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Exploring relationship strategies of overweight adolescents

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EXPLORING RELATIONSHIP STRATEGIES OF OVERWEIGHT ADOLESCENTS

by

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ABSTRACT

RELATIONSHIPS STRATEGIES OF OVERWEIGHT ADOLESCENTS

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Childhood obesity has been identified as a health crisis reaching epidemic proportions worldwide. Significant literature addresses the many aspects of this issue however little exists that honours the experiences and voices of overweight adolescents. Framed by relational-cultural theory, in this exploratory qualitative study, I examine experiences, strategies, and processes of overweight adolescents in relation to their interactions with others. A case study analysis of a focus group of overweight adolescents aged 13-16 years was conducted with three salient themes emerging. Participant's verbalized experiences demonstrated a *perception* of issues related to their relationships with others and sometimes an identified *awareness* of factors pertaining to these relationships. The third theme centres on the varied and at times complex strategies participants used when navigating these potential or existing relationships with others. Implications for health promoting theory, policy, practice, and future research are outlined.

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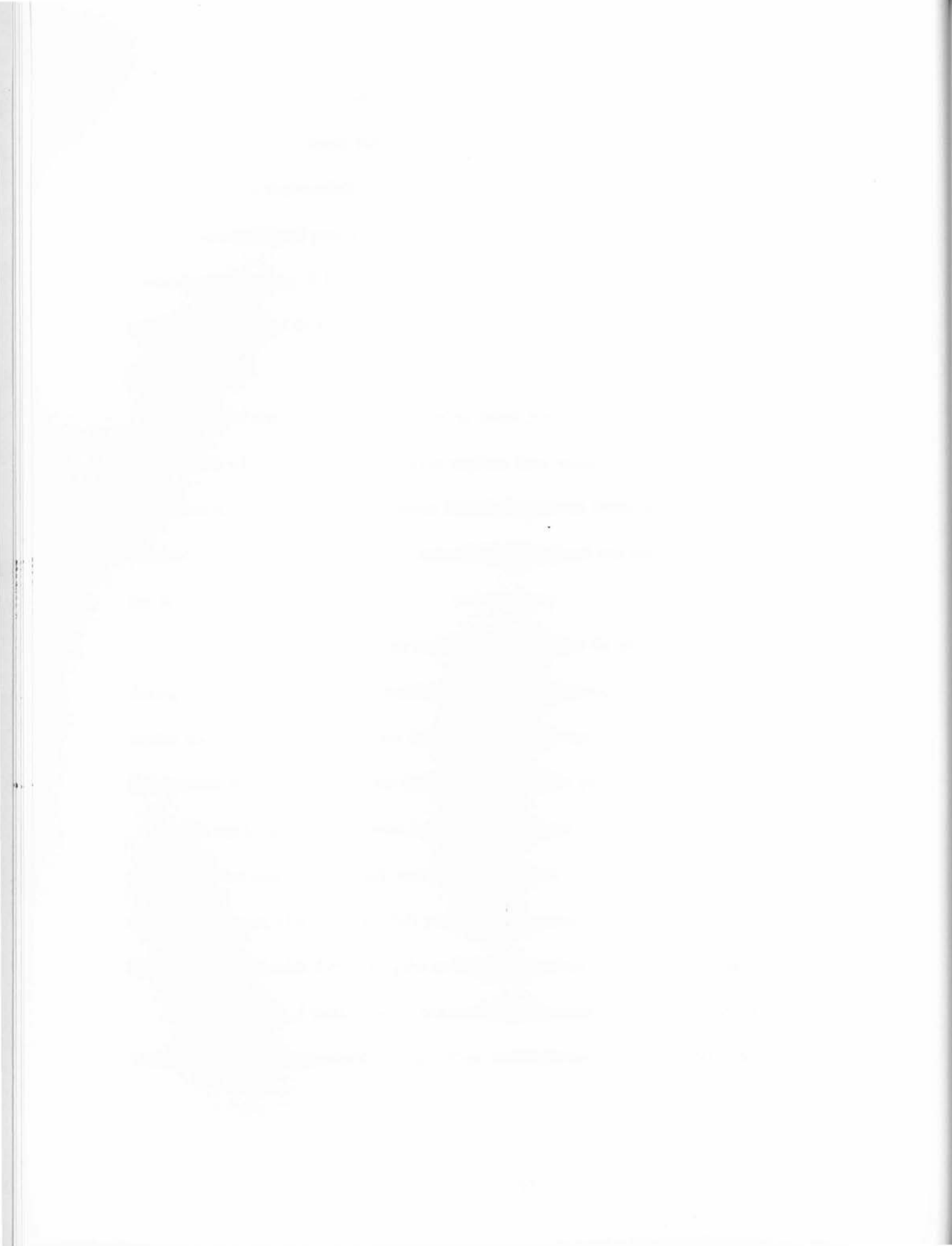
gratefully accepted and cherished.

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Chapter One

Introduction and Theoretical Framework

Introduction

"We're dealing with some canaries in the coal mine. I think it's an extremely important message to listen to their stories because they are definitely representing something that's going on for all of us. Obesity's on the rise, diabetes's on the rise, cancer's on the rise and it's got a lot to do with our lifestyle."

Peter Davison, 2006

"They felt defeated to me."

Chris DeBow, 2006

These introductory quotations were spoken in a CBC documentary, *Generation XXL* (MacInnes, 2006), by the director of the program and a program counsellor of the Fit Intervention Program in Nova Scotia. This program was designed by youth specialist Peter Davison, who has over twenty years in program design and delivery, and by Dr. Phil Campagna, from the "Healthy Kids Initiative" at Dalhousie University. Along with a variety of other childhood weight management professionals, the program for overweight teens focuses on self-esteem and creating a healthy lifestyle. The chilling words of Peter Davison reflect the growing opinion of many, that childhood and adolescent obesity is indicative of far more than just a population of children that eat too much and exercise too little.

Recent media releases cry out the warnings that the current generation of children may end up being the first to live shorter lives than the previous generation. Olshansky, Passaro, Hershaw, and Layden (2005), suggest that if the prevalence of obesity in children continues to rise, a resulting increase in obesity related complications such as diabetes and heart disease will erode gains in the life expectancy of our population that were made in previous decades.

However, nowhere in these media releases is a critical overview of the societal, cultural, ethnic, and socioeconomic factors that have been linked to childhood obesity. The impression that is left is that either the affected children or their parents are the ones responsible for the child's obesity. Rarely is obesity and the ramifications to health discussed as a call for societal change.

Schwartz and Puhl (2003) suggests that the way that childhood obesity is addressed should be no different from other child safety issues. For example, parents may be warned of the risks of injury and possible death presented by a variety of potential threats such as sports toys and equipment, choking hazards of small toys, or the ingestion of toxic substances found in our homes. Often regulations are developed to protect against these threats. However, little has been established in the way of official or informational mechanisms that provide a structure of education or support for parents when addressing the issue of childhood obesity. Huang et al. (2007) suggest that parents lack the ability to accurately assess their own child's weight status thereby magnifying the importance of health care providers providing ongoing evaluation, monitoring and discussion of a child's weight. We live in a society that sends the message that "it's bad to be fat" (Schwartz & Puhl, 2003, p. 58) and that fat people are "lazy, self-indulgent, and even sexually unskilled and unresponsive" (Puhl & Brownell, 2001, p. 796). Stigmatization of and bias toward obese people is viewed as one of the remaining socially acceptable forms of discrimination (Puhl & Brownell).

The words 'overweight' and 'obesity' themselves can present challenges to those identified as such, as well as the health care providers charged with diagnosing and identifying these conditions, and to the public who uses these words in general conversation. Wadden and Didie (2003) identified in an American study that obese men and women rated terms such as 'fatness' and obesity' as very undesirable descriptors for their doctors to use when discussing

weight. Research participants in their study indicated these terms as well as 'fat', 'large size', and 'heaviness' to be hurtful or offensive. By contrast, words such as 'weight', 'excess weight', and 'BMI' were considered either neutral or more desirable. The authors of this study suggested that perhaps these terms are seen as non-judgemental and are more easily understood. Conclusions of the study suggest that health care practitioners that use a 'tell-it-like-it-is' approach by using words such as 'obese' do not result in weight loss. Moreover, they risk losing their patients' trust and ability to work towards weight management goals. Cohen, Perales, and Steadman (2005) contend that 'obesity' as a descriptor grossly oversimplifies a complex societal issue and places blame on the individual rather than taking into account the social and economic influences involved. In medical terms, 'overweight' and 'obesity' have defined parameters that are meant to assist in identifying an individual according to their level of excess weight. Health Canada indicates that body mass index (BMI) and waist circumference (WC) measurements are two tools that can be used to assess appropriate weight. WC measurements are generally applicable to adults only, however BMI measures are being used when assessing children. BMI reflects a ratio of weight to height and results are generally classified in the following categories:

- underweight (less than 18.5 BMI)
- normal weight (18.5-24.9 BMI)
- overweight (25-29.9 BMI)
- obese (30 and over BMI)

The American Centres for Disease Control and Prevention (CDC) suggests that BMI measurements for children should be used as a screening tool only and that further assessments are required should a child's weight be of concern. The CDC has developed accessible online

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tools for calculating the BMI of children. Results also include a percentile ranking that takes into account differences in body fat due to age and gender. Rankings again fall into four categories:

- underweight (less than 5th percentile)

- healthy weight (5th to less than 85th percentile)

- overweight (85th to less than 95th percentile)

- obese (equal to or greater than 95th percentile)

Terminology can be powerful. Identification of health concerns is required by health care practitioners, yet word usage has the potential to negate health promoting messages and can result in lost trust between practitioners and their patients (Wadden & Didie, 2003).

While mistreatment due to weight may be injurious to many, adolescents are particularly vulnerable as identity formation is a major developmental task of adolescence and issues related to body image and self-esteem are viewed as being intertwined (Neumark-Sztainer et al., 2002). What is not clearly illustrated in the literature are the effects that obesity has on adolescents specifically related to how they relate to others and whether their weight status affects these relationships.

Background

As a parent of three grown children, I have had the privilege of experiencing the periphery of the world of today's adolescent. I have also unfortunately come to realize that adolescents face a world that is occasionally biased, paternalistic, and disrespectful to the views of adolescents. For example, some politicians and citizens have cried out for a more punitive government response to crime citing this as the solution to the increased rates of youth crime (Hogeveen, 2005). In much of our media, there is an undercurrent of contempt for today's youth,

a predilection to report deviance and misdemeanour rather than success and triumph. My experience with schools has been extensive and generally my experiences have been positive. However, school boards, e.g., in Ontario during the 90's, were feeling pressure to implement 'get tough' disciplinary policies and practices that focus on zero tolerance ideology and codes of conduct that allow for swift punishment of all identified offenses. These policies rarely reflect the social context of interactions nor the social inequities among students and more importantly are most likely not inclusive of the views of the student (Jull, 2000).

As a nurse who has worked in the community in various roles, I have come to realize that here too youth are underrepresented. Few services are available that address social, behavioural, or mental health issues. For those that do exist, many are fragmented, difficult to access, and rigid in eligibility parameters. In my current capacity as a coordinator of paediatric community home care services, I, as a professional, have found it exceedingly difficult to find appropriate services and overwhelmingly cumbersome to meet the eligibility requirements of these limited resources. Youth struggling with various issues ranging from health care, social services, and mental health face an impenetrable web of bureaucracy resulting all too often in disconnection with these services and loss in confidence about any future access.

In a recently released report, former Ontario Chief Justice, Roy McMurtry, and former Ontario Liberal Cabinet Minister and Speaker of the House, Alvin Curling, detail the chilling findings of their investigations into youth violence. They acknowledge "widespread youth mental health problems going unaddressed, a school system that fails to connect with far too many youth, communities that seem designed for crime, a lack of mentors for youth and supports for their families, a failure to listen to youth, engage them and respect their varied backgrounds and perspectives, the absence of places for youth to gather or play, curtailed economic

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opportunities for youth, and numerous other manifestations of a social context that is broken for far too many" (Toronto Star, Nov. 15, 2008, p. AA6). The report suggests that youth have been alienated from society and lack opportunities to be heard in areas that directly affect their lives. Further, the authors contend that this alienation leads to "a negative concept of self, a greater distrust of authority, a sense of powerlessness, and a sense of exclusion from the broader community" (McMurtry & Curling, 2008, p. 14).

In the introduction to their book, *Generation on Hold*, Cote and Allahar (1994), outline a brief history of the perception of youth. A recurring theme of frivolity and recklessness from as far back as the eighth century b.c.e. is recounted. Cote and Allahar contend that the 'commonsense' view of youth in Western society would indicate that "a person might feel that when young people act immaturely, they must be inherently that way, or that when they do not seem to be able to handle responsibilities, there must be something about them that makes them irresponsible. On that basis of 'common sense', members of the general public often conclude that these supposedly immature and irresponsible individuals must be closely watched and regulated by adult authorities" (p. xii). In my opinion, it is this 'commonsense' view of youth that continues to colour the ability to view them as people capable of thought, judgment, and evaluation, and with some guidance, able to make the transition through the various stages of personal growth and development before them.

As a health issue, overweight and obesity amongst youth presents a spectrum of challenges from physical health symptoms such as diabetes and cardiac concerns to a wide range of social, cultural, and psychological issues. The prevalence of obesity amongst Canadian children aged 12-17 years has increased dramatically over the past several decades and it is now estimated that a total of 29% of this age group is now either overweight or obese (Shields, 2006).

While significant data suggests that childhood and adolescent obesity is quickly becoming epidemic, very little data addresses the effects of obesity from the overweight adolescents' perspective. Knowledge of the client's perceptions and strategies used to navigate their particular experience is paramount if health care providers are to provide truly client centric care. Saewyc (2000) contends that "caring and relationship, connection, and respect are...key components of interventions with adolescents." (p. 118). It would follow that providing those interventions with a more comprehensive understanding of the adolescent's perceptions allows for more complex development of relationship and connection with this group. Given the dearth of research on adolescent's perceptions of their experiences with obesity, it is vital that we explore the phenomenon from the perspective of this population.

Creswell (2007) suggests that qualitative research offers the opportunity to engage directly with people in the natural settings where they live, learn, and interact. Further, the qualitative researcher makes interpretations of what they hear, see, and understand, and therefore focuses on bringing forth the participants meaning of the issue being studied. Through the use of a qualitative research approach, in this research the opportunity to develop a preliminary understanding of the subjective experiences of this identified group of young people is explored.

Statement of Study Purpose

This exploratory qualitative study seeks to examine the experiences of overweight adolescents in relation to their interactions with others and to determine whether they identify specific strategies to attain, maintain, and negotiate their relationships.

Adolescence generally heralds a period of physical as well as psychological and social growth and change (Christie & Viner, 2005). Numerous models outlining the various stages of development detail the changes that occur during the human life and the tasks that identify each stage. Christie and Viner however contend that the criticism of many of these models is in their failure to situate the adolescent within a 'system' or context as determined by their societal and cultural relationships.

Philosopher, natural scientist, and developmental theorist Jean Piaget, whose work began with the study of molluscs, suggested that children think differently than adults and proposed a theory of cognitive development. In 1956, psychiatrist Erik Erikson detailed "eight stages of man." In the fifth stage, Erikson details the learning of identity. According to Erikson, this is a time, when adolescents acquire self-certainty rather than self-consciousness and self-doubt. However, Erikson does acknowledge that, at the stage prior to this one, the child that is mistrusting will doubt their future and the child filled with shame will experience defeat and inferiority (Erikson, 1963). Behavioural theorists suggest that development occurs as a result of reaction to rewards, punishments, stimuli, and reinforcement, whereas social development theorists such as John Bowlby proposed that the early attachment relationship of children has an important influence on development and behaviour later in life (Bowlby, 1969). While these theories remain important for their insight into the various paradigms of child development, they often fail to situate the child in the social and cultural within which they experience their relationships.

Bibby (2001), a noted sociologist whose research has focused on adolescents, indicates that while *friendship* and *freedom* are characteristics ranked by teens as most important, *being*

loved follows closely behind. Parental relationships play an important role in measures of psychological health such as life satisfaction and depression, however measures of self-esteem and self-concept appear to be more closely linked to peer relationships (Wilkinson, 2004). Thus, relationship interactions of adolescents play an important role in their psychological growth and development.

Relational-cultural theory (RCT) seeks to offer an alternative theory of psychological development from the more prominent, psychologically based theories of development that emphasize movement from dependence to independence and autonomy (Jordan, 2001). Instead, RCT suggests that maturity involves growth through connectedness and relationship throughout one's life (Jordan, 2001). The development of RCT is rooted in the work of Jean Baker Miller, a psychoanalyst who, along with three other psychologists, Judith Jordan, Irene Stiver, and Janet Surrey, examined and identified the complexities of women's development. Jean Baker Miller was appointed the first director of The Stone Centre at Wellesley College where she led collaborative work amongst scholars, clinicians, and researchers until 2005. RCT was initially developed to understand the woman's psychological experience; however the elements of the theory can be adapted to understand all human experience (Jordan, 2002). The RCT model places great emphasis on the context in which we live and emphasizes the importance of the effect of cultural and social processes on psychological development.

RCT contends that the primary source of suffering for most people occurs as a result of isolation and disconnectedness. All relationships will experience disconnections, but it the manner in which these disconnections are navigated that influences the outcome. Acute instances of relational disconnect, such as the breakdown of a friendship, can provide opportunities for one to find productive and positive ways to manage their reactions and pain resulting in feelings of

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being relationally effective and healthy. However, acute episodes can also result in feelings of anger, rejection, denial, and withdrawal resulting in one believing that the disconnect experience was a result of their own ineffective relational skills leading to a sense of chronic disconnectedness (Jordan, 2001). RCT posits that it is this chronic disconnectedness that can lead one to feel silenced and forces one to disavow parts of themselves in order to remain in relationships. This disavowal contributes to inauthentic representations of experiences and leads to ever more painful feelings and actions. Acute disconnections can be a vital part of growth-fostering relationships. "Acute disconnections can serve as a way to protest when one is wronged-if the less powerful person is able to represent her experience and be responded to by the more powerful party, trust is enhanced and growth in the relationship is facilitated" (Nakash, Williams & Jordan, 2004, p. 3). They can provide an opportunity for someone to protest a wrong and be responded to by a more powerful party thus enhancing trust and growth in the relationship (Jordan, 2001). RCT suggests that relational disconnections can also occur around issues of diversity such as racism, sexism, classism, and ageism as they shape the context of the relationship (Nakash et. al., 2004). I would argue that, together with the social and cultural contexts of these diversities, that diversities in body size and its meanings, also be included. *Cycles of Disconnection* (Appendix A) illustrates the continuum of unresolved or chronic disconnection, suggesting that, left to continue, may lead to a variety of destructive and injurious feelings and behaviours.

