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# LEISURE, OBESITY AND WEIGHT LOSS: AN EXPLORATION OF LEISURE, THE PUBLIC HEALTH ECOLOGICAL MODEL OF OBESITY AND IDENTITY THEORY

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A Dissertation
Presented to
the Graduate School of
Clemson University

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In Partial Fulfillment
of the Requirements for the Degree
Doctor of Philosophy
Parks, Recreation, and Tourism Management

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by
Weber Kirby Player
December 2015

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Accepted by:
Dr. Francis McGuire, Committee Chair
Dr. Elizabeth Baldwin
Dr. Ellen Granberg
Dr. Karen Kemper
Dr. Dorothy Schmalz

ABSTRACT

Obesity is a global health crisis with complex causal relationships. From the mid 1990s to 2010, obesity related research in the clinical and social sciences has exploded. This expansion has resulted in a proliferation of obesity-related articles published in top-tier journals and the creation of new journals solely devoted to obesity research. In contrast within leisure scholarship, a review of leisure journals reveals that published research on the relationship of leisure, obesity and weight loss is minimal. However, numerous leisure scholarship/theory principles are relevant to obesity prevention and treatment. Similarly, public health officials have developed numerous systems-oriented multilevel framework models for addressing obesity (ecological models). A review of these models reveals targets where the application of leisure theory and practice could inform and facilitate obesity prevention and treatment. The value of this facilitation is supported by research demonstrating the power of leisure for personal life transformation that enables health improvements. Individual identity and personal choices are primary factors in lifestyle change and influence individual obesity treatment and prevention. It is at the intersection of public health, leisure scholarship and the individual that recreational therapies may provide a bridge for personal and collective success in the prevention and treatment of obesity. Using qualitative narrative via case-study methods, identity aspects of weight-loss support group leaders are examined. Observations will be made regarding the identity change process in light of modern identity theory and consideration will be given to demonstrated aspects of the Serious Leisure Perspective. Finally, a critical multiplist paradigm call to action is issued to scholars and practitioners.

DEDICATION

I dedicate this work to my wife, Marilyn Pilgrim Player,
for being an Ezer[1] whose service and devotion
never waivered during this PhD process.

To my father and mother, Blain and Nelle Player,
for raising me to be the man of faith I am today.
My love knows no bounds.

To my sister and brother, Marie Smith and Pete Player and their families,
for sharing love, life and the name of Player.
To all my extended family members, by blood and in-law,
who bring life deeper meaning.

To Dean Kubacz, M.D., who enriches my life and was instrumental
in transforming my journey toward better health and deeper faith.

To Randy Dempsey and Brian Roberts
for modeling to me the power of friendship and community.
And to my friends, pastors and church family who offer the same.

To my Clemson University Professional Family –
your devoted service and passion inspires me.
Your support and assistance through this academic process was priceless.

To the Six Clemson University faculty members
who served on my committee, and to the faculty and staff who offered aid
during this process – you believed in me and guided me.
You were patient and understanding beyond measure.
And to Judi Voelkl. Though her written signature is not on these pages,
her name and insights are written on my heart.

To the literally hundreds of PRTM graduate students
that passed through the department during my thirteen-year journey –
I am honored to have learned by your side.

And last to Dr. Fran McGuire.
For my life in PRTM – you truly are the alpha and omega.
My gratitude knows no end.

*"To God be the Glory, great things he hath done;*
*so love he the world that he gave us His son." – Fanny Crosby*

*Footnote 1:* An *ezer* is one who comes alongside another and brings strength in the context of relationship.

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"Nothing great was ever achieved without Enthusiasm!"

Ralph Waldo Emerson

My PhD process has been a thirteen-year journey that has been "supercharged with enthusiasm!" The energy, intellect and relationships of many people have been the source of this enthusiasm that has culminated in this dissertation manuscript. I believe that genuine humility is recognizing that God and others are responsible for the achievements in my life. And though the PhD road is one that is traveled as an individual – it is not a road that is traveled alone. On every step of the way, God and the support of caring people enlivened my path. If each minute of this journey were counted as a step, I have taken 6,924,960 steps. It started with the first class session of "Behavioral Aspects of PRTM" with Dr. Rob Bixler who introduced me to "scholarly, precision writing" and culminated with the cherished words, "You passed!" spoken by Dr. McGuire on October 23, 2015 at 10:30 AM. It has been a joyful, challenging and transformative process. I am not the same individual that took that first step in August of 2002. Thus I expand my dedication as I acknowledge in greater detail certain fellow travelers for their enthusiastic contributions to my journey.

To the faculty members that comprised my committee; though each of you joined the journey at different points along the way – each of you are fully expressed in this final document.

- To Dr. McGuire - From the day I arrived in the PRTM Department in 1984 for my masters, you have modeled what it means to be a teacher,

a scholar and a mentor – and you did it all in tennis shoes. It amazes me that you can transition from faculty member to administrator and back again without ever turning to the Dark side in the eyes of your fellow faculty – you truly are an Obie-Wan Kenobi who likes M&Ms!

- To Dr. Baldwin – When my journey passed through your qualitative methods class I experienced an epiphany! Through your attentive instruction I discovered my dissertation topic and the path to my final destination. Your sense of belief in me has been empowering!
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- To Dr. Schmalz – Chef Dart, I watched you from a far for over a year with a growing hope that you would be willing to serve on my committee. When you said yes, I knew I had gained a blessing. Your comprehensive question provided a spark of inspiration that lighted my path in the last three years of this process. Thank you for understanding and sharing in my struggles.

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To key family and friends:

- To my wife Marilyn Pilgrim Player – You said yes to a marriage proposal in 2007! I am not sure you knew that meant you would be a PhD widow for a season. Your love, acts of service, prayers, patience and co-laboring in life surrounded me everyday. The early mornings and late nights were made marvelous thanks to you. And lest we forget: Transcribing anyone? You have and will always be my M.P.P – Most Perfect Princess!
- To my Mother and father, Nelle and Blain Player – I will never forget who I am and where I come from. The joy of childhood, the discovery of growth and the meaning of maturity have been given to me by the two of you. Daddy, caregiving for you during my PhD process allowed me to apply what I learned in the classroom to create meaningful moments of "aha!" as we battled your illness as a family. I will see you in heaven. Mama, you are an example of living for others. The skills and tools you have given to me while I learned by your side have bolstered my success in life. I can never fully express all you mean to me. The determination to embrace life you demonstrate as a 91½ year old matriarch is inspiring. Thank you for enduring this long PhD process with me! It is DONE!
  What an honor to call you parents and friends.

