whilst some studies have attempted to quantify the amount and types of diets that obese people have been on^{6 7}, and the motivations for weight loss attempts⁸, few studies have qualitatively explored the underlying motivating factors of obese people’s weight loss attempts, their beliefs and expectations of diets, and the long and short term physical and emotional health effects of weight loss attempts, and what they think are the best solutions in helping them manage their weight.⁹

The results reported in this paper were part of a larger study looking at the health and social experiences of people living with obesity in the state of Victoria, Australia.^{10 11} The aim of this paper is to explore in detail the extent to which people living with obesity have attempted to lose weight, their attitudes towards dieting and weight loss solutions, their opinions about why their weight loss attempts have failed, and suggestions as to what may help them in their struggle with their weight.

Methods

Detailed methods for this study, the limitations of the larger study, and the general characteristics of the sample have been reported in full elsewhere.¹⁰ In brief, the study was based in Victoria, Australia and aimed to develop a picture of both lived experiences of obesity and the impact of socio-cultural factors on obesity. A descriptive qualitative research design was used.¹² A broad interview schedule was developed based on an extensive literature review, and consultation with public health experts and individuals living with obesity. The aim of using an open ended schedule was to allow the generation of new ideas from individuals and avoid limitation of responses to set choices. A number of topics related specifically to participants experiences in trying to lose weight. These included participants experiences of commercial diets; how they had engaged in particular dieting strategies; whether diets had worked for them; the impact of dieting on their physical and emotional health; and wellbeing; and their attitudes towards physical activity. Further to this, interviewers were trained to probe participants responses to these questions. We sought to interview participants from a wide range of demographics. As such, we used multiple recruitment strategies to reach as broad a range of participants as possible. These included articles in local newspapers, convenience sampling, and at a later stage purposive sampling techniques to diversify the sample. All interviews were conducted between September and October 2006. A conversational style of interviewing was used. Participants were able to chose if they would like to be interviewed face to face, or by telephone. Interviews took between 60 and 120 minutes. Data were managed using QSR Nvivo¹³. However most analysis was conducted by hand, with researchers reading and re-reading transcripts to identify common themes. We used a constant, continuous, comparative method, to develop analytical categories, test our processes of analysis, and then provide an explanation of why categories occurred. The interpretation of data was carried out by the research team within team meetings and providing research participants the chance to comment on the study findings.

Results

A total of 76 individuals participated in the study. Participants were aged between 16 and 72 years old (average 47 years), were mainly women (63, 83%), and had a mean BMI of 42.5.

What motivates people living with obesity to diet?

All participants had attempted to lose weight numerous times in their lives, and in general had attempted to diet from their early teens. Whilst weight loss was the underlying motivating factor for all participants, participants gave a number of associated motivating factors. These included overall health and wellbeing (n=16); preparation for lap banding surgery (n=3); increased mobility (n=6); not wanting to die (n=4); advice from a health professional (n=11); wanting to participate more fully in their children's lives (n=7); wanting to participate in social activities (n=11); not wanting to be ridiculed about their weight (n=4); wanting to be socially accepted (n=16); wanting to establish a long term romantic relationship (n=3).

Weight loss techniques

The most popular weight loss techniques were Weight Watchers (n=53, 70%); pharmaceutical medications – including Orlistat (n=19, 25%) and Phentermine (21, 27%); complementary medicines (n=37, 48%); Jenny Craig (n=35, 46%); and slimming milkshakes (n=31, 40%), periods of 'starvation' (n=20, 26%). A full list of those diets and weight loss solutions mentioned by participants is provided in Box One to reflect the range of diets that participants had tried.

The majority of participants were initially introduced to a particular diet by a member of their social network – a friend (n=13), family member (n=27), or workmate (n=11). Many (n=37) were able to relate a story of a sister, mother or friend who has lost large amounts of weight on a commercial diet – in particular Weight Watchers. Some (n=23) stated that the success stories of people within their networks on particular diets gave them hope that the diet would work for them. Members of social networks played a vital role in encouraging participants to try different types of diets. Many described diet groups

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as a social activity that they went to with their family members or friends. This was particularly true of mothers and daughters, spouses and partners, and sisters. Others spoke of their diet group as a place where they had a sense of belonging, had some social contact, and had a sense of solidarity with other overweight and obese individuals.