Relational cultural theorists contend that growth enhancing relationships have three central characteristics. These characteristics include:

1. Mutual engagement (defined by mutual involvement and commitment to the relationship).

2. Authenticity (the process of feeling free and genuine in the relationship).

3. Empowerment or zest (the feeling of personal strength and the inspiration to take action in the relationship) (Nakash et al., 2004).

The core ideas of RCT suggest that growth occurs with connection and that mutual empathy and empowerment foster that growth. Jean Baker Miller described five things that characterize a growth-fostering relationship namely: "1) increased zest or vitality, 2) increased ability to take action (empowerment), 3) increased clarity of oneself, others and the relationship, 4) increased sense of worth, and 5) a desire for relationships beyond that particular relationship" (Jordan, 2002, p. 1).

In this study, I examine the relational interactions of overweight adolescents, specifically focusing on the varied strategies they utilize to navigate identified connections and disconnections. As RCT contends that relational disconnections may potentially constitute the starting point for the breakdown of healthy psychological maturity, I draw upon these understandings in my analysis of the data to further develop knowledge of the theory as it pertains to overweight adolescents.

Chapter Two

Literature Review

Literature Review

A review of relevant literature was conducted using various current search tools. Several indexes were accessed through Ryerson University including CINAHL, Proquest, and OVID. In addition, Google Scholar was used to access a broader range of pertinent literature and findings were located using library access to identified documents. Initial search terms included childhood, adolescent, and obesity. This resulted in a wide variety of data. Currently, there is a plethora of views regarding the causes, ramifications, remedial recommendations, and the implications of childhood obesity. Moreover, when examined, some inconsistencies began to appear within the argument regarding the severity of this so-called 'obesity epidemic' adding to the confusion in the messages being communicated. Upon examination and analysis of the literature in relation to this study, several themes merit identification. These themes include, the discussions related to the causes of childhood obesity, the associations identified between childhood obesity and measures of psychological development, and associations between obesity and negative social interaction behaviours. In addition, I briefly examine the evolving debate over the use of the term 'epidemic' when discussing childhood obesity.

The first theme pertains to the disputed causes of childhood obesity. While a simplistic formula might indicate that "energy balance occurs when energy intake equals energy expenditure" (Dietz, 2001, p. 340), many other factors appear to contribute to weight maintenance. Despite countless studies, opinions, and statistics, the cause of childhood obesity still remains in question (Cooper, 2007). Some researchers believe the cause is related

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predominantly to food intake (Hesketh, Waters, Green, Salmon, & Williams, 2005; Janssen, Katzmarzyk, Boyce, King, & Pickett, 2004; Parcel et al., 1995; Saksvig et al., 2005) while others argue physical inactivity to be the more likely factor (Katzmarzyk, Gledhill, & Shephard, 2000; Kohl & Hobbs, 1998; Tremblay & Willms, 2003). However, beyond the seemingly obvious argument that increased weight gain is due to either increased energy intake or decreased energy expenditure lies a complex debate. Some researchers suggest that obesity is associated with socioeconomic factors related not only to individuals and communities but also certain ethnic groups (Hanley et al., 2000; Haque, de la Rocha, Horbul, Desroches, & Orrell, 2006; Janssen, Boyce, Simpson, & Pickett, 2006; Johnson-Down et al., 1997, Oliver & Hayes, 2005).

The World Health Organization (WHO) noted that socioeconomic status (SES) was inversely related to the prevalence of overweight regardless of geographic location and added that this theme was being noted in most developed countries (WHO, 1997). However, there are now indications that obesity is no longer noted only in the developed world. In an international review of studies linking socioeconomic status (SES) and obesity, three conclusions were reached. 1. Obesity can no longer be considered a disease of groups with a higher SES. 2. In developing countries, the burden of obesity tends to shift towards groups with lower SES as the country's gross national product (GNP) increases. 3. The shift towards obesity occurs earlier in women with low SES than it does in men (Monteiro, Moura, Conde, & Popkin, 2004). On a more localised note, Oliver and Hayes (2005) noted that "living in a low SES neighbourhood increases the odds of being overweight" (p. 418) echoing findings in similar international studies. The study also implies that "less affluent neighbourhoods have social and physical environments less conducive to maintaining a healthy bodyweight" (p. 418).

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Resonating with the data provided by WHO, James, Nelson, Ralph, and Leather (1997) add that many health related risk factors including lack of breast-feeding, smoking, physical inactivity, obesity, hypertension, and poor diet are all clustered in lower SES groups. Further, they contend that the diet of those in lower SES groups are high in sources of cheap energy from meat, full fat dairy, sugar, and preserved foods, however low in fruits, vegetables, and whole grains. In a study that compared underweight, overweight, and obese women with normal weight women according to socioeconomic, psychosocial, health behaviour, self-reported global and psychological health and locus of control characteristics, Ali and Lindstrom (2005) noted that compared to normal weight women, the women that were overweight or obese were more likely "unemployed, had low education, low social participation, low emotional and instrumental support, were daily smokers, had a sedentary lifestyle, had poor self-reported global health, and had a lack of internal locus of control" (p. 324). In a Canadian study, Johnson-Down et al. (1997) found that in a group of low-income, multi-ethnic school children in Montreal, Canada, the prevalence of obesity was higher than national average rates of obesity for similar aged children.

The discussion revolving around the associations between SES and obesity is reflected in another distinct group experiencing disparities in health measures, that being the Aboriginal community. Adelson (2005) contends that the health disparities experienced by Aboriginal communities are directly related to social, economic, cultural, and political inequities. As a result, the Aboriginal population of Canada carries a "disproportionate burden of ill health and social suffering" (p. S45). Hanley et al. (2000) found that Aboriginal children are particularly at risk for obesity. In a cross-sectional study of Native children aged 2-19 years at the Sandy Lake First Nations, anthropometric and fitness level measurements indicated obesity levels far above the national average. Factors found to be associated with this increase were high amounts of

television viewing, low levels of fitness, low fibre intake, and junk food consumption. Low fibre intake was manifested by low consumption of fresh fruits and vegetables and high carbohydrate consumption, factors perhaps attributable to restricted access to healthy foods in remote communities.

The second theme noted in the literature is found in studies that examined the associations between obesity and overweight in adolescents and measures of psychological development such as self-esteem, self-concept, and body image in children from early childhood to adolescence (O'Dea, 2006, Strauss, 2000, Thelen, Powell, Lawrence, & Kuhnert, 1992). These studies suggest that while there is an association between obesity and decreased self-esteem, self-concept, and body image in adolescent children, the same association is only weakly identified in children prior to adolescence. In a study of 1520 children aged 9-10 years, Strauss (2000) found no significant differences in levels of global and scholastic self-esteem amongst normal weight and overweight and obese children. However, over the ensuing four years Strauss noted significantly decreasing levels of global self-esteem and by 13-14 years of age both obese boys and girls had significantly lower levels of self-esteem than their normal weigh counterparts. Further, Strauss noted that those children that had continuing low measures of self-esteem also reported increased rates of sadness, loneliness, and nervousness compared with those children whose self-esteem remained constant or improved. In a study examining societal pressures on children concerning their weight, Thelen, Powell, Lawrence and Kuhnert (1992) found that sixth grade girls revealed concerns about being or becoming overweight while second grade girls expressed few similar concerns. In a three year study that followed girls from 13 years to 16 years of age, O'Dea (2006) found that heavier weighted girls (those with a mean BMI over 25) had poorer measures of overall self-worth and poorer self concept in physical, social and

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academic domains. The study also noted that these findings continue and may in fact worsen during adolescence.

The third, and perhaps most disturbing theme notes the identification of numerous studies outlining the various associations between obesity and social interaction behaviours as well as the resulting social and psychological challenges experienced by obese children and adolescents. Overweight and obesity in school-age children and adolescents has been associated with bullying (Janssen et al., 2004; Pearce, Boergers, & Prinstein, 2002). In a study of Canadian children aged 11-16 years, Jansen et al. (2004) noted that overweight and obese youth were at greater odds of being victims of aggression than their normal weight peers. Significant associations existed for both relational (spreading rumours, friendship withdrawal) and overt (hitting, kicking, name-calling) victimization. Echoing this, Pearce, Boergers and Prinstein (2002) identified similar findings in a study of American children in the ninth through twelfth grade. The study found that obese boys reported more overt victimization and obese girls more relational victimization compared with their average weight peers.

Several studies also identified associations between overweight and obese adolescents and social marginalization and stigmatization (Kraig & Keel, 2001; Strauss, 2000; Strauss & Pollack, 2003). In a large study of over 90,000 American adolescents aged 13-18 years, Strauss and Pollack (2003) found that overweight adolescents were more likely to be socially isolated and peripheral to social networks than normal weight adolescents. Sadly, this study also found that while overweight adolescents often listed similar numbers of friends as their average weight peers, these friendships were often unreciprocated and the overweight adolescents reported significantly fewer friendship nominations from others.

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The literature also identified an association between overweight and obesity and increased rates of depression, feelings of shame, and changes in levels of self-esteem (Erermis et al., 2004; Hesketh et al., 2004; Israel & Ivanova, 2002; O'Dea, 2006; Sjoberg, 2005; Strauss, 2000), as well as generalized findings of reduced quality of life (Friedlander, Larkin, Rosen, Palermo, & Redline, 2003). In a study of 4703 Swedish adolescents aged 15-17 years, Sjoberg et al. (2005) found significant associations between adolescent obesity and depression and suggested that therapies addressing obesity need to account for and integrate measures that address issues of shame and social isolation. Eremis et al. (2004) examined groups of obese and non-obese adolescents aged 12-16 years and identified findings that supported previous reports indicating higher ratios of depression, behavioural problems, and low self-esteem in the obese adolescents.

In addition to the above identified three themes, is an alternative viewpoint that is beginning to be heard. Contrary to the rising voices heralding the 'obesity epidemic' is one that is questioning the assertion wholly. Campos et al. (2006) questions the entire notion of the existence of an epidemic of obesity and suggests the "available data neither support alarmist claims about obesity nor justify diverting scarce resources away from far more pressing public health issues" (p. 55). Campos et al., amongst others, suggest that those who lose small amounts of weight and focus on adopting healthy lifestyle changes and a sense of 'size acceptance' realise greater long-term health benefits (Bacon et al., 2005). While this view may be contrary to the predominant opinion and has yet to achieve widespread acceptance, it illustrates the dichotomy of health opinions faced by those struggling with overweight and obesity.

While the root causes of childhood and adolescent obesity and the best approaches for addressing this issue continue to be debated, it appears clear that the effects can be devastating physically, socially, and psychologically. However, there remains an absence of data pertaining

to the experiences and strategies that obese adolescents use to navigate their daily lives and more specifically their relationships with others. Relational Cultural Theory seeks to challenge the paradigm that views the individual as a separate entity that exists in isolation from their surrounding context and instead proposes that the process of growth should be viewed as a relational process and that ongoing growth fostering relationships are critical, in the case of RCT, to women's development. I propose that these growth fostering relationships are critical to development of all individuals. RCT also places emphasis on the context of where an individual lives and notes the importance of the effects of cultural and social processes surrounding that individual. With an eye to the dearth of literature that identifies and honours the relationship experiences of overweight adolescents from their perspective, the need to do so is apparent. With better insight and understanding of the experiences and processes of this population, perhaps we can assist this group with the development of better and more effective strategies and mechanisms that promote healthy physical, social and behavioural growth and development.

Research Question

The purpose of this study is to explore the experiences and strategies that overweight adolescents use to attain and maintain their relationships with others. Several broad questions have been used to better understand the nature of their relationships and, in their words, hear about those experiences and strategies. How does one describe being a teenager and more specifically an overweight teenager? How does the overweight teenager identify and describe the effect of their weight on their relationships? What does the overweight teenager identify as having an impact on forming and maintaining relationships? What processes does the overweight

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teenager identify as part of their relationship strategies? What strategies or barriers does the

overweight teenager identify as useful or detrimental in forming or maintaining relationships?

Chapter Three

Methodology

Method

At the outset of this study, there was the impression that the phenomena of interest would be an element of a social process. In response to this, I concluded that in this exploratory study I would strive to use grounded theory methodology, a methodology used to "explore the social processes that present within human interaction" (Speziale & Carpenter, 2007, p. 133). However, as the study began to unfold, it quickly became apparent that the elements of this phenomena i.e., the impact of the inter-connected social and cultural contexts of adolescents, were exceedingly complex and that the goal of achieving any sort of grounded theory conclusion would be far beyond the scope of this project. As a result of this, it was decided that through the use of case study methodology there was the reasonable expectation of being able to conduct an exploratory study that would begin to identify themes that could be further studied in a more comprehensive study at a later date.

Case study, as an approach, is one that has been used extensively in a varied assortment of disciplines including psychology, medicine, law, political science, and business. As a research methodology, case study can be traced through anthropology. e.g., with the studies of anthropologist Bronislaw Malinowski's study of the Trobriand islands. As well, it can be found in early sociological works such as the studies of sociologist Pierre Guillaume Frederic LePlay's examination of French families and the University of Chicago Department of Sociology's Thomas and Znaniecki's studies of Polish peasants in Europe and America (Creswell, 2007). In

practice, case study can also be used as a teaching method for instructional purposes as a problem solving strategy and as a method of record keeping (Luck et al., 2006).

Yin (2003) suggests that the use of case study methodology arises "out of a desire to understand complex social phenomena" (p. 2). Furthermore, Yin contends that the case study method enables the researcher to maintain the holistic and meaningful features of real-life events. Stake (1995) outlines the use of various approaches to case study and suggests that an instrumental case study is one that seeks to understand a broader issue beyond the immediate details of the particular case. Creswell (2007) indicates that "the single case is typically selected to illustrate an issue, and the researcher compiles a detailed description of the setting for the case" (p. 76).

According to Yin (2003), case study research typically includes five components in the research design. The first component is the study's question. Yin contends that case study strategies generally involve "how" and "why" questions, however adds that "what" questions can also be used when conducting exploratory research. In this study, "what" questions are used to explore the phenomena in question and "how" and "why" questions are used to assist in identifying the operational links in the data.

Secondly, Yin asserts that case study research generally requires a proposition be made. In doing so, Yin alleges the researcher is forced to focus the study in a particular direction and assists in providing a path towards relevant evidence. Yin does however concede that exploratory studies may not have a proposition, because the exploration of the issue has not yet provided a focus of study. As this study is an exploratory one, propositions will not be identified. Rather, emphasis will be placed on the study's statement of purpose as it will provide the rationale for the study.

The third component of case study, according to Yin, is the unit of analysis. It would initially appear obvious that this refers to the case being studied, but this "case" may be an individual or a group of individuals, an event or entity, a process, program or organizational change, or even as broad as a country's economy or an industry in the world marketplace. This vast range of 'units of analysis' illustrate the importance of identification of the unit within the context of the study and in relation to the study's question and, if appropriate, the proposition being made in the study. In this study, the unit of analysis is a single focus group of a small number of adolescent girls situated at a Community Health Centre that had been the site of a program in which all the participants had been involved.

Yin proposes that the fourth and fifth components of case study are the linking of data to the propositions and the criteria for interpreting the findings. While these components can be realized in numerous ways, in this exploratory study verbatim data from focus group transcripts will be examined with the goals of identifying relevant concepts and/or themes.

Case study research and methodology is but one of a multitude of research methodologies, each one with its own set of guidelines and parameters for achieving answers to questions. In the case of this study, which is seeking to achieve understanding of the phenomena under question, the methodology has been borne out of a variety of factors from pragmatism to a belief that it will provide valuable conclusions that provide some degree of answer to the questions at hand. The coming chapters will provide further detail of this study, its components, findings and observations.

Sampling-The Selection of 'The Case'

Stake (1995) suggests that case study research is not a sampling research. "We do not study a case primarily to understand other cases" (p. 4). The first commitment of the research is to understand the chosen case. Stake suggests that the first criterion of case selection should be to maximize the opportunity for learning. How will a particular case lead to understanding, to making assertions, and eventually the modification of generalizations. Cases should be chosen that are easily accessible and welcome the inquiry. Stake also points out that cases do need to be considered for their uniqueness and context and not necessarily to represent a case that is typical. Further, Stake emphasizes that even within a single case study the researcher must strive to "preserve the multiple realities, the different and even contradictory views of what is happening" (p. 12).

Luck et al., (2006) suggests that there are two contrasting meanings to the word 'case' when determining the case to be studied. The first instance requires the 'case' be a well defined 'case of', and the researcher needs to know what the case is a 'case of' before the study begins. Alternatively, the second scenario is one where the researcher allows the 'case' to develop inductively through the research process. The second scenario is much more in keeping with an exploratory methodology and specifically with the iterative nature of this study.

While sampling, which is often a component of quantitative research, may not occur in case study research, the selection of 'a case' is a fundamental component of this methodology. Yin (2003) contends that when the study question is accurately specified, the selection of an appropriate case will become apparent. Yin also suggests that, among other things, previous literature can become a guide in defining the case. In this study, the literature indicated a gap in knowledge of weight issues as seen through the eyes of adolescents and that age had an effect on

the related experiences of adolescents. These findings assisted in guiding the selection criteria of potential study participants. The development of a 'case' in this study began with the study questions. These questions lead to the understanding that the 'case' would need to provide an opportunity to listen to overweight adolescents describe how they navigated their relationships with others and what processes they identified related to those relationships. Through the use of a focus group of adolescents that met an identified selection criteria, it was determined that this would be the 'case' or unit of analysis in this study.

Study participant criteria included adolescents, female and male, between the ages of 13-18 that had been identified as being 'overweight' or 'at risk for overweight.' This designation is based on terminology provided by the United States Centers for Disease Control (CDC) and is calculated using an age and sex related BMI calculation as found on the CDC website. Calculations take into account normal differences in body fat between boys and girls and differences in body fat at various ages. Children deemed to be 'at risk for overweight' are those with age and sex related BMI over the 85th percentile, whereas those deemed 'overweight' are those with BMI above the 95th percentile (CDC, 2007). In this research, self-reported height and weight measures were provided by the participants and deemed to be reliable. Research validates self-reported heights and weights as an accurate indicator amongst adolescents (Strauss, 1999). Demographic information collected also included the age and gender of each participant, as well as their level of education.

The chosen age category coincides generally with adolescents in secondary school grades but also is meant to include adolescents that have reached puberty. As noted earlier, the literature indicates that the associations between obesity and measures of psychological development such as self-esteem, self-concept, and body image are only weakly noted prior to the onset of puberty

whereas following the onset of puberty there are strong associations between obesity and measures of psychological development.