- To my sister Marie and brother Pete and their families – Having lived as a single man for 47 years, you provided the joy of family for me in so many ways. I treasure the fact that I am your baby brother. It is and honor for me to share memories and moments with each of you that are known by no one else.
- To my brothers in Christ and friends – Dean Kubacz, Randy Dempsey and Brian Roberts – to me you are as John, James and Peter. Thank you for sharpening me, offering me grace and forgiveness and providing the gifts of time, talents and friendship during this journey and throughout my life.
- To my work family – For the many I have worked with at Clemson through the years – thank you. To those in the CAFLS Dean's office: Though you are not classified as my family genetically, each of you are grafted into my heart. You create epistemological shifts in my life nearly every day! You are my "Circle of LIFE!"

And finally to all those students that have studied by my side, tutored me and inspired me as I watched them complete their scholarly journeys – I consider it a privilege to have shared in the learning process.

To those students who may be reading this now, as Dr. Gwen Powell did in her dissertation acknowledgments, I say: if you are reading this you likely have interest in my topic or are completing scholarly writing yourself – I say never give up. The destination is worth the journey. May blessings abound.

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# CHAPTER ONE

# INTRODUCTION

## Problem Statement

Rates of obesity continue to rise worldwide. Statistical indicators support this fact both internationally (Huang, T. T., Drewnowski, A., Kumanyika, S. K., & Glass, T. A., 2009)and in the United States. (Ogden, Carroll, Kit, & Flegal, 2014) The terms Overweight and obesity are both labels for ranges of weight that are greater than what is generally considered healthy for a given height. The terms also identify ranges of weight that have been shown to increase the likelihood of certain diseases and other health problems. (Ogden et al., 2014)

Increasing volumes of obesity research from varying academic disciplines continue to reinforce our understanding and comprehension that obesity is a complex biological, psychological and sociological issue. (Huang, et al., 2009) This data prompted the World Health Organization (WHO) to report that "The highlighting of obesity as a major public health issue is now uncontroversial (except perhaps in the United States) but the principal and radical practical steps needed to reverse this epidemic is the next challenge." (James, 2008)

The data regarding children and youth also continues to show a rise in obesity rates. This is of concern because obese children consistently become obese adults. The percentages are so alarming that Canadian physician Dr. Mark Tremblay, who has studied physical activity and childhood obesity, remarked, "I don't think it's inconceivable that we're going to see fathers and sons, mothers and daughters, lining up

together for (*cardiac*) bypass surgery." (Gard and Wright, 2005, p. 18) Though scientists and health officials debate the numerous causes of obesity, there is no denying that the individual and collective girth of the globe's population is expanding.

Current data suggest that if the United States is to avoid catastrophic healthcare costs obesity rates must be reduced. Likewise, to prevent today's generation of children from being the first to die at an average age younger than their parents the prevention and treatment of obesity must be a primary health concern. This will require a collective effort. Individuals, the population at large, healthcare, and private and public sectors and scholars and practitioners of health and allied disciplines must join forces. (Levi, Segal, Laurent, & Vinter, 2010)

Clinical medicine has examined its effectiveness in the prevention and treatment of obesity in an effort to strengthen its impact on the obesity epidemic. In October of 2013 within the proceedings of the Obesity Week conference in Atlanta, Georgia, the *Practice Guidelines of the American College of Cardiology/American Heart Association/ The Obesity Society Task Force* was released. This document is the most comprehensive review of clinical based obesity treatment evidences to date. The report cited the findings below regarding the prevalence and dangers of the obesity epidemic:

- More than 78 million adults in the United States were obese in 2009–2010.
- Comorbidity risks include hypertension, dyslipidemia, type 2 diabetes mellitus (diabetes), coronary heart disease (CHD), stroke, gallbladder disease, osteoarthritis, sleep apnea and respiratory problems, and some cancers.
- Biomedical, psychosocial, and economic consequences of obesity impact the health and well being of the entire U.S. population.
- Overweight and obesity is a prime contributor to chronic diseases in the US and presents a major public health challenge.
- Medical costs of obesity in the United States in 2008 totaled about $147 billion.

The report acknowledges that the prevalence of obesity among adult men and women appears to be slowing or leveling off – initial hope that interventions are having an impact (Jensen, et al., 2013). This rigorous systematic approach used to compile the *Practice Guidelines* report forms clinical medicine's call to action and encourages other related disciplines to engage in similar exercises. (Jensen, et al, 2013)

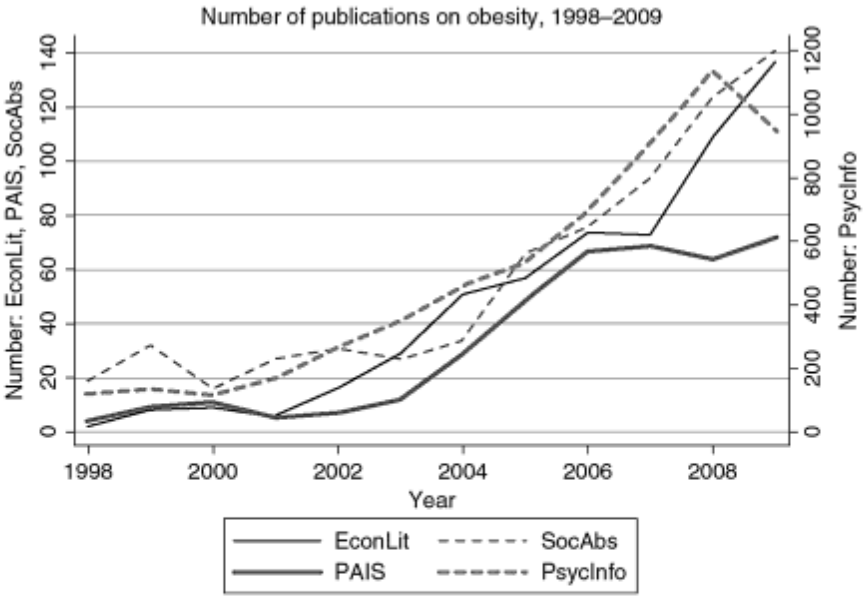
Clinical medicine's scholarly research in the field of obesity is ongoing and increasing. In the last two decades, other academic disciplines such as public health, epidemiology, nutrition and economics have significantly increased their obesity related research and publications. Social science fields mirror this growth as indicated by Figure 1.1. The graph in Figure 1.1 shows the number of articles per year in which "overweight", "obese", or "obesity" appeared as a keyword in the following types of journals: economics (Condit), sociology (Soc Abstracts), public affairs (PAIS), and psychology (PsycInfo). The parenthesized represents the most popular associated article databases for the identified academic discipline. In this Figure, the left-hand vertical axis corresponds to economics, sociology, and public affairs, while the right-hand vertical axis corresponds to psychology. (Crawley, 2013. p.2)