Participants were asked why they tried particular diets. Most participants who had joined Weight Watchers stated that they had joined because a friend or family member was currently “*doing Weight Watchers*”. Furthermore, those who had joined Weight Watchers were more likely to say that they had tried the diet on many different occasions. Unlike any other commercial diet participants spoke of a cycle of losing weight on the *Weight Watchers* diet, stopping the diet, gradually gaining weight, and returning to *Weight Watchers* again. A small minority of participants (n=4) stated that *Weight Watchers* was inappropriate for their needs and stated that they had felt humiliated within the group setting, that there had been too much food on the plan, or that they had not lost weight on the plan. However, many other participants (n=31) stated that they enjoyed the supportive environment of Weight Watchers, the regular weigh ins, the “*sensible eating program*”, the community based nature of the program, the social nature of the groups, and that it was more affordable than many other dieting options. Participants were also more likely to state that they went back to Weight Watchers repeatedly over time (n=22), suggesting that whilst on the surface the support was good, the ‘diet’ itself was unsustainable for most participants and did not promote long term change.

Participants who had tried pharmaceutical medications were generally happy with the amount of weight they lost on the medications, but were unhappy with the side effects of the medications. This was particularly true of participants’ experiences of *Phentermine*. Participants who had tried *Orlistat* were also dissatisfied with the cost of the drug, and found it difficult to afford over a long period of time.

Participants’ accounts of their experiences of Jenny Craig were much different. Those who had joined Jenny Craig spoke of being “*seduced*” by the “*spiel*” given by the consultants. Many (n=13) stated that for people living with obesity, the expense of Jenny

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Craig, and the amount of time they would need to be on the program to lose a substantial amount of weight was unrealistic. Most of those who had tried a Jenny Craig program stated they had only done so once (n=14). Participants stated that Jenny Craig had done little to educate them about how to change their lifestyle once they stopped eating Jenny Craig meals. Apart from the relationship with their consultant, many felt that they were “*alone*” or isolated when they were on the Jenny Craig diet.

Of the seven participants who had tried *Optifast*, most commented that they were dissatisfied that there was no other advice given to them about lifestyle change.

Short and long term effects of weight loss techniques.

In the short term, the vast majority of participants stated that they had lost weight when they had dieted. Over half of participants stated that they had had short term success with dieting. Many were able to identify the time when they had lost the most weight, which diet had ‘worked’, and how much they had lost. Participants described the marked physical and emotional difference that losing weight had had on their lives. Words such as “*euphoric*”, “*very happy*”, “*delighted*” and “*ecstatic*” were used to describe how participants felt emotionally when they lost weight. Some women spoke in detail about becoming “*attractive to men*” and being able to form romantic relationships when they lost weight. Participants stated that when they lost weight they physically felt “*more comfortable*”, that they could “*move more*”, and that they could “*keep up with the kids*”.

However, for the vast majority of participants, the euphoria associated with weight loss was short lived. Some participants (n=16) stated that they felt like they were a “*failure*” because they had had friends or family members who had had success with commercial diets, when they had not. Others stated that not being able to maintain the weight loss had made them feel “*depressed*”, “*angry*” or “*cross*”.

Why diets don't work: Is it the diet, or is it me?

Twenty participants commented that they were unable to maintain dieting because the diets themselves were “*unrealistic*”, “*unsustainable*”, were “*too expensive*”, “*didn't*

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address my lifestyle”, *“focused on food rather than changing my behaviour”*, were *“boring”* or *“made me constantly think about my next meal”*. Some participants (n=12) commented that they were also confused about which choices were correct, because of the different messages that were given by different diet companies. Many stated that diets were successful as long as you remained on them: *“They all work... when you stick to them. It's when you go off them that they don't.”* However, others stated that sticking to a diet long term was almost impossible, and some stated they gave up diets because *“sometimes you just want to be normal”*.