Recruiting Participants

Approval from Ryerson University Research Ethics Board (REB) was obtained following submission of a proposal that outlined several methods of participant recruitment. I realized that I would need to focus on identifying opportunities for reaching the target population as there was significant difficulty accessing adolescents due to privacy issues and access to minors. Several community health centres (CHC) located in the greater Toronto area (GTA) were contacted, specifically those offering programmes for youth populations. An example of this is The Youth Centre, a CHC in Ajax, Ontario, that serves a youth population aged 13-19. CHCs are funded by the Ontario Government's Ministry of Health and Long Term Care (MOHLTC) and provide a range of medical and counselling services and health promotion programs, consistent with the broad determinants of health, including employment, social supports, education, and income level (The Youth Centre, 2007). Unique in its mandate to provide services exclusively to youth, The Youth Centre provides various programmes related to issues identified by the community. One of the programmes is Weight Smart, an 8 week programme for young people aged 13-19 that strives to provide education and support to overweight adolescents. Contact was made with the director of The Youth Centre and several discussions about the research and the role The Youth Centre might play were conducted. Introductions to the Centre's Social Worker and Registered Dietician were made and further discussions took place. Members of the health team at The Youth Centre identified a need for client focussed research that addressed the needs of the youth accessing the Centre. I met with the Centre Director and the Registered Dietician that runs

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the Weight Smart programme and we discussed ways that I would be able to access potential study participants. We concluded that at one of the weekly meetings of the Weight Smart group, the dietician would provide a general description of the study and a brief outline of the role of the participant at one of the weekly Weight Smart meetings. Once an adolescent indicated an interest in the research, the dietician collected a signed consent form from the adolescent and their parent that allowed me to contact them to arrange a visit to collect consent from the adolescent and their parent to participate in the study. At a meeting with the participant in their home, a verbal description of the study and the participant's role was provided along with a copy of the consent/assent form for the study (AppendixB). This form, that remained with the participants and their parent(s), provided written study details. There was an opportunity to answer any questions about the research study. Consent was then collected from the participant and their parent.

With the collection of this group of participants for the focus group, there was the development of a unit of analysis that became the case in this study.

Data Collection Methodology

The informal atmosphere of the focus group setting is intended to encourage participants to speak freely and comfortably about their experiences related to relational interactions. Berg (1998) contends that the focus group format allows "the researcher to observe session participants interacting and sharing specific attitudes and experiences" (p. 104) allowing the investigator to further explore identified issues. Horner (2000) suggests that groups of vulnerable people that share a potentially stigmatizing characteristic can "derive support from group participation" (p. 513). Furthermore, Horner asserts that the focus group format assists in

mitigating the imbalance of power that may occur between an investigator and the participants as the responsibility for responding is shared amongst the group.

The focus group in this study was comprised of four participants (Table 1). They ranged in ages from 13 and 16 years of age. Speziale and Carpenter (2007) suggest that larger groups may preclude the involvement of all members while smaller groups may make members feel that they cannot speak freely as they feel too exposed or vulnerable. Therefore, the size of this focus group made it possible for all participants to take part without feeling undue pressure to contribute beyond their comfort level. The focus group was assembled at The Youth Centre in a meeting room where the participants regularly met for the Weight Smart programme. Situating the focus group in a location known to the participants has the potential to encourage the participants to feel more comfortable in a familiar setting and, as Fine and Sandstrom (1998) state, feel as an 'insider' thereby reducing the power imbalance that may occur between the researcher and the participant.

In preparing for the focus group, I asked a colleague to assist by collecting field notes during the session. She was able to sit to one side and observe the group and detail her observations in the notes. To confidently avoid mechanical failure of the recording of the focus group, I used both a tape recorder and two digital audio recorders. Perhaps overzealous, this allowed me an opportunity to focus on the participant's words rather than worry about the mechanical task of collecting the data.

At the beginning of the session, an explanation of the study was provided to the group and group norms were collaboratively established. An interview guide was used to provide a semi-structured list of topics for discussion (Appendix C). Horner (2000) suggests that a general 'discussion starter' question helps to reveal experiences of the participants. Open ended

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questions and prompts were used to focus the participants' responses and lead to discussion that addressed the research question. Yin (2003) suggests that during data collection an inquiring mind is imperative. During the focus group, I was cognizant of this and endeavoured to truly listen to the respondents and engage in their discussion in a way that allowed the discussion to flow based on questions based on the respondents' comments. This allowed for a conversation that not only addressed the semi-structured questions developed prior to the focus group but also allowed the participants an opportunity to elaborate or add to their comments. Ongoing reflective listening of the participants comments allowed me to develop upon comments and impressions made by the participants. The 'listening' involved not only to the spoken words but also involved being observant of the non-verbal subtleties in the group. At times during the sessions, I found that the group wanted to talk about issues that arose as a result of the questions. These lively exchanges amongst the participants occasionally evolved into short discussions about their schools and peers but also resulted in more detailed and richer descriptions of experiences of the participants. Being cognizant of the possibility of researcher bias inadvertently re-directing the course of the discussion, I utilized the semi-structured questions to maintain a framework of discussion throughout.

Protection of Participants

Ethical approval of this study was obtained from the Ryerson University Research Ethics Board (REB). As the study participants are between the ages of 13-18 years, an assent form was used in addition to the consent of the participant's parent/s or guardian/s. However, as this study seeks to give a voice to adolescents and validate their experiences, the assent form used followed a similar format to the consent form obtained from the participant's parent/guardian. Both

consent and assent forms (Appendix D) followed the format provided by the University REB application site. Voluntary participation was noted on both forms. While acknowledged as possibly being indirect, the benefits to the participants and their guardians included the potential for identification of information relating to the psychological health of overweight adolescents and the opportunity for the participants to assist in providing information relevant to the psychological growth and development of similar adolescents. Though the risks of participation in the study were assessed as being minimal, contact information about appropriate counselling services and other community resources was provided to the participants and their guardians.

Participant anonymity was maintained through the use of identification by pseudonyms in all study documentation. As well, all potential identifying information was removed from the transcripts. All study participants were requested to maintain confidentiality of the members by refraining from discussing participant details, comments, and any identifying factors of participants outside of the focus group. It was noted in the consent that it would be difficult to promise complete confidentiality because of the involvement of several people in the focus groups. The importance of confidentiality related to what was shared within the context of the focus group was discussed at the beginning of the focus group session and again when the session was concluded.

Data Analysis Methods

Creswell (2007) suggests that, through a holistic analysis of the data, a researcher might focus on key issues or themes that emerge from the data. Yin (2003) acknowledges that there are few 'fixed formulas' for case study data analysis but rather an overarching goal of developing a general strategy that helps us understand the phenomena being studied.

As noted earlier, the initial goal of this study was to explore the relationship strategies of overweight adolescents. It was hoped that, by using a grounded theory methodology, I would be able to more closely examine the processes used by this group. However, as the study proceeded, it became quickly apparent that it would be overly optimistic and not representative of these participants to expect to reach a point where a theory could be established with any confidence. In order to value the experiences of the group of adolescents that participated in the focus group, I needed to first identify general issues or themes within the data that provided a better understanding of their relationship experiences and the strategies they used to navigate these experiences. This would then form the basis of an exploratory study into understanding these experiences and strategies that would hopefully lead to more comprehensive research in the future.

In considering data analysis techniques for this study, I looked to general qualitative principles of data analysis. Creswell (2007) suggests that "data analysis in qualitative research consists of preparing and organizing the data for analysis, then reducing the data into themes through the process of coding and condensing the codes, and finally representing the data in figures, tables, or a discussion" (p. 148). To this end, I determined that data analysis would take a form where I was best able to break down the data in a way that encouraged identification and illumination of themes. In this way, I would be able to identify and define those themes in the context of this group. Beyond those definitions, I re-examined the data many times by listening to the audio recordings while reading the transcripts and looked for connections between the emerging themes. I also reviewed and analyzed the rich and comprehensive field notes collected by my colleague as they provided additional reflection of the participants' words and expanded upon the understanding of those words. I elected to use qualitative software (NVivo 8) but only

for the initial coding of the data. This allowed me to closely examine the data line by line and sort the data under multiples codes, each with a name representing the essences of that code. Further refinement of those codes resulted in a winnowing down of the codes until I was able to identify several definable codes or themes. This type of coding is very much in keeping with that used in grounded theory methodology, however, in this case I was looking only to identify codes in order to explore the data and to begin to gather data in a way that provided a more detailed understanding of the experiences of the participants, specifically in relation to their relationships with others. In the chapter titled *Path of Data Analysis*, I outline the detailed path taken towards the findings of this study.

Rigor of Analysis

Generally identified as validity in quantitative research, the similar attribute of rigor and its role in qualitative research has engendered extensive debate. Largely fuelled by the positivist paradigm, rigor does provide research findings with a modicum of respectability in the eyes of the respective publics that review the findings (Speziale & Carpenter, 2007). Creswell (1998) suggests the term validation rather than rigor and contends that it is the responsibility of the researcher to demonstrate that this has been achieved. Speziale & Carpenter (2007) note that ultimately the role of rigor is "to accurately represent study participants experiences" (p. 49).

Creswell (2007) outlines several strategies the researcher can use to achieve validation. In this study, these strategies were examined and utilised if appropriate. Initially Creswell suggests, that prolonged engagement with study participants may facilitate validation. However, in this study this was not possible as the study was comprised of one focus group. In recognition of this, I did strive to build rapport with the participants by meeting with them prior to the focus group

and allowing them time to discuss concerns and ask questions about the research study. As well, once the data was collected, it was examined many times. I utilised both written records of the focus groups as well as audio recordings and field notes collected by a colleague to allow for a more comprehensive understanding of the data. Creswell also contends that triangulation of the data, which is accomplished through the use of multiple and different data sources, methods, investigators, and theories, assists in achieving validation. Again, since this study utilized on one focus group as it's data source, triangulation of was only minimally possible. That said, I made an effort to utilize multiple sources of data collection as much as possible by utilizing my peer's field note collection during the focus group. Furthermore, the use of audio recording allowed for the preservation of the actual voice of the participants. Used in conjunction with the transcripts, I was provided both the spoken voice of the participant and the static record of what was said allowing for a more comprehensive record of the focus group.

Throughout this research process and analysis, I have consulted with my thesis committee for ongoing peer review of my research process. This has provided me the opportunity to not only share my work and findings but also to solicit feedback about the study as it has unfolded. I have also attempted to identify researcher bias by detailing my background and position. To assist the reader in understanding and following my research process and analysis, I have used the first person view. It is my opinion that this first person view has provided a more detailed representation of why decisions were made and how the conclusions were established.

Chapter Four

Participants and Results

Participants

Data was collected primarily through a focus group of four participants. The focus group took place at The Youth Centre in the early spring of 2008. Together with the four participants, there was a peer researcher who collected field notes and observations of the session, and me as the primary investigator. In the final moments before the focus group began, a member of The Youth Centre staff who had been working with the participants in the Weight Smart Programme indicated that she wished to sit in on the session. While this presented some unexpected concerns, it became apparent, that with some recognition of the potential effect of this person's unanticipated attendance, the focus group could proceed with minimal disruption. Prior to the focus group, a small snack was provided and the participants mingled with the other people present during the session. The room was familiar to the participants and there were minor distractions outside the room including telephones ringing and people attending other services in the building.

The four participants in the focus group were adolescent girls that had come together at The Youth Centre to attend the Weight Smart program. As noted earlier, this program is regularly offered at The Youth Centre and is lead by a Registered Dietician (RD). The program is described on The Youth Centre website as follows:

A FREE 8 week weight loss program for young people ages 13 - 19 years. Come and learn how to lose weight in a sensible and healthy way! The weekly sessions are fun, interactive, and provide both individual and group support. Learning activities include fast

food menu selections, meal and snack preparations (that you get to taste!), fitness, and much more! Sessions are facilitated by a dietician. NOTE: All potential participants are required to book an appointment for an intake session. Parents/guardians are encouraged to attend a one-night parents/guardians only education session.

Although the girls had come to know each other at the Weight Smart program only two knew each other prior to the focus group. In order to provide a better understanding of these participants, a short description of each will act as a form of initial introduction and to set the context in which to locate or contextualize the focus group data (Appendix E).

Participant 1 is a girl that had turned 14 years old shortly before the focus group. She attends Grade 8 at a local public school. She self reported her weight to be 63 kg and her height to be 160 cm. This indicated a BMI of 24.6, placing her in the 88% of weight by age. This girl's BMI indicates that she is of normal weight and the percentile ranking indicates only slightly within the overweight category. I questioned the RD as to whether this girl's participation in the Weight Smart group was ever challenged. Her reply indicated that the group was inclusive of those that met a loose criteria of being considered overweight and, while this particular person fell only just within that criteria, the girl's interest in participating and her expressed concerns about her weight suggested that she felt her weight was causing her some anxiety. Because of this expressed concern, I felt that participation in the study was appropriate. Participant 1 lives with both of her parents and a younger sister.

Participant 2 is a 13 year old girl that attends Grade 8 at a local separate school. She self reported her weight to be 104.3 kg and her height to be 167 cm. This indicates a BMI of 37.1 and places her above the 99% ranking of weight for age. This girl is significantly overweight and fits

the medical definition for obese. Participant 2 lives with both of her parents and two siblings, one older and the other who is younger.

Participant 3 is also a 13 year old girl that attends the same local public school as Participant 1. They are friends and have been for some time. This connection may explain some of Participant 1's interest in attending the Weight Smart group. Participant 3's self-reported weight is 79.4 kg and her height id 162 cm. This indicates a BMI of 30.3 and places her in the 97% for weight for age. Participant 3 fits the criteria to be medically identified as obese. Participant 3 lives with her mother and father alternatively, because her parents are separated. She has several siblings.

Participant 4 is the oldest girl in the group at 15 years and 10 months of age. She attends Grade 11 at a local public secondary school. Participant 4 self reports her weight as 94 kg and her height as 153 cm. This indicates a BMI of 34.5 and places her in the 98% for weight by age. Both BMI and percentile ranking suggest that Participant 4 meets the criteria to be medically identified as obese. Participant 4 lives with both of her parents, her maternal grandmother. She has no siblings.

Path of Data Analysis

The focus group session itself lasted approximately one hour and forty five minutes. I used both a tape recorder and two digital audio recorders to confidently avoid mechanical failure of the recording of the focus group. As outlined in earlier sections, a semi-structured list of questions was used to generate discussion. While these questions were effective in providing a framework for the focus group structure, the participants were encouraged to share their comments and allowed to pursue avenues of discussion that veered from the interview schedule.

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Several prompts or questions were used based on comments made by the participants in order to allow for any additional remarks or clarification they may have felt were needed. When the focus group was concluded, participants were advised that they could contact me to add any further comments or clarifications. They were also told that, upon request, they could have an opportunity to read transcripts of the focus group once they were completed. None of the four participants indicated any interest in having access to the transcripts. Following the focus group, I did not receive any further comments or clarifications from any of the participants.

Several days after the focus group, the digital recording was sent to a transcription service for transcribing into a Word document. The transcript document was returned electronically to the researcher within several days. In response to my query regarding the ethical issues related to the transcripts and those who would do this work, I was assured by this service, that their clients included numerous university researchers, other researchers, public sector agencies, and private sector organizations and businesses. A list of the references from their client-base was also provided.

Initial analysis began with a reading of the transcript while at the same time listening to the audio recording. Participant names were changed in the transcript however participants were, and continue to be, recognizable to myself. Several readings with simultaneous listenings were completed. During these listenings, I began to have a sense of the people speaking and began to link together vague 'senses' of meaning. However, in order to avoid finding meaning without additional support from the participants actual words, I used a qualitative data analysis program (NVivo 8) to code data. Bazeley (2007) suggests that "the computer's capacity for recording, sorting, matching, and linking can be harnessed by the researcher to assist in answering their research questions from the data, without losing access to the source data or contexts from which

the data have come" (p. 2). Using the transcript, I coded the document by identifying words or passages that I could associate with a name and definition. The first complete coding of the document resulted in approximately 24 different codes or nodes. At this point, I put the transcript aside for a period of time as I wanted to allow the node determination and initial interpretations time to settle. After this break, I re-examined the document and when I had completed several more read throughs and some additional identification of codes, I found that I had a total of 30 codes. Initially, the codes were listed as I had found them chronologically which provided a sort of chronological path through the document, and as such, through the focus group. When NVivo listed the codes, it was done alphabetically which provided another interpretation of the coding structure. The alphabetic listing identified several codes that began with similar wording. From this, it slowly began to appear that the codes were falling into some initial categories or themes. While cognizant of this developing picture, I continued to examine the codes without drawing conclusions of final results. Then, when the codes were examined more closely, some codes were dropped from consideration as they contained little content related to the original goal of the focus group.

Further examination of the codes was done while keeping in mind their relevance to the primary research question of looking at relationship strategies of the participants. This examination was done by looking at examples of passages from each code and then comparing those passages with other codes and their content. As this examination continued, codes were slowly combined and several more were dropped. Eventually it became evident that three main codes were emerging from the analysis. Upon further investigation of emerging codes and related data, three main themes were identified and named, *perception, awareness,* and *strategy.*

Once these three themes were named, I took some time again to let the work 'settle.' This allowed me the opportunity to bring a fresh look at the three themes and determine whether they still fit within the initial impression the data had left me. Several discussions took place at this point with my thesis advisors. This provided an opportunity to identify my trail of analysis to date and to solicit feedback about the conclusions that were emerging from my data analysis. The suggestion was made that I formally define these themes thereby allowing for a more detailed understanding of the nature of the themes.

It was at this point where the data analysis began to take on a more circuitous or interative approach. While the development of definitions for the three themes might be accomplished using various recognized definitions together with my interpretation of the definitions as they pertained to the context of this study, it is imperative to further examine the data to truly honour the relevance of that definition with what the participants actually said. In order to define the themes, I began by collecting various recognized definitions of these words. I also used word association to identify other words that might be suggested by these three in addition to identifying my perception of the meanings of the words based on my exposure to the data. Several interesting findings appeared.

Themes

Perception

The Oxford dictionary defines *perception* as "the state of being or process of becoming aware of something in such a way" whereas the Webster dictionary indicates "the act or faculty of apprehending by means of the senses or of the mind." Dictionary.com has a similar definition with "the act or faculty of apprehending by means of the senses or of the mind; cognition;

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understanding." These definitions have similar elements and, when compared with the findings in the data, I found that they represented much of how I was viewing *'perception'* as a word that represented one identified theme. I found the word *perception* to denote a feeling that one was vaguely aware of but perhaps not able to formally identify it or name it. It coloured their language in their words and in their actions. In the context of this research setting, *perception* was used to describe instances of a subtle early stage of *awareness*. *Perception* was occasionally verbalized by the participants as an emotion or feeling but also as a conclusion that, when examined, lacked support or evidence of recognition of what it might actually be. I also felt that the state of *perception* might be fleeting. This was apparent because often the examples of *perception* in the transcripts were limited when they were viewed in isolation. Perhaps *perception* is rarely found on its own. Rather it might be more often found immediately connected to a defined *awareness*. When examples of *perception* were linked to *awareness,* the instances were far more plentiful.

When asked if they had noticed any differences in their lives because they had recently become teenagers one replied,

Participant 3: I don't notice any difference except for the fact that people look at me weird and I can drive in a few months.