Figure 1.1 reveals that since the late 90s, the count of peer reviewed articles in the social science areas of economics, sociology, public affairs and sociology has increased exponentially. Economics, psychology and public affairs indexes show article counts have grown from one to ten articles per year to as many as 140 per year. Historically psychology has been more engaged in examining aspects of overweight and obesity. The Psychinfo article count expanded from 120 per year to nearly 1200 annually in the ten-

year period. This proliferation of research has resulted in various discoveries, which illustrate the transdisciplinary interconnectedness and complexity of the obesity epidemic. (Cawley, 2011)p.2)

*Figure 1.1*

Count of publications on obesity, by year and discipline.




[1] From Cawley J., ed. (*2013*). *Handbook of Obesity in the Social Sciences*. Oxford University Press. New York, NY.

The public health sector has benefited from these research efforts. The results have informed public health's development of better models and more effective guidelines for responding to the challenges posed by obesity.

## Ecological Models of Public Health

The socio-ecological models used in public health are based in the science of ecology. Ecosystem models are abstract representations of an ecological system spanning from the individual to large-scale communities (or context). The developed representations are

studied to gain insight and comprehension of the actual system. Selecting the known relationships in a system and combining them with data gathered from field observations create ecosystem models. From the models, assumptions and hypotheses can be drawn about the actual system. The study and examination of these simulations can lead to discovered relationships that are not clearly evident to simple observations (Hall & Day, 1990).

In 2011, Richard, Gauvin and Raine examined the evolution and uses of ecological health models over the last two decades. Their writing provides an ideal primer to the ecological model in health and can be summarized with three identified points:

1. Ecological models have historically developed from disciplines and fields such as public health, sociology, biology, education, and psychology. Over time, these models have allowed researchers to consider larger contextual determinants of health, such as socioeconomic factors, gender, and other social and cultural influences.

2. These models have challenged epidemiologic models, which emphasize a linear and sequential view of causality focusing on individual-level risk factors. Ecological models marry social, environmental and biological factors providing a perspective that acknowledges the complexity of these various factor sets. Consequently, the results generated are "ecologically inclined multi-level social epidemiological frameworks."

3. The classic evidence based trial form of research has proven difficult for public health research. These ineffective methods have caused a rise in research approaches that consider the individual as well as the social contexts that shape behaviors, including larger social and cultural dimensions. The convergence of these factors has contributed to

uphold enthusiasm regarding ecological models in health promotion. (Richard, et al., 2011)

McLaren & Hawe (2005) define the ecological model as "a conceptual framework designed to draw attention to individual and environmental determinants of behavior. The visual metaphor is a series of concentric or nested circles which represents a level of influence on behavior" (p. 9). Over time the ecological model has been applied to numerous disciplines to better help researchers and practitioners understand how humans interact and are impacted by their environmental context.

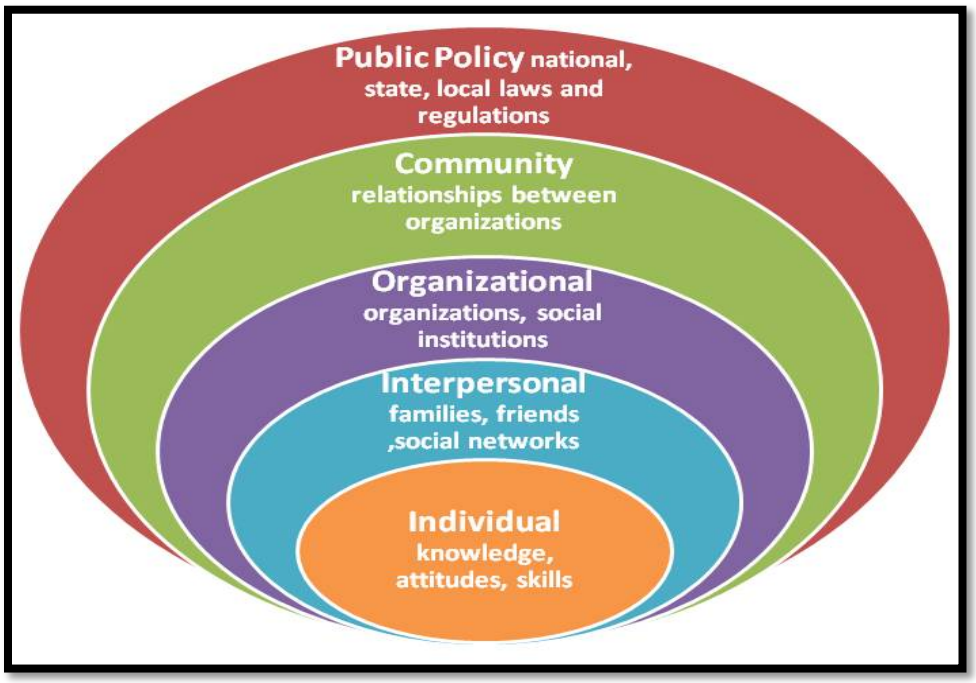
In regard to public health, the social ecological model has proved to be the most effective. A comprehensive definition of this model and its applied function to public health is:

> "The social ecological model helps us to understand factors affecting behavior and also provides guidance for developing successful programs through social environments. Social ecological models emphasize multiple levels of influence (such as individual, interpersonal, organizational, community and public policy) and the idea that behaviors both shape and are shaped by the social environment. The principles of social ecological models are consistent with social cognitive theory concepts, which suggest that creating an environment conducive to change is important to making it easier to adopt healthy behaviors." (Glantz, 2013, p. 14)

A graphic representation of the social ecological model, as described by Glantz, is depicted in Figure 1.2.