A third of participants (n=25) blamed themselves or an associated life event for being unable to stick to or continue with a weight loss plan. Some stated that they had a personality type which expected a *“quick fix”*, and they were dissatisfied when they did not see instant results, or if their weight fluctuated on programs. Others reasons for discontinuing with a diet included: emotional problems, stress, feeling physically unwell, moving to a new job, changes in financial circumstances, lack of willpower, Christmas; an inability to follow the diet *“strongly enough”*, not being *“committed enough”* or *“living next door to KFC”*.

Participants also commented on the pressure they felt from family and friends once they lost weight. Some (n=15) commented that they became upset when people commented on or drew attention to the amount of weight they had lost because participants knew that they would probably put the weight back on again. As we have reported elsewhere, participants also commented that if they lost large amounts of weight, friends and family members would comment that they *“looked sick”* or *“too thin”* and would try to encourage them to stop dieting. In some cases participants stated that they felt family members and friends would try to *“sabotage”* their attempts to lose weight.¹⁰ Dieting with a member of their social network was a double edged sword for participants. Some stated that they felt guilty if they lost more weight than their ‘diet partner’, whilst others felt disillusioned if they lost less weight or if they did not have the same amount of ‘success’ on the diet.

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Physical Activity

Very few participants said that physical activity was a part of their weight loss strategy or was used in combination with dieting. When we asked participants if they had tried exercising there seemed to be even more barriers in their way than when we spoke about dieting. The majority of participants (n=63) said that they found exercising difficult because of their weight, physical health problems, that they could not afford gym subscriptions, or personal trainers, did not have time to exercise, or felt uncomfortable or embarrassed about taking part in organised exercise activities. Other reasons for not exercising included, *“it is dark when I get home from work, so I can’t go for a walk”*, *“feeling fat”*, *“too lazy”* and *“I can’t be bothered”*. Participants stated that it was very difficult to exercise on their own, and wanted an intervention in which someone else would take the responsibility for motivating them and helping them to start being more physically active. *“Give me a personal trainer that gets me out of bed every morning and makes me exercise, and yeah, I’d lose weight.”*

Participants also spoke of being emotionally humiliated, embarrassed or daunted when they attempted to exercise. Swimming and walking were the two most common forms of exercise recommended to participants by health professionals. Whilst many participants felt that swimming would be the ideal exercise for them, most said that they felt ashamed and embarrassed at going to a place where they would have to bare so much of their body to others. One participant described how after her GP recommended that she try swimming, she wore long track pants and a sweatshirt in the water so that other swimmers would not see her body. Another woman commented that when her dietician recommended walking, she walked the local streets at 5am so that no-one else would see her.

What would work?

Most participants (n=53) were quick to point out that there was no magic diet that could help people with obesity. Rather they were very keen to explain, with many examples, that different programs and support systems would be helpful to different people, and that each individual was different. Participants were critical that many diets were extremely

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expensive, and out of reach of those who had large amounts of weights to lose (n=17). However, nearly two-thirds (n=49) of participants thought that 'dieting' was an effective way to lose weight. When asked what obese people needed to do to lose weight, 80% of participants stated that they needed to diet. Very few participants mentioned exercise or physical activity as part of a comprehensive weight loss strategy.

One interesting phenomenon was one which we call 'The Oprah Winfrey Factor'. About a quarter of all participants (n=19) used television personality Oprah Winfrey as an example of how, even with all the resources in the world, some people were unable to stop their weight from fluctuating. Many participants were keen to suggest that if someone like Oprah Winfrey was unable to maintain a 'healthy weight', what hope did they have of doing the same.

There was an underlying theme that participants wanted someone else to take responsibility for helping them to lose weight. Many felt that primary care providers, such as General Practitioners (GPs) were the best people to help them do this. Whilst they had tried to lose weight on many occasions, the majority of participants now felt that they were unable to do so by themselves. This may also explain why a number of participants reluctantly felt that obesity surgery was the only option available to them.