While this appears to describe *awareness,* it stops a little short. There is a recognition of 'being looked at weird' but there does not seem to be a cognizant understanding of why that might be and/or if present, this understanding is not verbalized. This next quote came from a participant as she was discussing her understanding of a family member's reasons for actions toward the participant.

Participant 4: ...She's overweight as well, as she doesn't want me to end up like her. She sees her (*own*) mistakes and she doesn't want me to make the same mistakes.

In my analysis, there appears to be a belief or understanding of the reasons for the other person's words and actions and perhaps the understanding that this person has had similar experiences as a result, yet this is the participant's *perception* and not one that the participant identifies as having been validated by the other person.

As noted earlier, I found isolated examples of *perception* far less often than when it was linked with *awareness*. Sometimes it appeared that *perception* might lead to *awareness*. An example of this can be seen in the following passage,

Participant 3: Like most of your best friends could be accepted into the group and you wouldn't be, and your best friends would just go along with the group because they wanted to be accepted as much as you did. But you didn't get in, so you want your friends to be happy but you'll still want to be with your friends.

Participant 1: And sometimes you just wonder why you didn't get into that group. Why did they pick them and not me.

Participant 3: Or you could be a casual, as I like to say. Some days they'll be your best friends and some days they'll be like your worst enemy.

The first sentence of Participant 3's comment indicates her *perception* that she was not accepted into a group for reasons beyond her control. Yet this leads into a more cognizant *awareness* that the happiness of friends is important and that in order for your friends to be happy one may have to go along, or perhaps appear to go along, with rejection from a social group.

Another instance where *perception* was noted occurred when Participant 2 indicated that 'normal' denoted someone that didn't worry about their size or weight.

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Participant 2: They're normal. Like if the girls in my class…there's only like really two or three, really just normal and don't worry about their weight too much, like not upset with it. Like today we had a costume fitting for a musical I do, and this one girl kept on insisting that she was a smaller size than what she was, and that was quite funny to watch. But she just kept on insisting that, no a size 10 is me, not a size 12 or 14, just size 10, and like if I'm going smaller and smaller, but my friends would be like okay this doesn't fit I need another one, and they would just get one that fits. They don't say oh that one fits me. But this other girl she just kept on going, no I think I'm smaller than that, and she tried it on and we all just looked at her like that's not fitting.

Anna: You said the girls were normal.

Participant 2: Yes.

Anna: So what does that make the other girls? Does that make them abnormal?

Participant 2: More self-conscious, I would think.

While there are examples of *perception* in the data presented in this study, the identified *perception* appears to be fleeting in some instances while at other times linked more directly with *awareness.* I do however contend that *perception* is an important theme to note as it indicates the beginning of *awareness.* Of note though, is the suggestion that sometimes *perception* may remain only that and that, when this happens, there is a risk that the *perception* may become a more deeply held belief yet one that was not accurately identified or examined by the holder of that *perception.*

Awareness

Oxford defines *awareness* as "having knowledge or perception of a situation or fact" and Webster as "having knowledge; conscious; cognizant, informed; alert." Dictionary.com suggests "a state of elementary of undifferentiated consciousness." All of these definitions indicate a level of recognition of one's knowledge or cognition, something that can be identified and perhaps described. I see this as different from *perception* in the degree of recognition. In the context of the focus group, I found *awareness* to indicate feelings about the way something felt to the participant or an identification of something that someone did about something.

Within the broader theme of *awareness* in the data, I identified several more specific categories of *awareness*. Some of these categories were identified in the initial coding of the data and became more concrete as further examination of the data was completed. Other categories emerged with repeated examination of the codes and where refined as varied examples of *awareness* were presented in the data. The identified categories of *awareness* were then named to represent my interpretation of the data.

Awareness of being considered overweight

One of the first instances of *awareness* became evident when we discussed what lead the participants to joining the Weight Smart group. All of the participants expressed reasons for joining that indicated they identified themselves as overweight and were cognizant of why they were attending the group.

Participant 2: Well, yes. I've always been kind of overweight since I was young, and I had nothing to do, so I said: "Why not do it."

Another example,

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Participant 2: Since I was young. Like I have two cousins that actually one month, one older and one younger, and they're like really skinny. But on my dad's side is kind of big-boned, and my mom's side is like really skinny, so… I don't know, I'm kind of in between. I guess I've always known that I was overweight…I don't know.

Another participant commented,

Participant 3: That people actually looked at me like that (*overweight*), instead of how I look at myself as me. And everything isn't like about health problems and all that kind of stuff, like diabetes and stuff, so I have to watch that too.

And then elaborated,

Anna: What made you aware that you might be considered to be overweight?

Participant 3: My entire family has weight problems and always has had weight problems. So I don't know when exactly.

Participant 2 commented,

Participant 2: Well, I knew I was overweight, and I would try to lose it, and if I can't well, well why kill myself about it.

In all of these comments there is an *awareness* of the persons' weight and that they are considered overweight by themselves and others. In some of the comments, there is a tone of resignation and identification that not only do they know they are overweight and are considered to be by others, but that they perhaps should be working on ways to address this, but that also the state of being overweight has been known to them for some time and that addressing this issue might be daunting. The words appear almost flippant yet there is an undercurrent of denial and frailty that perhaps belies their sense of bravado and nonchalance about their weight. This is

perhaps in keeping with the findings of O'Dea (2006), who suggests that overweight adolescent girls have poorer overall self-worth, self-image, and self-esteem.

Awareness of 'teasing' or bullying

Further to an *awareness of being considered overweight* is the *awareness* of the participants identification of other people's behaviour related to weight. Several verbalised instances of teasing or bullying. Participants often referred to this behaviour as 'teasing' or 'joking', yet the effect of this behaviour is such that 'bullying' is a more appropriate word.

Anna: Have any of you had any issues with people that you have relationships with, and problems with brothers or sisters or friends or…you're nodding your head.

Participant 3: Yes.

Anna: Tell me about it.

Participant 3: Like my friends all…because my friends are all like really tiny, except for like maybe two or three, so the ones that are really tiny joke around about it, and some of the ones that are bigger joke around about it too. It's just kind of a thing. And then my brother is like all over me about it all the time.

Participant 1: Yes. My sister…it's like okay you could stop now.

Anna: You can stop what?

Participant 1: Stop like joking around, it's like sometimes it just gets too serious. It's like no. Be quiet now.

Participant 3 recounts an experience,

Participant 3: When I was younger, my brother used to joke around about. Last year and the years before that I didn't really pay any attention to it, but this year, because I'm older

and people actually point it out and looking at it like everybody else, it's like, oh nice. My brother points it out all the time.

Participant 3 uses words to describe the bullying that are more in keeping with the resulting effect of the bullying. 'Tormenting' and 'evil' are used in this next passage as she expands on her previous comment.

Participant 3: It's usually just my brother, he's so evil towards me about everything. My brother and I used to fight a lot before, and now I'm always out of the house so he's not near me as much. He used to be mostly tormenting, and he used to like make fun of my weight and didn't like the way that I dressed and all that kind of stuff. Because I don't dress like everybody else, I dress differently.

When the participants shared their experiences of teasing, I noted that most of the overt examples of teasing originated from family members, generally siblings but in one case a grandparent.

Participant 4: My grandmother is always, as long as I can remember making comments, and the moment I wake up "get on the scale," and I'm finishing breakfast, "get on the scale," come home from school, "get on the scale," all day everyday, like there's no escape. Sure, fine, whatever, get on the scale, gets off, "so what are you going to do about it now." Well it's dinner time. "No, you go drink water then you go to bed." So her solution is to starve, which I guess isn't a problem for the first couple of days, but after awhile it's…

Anna: Not very sustainable.

Participant 4: No, it's not.

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Participants did not recount experiences of being 'teased' or 'bullied' by those outside of their families. However, several participants indicated that at times they felt rejected by certain people or groups. Participant 1 comments on one of the ways she has been rejected,

Participant 1: And then they talk about you behind your back.

Participant 3 describes being cut from a social group,

Participant 3: Then all of a sudden it's like bye-bye, you don't deserve to be here anymore. You don't get the privilege of being my friend.

In both of these short passages there is the essence of bullying as the participants are victims of the intimidating behaviour of another. This is in keeping with the findings of Strauss and Pollack (2003), who found that overweight adolescents face increased rates of social marginalization including rejected friendship ties.

Awareness of teasing and bullying of other people

Closely tied with participants *awareness of teasing and bullying* was their *awareness of others being teased or bullied.* Often the participants noted that someone in their group was being bullied, not the participant themselves, yet there seemed to be an *awareness* that the bullying might in fact be subtly directed at the participants if the other person was not present. In fact, the participants sometimes acknowledged that they associated with those people because they might deflect the bullying.

Participant 3: In my class, we have a lot of kids who are bullies, so they'll pick the person who they think they could hurt the most and get the most reaction out of, and it's usually me or this other guy because he's really short and he's really tiny. So it's either me or him. And we're like best friends because we stick up for each other.

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Another remarked,

> **Participant 4:** One of my best friends, he kind of doesn't really eat a lot, so…I don't know, it's not like people make fun of him or whatever, but it's just…because there's a group of us, so everybody will be like eat, eat, eat.
>
> **Anna:** He's not part of the group. So he's just a little guy, are you saying?
>
> **Participant 4:** He's really tall and he's really scrawny.
>
> **Anna:** And does he get picked on at school?
>
> **Participant 4:** He doesn't get picked on, no. Nobody really says anything to him except like me and my group of friends. So, I don't know, I guess I'm overlooked because of him.
>
> **Anna:** You're overlooked for the teasing, do you think?
>
> **Participant 4:** I'm just overlooked altogether, because he doesn't eat, and they assume that's a more serious problem I guess.
>
> **Anna:** So are they focused on him out of concern, or out of teasing?
>
> **Participant 4:** I think both…not like mean teasing, like joke teasing, but I think out of both.
>
> **Anna:** So now you're saying you think you're overlooked because of that. So are you saying that maybe you'd be concerned that if he wasn't there, they might be focusing on you?
>
> **Participant 4:** Probably not like teasing, but I think they'd be more aware of it.

In this passage the participant has identified an *awareness* of the effect or benefit of her relationship with this friend. She indicates that he is a buffer from teasing or bullying of others because he is the target of the bullying instead of the participant. While not overtly obvious whether this participant pursues this friendship solely for her own benefit, her use of the term

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'one of my best friends' indicates that this friend is in fact chosen because of qualities desired in a friend and that being a buffer of bullying is a benefit that happens to result.

Awareness of other's actions and perceptions regarding being overweight

Another example of *awareness* was noted when participants made comments about other people's actions with regards to weight. These actions often involved other people trying to elicit comments that would confirm that person was not overweight. The participant was aware of the tactic the other was using and often responded by withdrawing from the conversation.

Anna: What sort of things do you avoid?

Participant 1: A person I knew today, she was saying, oh I'm overweight and all that. I'm like, no you're not, you look fine. She's like, okay tell me the truth. I'm like, you look fine. And she's like, you have a grin on your face. I'm like, I don't want to be mean and hurt your feelings. I don't want to do that and say stuff that is going to make you mad and upset. She's like, tell me the truth. I'm like, you look fine, like you're not overweight. She's like...keeps saying, oh no I am. I'm like, no you're not.

Participant 4: If someone ever randomly says something like that to me, I just keep quiet.

Participant 1: She was pretty much like putting me on the spot, not in a mean kind of way. But she was just asking me, and it's like, oh should I answer this or should I not. Sometimes you just get put in that position where it's like oh should I...because you don't want to say the wrong thing and people get mad at you. Yes, she's athletic so it's like you look fine, like you're really athletic and all that...she's like, no you're lying. I'm like, no I'm not.

Another example,

Participant 4: People don't usually come up to me and go, do you think I'm overweight. If the topic comes up, it's usually people going, I feel fat or I'm overweight. If you don't say anything…you're not, like I know it's not completely telling the truth but it's better than saying something you'd regret saying later. And then people use it against you later on in life.

Participant 1: Like I don't want to say the wrong thing and get her mad, and what I say later on will like…she'll go back and say something. I don't want to do that.

Anna: So it's better to be truthful, but you don't want to say something that's going to…

Participant 4: You don't want to say it in the wrong kind of way. I wouldn't mind telling someone the truth if they seriously wanted the truth. But if someone is just like saying it or just to make conversation, then I…

Participant 1: …well usually the girls at our school or people in my class would be like, yes I'm overweight. It's like why would you say that about yourself, really.

Anna: Why do you think they are saying that about themselves?

Participant 1: I don't know, get more attention.

In both of these passages participants identified not only withdrawing from the conversation but also an understanding of why another person might engage in this type of discussion. 'Get more attention' suggests the participants' *awareness* of another person's actions as well as an *awareness* of their own response to these actions.

Here again, Participant 3 indicates a similar awareness,

Participant 3: When I talk to people and the topic of overweight comes up, it's usually started by somebody going, do you think I'm fat, and then it goes all the way around,

everybody asking the same thing. Usually I'm like, step back, let the conversation go on, okay it's over come back.

And in the next passage, Participant 4 suggests that these tactics by others are more subtle or 'not direct.'

Participant 2: I don't think it's that direct, but it shows up, and you know that they're talking about it. It's not direct, it's complicated.

Anna Cooper: What do you mean, it's not direct? Can you explain that a bit?

Participant 2: They won't say that...they would try to get somebody else to start the topic, but they wanted to come up to you and say, I'm overweight or don't you think so and so is overweight, or something like that.

These comments illustrate a couple of points. It became apparent that all the participants had experiences and *awareness* of other people orchestrating conversations to receive assurance that they were not overweight. The participants are very cognizant and understand and can verbalise why they believe these people make these comments. Most often the participants indicated that they felt extremely uncomfortable in these situations. Sometimes it was because they were concerned that their comments would come back at them in recrimination at a later date. Sometimes they were concerned that the conversation and attention would swing around toward them and they would become the target of the conversation and then their weight would be discussed. In many of these situations, the participants also indicated that they withdrew from the situation either physically or verbally by withholding comments. There was only one comment made in the group about who they would solicit a response from about their weight and how they were viewed by someone else.

These previous passages illustrate the participants' *awareness* of the actions of others that are soliciting feedback about weight. They manage these interactions at times by withdrawing from the dialogue and appear to hope that the conversation will flow past them and then end. In this next excerpt the participant outlined an experience where she solicited feedback from another about her weight.

Participant 3: I only asked one person that question, and it was my best friend in the whole world. And his words were, you're not fat, you're not overweight, you're just…the way that you dress yourself sometimes it doesn't flatter how pretty you are. That was the phrases that he used.

Anna: And how did that make you feel when you heard that?

Participant 3: I hugged him so tightly, he almost crapped his pants.

Anna: So you're saying that's the only time you've ever asked anybody that question. Is that because you've avoided that question, or was that the only person you felt safe enough to ask that question.

Participant 3: Yes. One of the only people I've actually asked that question and I felt very comfortable with. No matter what he said either way, he'd still be my friend. Like some people, if I asked that question, they'd say yes, and then I wouldn't be their friend.

Anna: So that would be a question that you would ask what kind of friend?

Participant 3: Like somebody who you'd trust with like your deepest secrets.

Participant 3: Sometimes not even somebody who you'd tell your secrets.

Participant 3: Somebody that you'd trust with everything that you'd tell lots of things to, and that you've trusted with your passion and everything.

This passage illustrates the magnitude of asking this sort of question through the words the participant chooses. She asked her 'best friend', someone she 'very comfortable with', someone that would 'still be their friend' and that she 'trust(ed) with everything...that you've trusted with your passion and everything.'

Two other participants did acknowledge that they would not ask anyone this same question. Their responses indicated that not only were they uncomfortable exposing themselves to another person's assessment, their comments also suggested they already had a personal belief of what the answer would be and did not want it confirmed by another. There was an extreme vulnerability in the participant's comments that indicated an *awareness* of the magnitude of the answer. This was a subject and question that was very closely guarded and kept only for those in whom they had complete trust.

Anna: How about you Participant 4? Would you ask anybody that question?

Participant 4: I know the answer, so no.

Anna: So you wouldn't ask that question to anybody.

Participant 4: There's no point really. I just don't see the point.

Anna: How about you Participant 2? Would you ever ask anybody that question?

Participant 2: No, I don't relate to people too much. I don't see the reason to bring it up. It just puts unnecessary...

Participant 1: It puts people on the spot.

Participant 4: It puts people on the spot and they feel really awkward. If it's like bigger people, and you ask one person, it's like really awkward, but if you're like in a group...

Participant 3: If it's one person, one-on-one conversation and you've just been talking about everything and telling them so much stuff, it's just a question that would come up when you're like spilling your guts, pretty much, to somebody.

Participants described experiences that indicate an *awareness of other people's actions and perceptions of being overweight*. Most of these experiences involved the solicitation of feedback about one's weight. Sometimes this took the form of identifying another's behaviour around soliciting opinions about their own weight. At other times it was manifested when the participants discussed whether they would solicit feedback from another person about that participants' weight status.

Awareness of social stratification and peer groups

I identified another classification within the category of awareness, the *awareness of social stratification and peer groups*. This classification emerged within the context of a number of passages that, upon reflection, drew my attention to the fact that the participants were very aware of the intricate process and result of peer group rankings in their schools. Their comments also indicated that they had a well established understanding of where they fit within these groups. Rarely did they suggest that their status was related to their weight specifically, but they did generally acknowledge that they saw themselves for the most part as members of low ranking social groups. Several participants described terms that were used to identify the groups they fit into. 'The different ones', 'random misfits', 'floaters' and 'casuals' were all phrases used to describe the various groups that the participants often saw themselves as being a part of.

Participant 1: In our school we have…everybody has their certain status.

Participant 4: Like in High School Musical…

Participant 3: Exactly how it is.

Participant 1: There's the smart kids…I shouldn't say smart, but they're the book readers; how about that. Basketball players and their "g's" their homey g's

Anna: What are the g's?

Participant 3: Like the girls who hang out with them. They call them their "g's" or their homeys.

Participant 3: Then there's like the skater kind of things, then there's the "emo-punk Goth kind of scene. And then there's the nerds and all that kind of stuff. Like the weird, the ones who don't fit in with any of the other ones.

Participant 4: The 'different ones.'

Another passage included this,

Participant 2: I have a girl like that. I call her the demi-friend. She comes to us, but she needs a friend because her supposed friends are mad at her. So we're like her last choice. She has no backup friends whatsoever, so she comes to us just because she won't stay by herself.

Participant 4: I know a guy like that. I've known him since we were six, since we were in Grade 1. He uses people. He'll only hang out with people like if he needs something from them, or if he needs them for…and the moment that he's gotten what he needed, or he got what he wanted, he's gone.

Some passages captured a participant's *awareness* of where they fit,

Participant 4: My friends are all just a whole bunch of 'random misfits.' There's not the problem that they're going to up and walk away to another group.