*Figure 1. 2*

Graphic of the Social Ecological Model. (Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist, 32*(7), 513-531.

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2 From Glantz, K. (2013) *e-Source: Behavioral and Social Sciences Research*.

Urie Bronfenbrenner's research, writings and successful educational program developments from the 1950s-1980s grounded the validity and reliability of this model. Bronfenbrenner's work was key in changing the perspective of developmental psychology by calling attention to the large number of environmental and societal influences on child development. (Bronfenbrenner, 1994) These principles were expanded and applied to other realms of human and social behavior and embraced enthusiastically by the public health sector. (Richard, et al., 2011)

Building upon the basic social ecological model, public health researchers, social

scholars and policy makers have developed numerous frameworks that seek: To describe the complexities of the obesity epidemic; To explain and display causal relationships; and To direct action to address the obesity epidemic. Each model builds upon previous models or addresses specific micro or macro issues within the obesity epidemic. In recent years, joint efforts within public health, similar to the clinical report sighted earlier, (Jensen, et al., 2013) have extrapolated a series of models that take into account the collective work of the last twenty years. (Huang et al., 2009) These models go beyond the basic social ecological model and expand into a systems-oriented multilevel framework.

One such model proposed by Glass and McAtee (2005) integrates the natural and behavioral sciences with the social aspects of the ecological model to better understand the "stream of causation" that impacts individuals and communities of humans. Their model reflects nesting levels that demonstrate the foundational, interrelatedness of each level and their causal impacts on human behavior, as shown in Figure 1.2. However, Glass and MacAtee insert the realities of human existence such as biology, time, and the dynamic flowing powers of such natural influences interacting on the individual. This model, shown in Figure 1.3, displays the complex, bidirectional interactions that human behavior, such as eating and physical activity over the life course have on an individual's life. This model proposes that human action and behavior are contingent not only on the nested social environments of the individual, such as school, work, family, and governments. The nested biological influencers of genetics, cellular and sub-cellular operations, bodily organ-system functions and their ultimate expressions influence human

behavior. Both the natural and the social operate across life span and are operating in directional flows that create currents of influence on the choices of the individual. (Glass and McAtee, 2005)

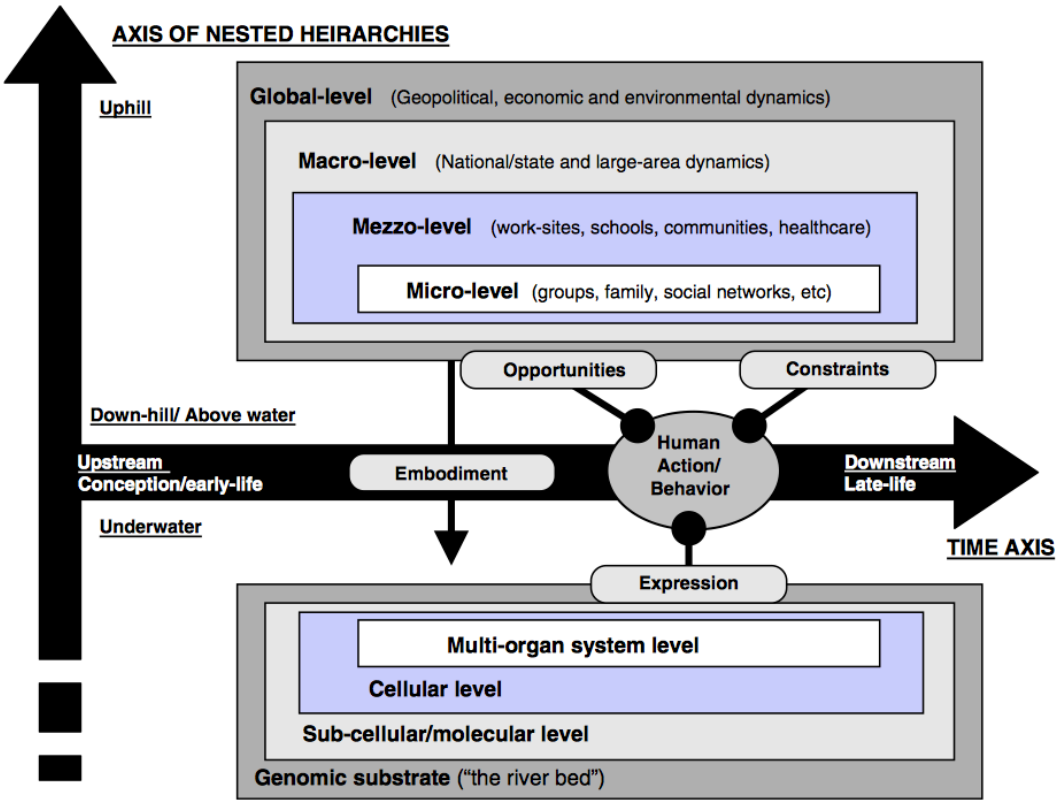
In Figure 1.3, the large arrows represent the axes of time and nested hierarchical structures. The sphere of health-related behavior and action moves through time from infancy to old age. Behavior is influenced by structured contingencies within the social and physical environment and by biological phenomena. Structural contingencies (opportunities and constraints) are shown by paths ending with nodes, the biological phenomena (embodiment and expression) are shown by paths ending with arrows or nodes. (Glass and McAtee, 2005)

This model was applied to obesity using the health behaviors of energy input and energy expenditure, in simple terms eating and physical movement/activity (Figure 1.4). The authors selected obesity as an ideal example because it has several key attributes including individually focused behavioral treatments with limited effectiveness, uphill environmental, social and cultural factors shaping behavioral patterns that give rise to body weight gain and it incorporates the biological substrate. (Glass and McAtee, 2005)

Glass and McAtee (2005) offer the following description of the operations of their proposed model in regards to obesity:

*Figure 1.3*

The society-behavior-biology nexus as depicted in multidimensional space.