Many participants stated that the best solutions for people living with obesity were those which would be accessible, affordable, long term, and engage them in developing personalised plans which would work for them. Many spoke of the need to empower obese and overweight people, to engage them in making healthy lifestyle choices, and in living happy, healthy lives. Some believed that the stigma associated with obesity made seeking help extremely difficult, and that there should also be programs focused on dispelling the myths that people living with obesity were lazy and unmotivated, and to blame for their weight gain. So whilst most participants stated that diets were an effective way to lose weight, the vast majority of participants stated that interventions should not focus on weight loss, but overall lifestyle changes.

Discussion

Participants in this study predominantly turned to dieting rather than ‘lifestyle changes’ or exercise to help in their efforts to lose weight. Three interesting explanations emerge from this paper.

1) People with obesity have been ‘socially conditioned’ to turn to diets for a cure for their obesity, and to blame themselves when diets fail.

For most of their lives, starting in early childhood, participants were told that if they dieted they would lose weight. Diets are marketed as magical, quick fix solutions to excessive weight. Research has shown that frequent exposure to messages about weight loss and dieting may strongly influence weight control behaviours.¹⁴ This was true for participants in this sample, who reported engaging in repeated and often extreme attempts to lose weight from an early age.

Whilst loaded with unrealistic goals and expectations, most diets did lead to some form of weight loss at least in the short term. However, participants were unable to sustain weight loss, and felt that they were to blame when the diet failed. Some have coined this the ‘false- hope syndrome’, in which the unrealistic expectations about self change promoted set an individual up for failure, but the desire to experience these benefits – particularly after experiencing large amounts of weight loss in the short term - encourages individuals to repeatedly try diets again and again.^{15,16} Many participants blamed themselves for their inability to stick to diets, or blamed the particular diet for not working for them. They had also spent much of their lives trying to find a diet that would work. This was also evident in participants’ recommendations for the need for many different types of personal plans to suit each individual. Participants also had unrealistic expectations about what they could achieve through dieting alone, in many cases turning to the diets or interventions such as obesity surgery which they perceived would lead to the greatest weight loss in the least amount of time. This finding concurs with others who have hypothesized that dieters have unrealistic expectations about the process and likely success of dieting.¹⁷

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2) It is difficult for people living with obesity to engage in exercise or physical activity.

It was very clear from the results that people living with obesity are reluctant or find it extremely difficult to engage in physical activity. Why is this? Is it that diets are perceived to be a far easier solution than exercise programs? There is after all, a big difference between the amount of emotional and physical effort required to 'go on a diet' (very low initially) and the amount of emotional and physical effort required to increase physical activity (usually significant). Exercise is not sold as a magic solution to weight loss. In fact the messages about exercise are that it is very hard - i.e. the no pain no gain paradigm. Whilst some participants felt that they were physically incapable of exercising because of health difficulties, many also felt emotionally uncomfortable or publicly humiliated when trying to engage in the types of exercised recommended to them by physicians – such as swimming. Further research is needed into how people currently living with obesity may be encouraged and engaged in physical activity, existing barriers to physical activity, and how individuals may be involved in developing appropriate physical activity messages and interventions.

3) Social networks have both a positive and negative effect on efforts to lead more healthy lifestyles.

Participants were strongly influenced by the attitudes and opinions of their informal social network members – and particularly from family members. Whilst social networks were key in encouraging participants to try different diets, they were also instrumental in disrupting participants' weight loss attempts. Participants also sought out semi-formal social networks of people they could identify with, such as Weight Watchers, which provided a supportive environment, but also did not lead to any long term change. It is well acknowledged that both formal and informal social networks have been shown to be a very powerful tool in encouraging positive health behaviour, social support, self esteem, identities and perceptions of control.¹⁸ Patient self management and peer education strategies have also been shown to be highly effective motivators in addressing chronic illness.¹⁹ Further investigation into how social networks may be utilised in obesity prevention and health promotion strategies is needed.

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Results from this study suggest that whilst those classified with obesity find it easier (although ultimately not beneficial) to address weight loss through dieting, and are encouraged to do so, they find it remarkably difficult to engage in physical activity. This raises a number of important questions for public health professionals.