In the following interchange, Participant 2 uses the term 'floater' to indicate where she fits,

Anna: Participant 2, you were telling us a little bit about your school, how it was a bit different. I don't mean to put the spotlight on you too, but I was just wondering where your groups are in your school, and maybe where you've seen you fitting in.

Participant 2: I'm probably like the 'floater.' There's like one big and like maybe two small groups.

In the next passage, Participant 3 not only identifies in the next passage an *awareness* of where she fits in the social stratification, she also acknowledges this to be a low ranking.

Participant 3: I'm considered on the bottom and I get treated like it. And it's not because of my weight, it's because of the way that I look and the way that I act, and who my friends are, and what stores you shop in. It gets labelled down to what stores you shop in.

In this last passage, the participants describe the changeability of the social rankings.

Participant 3: Like most of your best friends could be accepted into the group and you wouldn't be, and your best friends would just go along with the group because they wanted to be accepted as much as you did. But you didn't get in, so you want your friends to be happy but you'll still want to be with your friends.

Participant 1: And sometimes you just wonder why you didn't get into that group. Why did they pick them and not me.

Participant 3: Or you could be a casual, as I like to say. Some days they'll be your best friends and some days they'll be like your worst enemy.

In this interchange there appears to be a resignation by the participant about their social ranking. Despite this, there is a concern expressed by the participant about the happiness of their friends. For example, Participant 3's comment, 'You would want your friends to be happy,' revealed that even when she herself was concerned about her friend's happiness, she understood this might

mean exclusion from that group of friends. Perhaps this reflects an ongoing belief that their friends will return, however, this is not readily apparent in this dialogue.

Awareness of words used when describing weight and appearance

Word usage was discussed several times during the focus group. On some occasions the discussion's focus was on specific words and the feelings evoked by these words. Other discussions contained words that the participants chose when they were discussing appearance. I included both of these types of discussion under the category of *awareness of words used when describing weight and appearance*. Participants in the focus group used many words to describe elements of physical appearance. Some words were used when describing appearance related to someone's weight. The next passage, used earlier in another context, illustrates some of the complexities of the meanings of words pertaining to weight.

Participant 2: Since I was young. Like I have two cousins that actually one month, one older and one younger, and they're like really skinny. But on my dad's side is kind of big-boned, and my mom's side is like really skinny, so… I don't know, I'm kind of in between. I guess I've always known that I was overweight…I don't know.

Another examples was noted in this passage,

Participant 1: The girl I was talking about, she's big but she's not that big, like big, big. She's average, I would say, to most people. So I said like no, you're not…she's very active. She was on the basketball team, the volleyball team and all that. And probably she's going to track and field.

Participant 4: So she's muscular then.

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Other words were used that had weight implications yet were not directly used when speaking about weight. Examples of these include 'tiny', bigger', scrawny', and 'athletic.' These words had the feel that they were being used carefully and that they perhaps hid another descriptor that might be more contentious. Another exchange contained a descriptor used by a participant to describe another group of more socially powerful girls as 'big, strong girls'. The participants were aware of the influence of these girls in the peer group and the words used combined 'big' with 'strong' perhaps implying power rather than vulnerability.

In some cases, words were explicitly discussed as being words that were not used because of the effect of those words.

Participant 3: Most of the time you don't use the term overweight.

Anna: What term do you use?

Several voices at once: Fat.

Anna: Is that a term you use yourself, or is that a term that other people use for other people?

Participant 1: A lot of people in the group don't use it (*overweight*), not just you. I use it that occasional time.

Participant 3: When we're talking about somebody we don't really like or who's really big, we use the word 'lighthouse.' I don't know why.

Anna: So you were saying it's a word (*overweight*) that you don't use.

Participant 1: I don't want to use it because you never know if they might go and say something, and then the big rumours starts.

Participant 3: That's more of a negative connotation…overweight.

Anna: What has a more negative connotation?

Participant 3: Fat. It's more like you want to use obese or overweight. When I talk to people and the topic of overweightness comes up, it's usually started by somebody going, do you think I'm fat, and then it goes all the way around, everybody asking the same thing. Usually I'm like, step back, let the conversation go on, okay it's over come back.

This exchange initially seems to imply that 'overweight' is a less preferable term to 'fat' yet, with repeated examination and listening to the audio recording, it appears more likely that 'overweight' is a term that is used when conversations are more serious, involve deeper levels of trust between those in the conversation, and that the term is reserved for conversations where the implications of being overweight are the focus. This seems to be supported by an earlier comment made when a participant indicated why she attended the Weight Smart sessions. She indicated that she wanted to get out of 'the overweight' thing' suggesting a degree of recognition and importance of her weight status and that this has been identified by herself as something she wants to escape.

Perhaps most interesting were comments that implied an *awareness* that being overweight may not be associated with being 'normal'.

Participant 2: They're normal. Like if the girls in my class...there's only like really two or three, really just normal and don't worry about their weight too much, like not upset with it.

This participant indicates that the girls that don't worry about their weight are 'normal' whereas the girls that are concerned about weight are something other than 'normal.' As well, she uses the word 'upset' suggesting that weigh issues are not just of concern but distressing. Word usage has powerful connotations. In an earlier section, I detailed the medical definitions that describe weight. 'Overweight' and 'obese' are used almost interchangeably in some literature yet there is a

specific medical definition of these two words. 'Obese,' as a term, never came up during the focus group and participants indicated that the term 'overweight' may be used when discussing weight during more serious discussions. Words usage is powerful. The Canadian Community Health Nursing Standards of Practice (2008) details, amongst other standards, the building of relationships with individuals and communities. This standard demands the awareness and usage of communication that is culturally aware and relevant to the population at hand. Word usage is a significant aspect of effective communication and understanding how and when certain words are used is vital to achieving effective communication.

Several classifications within the category of *awareness* were noted in this section including, a*wareness of being considered overweight, awareness of teasing or bullying, awareness of teasing or bullying of others, awareness of other's actions and perceptions regarding being overweight, awareness of social stratification and peer groups,* and *awareness of words used when describing weight and appearance. Awareness* within several classifications was noted in many of the comments that the participants made. Some classifications were developed as a result of the comments and actions of others and some because of observations the participants made of situations around them. Some resulted in actions taken by the participants and other appeared to be stored away and utilized in the development of beliefs. Some of these actions and beliefs became the foundation for strategies that developed either consciously or sub-consciously as a way of navigating the result of this awareness. The discussion of the third theme, that being *strategy,* will outline examples to support this.

Strategy

The third theme noted in the data was that of *strategy*. The Oxford dictionary defines *strategy* as "a plan designed to achieve a particular long-term aim." The Webster dictionary suggests "a plan, method, or series of manoeuvres or stratagems for obtaining a specific goal or result." Dictionary.com adds "the skilful use of a stratagem." Each of these dictionaries included military references indicating a sense of battle or triumph over adversity. In the context of this data, there is almost a sense of that militaristic determination to find a *strategy* to contend with a particular foe. Some strategies the participants utilized were subtly indicated while others the participants verbalised outright. In general discussion, I find the word *strategy* is often linked with other words such as coping or defence. While these additional words might be used in some of the identified examples, I found that the term *strategy* on its own was sometimes more indicative of the flexibility of the various strategies the participants used. By this I mean that the participants might indicate a *strategy* being used that at one time enables them to merely get through a situation with minimal harm and yet at another time the same *strategy* might be one that is more progressive and used to facilitate future change. Therefore, in this research I will use a complex understanding of *strategy* to note the many and varied nuances attributable to this word.

The words and experiences that the participants shared in this study indicated the formation and use of several *strategies*. At times, these *strategies* appeared to develop without explicit knowledge and understanding by the participant, while at other times participants verbalized experiences and the resulting *strategies* they used to navigate that experience. After reflecting on these findings, I have identified these *strategies* within three groupings. Although they are described separately, these strategies are connected in their goal of assisting these

participants with navigating their relationship experiences. Named for the impression left with me of the *strategy*, I have labelled them the *strategy of withdrawing*, the *strategy of associating with certain people or groups,* and the *strategy of expressing individuality to connect with peer group*. In the following section, I will outline some of these *strategies* that I identified, named, and subsequently analyzed.

Strategy of withdrawing

The *strategy of withdrawing* was noted frequently throughout the data. It took the form of verbal or physical withdrawal from situations where the participants felt uncomfortable. When asked how they would handle being asked by another person about that person's weight, participants indicated several times that they withdraw themselves from the situation.

Participant 1: Okay, and I pretty much keep dead silent. I don't want to say anything because you can say something and it can probably backlash on you later. So, say whatever.

In another situation in the focus group, participant 4 was responding to a comment made by another participant about someone asking them repeatedly about whether they thought that person was overweight. She replied,

Participant 4: If someone ever randomly says something like that to me, I just keep quiet.

She later expanded on this by saying,

Participant 4: People don't usually come up to me and go do you think I'm overweight. If the topic comes up it's usually people going, I feel fat or I'm overweight. If you don't say anything...you're not, like I know it's not completely telling the truth but it's better than

saying something you'd regret saying later. And then people use it against you later on in life.

Another said,

> **Participant 3:** When I talk to people and the topic of overweight comes up, it's usually started by somebody going, do you think I'm fat, and then it goes all the way around, everybody asking the same thing. Usually I'm like, step back, let the conversation go on, okay it's over, come back.
>
> **Anna:** So you step back from that conversation?
>
> **Participant 3:** Oh yes.
>
> **Anna:** Why is that?
>
> **Participant 3:** Because I don't want somebody hurting my feelings or me hurting somebody else's feelings.
>
> **Anna:** So you wouldn't ask somebody else if they thought you were fat.
>
> **Participant 1:** Because sometimes people take it too seriously and they'll tell you in sort of a mean kind of tone.

Participant 3's *strategy* was to remove herself from the conversation thereby protecting herself from the possibility of saying something hurtful to another or more importantly to deflect comments being turned on her. Her words indicate a keen *awareness* of the flow and implication of the conversation that she describes and the conscious *strategy* of withdrawing from that conversation. Additionally, her comments indicate that she understands the ramifications of not withdrawing and the negative outcome that might ensue.

Participant 3 offers another variation of this strategy in a somewhat similar situation.

Participant 3: Like the ones that are a bit bigger will like back off, it will be like, say like maybe one comment and leave it alone because they know, yes I know what it feels to made fun of for it. But the ones that are smaller, they don't get made fun of for being overweight or whatever, so they just go on and on and on about it. Sometimes, it's like stop.

In this case, the participant steps in to try to stop further conversation that draws attention to overweight peers or to themselves. Participant 3 went on to say,

Participant 3: It depends on who it is. If it's like friends, I'll talk to the girls afterwards...because it's girls and guys, but girls afterwards, I'm like you know it doesn't make me feel good, it's not funny. And then they'll stop and the guys will go on about it, but I just ignore them because they're guys.

Participant 3 indicates that while she may still withdraw from a conversation, in this case, because they are 'friends,' she feels comfortable in identifying her discomfort to those friends. Interestingly, she does identify that her expectation is that the words will be accepted and respected by her female friends but 'the guys will go on about it.' Although this might initially suggest a failure in strategy, Participant 3 also indicates that she dismisses the guys' comments because they are guys. However, whether these comments can be successfully ignored is not apparent.

Within the *strategy of withdrawal,* there is also the use of a demeanour of 'non-concern'. By that I mean the participant expresses that something is insignificant and of no concern yet there is an undercurrent that this, in fact, may not be the case. In doing so, the participant withdraws from the obligation of having to respond to a comment or situation by appearing to be disinterested or unconcerned about that scenario. I outline several examples of this from the

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transcript. When I encouraged the participants to discuss their own identification of being considered overweight, Participant 2 made this comment about past efforts to lose weight.

Participant 2: Well, I knew I was overweight, and I would try to lose it, and if I can't well, well why kill myself about it.

Participant 3 made the following remark when the group was discussing some of their experiences with comments being made that are hurtful to the participant. In this case, there appears to be special emphasis on the fact that negative comments are more powerful when made by someone they are attracted to.

Participant 3: Not really. Unless it's like a guy that I like or whatever, then it hurts me more, but when it's just like guys I hang out with, it's like whatever.

The next passage captures a dialogue between myself and participant 4 discussing participant 4's association with a particular person and the resulting protection she had from teasing because of that association.

Anna: So now you're saying you think you're overlooked because of that. So are you saying that maybe you'd be concerned that if he wasn't there, they might be focusing on you?

Participant 4: Probably not like teasing, but I think they'd be more aware of it.

Anna: And what do you think they're reaction would be?

Participant 4: You'd have to ask them.

Anna: Do you get concerned about what their reaction might be, though? It sounds like he's a bit of a buffer, maybe.

Participant 4: I wouldn't...like I'm really comfortable around him, like I wouldn't care if they made comments or anything.

Anna: It wouldn't bother you?

Participant 4: It wouldn't bother me. They've already made comments because I'm short.

Anna: And how do those comments make you feel?

Participant 4: Nothing.

Anna: Doesn't bother you?

Participant 4: No, because they're joke comments.

Participant 4 indicates that the she feels 'nothing' from the comments, yet when prompted qualifies her apparent unconcerned response by saying that 'they're joke comments.' In the next passage, similar findings are noted when Participant 3 describes the negative feelings experienced when she was excluded from a social group. Her comments deflect any recognition of how painful this situation is when she focuses on the rights of others to behave in this way.

Participant 3: Yes, and me and my other two friends were like, you know what, they don't want to hang out with us, that's fine. And my one friend gets really angry, no matter what happens, she gets angry over something, and she was "I'm not going to talk to them." And I'm like, "it's their choice, they have every right not to want to hang out with us." And it may not feel good inside that they didn't want to hang out with us, but they have every right to not want to hang out with you and not want to be seen with whoever they don't want to be seen with. And if you thought that they were close friends to you, and they didn't, well then maybe they're not as close friends as you thought they were.

All of these comments suggest an attitude of nonchalance, yet when examined more closely there is a sense that the words are more indicative of a strategy that uses this attitude to deflect attention or to minimize the extent of hurt that has been inflicted on the participant. Expressions of non-concern negate the necessity for one to respond to a comment or negative situation.

Weakness and/or vulnerability are not exposed and dignity can remain intact. In the literature review, the *strategy of withdrawing* is reflected in the findings of Griffiths and Page (2008). In a qualitative study of overweight adolescent girls, the researchers identified that, in response to victimization, coping strategies include both withdrawal and confrontation.

Strategy of associating with certain people or groups

Another inter-related *strategy* that participants indicated was in their association with certain people or groups. Often participants described the relationships with others that might not fit into 'high status peer groups' but rather a group comprised of those on the perimeter. Strauss and Pollack (2003) identified that overweight adolescents were more likely to be socially isolated and to be peripheral to social networks. While it may initially appear that the four adolescent girls in this research study are peripheral to social networks, there was also an indication that the participants' friends were sought out and provided benefits to the participants because they were also people left on the periphery.

One participant identified her group of friends on several occasions aa the group of 'random misfits.'

Participant 4: Remember when I said I had a group of friends that were all misfits... However, on another occasion Participant 4 elaborates on this term,

Participant 4: My friends are all just a whole bunch of random misfits. There's not the problem that they're going to up and walk away to another group. Because everybody is so different, and everybody comes from...we all went to different elementary schools, and we all have different upbringings and different other friends, different styles, different thoughts, different everything, and yet we'll click in some way. I don't know. I like it.

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While the term 'misfits' may appear, to an outsider, as a somewhat cruel name for one's peers, there is a pride in this participant when she is discussing or talking about her friends. She recounted vignettes about the antics of her friends, their idiosyncrasies, and the activities they like to engage in as a group. There was no sense that she was settling for this group, rather a sense that she had found a group she felt comfortable and safe with. Drawing upon relational cultural theory, Miller (1986) indicates that one of the five 'good things' of growth-fostering relationships is the development of self-worth because "another person conveys attention to, and recognition of, our experience" (p. 6). In Participants 4's description of her group of 'random misfits,' there is a sense of group support, and the attention and recognition inherent to a growth-fostering relationship.

Another participant however did not share the same stories about her peer group. Her comments had more of a tone of concession and acceptance that this was the group she was relegated to.

Participant 2: I'm probably like the 'floater.' There's like one big and like maybe two small groups.

Participant 2 also shared several stories about various people in her school that had treated her poorly. The dialogue was somewhat rambling yet there was an undercurrent of sadness as the vignettes often detailed exclusion from a group or an activity. At one point, Participant 2 mentioned an 'orphan group,' and while she doesn't explicitly say she sees herself in this group, there is a sense that this may be where she sees herself ending up.

Participant 2: I don't mind because I don't really like her because she's always been really mean to me for some reason, and actually she was like the teacher's pet and everything. And last year, everybody kept on seeing that she went anorexic because she

stopped eating everything, and she was overweight as well. And now she thinks she is all that and skinny. And she started being anorexic again because maybe she thinks she's overweight or whatever. But she's really annoying and mean, especially to me for some reason.

Anna: So you wouldn't normally be included in these groups of friends, or just her group?

Participant 2: Well, my class we kind of have groups, but as an 'orphan group,' you just join in. But it'll have an exclusion or whatever. But if I talk to one of my friends, she would come up and rudely interrupt me and talk to them, or…like last year I had a birthday party but I could only invite certain people…not certain people but amount of people, and I chose my good friends, and friends that I think that will have a good time with other people. But I made it kind of discreet, so that I didn't be really mean to anybody. And she found out and she came up right in front of me and my friends, and handed them their invitations, and kind of just walked away. I knew she wasn't going to invite me, so I just kind of walked away at that moment. And then she kept on coming later, and asking my friends about, are you coming to my birthday party, or I can change my party just so you can make it…like right in front of me. I was thinking, what is your problem? I didn't do that to you. You don't have to be so rude about it.

In this context, Participant 3 articulated belonging to an 'orphan group.' Her comments appear to reflect a helplessness and a sense of acceptance that she would fit where others decided she would fit. However, her words imply strategic thinking when she describes her actions to try to mitigate drawing the ire of those she was not including in her party plans. She invited people yet 'made it kind of discreet' in order to avoid certain people with whom she understood she would

have difficulty. Her selection of certain people suggests she does have some choice in peers yet there remains a tentativeness in expressing who that group includes. In another dialogue, she also noted her difficulty communicating with others as she struggles to find the appropriate words she wants to use.

Participant 2: Not really. Music is my life, and I like a lot of types of music and I like playing games and I just like doing different stuff. I don't have just one personality, I just like doing a whole lot of stuff, so usually when I talk to people I can connect in one way and talk about that. I don't really just think, I just...I don't know. I think the right things in my head and the first thing that comes to my mind is usually right, and if I second guess and I say something else it's usually wrong, and the first time it was right.

In an expression of herself, Participant 2 describes her interests and her associations with various activities. She states, 'I don't just have one personality.' This understanding of the 'whole lot of stuff' she likes to do enables her to engage with others that share similar interests and again, a recognition of her experiences.