[3] From Glass TA & McAtee MJ. (2006) *Behavioral science at the cross- roads in public health: extending horizons, envisioning the future*. Soc Sci Med;62(7):1650-71.

We would hypothesize that ground-level social conditions existing in schools, neighborhoods, and homes (such as cultural norms, area deprivation, laws and policies, and the local food environment) act as risk regulators that influence two key health behaviors, feeding and physical activity, dynamically and over the life course. Changes in these behaviors and the relative balance of energy intake (feeding) and output (activity) are the primary causes of change in body weight. They are also the primary mediators through which uphill factors (risk regulators) exert contingent effects on body weight. We would further hypothesize cross-level interactions, whereby risk regulators alter biological factors underwater (HPA axis response, mood, appetite, metabolism, gene expression), which in turn directly effect those health behaviors Several important feedback

> loops are hypothesized, which imply that body weight change (embodiment) alters the influence of biological control parameters. The ultimate outcome over time is the body weight of an individual. (p. 1662)

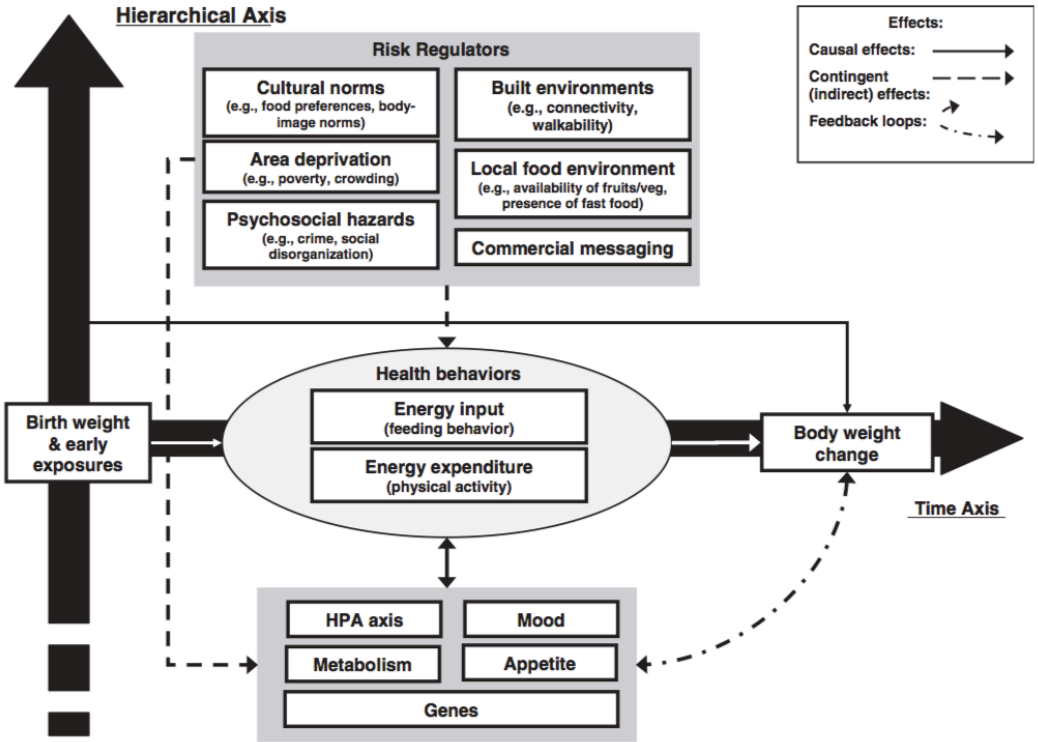
In Figure 1.4, the contingent effects of risk regulators (i.e., embodiment, opportunity, and constraint) are shown with dotted arrows. "Causal" effects of biological and behavioral variables are shown with solid arrows. Feedback loops existing within grouped variables are not shown. Specific effects and multiple, time-ordered feedback loops between variables are not shown in order to reduce diagram complexity. (Glass & McAtee, 2006)

These types of proposed models are consistent with behavioral theories and provide examples of a multi-dependent, interlocking foundation. These modeling advances proved indispensible in creating comprehensive societal models demonstrating how sectors of society influence population, and ultimately individual energy balance (Figure 1.4).

There are innumerable causal relationships and complexities that are implicit within the four models in Figures 1.2-1.5 that create obstacles for anyone who desires to positively impact the obesity epidemic. The challenges posed by this approach to obesity research, prevention and treatment is clearly defined by Kumanyika et al. (2008) within the American Heart Association's Scientific Statement publication *Population-Based Prevention of Obesity*:

*Figure 1.4*

A systems-oriented, multilevel model applied to the study of obesity.




4 From Glass TA & McAtee MJ. (2006) *Behavioral science at the cross- roads in public health: extending horizons, envisioning the future*. Soc Sci Med;62(7):1650-71.

> Implicit in the causal web (Figure 1.5) are processes and pathways that are fundamental to the social fabric and to day-to-day lifestyles. The number and types of potential stakeholders and vested interests potentially affected by interventions in these sectors and channels are vast. Policy makers, industries, and consumers may not support making changes in these factors, even when they recognize the need for action on obesity, because of the structural nature of these factors and the perceived negative consequences for other outcomes, both commercial and personal. Also evident in this understanding of what is required for obesity prevention is that influences controlled by health professionals or health policy makers are only one type of influence and are not involved in many important pathways. Creating the multi-sectorial, multilevel, and interdisciplinary partnerships and initiatives that are needed to influence the many other sectors is one of the major challenges of obesity prevention. (pp. 442-443)

Though the challenges are many, the opportunities are just as plentiful. The argument of