Obesity interventions should focus on short and long term patterns of social change rather than repeated weight loss messages. In order to do this, public health professionals and researchers need to actively engage with those classified as obese to understand at the individual and community level the drivers behind individual behaviour. Large lifestyle intervention trials such as the Look AHEAD study have recognised the need to set moderate weight loss goals, promote physical activity, use a combination of group and individual therapy, and recognise the need for programs to *'tailor treatment to participants' individual needs, including those related to cultural or ethnic differences'*.²⁰

It was very clear that many participants felt disempowered, particularly in relation to physical activity. We have learned a number of important lessons, particularly from public health interventions in HIV which have shown us that social change will not occur unless we fully engage and empower the populations we seek to help.²¹ Furthermore, these strategies have been shown to be transferable to other patient groups.²² Public health workers and researchers should explore whether or not these strategies, or other community based participatory strategies from other successful public health interventions, are adaptable and transferable to obesity prevention and health promotion. We should also explore how we might best use our existing primary care workforce to help in engaging and supporting people in making these lifestyle changes.²³

It is also important to ensure that our prevention efforts do not become skewed towards children. Most of our public health prevention efforts around physical activity have been with children and young people.^{24, 25} Whilst a focus on children is, of course, extremely important, we should also consider in detail how interventions around physical activity may be more appropriately directed towards young adults and those who are currently

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above their most healthy weight range. Perhaps most urgently is the need to explore how we may enhance the opportunities and reasons for people to engage in physical activity, which is absolutely crucial in breaking the cycle of dieting which traps so many individuals.²⁶

Conclusion

We are very good at understanding the direct causes of health problems in obesity, but we are less successful in recognizing and acting on more upstream determinants such as individual's lack of empowerment, the impact of social networks, and the impact of the broader messages individuals receive about how to achieve healthy lifestyles. This may be largely due to the absence of the voices of those living with obesity in obesity research or in the planning of public health interventions. Whilst many individuals classified as obese receive numerous instructions about what to do to address their weight, very few are given appropriate long term guidance or support. Public health approaches to obesity must engage and consult with those currently living with obesity, if patterns of social change are to occur.

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Conflicts of Interest

None of the authors have a conflict of interest.

Author Contributions

ST: Was the lead investigator on the study (with PK). She was involved in the design of the study, conducting interviews, analysing data, and writing the manuscript.

JH: Was involved in the design of the study, analysing data, and critically revising the manuscript.

AK: Was involved in the design of the study, conducting interviews, analysing data, and critically revising the manuscript.

RK: Was involved in the interpretation of data and in critically revising the intellectual content of the manuscript.

PK: Was the lead investigator on the study (with ST). He was involved in the design of the study, conducting interviews, analysing data, and critically revising the manuscript.

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Box One

Weight Loss Interventions Tried by Participants

Diets/Diet Supplements

Weight Watchers	Jenny Craig
Atkins Diet	Sureslim
Nutri System	MediTrim
OPTIFAST	Lite and Easy
Soup Diet	Grapefruit Diet
CSIRO Diet	Gloria Marshall
T.O.W.N (Take Off Weight Now)	Tony Ferguson Slimshakes
Slimfast	Hip and Thigh
Potato Diet	Zone Diet
Low GI	Beverly Hills diet
Modifast	Water and Celery Diet
Thin over Mind Diet	Israeli Diet
Bikini Diet	Demos Rusos Diet
Richard Symmonds Diet	Israeli Army Diet
Stop the Aitkin's Revolution Diet	No eating after 7pm Diet
Montiac program	The Pritikin program,
The Fit for Life Diet	Modified Carbohydrate Diet
Swedish Milk Diet	Apple and Onion Diet

Other Interventions

Pharmaceutical

Xenical (Orlistat)	Duramine
Zoloft	Sibutramine
Accomplia	Reductol
Tenuate Dospan	

Surgery

Lap Banding	Stomach Stapling
Liposuction	

Complementary or Alternative Therapies

Acupuncture	Hypnotherapy
Massage	Herbalist
Chinese Medicine	Tai Chi
Osteopath	Holistic Therapist
Naturopath	Ear Stapling
Electric stimulation	Ford Pills
Herbal Teas	