In another passage, Participant 2 indicates again her struggles with finding words, yet she is able to reflect upon the use of alternate communication tools that allow her more time to form responses and enhance her connection with others.

Anna: Can you think of an example of when you said something and wish you'd said something else?

Participant 2: Oh yes, a lot of times. I basically think of what I want to say, and I know what I want to say, I just can't put them into words sometimes. So I just think for awhile, and think for awhile, which is good if you're on MSN, and like you just kind of move on to the next topic.

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So, while Participant 2 may indicate some resignation to be a 'floater,' she has found ways to engage with peers that share similar interests. Her comments also seem to indicate a pride in her interests and a confidence in being able to express these interests.

Another element of the *strategy of associating with certain people or groups* was noted when one participant detailed who she would share her most intimate concerns with. This passage, used earlier in another context, is used here to indicate the depth of trust required for the discussion of certain topics.

Anna: So you're saying that's the only time you've ever asked anybody that question (*do you think I'm overweight?*). Is that because you've avoided that question, or was that the only person you felt safe enough to ask that question.

Participant 3: Yes. One of the only people I've actually asked that question and I felt very comfortable with. No matter what he said either way, he'd still be my friend. Like some people, if I asked that question, they'd say yes, and then I wouldn't be their friend.

Anna: So that would be a question that you would ask what kind of friend?

Participant 3: Like somebody who you'd trust with like your deepest secrets. Sometimes not even somebody who you'd tell your secrets. Somebody that you'd trust with everything that you'd tell lots of things to, and that you've trusted with your passion and everything.

In this case, the participant indicated that asking someone their opinion about their weight or appearance was a question saved only for those that could be deeply trusted. Miller (1986) contends that growth-fostering relationships include an "active, outgoing feeling of caring about another person because that person is so valued in our eyes" (p. 7). Further, Miller suggests that this feeling of caring leads to not only a desire for a deeper connection with that person, but also connection with other people. This then truly becomes a growth-fostering relationship.

Participants described *strategies* where they aligned with certain people or groups. In some cases, the people they chose were ones they felt safe with, at other times they were people that were able to deflect unwanted or feared attention. Taylor et al. (2000) contend that the female behavioural response to stress is more in keeping with a 'tend-or-befriend' pattern of behaviour which includes the creation and maintenance of social networks. Further, Taylor et al. suggest that joining social groups may reduce vulnerability of those in the group. The data in this study suggests that these participants may be doing just this. By joining with another person or a group, the participants describe feelings that express a greater sense of security and support. However, these connections can also sometimes serve to enhance the psychological growth of the individual. As noted earlier, Miller (1986) suggests that one's sense of worth is developed because another recognizes their experience. These participants detail situations where they form relationships with those that share their interests or their sense of belonging to that particular group. Their *strategy* of joining with that other person or group may involve a conscious decision to do so or may happen through a series of decisions not entirely conscious, however the end result is the formation of relationships that offer growth and relationship enhancement.

Strategy of expressing individuality to connect with peer group

In addition to the *strategy of withdrawing* and the *strategy of associating with certain people or groups,* another inter-connected strategy noted was that of *expressing individuality to connect with a peer group.* While some of the participants indicated that the associations they had with certain people was their way of navigating the social strata of their school, others indicated that they use a more outgoing or impulsive approach to their peers in order to navigate their social world.

Participant 3: I just used to keep it more to myself when I was younger. Because I used to be like the quiet little kid, the quiet little girl in the corner doing her work, handing it in all the time. But it wasn't until about the end of last year that I started coming out of my shell more, and this year I'm like…the teachers say like, you have to stop.

Anna: Why do you think you've come out of your shell a bit more?

Participant 3: Because I have relationships with people that would understand and would stick up for me no matter what happened. And I have a lot of friends, instead of when I was younger, I had like two or three, now I have a lot of friends. And I don't really care what people say. Certain things just bounce back off, it doesn't like…I don't think about it. So now I can actually let out my actual personality.

Participant 3's words imply a pride in her individuality. Participant 3 indicates that her individuality can be expressed because she has 'relationships with people that would understand and would stick up for me no matter what happened'. This confidence allows her the opportunity to reveal herself more fully and in doing so encourages the development of 'zest' in the relationships. Miller (1986) describes 'zest' in a growth-fostering relationship as a "feeling of increased vitality and energy which comes from the sense of connection" (p. 5). Jordan (1992) contends that authenticity in a growth-fostering relationship includes the feeling of feeling free to be genuine in context of relationships. Participant 3's comments suggest that an *awareness* of this feeling of freedom is present in the relationships she describes, a feeling that has allowed her to reveal more of 'her actual personality.'

Participant 4 indicates that she sees her impulsivity as a part of who she is and while it might occasionally get her into trouble she is generally proud of this.

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Participant 4: Not really, but I'm more of an impulsive person. I think of things after I do them. I'll be like talking to somebody and all of a sudden I'm going, shoot did I actually want to say that, ah well. So it's more of I don't really think what I say when I say it. It's kind of like I say it and I hope it comes out right.

Anna: Are you impulsive do you think, because it's just gives an opportunity then to get out there and do things without stopping to think about it ahead of time?

Participant 4: Yes, I think it's easier to be impulsive than to think about what you're going to say…like if you just speak to someone, what you're going to say or how you're going to say whatever. I don't have any particular example in mind, I'm just thinking.

Anna: It's easier to just jump in than to think about what could happen, is that fair?

Participant 4: Yes.

Another variation of this strategy was noted in comments made about expressions of individuality.

Participant 3: .....Because I don't dress like everybody else, I dress differently.

Anna: You don't dress the same as everybody else. When did that start?

Participant 3: This year.

Anna: And what do you think started that?

Participant 3: I don't know.

Participant 4: I like the way you dress.

Participant 3: It was mostly that I saw certain tidbits of people's clothing that I liked and I throw it altogether and turn it into my own style, kind of.

Expressing individuality took on several forms. The previous passages details actions of impulsivity, verbal expression of oneself or dressing in a way that expresses one's self. However, sometimes verbal expressions became more assertive and occasionally confrontational. Used in the context of expressing individuality, Participant 3 describes how she might address a situation where she feels slighted.

Anna: So how do you handle that when people are treating you that way?

Participant 3: It depends on who it is. If it's like friends, I'll talk to the girls afterwards…because it's girls and guys, but girls afterwards, I'm like you know it doesn't make me feel good it's not funny. And then they'll stop and the guys will go on about it, but I just ignore them because they're guys.

Another participant reflects on how she would address someone she felt was trying to exert control over her.

Participant 1: I'd be like, back off and give me my personal space and let me do my thing. Let me control it. It's my life.

The following passage suggests a proactive response to a question I asked about a participant's potential experience of having a friendship breakdown. Miller (1986) details the growth-fostering characteristic of being able to take action in a relationship and then actually doing so. In this passage, Participant 1 indicates her plan to take action to determine why the friendship has broken down.

Anna: Now if you were friends with somebody and for some reason that friendship ended, not in a pleasant way, how do you deal with that? How do you get through that and move on to the next friendship or relationship?

Participant 1: I would want to ask why they want to stop being friends.

In the next passage, Participant 3 details her awareness of certain people withdrawing their friendship because of her expressions of individuality. She then describes her response to boys that make negative comments about her. Her words reflect a growing understanding of these negative words and her awakening awareness of the intent of those words. Participant 3's response to these words results in a physical lashing out and while this action may result in disciplinary action, there is an assertiveness and self-protective feel to the actions that negate potential feelings of helplessness and immobility. Miller (1986) contends that feeling "unable to act or move along to do something in the face of fear would have made (one) feel less worthy because (one) hadn't acted on the matter at hand" (p. 7).

Participant 1: I know people who are like that.

Participant 3: I used to be like that. Then I got a couple of comments and made me change a lot.

Anna: What comments did you get?

Participant 3: Certain people stopped being my friends because of the way that I was dressing and started hanging out with people who were "bad influences" in...

Participant 1: Different ways...

Participant 3: Yes, but not the same as...

Participant 1: Like the woohoo (*sic*) come here, and...

Participant 3: Pretty much. And then I'm like why am I like this, it doesn't matter, I don't care. You know like when guys say certain things, I used to think it was a compliment, now I smack them. My guy friends actually have lots of bruises because they say things that they shouldn't say.

In these exchanges, the participants detail actions that have a confrontational edge to them. These strategies are used in dealing with situations that are perhaps threatening or unsettling. Griffiths and Page (2008) contend that in response to victimization, coping strategies include confrontation. In a qualitative study of overweight female adolescents, these authors discovered that the participants in their study had all used confrontational strategies to threaten or deter individuals from victimizing them. For the participants of the focus group, the *strategy of expressing individuality to connect with peer group* sometimes took on the guise of verbal assertiveness and expression. At other times, the *strategy* took on an edge that suggested perhaps frustration, anger, and self-protection on the part of the participant.

Three classifications of strategy have been identified, those being *the strategy of withdrawing, the strategy of associating with certain people or groups,* and *the strategy of expressing individuality to connect with a peer group.* Puhl and Brownell (2003) suggest that individuals managing weight stigma utilize a variety of coping strategies. These coping methods can be "problem focussed versus emotions oriented, have adaptive or maladaptive consequences for the individual, and be targeted towards changing oneself or the perpetrator of stigma" (p. 56). Further, these authors contend that the aim of these methods can be to "avoid or confront stigma and vary to the extent the obese individual accepts or rejects societal beliefs" (p. 6). The strategies I have identified reflect many of these assertions. The *strategy of withdrawing* was identified in the experiences of the participants in the various ways they withdrew themselves from situations that were uncomfortable. The *strategy of associating with certain people or groups* called upon elements of both avoidance and confrontation as participants detailed examples of avoiding certain people or groups in favour of joining together with others they felt provided support, protection, or allegiance. The third identified strategy, that being the *strategy*

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of expressing individuality to connect with peer group, again utilized significantly more elements of confrontation. Participants recounted experiences of stepping forward to verbally express themselves when they felt wronged, dressing in ways that demonstrated their individual traits and characteristics, and in some cases physically responding to insults with hitting.

Three themes, *perception*, *awareness,* and *strategy* are identified in the expressed experiences of the participants during the focus group. These themes are occasionally found in isolation, however, more frequently the themes are inter-connected. In the next chapter, I will discuss these themes in relation to how they fit together and their relevance to this study.

Chapter Five

Discussion, Implications and Conclusion

Discussion of Findings

Throughout this study, my focus has been on exploring the relationship strategies of overweight adolescents. Through the use of the focus group, I was able to collect the rich commentary of the experiences of four female adolescents. Their comments were insightful, illuminating, sometimes sad, and at other times triumphant.

Relational cultural theory (RCT) suggests that maturity involves growth through connectedness and relationship throughout one's life, and seeks to offer an alternative theory of the psychological development of independence and autonomy (Jordan, 2001). RCT contends that the primary source of suffering for most people occurs as a result of isolation and disconnectedness. Acute instances of relational disconnect, such as the breakdown of a friendship, are inevitable yet can lead one to find productive and positive ways to manage their reactions and pain resulting in feelings of being relationally effective and healthy. However, acute episodes of disconnection can also lead to feelings of anger, rejection, denial, and withdrawal resulting in one believing that the disconnect experience was a result of their own ineffective relational skills leading to a sense of chronic disconnectedness (Jordan, 2001). The relational cultural model posits that chronic disconnections occur both at an individual and at a societal level leaving individuals and groups of people in a state of chronic disconnection and marginalization. Chronic disconnections lead one to feel silenced and force one to disavow parts of themselves in order to remain in relationships. This disavowal contributes to inauthentic representations of experiences and leads to ever more painful feelings and actions. By contrast,

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acute disconnections are a vital part of growth-fostering relationships. They can serve as a way for someone to protest a wrong and be responded to by a more powerful party thus enhancing trust and growth in the relationship (Jordan, 2001).

Since relational cultural theory emphasizes the importance of the context in which we live and suggests that cultural and social processes place an important role in development (Nakash et al., 2004) it is important to situate this focus group discussion is the context of these experiences expressed by each of the participants. The focus group took place at a centre familiar to the participants and the participants themselves were known to each other. It might be deemed reasonable then to suggest that the expressed experiences of the participants might be situated within the structure of the focus group and by extension the Weight Smart program, yet the time spent with this group represents only a very small portion of their lives. Many interesting layers of social and cultural life swirl around these four girls creating a context that is individual and unique to each one. However, against this backdrop these four girls share some characteristics and have come together because of their association with the Weight Smart program. In joining this program, these girls have identified themselves as overweight and have indicated that they attended the group because of this identification. Each attends one of various schools in the region. All the girls indicated they have a social circle of friends. These include friends at school and outside of school and in one case outside the country. They are all members of extended families that include parents, siblings and grandparents. These girls all indicated that they participate in school activities as well as community activities. They all indicated having access to various forms of media from television, computers and the internet, newspaper and the radio. When these factors are considered, it can be suggested that there may be layered, intersecting contexts involved. The first layer reflects the lives of the participants and those factors that

directly influence their lives. This might include their families and friends. It might also include those at school that directly impact their lives and perhaps those that provide spiritual support. The second layer represents the overarching context of the surroundings they live in. This comprises the broad social, cultural, racial, ethnic, socio-economic, and gender framework of their local, national, and global environment. These layers affect their lives, yet each one in different ways and at different times. Recognizing these layers of context suggest that participant's experiences go well beyond the room in which the focus group took place. These words represent comments made in the context of the full life of these participants and are reflective of the influences and impact of the world in which they live and the world they are developing for themselves.

As I worked to identify and understand the various themes noted in the research, I found myself asking what this represented. Were they indicative of all adolescents, only overweight adolescents, only overweight girls, and/or perhaps only this group of girls. When I listened to the audio recordings and heard the expressed experiences of each of the participants, I recognized the context in which they were spoken. I then understood that this represented exactly what it was, an exploration of the varied and complex experiences of these four girls and the strategies they identified. And while it may be within the context of their larger worlds, it was only the shared experiences of these girls that I was privy to in relation to what they shared during the focus group itself. The central themes that I identified in the experiences they shared during the focus group were indeed an introduction into the many and complex strategies of these girls.

Within the data, I have identified and described three main themes that emerged. I found that these themes were the most prominent and compelling in terms of my exploration of the relationship strategies of these overweight adolescents. I have identified these three central

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themes as *perception*, *awareness*, and *strategy*. The upcoming discussion reflects my exploration

of these themes and my endeavours to provide a comprehensive understanding of my analysis

and discovery. I found that *perception* could be identified in the words of the participants. In

some cases it was isolated, without connection to *awareness* or *strategy*, but more often it

appeared to be an early state of *awareness*, an almost embryonic stage of *awareness*. Sometimes

it developed into *awareness* and sometimes it did not. What was not apparent during the analysis

of the data was whether this development would occur or whether it would always remain only a

perception. Sometimes the initial *perception* flowed into awareness when, prompted by their

focus group peer discussion and sometimes by strategic probes by me as the researcher, the

stimulated discussion lead to further exploration. This could then be considered *awareness*.

However, at other times *perception* remained just that. I found that *perception* was very much

like a preconceived idea that lacked substantiation. I would contend that without identification of

this *perception*, there is the potential for this to become a belief of the participant but one that has

not been reflected upon and judged for accuracy and relevancy to that person. When that

reflection is present, the *perception* has a greater potential to become an *awareness* that can be

assessed and judged by the holder of that *awareness* and then acted upon.

    Awareness can have an impact on ones beliefs, actions, and further development. This

was apparent in the comments that linked *awareness* to actions and *strategies*. Some passages

indicated that *strategies* were based on a participant's *awareness* of a how a comment made them

feel or the action of another person. For example, in a passage noted earlier,

    Participant 3: In my class, we have a lot of kids who are bullies, so they'll pick the person

    who they think they could hurt the most and get the most reaction out of, and it's usually

me or this other guy because he's really short and he's really tiny. So it's either me or him.

And we're like best friends because we stick up for each other.

Participant 3 recognised that there was the potential to be victimized and her response was to associate with this other person a she felt that she had greater strength together than alone and there was the potential for victimizing to be re-directed away from her toward the other person. Passages also suggest that *awareness* has the potential to result in different actions or *strategies*, and that *awareness* and varied *strategies* might be different in a different context or setting.

While *strategies* might be identified, I stop short at forming any conclusion that these *strategies* are generalizable to other situations or people. I contend that the *strategies* used by these participants are their own unique *strategies* shaped within the familial, social, and cultural context of each participant's life course. Each individual participant employs their own *strategies* as they see fit. In some situations, a *strategy* may be used that in a similar situation but a different context might be modified to suit that situation. For example, Participant 3 indicated that in one situation she would withdraw herself from a conversation because of her concern about being singled out or drawing the ire of that person resulting in future victimization. In a similar situation, but different context, Participant 3 indicated she might confront a person that was saying hurtful things but only if that person was someone she knew and with whom she had a rapport. Janssen, Craig, Boyce, and Pickett (2004), Strauss (2000), and Strauss and Pollack (2003), all detail a strong association between of bullying behaviours or stigmatization of overweight children and adolescents. However, the data presented in this study and the strategies identified, echo the views of Puhl and Brownell (2003), who detail the use of confrontation or avoidance as two of several of the coping strategies of overweight individuals facing stigma. When participants detailed their *strategy of expressing their individuality,* some indicated this

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was in the form of how they chose to represent themselves through their clothes or hair. In others, this individuality was expressed through outgoing and, in some cases, more assertive behaviour. Both approaches had similar results in that the participants had an opportunity to control how they were presented to their world yet these approaches can result in various responses from acceptance to rejection and, depending on the context or people involved, possible disciplinary consequences. In some situations, *strategies* were actively chosen, whereas in a similar situation the *strategy* might be one that was imposed on another person. For example, Participant 4 took great delight in describing her group of 'random misfits' that she chose as her social group. On the other hand, Participant 2 indicates that she belongs to an 'orphan group' and, while she seems to be accepting of this group, there is less verbalised pride in her association with group.

I suggest that *strategies* have a fluidity to them. By this I mean that the *strategies* used by these participants might change over time. The situation or context as well as the previous experience and the result of that strategy may impact on their next choice of strategy. I contend that *awareness* may result in *strategy* which is then re-evaluated based on the results or effect of that *strategy* and that this results in new *awareness* and possibly a new *strategy*. This suggests a model that might present as a dynamic cyclical pattern connecting *awareness* and *strategy* as well as the changed *awareness* and modification of *strategy* that has been noted. Throughout this dynamic cycle, *perception* hovers as a precursor to *awareness*. I also propose that context, both from within the life of the individual and from the multi-layered context of the environment around that individual, also has an impact.

As stated earlier, Relational Cultural Theory (RCT) contends that the primary source of suffering for most people occurs as a result of isolation and disconnectedness. Acute instances of

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relational disconnect such, as the breakdown of a friendship, can lead one to find productive and positive ways to manage their reactions and pain resulting in feelings of being relationally effective and healthy. However, acute episodes can also result in feelings of anger, rejection, denial, and withdrawal resulting in one believing that the disconnect experience was a result of their own ineffective relational skills leading to a sense of chronic disconnectedness (Jordan, 2001).