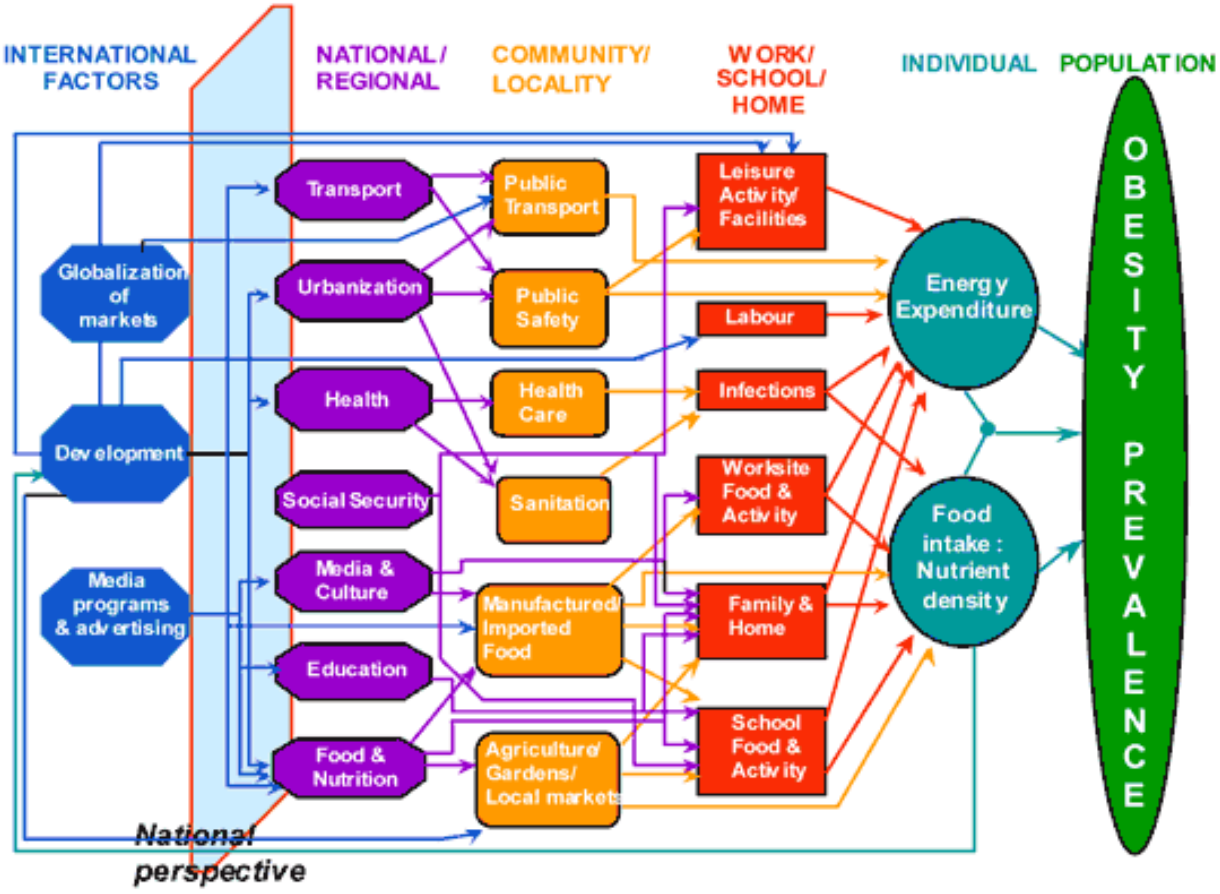
this document is that within the causal web of Figure 1.5 are pathways and determinants where leisure scholarship and practice can exert an influence on the individual and at the national, community and work/school/home environments. International influence would rise from leisure's impact at the national perspective/level in multiple countries.

Figure 1.5 demonstrates that factors that impact obesity can range from the individual level to the international level. Sectors of influence include education, agriculture, transportation, urban developments, and media, among others, in addition to the health sector. (Kumanyika, Jeffery, Morabia, Ritenbaugh, Antipatis, 2002)

A current example in North America of leisure's effort to influence public health is the Healthy Parks Healthy People (HPHP) US Strategic Action Plan published in 2011. The plan is a "a holistic approach to promoting the health and well-being of all species and the planet we share." (Healthy Parks, Healthy People US [HPHP], 2011) This initiative is a collective effort of United States parks, recreation and leisure professionals and systems to consider how they can impact public health. HPHP is employed at the national, state, and community level. HPHP considers the processes of promotion, access and education and their impact on individuals at work, school and home environments. Field trips for school children, spaces of green for movement within reach of worksites, natural areas that provide opportunities for movement during daily leisure time or the pursuit of vacation or active leisure experiences such as hiking are all possibilities that HPHP provide within the multilevel framework. These park experience possibilities in turn influence daily determinants such as activity, health, culture, energy expenditure and media and culture.

*Figure 1.5*

Levels of determinants and sectors of society are implicated in the complex systems of obesity.