Support Groups

Overeaters Anonymous	Weight Loss Support Group
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Physical Activity

Walking	Swimming
Gym membership	

Box Two
Participants Narratives

Motivations for Dieting

I want to look nice. I want to be like most of the other slimmer people. I don't want to be the big fat blob. Participant 077

When I get uncomfortable I think 'oh I want to lose some weight'. I've developed this huge roll under my breast. If I bend over to do my shoes there's this big roll there. You sit down and it's there. It pokes out. It's very uncomfortable. Participant 009

I've gone to a carbohydrate modified diet. I really am sticking to the diet to get this weight off so I can fit into a skirt that I want wear. Participant 082

Weight Loss Strategies

I invested a small fortune in [Jenny Craig] and had no success because I was well and truly sucked in by the fabulous girl at the first interview. She motivated me. I was going to take on the world. Participant 013

[My Doctor] told me all about the Acomplia. The FDA haven't approved it yet. But where there is a will there's a way! I got on the internet and I found it, so I got that shipped here. Participant 036

I've tried diets over and over and over again. I could easily make my life about losing weight and if I did that I would, there would be results, I have no doubt about that. Participant 018

I am not going to use my weight as an excuse to stop myself from doing things because I get enough of that from society saying 'no you can't do it because you're big', 'no you can't be a sexual beautiful woman and be 135 kilos'. Well yes I can and I am. There are days when I think to myself, 'oh god, just go and get the banding, you'll lose 40 kilos, you'll feel better, and people will f***** leave you alone'. But then I won't be able to eat and you know eating is one of the things that I actually enjoy. Participant 057

Why don't diets work?

My friends say, "Oh you're so beautiful, don't change, you won't look the same if you're thin". I've had my ex-partner say to me "Don't lose weight because then you'll think you're too good and I won't love you anymore". So you get both messages. Some people want you to stay the same because if you change, if you do lose the weight then you become a different person. Participant 057

Weight Watchers had been the only time that I've ever had much success. I did it for a while and probably lost about 5 kilos and felt a lot better. But then I got sick to death of never being able to have a drink and never being able to go out and have a meal and all that sort of stuff. Participant 074

I got probably within 2-3 kilos of that and I had everybody around me panicking that I was too thin and not eating enough. Participant 040

Short and Long Term Effect of Dieting

Really a failure, and shamed, and you know, I got to the stage where I thought I'm too scared to go back because I will not have lost any weight. And the last few weeks of going, I would starve myself for a couple of days before I went just so that I wouldn't be a loser. And then, if I didn't go one week, I wouldn't go back. And I'm not sure that that's the diet, that's the way to approach for me. Participant 049

[And how did you feel after you stopped it?] Just as bad as before I started it. Participant 008

Physical Activity and Exercise

When you're fat and feeling awful you just don't want to get up and exercise. I'm just too lazy to get to the swimming pool. I've got 47 swims left on my Swim Ticket, and I just can't even be bothered getting to the swimming pool door. Participant 058

I sometimes think the day is beautiful and I want to go with the pusher and walk and walk all day. But I don't feel motivated. I think "It's a nice day, I will walk all day and then pick up the kids". But I don't go. I just don't do it. I don't know for some reason I don't feel very motivated to do it. Participant 056

What would work

I don't want a quick fix. I don't expect a quick fix. I'm a little bit past that. But I want something where I can feel human again, where I can feel like a person again, where I'm not constantly thinking I've got to do this or I've got to do that. Participant 011

Let's not focus on weight loss, let's focus on health and lifestyle. Yes you can choose not to eat that piece of steak with the big piece of fat on it or you can choose to eat it. That's your choice. You can choose to walk around the block three times a week or you can choose not to do it. That's your choice too. So it has to be about empowering bigger people to make choices that will benefit their lifestyle, their life. It shouldn't be about weight loss, let's take it away from the kilos and the pounds and you've got to lose, lose, lose. Participant 003

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