The analysis of the data presented in this study has indicated that relational disconnections have been experienced by these participants. Strauss and Pollack (2003) found that overweight adolescents are more likely to be socially isolated and peripheral to social networks. However, Strauss and Pollack's research fails to recognize the measures and responses of these adolescents to this isolation and marginalization. The participants of this focus group have identified an *awareness* of the social challenges they encounter and the responses and *strategies* they have implemented to these challenges. They all detail experiences or relationships with friends, school peers, and family that have involved a disconnection. What has varied are their responses to these disconnections. These variations have been noted amongst the participants but also amongst the various situations that the participant was experiencing. Also of note, is the notion that connections and disconnections are rarely black and white. Given the data presented and analyzed in this research study, it can be argued that there are many manifestations of disconnections, reconnections, sustained connections and re-enforced connections, therefore revealing a much more complex and dynamic interaction and relational cultural context.

Relational cultural theorists contend that growth-fostering relationships have three central characteristics. These characteristics include mutual engagement (defined by mutual involvement and commitment to the relationship), authenticity (the process of acquiring knowledge of self

and the other and feeling free to be genuine in the relationship), and empowerment or zest (the feeling of personal strength and the inspiration to take action in the relationship) (Nakash et al., 2004). My experience with these participants detailed a group of girls that supported each other's comments and participated in an environment of mutual involvement, respect, and contemplation. Their continued participation in the Weight Smart group required attendance, contribution, and consideration of the others in the group. Their offer to participate in the focus group and their detailed, thoughtful, and attentive discussion during the focus group is testament to their commitment of time and energy to the focus group members and to myself as the researcher interested in their experiences. The focus group discussion evolved through the supportive hearing and validating of each other. Interactions during the focus group stimulated new *awareness* and confirmed experiences described by group members making it possible to move forward with new awareness of themselves and possible strengths to bring to future relationships. Participants in this study also discussed relationships with various people that suggest mutual engagement. For example, Participant 3 detailed aspects of a relationship with a friend that suggested a deep level of mutual involvement and commitment to the relationship.

Participant 3: One of the only people I've actually asked that question and I felt very comfortable with. No matter what he said either way, he'd still be my friend. Like some people, if I asked that question, they'd say yes, and then I wouldn't be their friend.

Anna: So that would be a question that you would ask what kind of friend?

Participant 3: Like somebody who you'd trust with like your deepest secrets. Sometimes not even somebody who you'd tell your secrets. Somebody that you'd trust with everything that you'd tell lots of things to, and that you've trusted with your passion and everything.

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Experiences shared by the participants suggest relationship authenticity. Participant 3 describes relationships with some of her friends that indicates a trust and comfort with these friends. There is the sense that she feels free to be herself with these friends and is confident they will stand by her.

> **Participant 3:** Because I have relationships with people that would understand and would stick up for me no matter what happened.

In contrast, Participant 2 detailed an experience where the relationship was not authentic, resulting in a sense that the participant believed herself to be the 'last choice' for that other person.

> **Participant 2:** I have a girl like that. I call her the demi-friend. She comes to us, but she needs a friend because her supposed friends are mad at her. So we're like her last choice. She has no backup friends whatsoever, so she comes to us just because she won't stay by herself.

Here there is no indication of confidence in the strength of that relationship, nor a sense of the participant feeling free to be genuine in the relationship.

Empowerment and 'zest' was apparent in the experiences participants shared about expressions of their individuality. Miller (1986) suggests that a sense of increased zest or energy can result from the initial connection with another person. There was a pride in the participant's words and a recognition of their ability to influence a situation based on how they presented to others. Participants also detailed situations where they felt empowered to vocalize their concerns to those that had caused them distress.

Participant 3: It depends on who it is. If it's like friends, I'll talk to the girls afterwards…because it's girls and guys, but girls afterwards, I'm like you know it doesn't make me feel good it's not funny. And then they'll stop...

The core ideas of RCT suggest that growth occurs with connection. Jean Baker Miller describes five 'good' things that characterize a growth-fostering relationship. These five attributes are as follows:

- Each person feels a greater sense of "zest" (vitality, energy) in emotional connections

- Each person feels more able to act and does act

- Each person has a more accurate picture of her/himself and the other person(s)

- Each person feels a greater sense of self-worth

- Each person feels more connected to the other person(s) and feels a greater motivation for connections with other people beyond those in the specific relationship (Miller, 1986).

The participants in this study displayed a variety of these attributes, albeit perhaps at varying times and in varying degrees. Several of the participants displayed a 'zest' or vitality. Miller (1986) describes the feeling of increased vitality that results from the emotional connection, a feeling of being 'in connection' with another. Participants detailed their involvement with a circle of friends that was exciting, engaging, and supportive, and I would argue, these relationships have a vitality to them. This sense of vitality leads to the next attribute, that being the feeling of being empowered to act and doing so. Participants found ways to express their individuality, particularly at times when they indicated they felt confident and engaged, and this expression resulted in a greater sense of who they were and how they were perceived. Several described

relationships that had a strength that allowed the participants the sense of security to ask for feedback from others that was personal, yet provided that participant with a more multi-dimensional picture of who they were and how they were perceived by others. Participants described a sense of camaraderie when they engaged in activities with selected groups. Their expressed experiences indicated they enjoyed these relationships and that, in many instances, the interactions involved gave them pride in accomplishment and increased feelings of self-worth. This pride resulted in a continued confidence to take action and a greater motivation for connections with others.

Participants also detailed connections that did not have 'zest'. These experiences tended to be imposed on the participant either because of the lack of opportunity for the participant or because the participants was relegated to a relationship not of their own choosing. These same participants had fewer examples that displayed their ability to take action and less often articulated speaking up and taking action. They often chastised themselves for not being able to clearly articulate their thoughts or feelings at times when they wanted to do so.

Participant 2: Oh yes, a lot of times. I basically think of what I want to say, and I know what I want to say, I just can't put them into words sometimes. So I just think for awhile, and think for awhile, which is good if you're on MSN, and like you just kind of move on to the next topic.

Participants described barriers to forming relationships in terms of exclusions to groups or desired friends. They also detailed complex social peer group rankings that contributed to a sense of exclusion based on perceived inclusion criteria of these groups.

I set upon this research course to explore the experiences and strategies that overweight adolescents use to attain and maintain their relationships with others. Participants described

experiences of stigmatization and exclusion. While these experiences were not explicitly

ascribed to being overweight, participants detailed being bullied and victimized by family

members and peers because of their weight and depicted measures they used to navigate these

occurrences. Within the framework of RCT, I have found that strategies do exist and that the

adolescents in this study utilize these strategies to develop and foster relationships with their

friends, their larger circle of peers, and the variety of other people within the context of their

multi-layered lived environment. Barriers exist to forming relationships in the form of peer

intrusion and exclusion. However, these participants described avoidance and confrontational

strategies that allowed them to circumvent some painful experiences or fight back in situations

when they felt wronged. They describe deep, committed relationships that provided authenticity,

a sense of self-worth, and motivation to engage in relationships with others.

Strauss (2000) contends that overweight adolescents face increased rates of diminished

self-esteem. Israel and Ivanova (2002) suggest that overweight girls report lower physical self-

esteem and O'Dea (2006) posits that heavier-weight girls have poorer overall self-worth. Yet, if

we consider the continuum offered by the RCT model where relational disconnections lead to

negative social esteem and negative self-image (Figure 1), it must be suggested that measures

that seek to develop growth-fostering relationships may have an impact on the deleterious

repercussions of relational disconnections. Participants in this study have described strategies

that they use to do just that. Relational disconnections are sometimes addressed by withdrawing

in ways that allow these participants to navigate the relationships with their peers and families.

At other times, they confront those that threaten themselves or their relationships. And often they

find others to associate with that provide support, an alliance, or protection. As one participant

verbalized at the end of the focus group when they were trying to find a common theme to the broad range of topics discussed, "it's the relationships." I think she summed it up succinctly.

Implications for Nursing

As noted previously, research pertaining to the weight related issues of adolescents, often focuses on causes and prescribed remedies. All too frequently, the overweight adolescent is presented as one who is victimized, stigmatized, and at the mercy of those around them. Participants in this study have provided a glimpse into their experiences and at the strategies they use to navigate their relationships. This rich and compelling data serves as a reminder, that the voices and experiences of overweight adolescents are vital pieces of information that must be included in all future nursing research, education, policy development, and practice. With this in mind, I have identified some specific implications to these areas of nursing.

Nursing Research

At the outset of this study, I identified that considerable research exists and continues to be done into the 'epidemic' of childhood and adolescent obesity. I also indicated a continued dearth of research that addresses the issues related to adolescents that are overweight and obese, and more specifically research conducted from the viewpoint of that adolescent. It is imperative that future research be conducted that examines all aspects of childhood obesity but more importantly research that examines this health care concern within the context of adolescents and from the viewpoint and experience of those adolescents. Further study needs to be done to develop a better and more comprehensive understanding of the complex social processes that overweight adolescents experience. In this study, I have identified some of the social processes

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used by a group of four overweight girls but we continue to lack details about these social processes, the impact of these processes, and the multitude of factors influencing these processes. These factors might include, but are not limited to gender, race, ethnicity, ability, socio-economic status, sexual orientation, together with and intersecting with age. Further, we lack understanding of the facilitators of skills involved in utilizing these processes to assist in developing connections and relationships that are growth-fostering. Integrating Relational Cultural Theory with continued nursing research related to the social processes of overweight adolescents, could serve to better understand the ramifications of relational connections and disconnections of this population. Further, as significant existing research focuses on the negative social outcomes of being overweight, knowledge acquired through future study may assist in developing a more comprehensive awareness of the associations amongst relational disconnections, negative social esteem and negative self-image together with knowledge about developing, fostering, and encouraging health enhancing connections and relationships.

Nursing Education

This study has provided a small window into the words and understanding of adolescents. Their words and descriptions indicate a comprehension and maturity of understanding of the world they live in and their perceptions of that world. This is testament to the importance that we must place as educators to reflect upon this understanding and respect and honour their voices whenever we interact with these groups. This pertains to education about this population as well as for the development of skills for interacting with this population as clients. Nursing education must continue to provide relevant and timely insight into adolescent communication. This might include recognition and understanding of the increased use of the electronic communication

skills and strategies of adolescents. Word usage of teenagers needs to be identified and recognized for content. This also extends to the development of programming and policy related to all aspects of this population. Health care tends to focus on care that fits within the medical model often commanding a position of direction and pronouncement. This study indicates that we need to look beyond this paradigm and move toward a model that shifts the focus from adult to adolescent and relates in all ways to the developmental needs, abilities, and real life experiences of this population.

Nursing Policy

In terms of implications for policy development, this study highlights the importance of developing policy aimed at and informed by the experiences, needs, and perspectives of adolescents. Community health programs require policy development that value the adolescent and incorporates the voices and opinions of this population. McMurtry and Curling (2008) indicate in their report, *The Roots of Youth Violence*, that the voices of youth were a vital contributor to the report. These authors contend that youth become alienated when they are denied an opportunity to express themselves in areas that directly and immediately affect their lives. It follows then, that expecting youth to adhere to health advisements for which they had no input, would be doomed to failure. Future policy development requires that adolescents be included in collecting data to develop policy, establishing programs based on that policy, and most importantly, included in the evaluation of any new policy.

Nursing Practice

The Canadian Community Health Nursing Standards of Practice outlines several standards of practice. These include promoting health, building individual and community capacity, building relationships, facilitating access and equity, and demonstrating professional responsibility and accountability (Community Health Nurses Association of Canada, 2008). In all of these standards lie roles related to the nursing practice of adolescents. Health promotion includes working collaboratively with individuals and communities. In this case, it is imperative that we identify the community to include adolescents and work collaboratively with these youth. Holden, Messeri, Evans, Crankshaw, and Ben-Davies (2004) contend that positive youth empowerment approaches view "youth as a resource, rather than a collection of problems, and focuses on fostering support in developmentally appropriate experiences and resources as the primary route for positive outcomes" (p. 551). This can only be done by recognizing their unique abilities, needs, and strengths, and tailoring approaches that honour those attributes. Further, Holden et al. suggest that "youths develop a stable, positive identity when they are provided an opportunity to participate through a variety of roles that allow them to experiment and better define their identity" (p. 551). We need to build individual capacity by recognizing the strengths of youth and focussing on and celebrating those strengths. Wallerstein and Duran (2006) propose that empowerment strategies improve health among subpopulations and those at risk for social exclusion, such as youth. We need to understand both the individual life experiences of youth as well as the relational issues and dynamics with their peers, families, and school associates and effectively use facilitation skills to further develop and enhance those dynamics. Relationships can be strengthened when we better understand the social processes of youth and the factors that contribute to enhancing these processes. Further research can identify these factors but as nurses

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in the community we need to be proactive in demanding this research occurs and cognizant of the findings of the research. Additionally, we need to be aware of factors that inhibit our abilities to form relationships with our clients, especially with adolescents. This includes being aware of language use when dealing with certain populations. The adolescents in this study identified they do not like certain words when discussing their weight and while these words may be different among different groups, we need to be aware of these differences and value their requests. We also need to be aware of language usage of adolescents and strive to explore the understandings and meaning of the words they use as needed.

Identifying and facilitating access and equity for all, regardless of social, cultural, racial, ethnic, socio-economic status, and gender is a vital component of community nursing however, adolescents are particularly vulnerable to access and equity shortcomings. This study highlighted the lack of programming for adolescents struggling with weight concerns. Through advocating for the provision of and access to all health care services for adolescents we can assist in facilitating access and equity. Professional responsibility and accountability demands that we maintain professional competence and quality of practice that is cognizant of the social determinants of health. This study suggests that overweight adolescents navigate social processes that may involve varied challenges to those adolescents not struggling with their weight. As health care professionals, our responsibility to our clients demand that we seek further knowledge of these processes and provide programming, policy, and practice that integrates this knowledge.

Limitations

While I have endeavoured to explore the relationship experiences of overweight adolescents in a manner that has provided a rich and informative body of knowledge, there are limitations that must be accounted for. Although the focus groups provided a wealth of data that yielded some interesting and provocative findings, it must be noted that this study consisted of one focus group. Further research is needed to build upon the findings of this study. As well, this study comprised a group entirely of girls and generally girls of a young age. Further study should look beyond this demographic and include both girls and boys of more varied ages.

Access to adolescent participants was extremely challenging and, while the group that participated was dynamic, an opportunity to obtain data from a larger community would allow for more varied participants representing a broader range of our population. Future study will need to recognize this obstacle and address the obstacles presented when studying minors. Because of the difficulties locating participants, in this study I utilized access through a Community Health Centre that focussed services on a youth population. While this provided access, this also resulted in a population known to each other at the outset of the study. Additionally, the Registered Dietician of the group where the participants were recruited, at the last minute without consulting me beforehand, insisted on attending the focus group. While this did not appear to inhibit discussion, the presence of a person outside of the identified focus group participants was unexpected and could possibly have had an impact on the participants. However, as the data reveals, the participants seemed to be forthright in their discussion during the focus group.