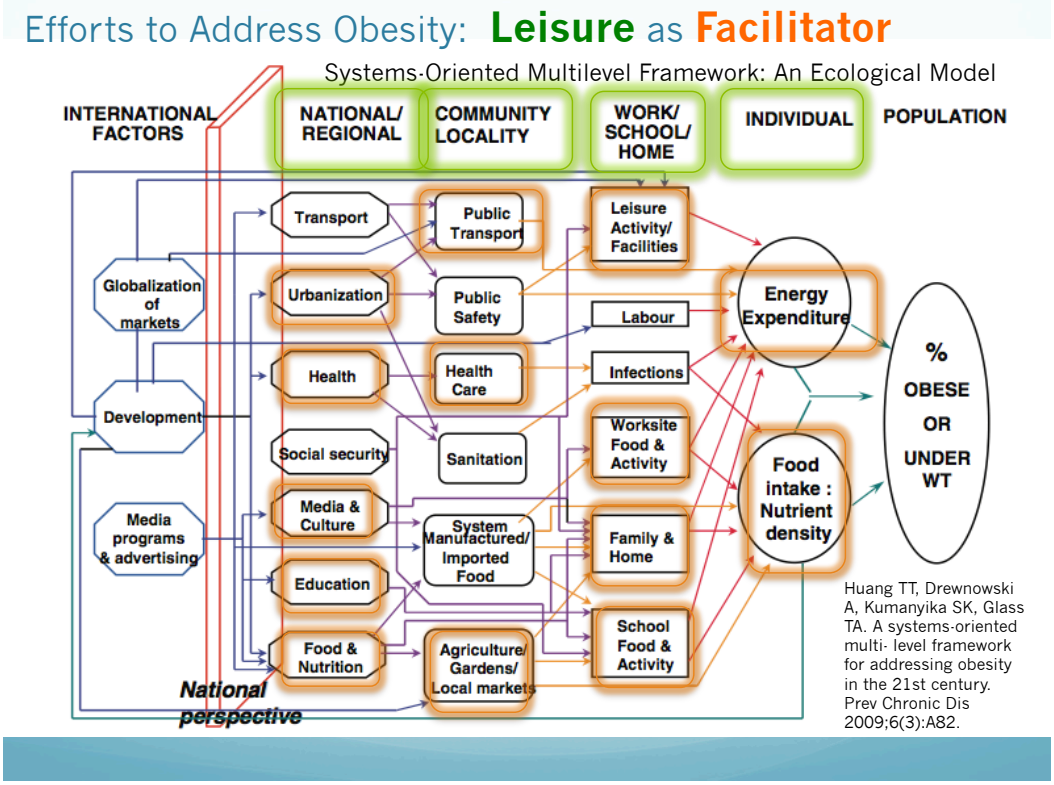

5 From Kumanyika S, Jeffery RW, Morabia A, Ritenbaugh C, Antipatis VJ; Public Health Approaches to the Prevention of Obesity (PHAPO) Working Group of the International Obesity Task Force (IOTF). Obesity prevention: the case for action. *International Journal of Obesity Related Metabolism Disorders*2002; 26:425– 436.

Figure1.6 provides a color-coded framework model constructed by this dissertation author that identifies the potential domains/targets for leisure to facilitate impactful behaviors. The sequence of impacts would encourage improved individual energy expenditure and food intake, which in turn impacts weight status of the population. The

green boxes identify the population domains and the brown boxes highlight possible determinant pathways of facilitation.

*Figure 1.6*

Color-coded possibilities of leisure's influence with the levels of determinants and sectors of society as proposed by this dissertation. (Kumanyika, et al., 2002)

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6 From Kumanyika S, Jeffery RW, Morabia A, Ritenbaugh C, Antipatis VJ; Public Health Approaches to the Prevention of Obesity (PHAPO) Working Group of the International Obesity Task Force (IOTF). Obesity prevention: the case for action. *International Journal of Obesity Related Metabolism Disord*ers2002; 26:425– 436.

The obesity epidemic provides a theater for unified, cooperative research and practice within sectors of public and private entities. Understanding the enormity of this opportunity, what is leisure's possible role and influence in the prevention and treatment of obesity?

## Leisure Scholarship's Response to Obesity

To understand leisure's relationship to the prevention and treatment of obesity and consider future engagement, an understanding is needed of leisure's past response to obesity. To achieve this understanding, a review of leisure's top two research journals – *The Journal of Leisure Research* and *The Journal of Leisure Sciences* – was conducted to determine how many articles published in the two journals were relevant to obesity prevention and treatment. The review examined 1,592 articles published from 1989 to 2014. Each article was reviewed searching within the titles, abstracts, keywords and introductory text of each article for key words and identified themes. The primary word/theme was obesity. Other key terms and themes applied were: constraints, health/wellness, identity, general leisure, physical activity, therapeutic recreation and serious leisure. The key words and themes were selected based on the following suppositions as applied to leisure's capacity to impact and inform the prevention and treatment of obesity.

1. Obesity – obese people and leisure was main topic of article.
2. Constraints – obese people are required to negotiate leisure constraints.
3. Health/wellness – obese people can benefit from health/wellness improvement.
4. Identity – obese people often experience negative stigmas and problematic self-esteem.
5. Physical activity – obese people benefit from physical activity.
6. Therapeutic recreation – obese people can experience positive outcomes through leisure.
7. Serious leisure – obese people who have successfully sustained a healthy lifestyle

may demonstrate attributes of the Serious Leisure Perspective.

If any of the themes and key words were discovered, the article text was perused to determine if the content was sufficient to extrapolate a relationship between the articles' subject matter and obesity prevention and treatment. The selected articles were counted by theme/keyword and cataloged in five-year increments.

Two observations were made. First, leisure's lack of intention to address the obesity topic is evidenced by the fact that only four articles out of 1,592 were identified that specifically focused on obesity and/or weight reduction. This number of articles pales in contrast to the number of articles published by other sociological based disciplines as shown in Figure 1.1. The second observation reveals that leisure research does demonstrate identifiable relevance to obesity and its social determinants. Two hundred and forty-five articles contained relevant content that could inform issues related to obesity prevention and treatment.

This review reveals, that to date, specifically targeted research, and subsequent scholarly propositions, linking leisure theory/principles with obesity/weight loss is a relatively unexplored realm.

Likewise, the opportunity for leisure researchers to explore possible connections is supported in that the concepts of leisure and obesity are not entirely separate from existing research on leisure constraints and negotiations, identity development, physical activity, serious leisure and leisure choices. Three examples that are especially relevant to this dissertation are:

- Obesity creates significant constraints for leisure participation. Leisure constraint

negotiation resembles the process obese individuals employ to achieve successful weight loss and increased their physical activity.

- Leisure identity speaks to the challenge obesity creates in the identity formation process as well as the challenge of finding and building community to share motivation for personal change.
- Physical activity and health/wellness research is prevalent in both leisure and clinical/medical journals and demonstrates strong links to obesity prevention and treatment.

These linkages of leisure to obesity prevention and treatment can connect clinicians and the leisure research community, which are often, characterized as isolated entities. (Jackson & Burton, 1999) The advantages of transdisciplinary research and application in obesity prevention and treatment is stated by Iwasaki and Schneider (2003), "One important tangible benefit of such integration is that it has the potential to be a common language for many researchers with diverse interests, and it thus leads to opportunities for enhanced communication and understanding, as well as for possible collaborations." (p. 107)

The result of this journal review process provides baseline evidence that this dissertation is an important first step in building a case for leisure's involvement in obesity prevention and treatment. The path ahead may not be an obvious or direct journey for leisure scholars and practitioners. The intricacies of such a journey will be well matched to the complexity of obesity prevention and treatment.