As a student researcher, other limitations were also apparent. I did gratefully receive scholarship funding from Ryerson University to support my graduate studies. However, for my
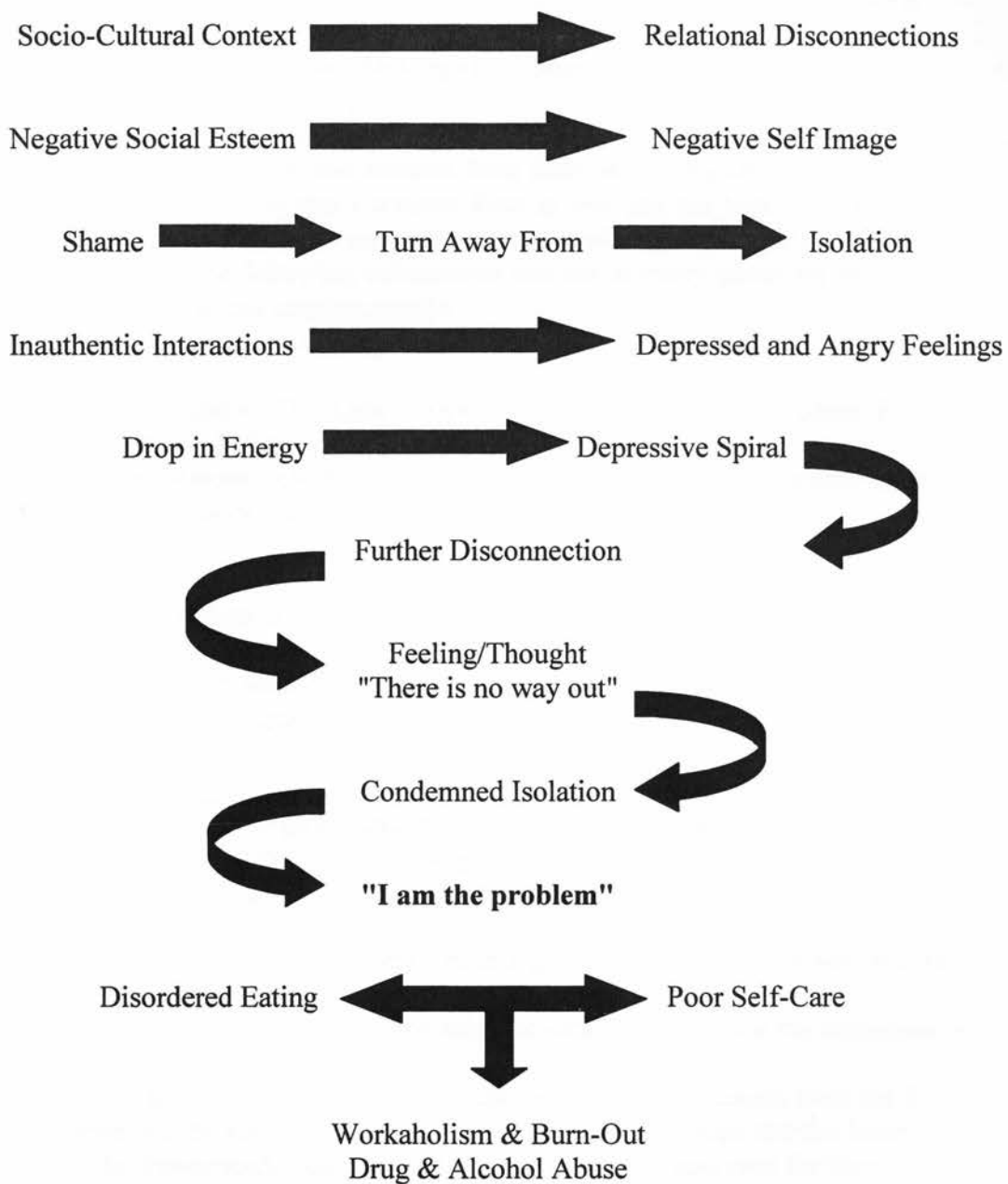
research, additional funding was difficult to find and consequently no formal funding, beyond my graduate scholarship, was obtained. This resulted in decisions being made that may have limited further engagement with additional participants. As a graduate student in a master program, time limitations regarding program length for completion of a thesis also created some limitations in terms of more extended engagement with added study participants.
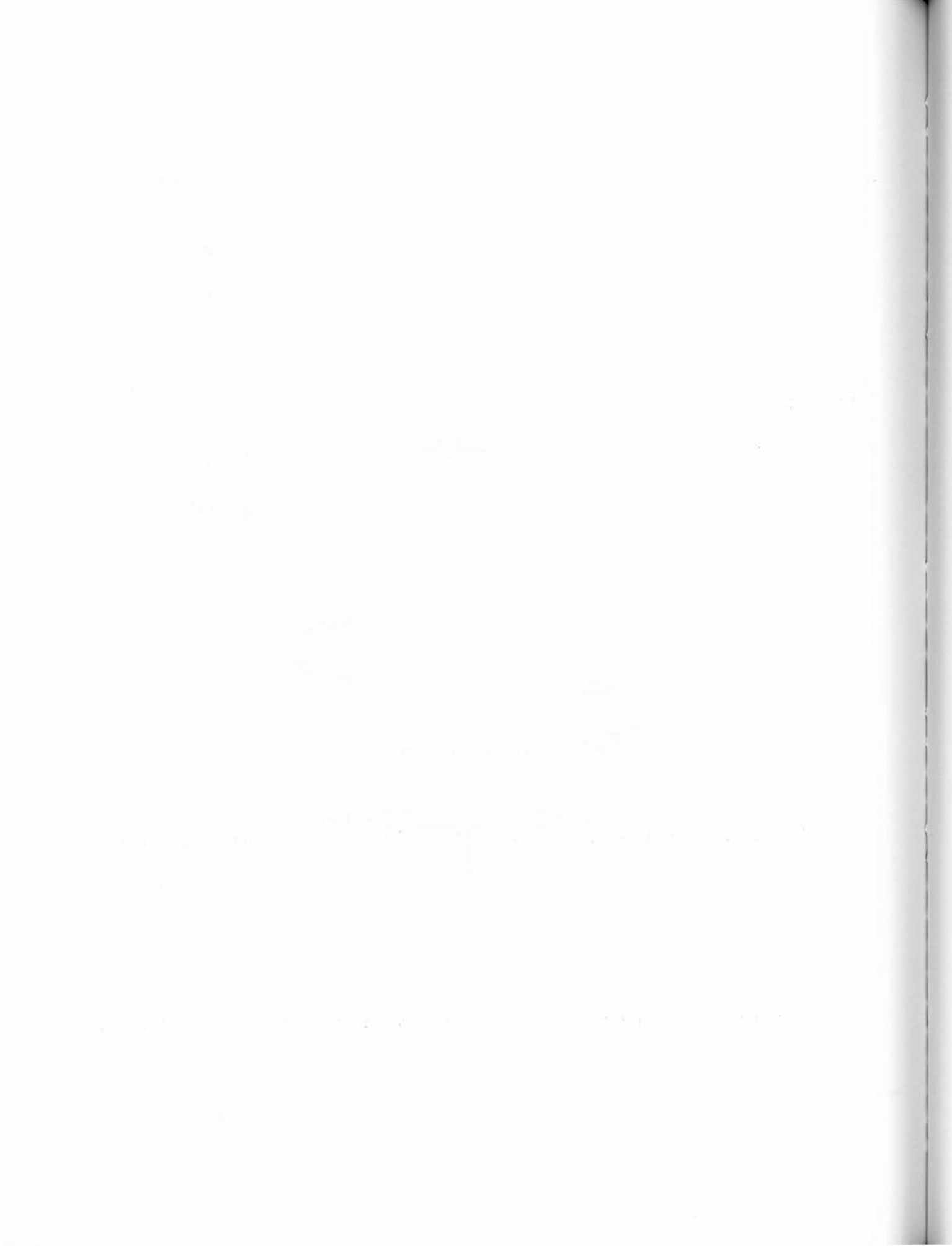
Conclusion

At the beginning of this thesis, I selected a quote by Peter Davison who suggests 'we are dealing with some canaries in the coal mine'. These words are haunting because, if in fact these words are true, they indicate that we are seeing a population of children that represent a much larger group than has been identified and accounted for. In this study, I attempted to give a voice to these adolescents and to value their words and thoughts. From these words, I have endeavoured to identify relevant information that will lead to a better understanding of these adolescents and provide a greater depth of knowledge and awareness of the processes these adolescents use to navigate, attain, and maintain their relationships with others, especially within the context of their understandings of being overweight or theirs and others perceptions of being overweight. They have indicated that relationships are an integral part of their lives and that the strategies they use can be identified and developed. These relationships are comprised of, amongst other attributes, the connections and disconnections inherent to any relationship. When we, as health care professionals, recognize the importance of these relationships, the connections and disconnections associated with relationships, and the impact they have on the social, cultural, and psychological development of adolescents, we can begin to find ways to augment and assist in the further development of positive growth enhancing relationships and personal

growth. Furthermore, in relation to this research, we need to build more health promoting and empowering approaches when working with adolescent populations struggling with weight concerns. This research makes a contribution to this possibility.

Appendix A
Cycles of Disconnection

Socio-Cultural Context ⟶ Relational Disconnections

Negative Social Esteem ⟶ Negative Self Image

Shame ⟶ Turn Away From ⟶ Isolation

Inauthentic Interactions ⟶ Depressed and Angry Feelings

Drop in Energy ⟶ Depressive Spiral

Further Disconnection

Feeling/Thought
"There is no way out"

Condemned Isolation

"I am the problem"

Disordered Eating ⟷ Poor Self-Care

Workaholism & Burn-Out
Drug & Alcohol Abuse

From "Relational Practice in Action Manual" by J. V. Jordan and C. Dooley, 2000, p. 33.

Appendix B

Ryerson University
Consent Agreement for Parents or Guardians of Study Participants

Study Title: Relational Interaction Strategies of Obese Adolescents

Your teenage child is being asked to participate in a research study. Since your teenage child is under the age of 18, it is required that consent from their parent or guardian be obtained. Your teenage child has been asked to sign a consent form as well and has been informed that they have control over whether they choose to participate or not. Before you give your consent, it is important that you read the following information and ask as many questions as necessary to be sure you understand what this consent entails.

<u>**Investigators:**</u>
1. Principle investigator (PI): Anna Cooper RN, MN (C), Graduate student, Ryerson University, School of Nursing.
2. Dr. Margaret Malone, RN, PhD, Thesis supervisor, Associate Professor, Ryerson University, School of Nursing.

<u>**Purpose of the Study:**</u>
The purpose of this study is to explore the experiences and coping strategies of overweight adolescents in relation to their interactions with others. Study participants between the ages of 14-18 years who have been identified as 'overweight' will be recruited and participate in a focus group session, lasting approximately 60-90 minutes and/or an interview lasting 45-60 minutes.

<u>**Description of the Study**</u>:
This study will use a focus group and individual interviews to collect information. Study participants will be involved in either a focus group or individual interviews. Initial participants will participate in the focus group and subsequent participants will participate in individual interviews.

Focus group participants will be assembled in a group and several questions will be introduced to generate a discussion.

Individual interview participants will be asked several questions and the responses will then be discussed.

With the permission of the participants, all discussions and comments from the focus group and the interviews will be audio recorded. Following the focus groups and the interviews, these audio tapes will be transcribed, examined by the researcher and analysed for their content.

All study participants will be asked to provide some routine demographic information e.g., their age and level of education. In addition, they will be asked to provide their height and weight which will be recorded during a private session with the lead investigator. Every effort will be made to ensure confidentiality. All participants' names and other potentially identifying information will be changed to maintain anonymity.

What is Experimental in this Study:

None of the procedures used in this study are experimental in nature. The only experimental aspect of this study is the gathering of information for the purpose of analysis.

Risks or Discomforts:

Participation in this study may result in some emotional discomfort as a result of listening to and talking about personal or troubling experiences. If at any time during the study your child experiences discomfort, they may discontinue participation in the study either temporarily or permanently should they wish to do so. No questions will be asked about this decision.

As well, if at any time they would like to discuss their discomfort and/or any other issues that may emerge during the focus groups and/or the interviews, a list of available community resources and counselling services will be made available by the researcher or through the Youth Centre. Access to these community resources and/or counselling services will be confidential and will in no way affect future participation in the study or their activities at the Youth Centre.

Benefits of the Study:

The potential benefits of this study will be the development of a better understanding of the experiences of overweight teenagers for the focus group participants themselves as well as contributing to a broader knowledge base regarding these experiences more generally. This new knowledge may assist in developing programs or policies that provide future assistance to other overweight teenagers.

While it is hoped all participants will benefit from being part of this research, I cannot guarantee beforehand, however, that your child will receive any direct benefits from participating in this study.

Confidentiality:

All focus group sessions and interviews will be audio taped. Audio tapes from the session will be used to produce transcripts or written records of the session. All study participants will be identified by pseudonyms and all potentially identifying remarks will be removed from the transcripts. Upon request, participants will have access to the completed transcripts and the opportunity to remove any sections they feel might be necessary. Access to the audio tapes and transcripts will be limited to the PI, Anna Cooper and the thesis supervisor, Dr. Margaret Malone PhD as well as an assistant that will help with inputting the audio tape content into a transcript. All audio tapes will be destroyed following successful transcription. Transcripts will be securely stored by the PI in a locked file cabinet. Following completion of MN thesis defence all transcripts will be destroyed.

All focus group members and individual interviewees will be advised that confidentiality is very important and that the content of the sessions that the participants share should not be discussed with others outside of the group. However it is difficult to promise complete confidentiality because several people will be involved in the focus groups. Reminders about the importance of confidentiality for research purposes and otherwise will be reviewed during the focus groups, upon completion of the focus group, as well as during each individual interview.

Incentives to Participate:

A gift certificate to HMV or Chapters in the amount of $20.00 will be provided to all study participants. This will be provided if your child completes the entire study or chooses to withdraw at any point during the study.

Costs and/or Compensation for Participation:
There are no direct costs associated with participating in this study. Focus group sessions will take place at The Youth Centre. Four (4) transit tokens/tickets will be made available to each participant.

Voluntary Nature of Participation:
Participation in this study is voluntary and will have no effect on your teenage child's relationship with The Youth Centre. Your teenage child's choice of whether or not to participate will not influence their future relations with the Youth Centre and/or Ryerson University. If they decide to participate, they are free to withdraw their consent and to stop their participation at any time without penalty or loss of benefits.

Questions about the Study:
If you have any questions about the research now, please ask. If you have questions later about the research, you may contact.

Anna Cooper PI/Study Coordinator: acooper@ryerson.ca

Telephone Number (416) 722-2412

If you have questions regarding your rights as a human subject and participant in this study, you may contact the Ryerson University Research Ethics Board for information.

Research Ethics Board
c/o Office of the Associate Vice President, Academic
Ryerson University
350 Victoria Street
Toronto, ON M5B 2K3
416-979-5042

Agreement:

Your signature below indicates that you have read the information in this agreement, discussed it with your teenage child, and have had an opportunity to ask any questions you may have about the study. Your signature also indicates that you agree to allow your teenage child to participate in the study. Your teenage child has been told that they can change their mind and withdraw their consent to participate at any time. You have been given a copy of this agreement.

You have been told that by signing this consent agreement you are not giving up any of your or your child's legal rights.

_____

Name of Participant (please print)

Signature of Participant or Parent/Guardian   Date

Signature of Investigator   Date

Permission to audio tape focus group sessions and/or individual interviews:

I give permission to participating in a focus group that will be audio-taped and later transcribed for the purposes of analysis.

Signature of Participant   Date

Signature of Participant or Parent/Guardian   Date

Study Title: Relational Interaction Strategies of Obese Adolescents

You are being asked to participate in a research study. Because you are under the age of 18, it will be necessary to get consent from your parent/s or guardian/s as well, however you have the final say on whether you wish to participate or not. Before you give your consent to be a volunteer, it is important that you read the following information and ask as many questions as you wish to be sure you understand what you will be asked to do.

Investigators:
1. Principle investigator or researcher (PI): Anna Cooper RN, MN (C), Graduate student, Ryerson University, School of Nursing.
2. Dr. Margaret Malone, RN, PhD, Thesis Supervisor, Associate Professor, Ryerson University, School of Nursing.

Purpose of the Study:
The purpose of this study is to explore the experiences that overweight teenagers have in relation to their interactions with others. Study participants between the ages of 14-18 years that have been identified as 'overweight' will be recruited to participate in a focus group session, lasting approximately 60-90 minutes or an individual interview lasting approximately 45-60 minutes.

Description of the Study:
This study will use a focus group and individual interviews to collect information. Study participants will be involved in either a focus group or individual interviews. Initial participants will participate in the focus group and subsequent participants will participate in individual interviews.

Focus group participants will be assembled in a group and several questions will be introduced to generate a discussion.

Individual interview participants will be asked several questions and the responses will then be discussed.

With the permission of the participants, all discussions and comments from the focus group and the interviews will be audio recorded. Following the focus groups and the interviews, these audio tapes will be transcribed, examined by the researcher and analysed for their content.

All study participants will be asked to provide some routine demographic information e.g., their age and level of education. In addition, they will be asked to provide their height and weight which will be recorded during a private session with the lead investigator. Every effort will be made to ensure confidentiality. All participants' names and other potentially identifying information will be changed to maintain anonymity.

What is Experimental in this Study:
None of the procedures used in this study are experimental in nature. The only experimental aspect of this study is the gathering of information for the purpose of analysis.

Risks or Discomforts:

There may be difficult discussions due to the nature of the topics. If at any time during the study you become uncomfortable you have the option to leave the study either temporarily or permanently.

As well, if at any time you would like to discuss your discomfort, community resources and counselling services will be available through the Youth Centre. Access to community resources and counselling services will be confidential and will in no way affect future participation in the study or activities at the Youth Centre.

Benefits of the Study:

The potential benefits of this study will be a better understanding of the experiences of overweight teenagers for the focus group participants themselves as well as contributing to a broader knowledge base regarding these experiences more generally. This new knowledge may assist in developing programs or policies that help other overweight teenagers.

While it is hoped all participants will benefit from being part of this research, I cannot guarantee beforehand, however, that your child will receive any direct benefits from participating in this study.

Confidentiality:

All focus group sessions and interviews will be audio taped. Audio tapes from the session will be used to produce transcripts or written records of the session. All study participants will be identified by pseudonyms and all potentially identifying remarks will be removed from the transcripts. Upon request, participants will have access to the completed transcripts and the opportunity to remove any sections they feel might be necessary. Please check the box at the end of the consent form indicating that you wish to have an opportunity to read the transcript however, if this box is not checked, you may still contact the PI at the telephone number listed to arrange for a copy of the transcript and an opportunity to remove sections as noted above. Access to the audio tapes and transcripts will be limited to the PI, Anna Cooper and the thesis supervisor, Dr. Margaret Malone PhD as well as an assistant that will help with inputting the audio tape content into a transcript. All audio tapes will be destroyed following successful transcription. Transcripts will be securely stored by the PI in a locked file cabinet. Following completion of MN thesis defence all transcripts will be destroyed.

All focus group members and individual interviewees will be advised that confidentiality is very important and that the content of the sessions that the participants share should not be discussed with others outside of the group. However it is difficult to promise complete confidentiality because several people will be involved in the focus groups. Reminders about the importance of confidentiality for research purposes and otherwise will be reviewed during the focus groups, upon completion of the focus group, as well as during each individual interview.

Incentives to Participate:

A gift certificate to Pickering Town Centre in the amount of $20.00 will be provided to all study participants. As well, each participant will be provided with a certificate that indicates 5 hours of community service have been completed. These will be provided whether the teenager completes the entire study or withdraws at any point during the study.

Costs and/or Compensation for Participation:

There is no cost to take part in this study. Focus group sessions will take place at The Youth Centre. Four (4) transit tokens are available to each participant on request.

Voluntary Nature of Participation:
Participation in this study is voluntary and will have no effect on your relationship with The Youth Centre. Your choice of whether or not to participate will not influence your future relations with The Youth Centre and/or Ryerson University. If you decide to participate, you are free to withdraw your consent and to stop your participation at any time without penalty or loss of benefits to which you are allowed.

Questions about the Study:
If you have any questions about the research now, please ask. If you have questions later about the research, you may contact.

Anna Cooper PI/Study Coordinator: acooper@ryerson.ca

Telephone Number (416) 722-2412

If you have questions regarding your rights as a human subject and participant in this study, you may contact the Ryerson University Research Ethics Board for information.

Research Ethics Board
c/o Office of the Associate Vice President, Academic
Ryerson University
350 Victoria Street
Toronto, ON M5B 2K3
416-979-5042

Agreement:

When you sign your name below it means that you have read the information in this agreement and have had a chance to ask any questions you may have about the study. Your signature means that you agree to be in the study and have been told that you can change your mind and withdraw your consent to participate at any time. You have been given a copy of this agreement.

You have been told that by signing this consent agreement you are not giving up any of your legal rights.

_____

Name of Participant (please print)

_____   _____

Signature of Participant   Date

_____   _____

Signature of Investigator   Date

<u>Permission to audio tape focus group sessions and/or individual interviews:</u>
I give permission to participating in a focus group that will be audio-taped.

_____   _____
Signature of Participant   Date

_____   _____
Signature of Participant or Parent/Guardian   Date

☐ Please check box if you wish to have an opportunity to review the transcripts of the focus group or interview that you participated in. If checked, you will be contacted and arrangements will be made for the appropriate transcript to be forwarded to you and your parent/s or guardian/s. Should you wish to do so, you will have the opportunity to remove any sections you feel might be necessary.

Appendix C

Interview guide

1. Can you tell me about what it's like to be a teenager from your experience?

2. Have you become aware that you might be considered overweight? How did you become aware of this? When did you first become aware that you were considered overweight?

3. Do you think that being overweight has had an effect on your relationships or connections with other people? In what way? Can you give me an example?

4. Do you think that being overweight has prevented you from seeking out relationships or connections with others? Can you give me some examples?

5. Do you know of any strategies that you use to help make it easier to make connections with others?

6. Do you know of any barriers that make it more difficult to make connections with others?

Prompts

Describe the experience.

Has participant x's experience reminded anyone of something similar?

Can you give me an example?

Appendix D

Demographic data

Name	Age (yrs)	Height (cm)	Weight (kg)	BMI	% ranking
Participant 1	14	160	63	24.6	88%
Participant 2	13	167.6	104.3	37.1	above 99%
Participant 3	13	162	79.4	30.3	97%
Participant 4	16	153	94	34.5	98%

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