## The Complexity of Obesity Prevention and Treatment

Obesity is a complex disease for which prevention and treatment is not fully understood. (Huang et al., 2009) The complexity of obesity at the macro environmental or cultural level and the micro individual level tends to intensify the debate regarding the causes of obesity. Physicians, researchers, marketers and consumers alike have often framed the cause of obesity as the simple physics energy expenditure equation of Calorie Excess/ Calorie Deficient. This equation is a physics fact. However, when you add human biology to the equation and understand that the prevalence of obesity is increasing globally, the simple cause and effect models present confounding results. Researchers are exploring new theories of the corroborating causes that speak to intensifying complexities as opposed to a clearer understanding. (Berreby, 2013)

Nassim Taleb (2007) offers a description of complexity in his book Black Swans.

> "A complex domain is characterized by the following: there is a great degree of interdependence between its elements, both temporal (a variable depends on its past changes), horizontal (variables depend on one another), and diagonal (variable A depends on the past history of variable B). As a result of this interdependence, mechanisms are subjected to positive, reinforcing feedback loops, which cause "fat tails"…In lay terms, moves are exacerbated over time instead of being dampened by counterbalancing forces. Finally, we have nonlinearities that accentuate fat tails." As some readers may know, the term "fat tails" refers to an unexpectedly thick end or "tail" toward the edges of a distribution curve, indicating an irregularly high likelihood of extreme or catastrophic events. (Taleb, 2007, p. 358)

Taleb's description of complexity fits well with an understanding of the causes of obesity. The many variables of obesity are influenced not only by calories in/calories out but by nearly every aspect of activities of daily living as well as the built environments and social determinants of our world. (Huang et al., 2009) Each of these impacts that

connect to the calories differential formula are temporal, horizontal and diagonal as Taleb explains. When considering obesity, this accentuated "fat tail" is made even more complex when layered with the biology, biochemistry and psychosocial dynamics of humans. This nonlinear matrix of elements that Taleb describes creates a nearly incomprehensible series of variables for the individual and the public to navigate in regards to obesity prevention and treatment. (Chatterji, Green & Kumanyika, 2014)

Obesity's complexities are not only biological and environmental – political, economic and social influences complicate the matter. The assessment of and response to obesity and the use of the epidemic label is controversial and debated in the scientific and public arena. Prevention and treatment efficacy is entangled as scientist, epidemiologist, government officials and the private sector engage in dialogue and power plays. Though this type of divergent conversation and conflicting actions is not unique to discussions of obesity, they often confound the challenge of what resources and actions are warranted and beneficial for the prevention and treatment of obesity for the individual and in public health. (Campos, P., Saguy, A., Ernsberger, P., Oliver, E., & Gaesser, G., 2006; Kim, S. & Popkin, B. M., 2006)

There are also varying research results regarding the ability to successfully treat patients who are obese. The majority of studies indicate that after a weight-loss intervention, nearly all losers eventually regain their weight and in many cases even gain additional weight. (Byrne, et al., 2003) These evidences are what fuel medicine and commerce to pursue more effective pharmacological, behavioral and surgical treatments.

Though this evidence recognizes the challenge required by individuals to avoid weight gain or reduce their weight, there are cases of formerly obese adults maintaining long-term weight loss and communities reducing population percentages of obesity. For the individual, clinical evidence is contained within The National Weight Control Registry (NWCR), which maintains an updated database of over 10,000 successful losers. (Klem, et al., 1997) Evidences of population improvement can be found in the Robert Wood Johnson Foundation's (RWJF) *"F" as in Fat Reports* which tracks obesity trends and policies in the United States. The Report has documented that incremental improvements within communities and populations are possible. (RWJF, 2004-2015)

These complexities create significant challenges for the prevention and treatment of obesity for the individual and public health. This health crisis requires a complex strategy utilizing a systems-oriented multilevel framework ecological model, as explained earlier, which can include the scholarship and practice of leisure as this dissertation proposes.

## Purpose Statement

> "All obesity prevention and treatment strategies ultimately depend on individual behavior change related to caloric intake and expenditure."
> (Kumanyika, Brownson, 2007, p. 227)

The complexities of and the reality that obesity at the macro population level will only be addressed by weight reduction and a lifestyle change at the micro individual level is the core vision of this dissertation. My goal is to produce an integrative and evaluative review of related scholarship in leisure, public health and identity theory and conduct original research. The qualitative research study examines identity changes of successful weight-loss support group leaders. The evaluative reviews of public health and leisure

examine the current state of science and scholarship in regards to each field's efforts to combat obesity. In addition, the reviews explore potential crossroads of obesity prevention and treatment that already exist within each discipline and promotes the recognition and definition of these possibilities through further research and application. The empirical study acknowledges the primary component of change – the individual. Through the examination of weight-loss support group leaders who have maintained weight-loss success through the lens of identity theory and the serious leisure perspective, initial insights may be gained to ignite future studies. The manuscript reviews and the empirical study will argue that there is a need for leisure to actively engage in the prevention and treatment of obesity through expanded research and application.

To achieve the first purpose two manuscripts have been composed that argues the viability and reasonableness for the cooperation and engagement of leisure practitioners and scholars, as well as the specific discipline of therapeutic recreation, in the prevention and treatment of obesity. These manuscripts are followed by an empirical study that examines identity changes exhibited by leaders of weight-loss support groups. Examining these potential changes can provide insight into: 1) The individual's process for change; 2) The importance of identity in helping the person maintain their weight-loss; 3) Aspects of how their relationships and social interactions impact their success. In addition, these manuscripts will consider if these possible changes represent aspects of the serious leisure perspective, a grounded theory of leisure. The narrative process coupled with a critical multiplist approach, as explained below, and a lens of the serious leisure perspective guides this dissertation.

## Dissertation Paradigm

The state-of-science reviews and empirical manuscript of this dissertation embrace a critical multiplist paradigm. (Miller & Crabtree, 2005) The cross-pollinating of ideas from leisure, public health and sociology (via identity theory) informs this dissertation. This mingling of disciplines ignites multiple ways of "knowing" the obese client and encourages discovery of new and unexpected phenomena to aid in obesity prevention and treatment. At these crossroads of multiple research methods and engaged stakeholders, obesity prevention and treatment occurs in a democratized space as opposed to a clinically dominant environment.

A critical multiplist framework calls for the researcher to be a generalist who develops and employs the skills of negotiation, translation, theoretical pluralism, methodological pluralism, a community orientation, and comfort with and rootedness in clinical practices. (Miller & Crabtree, 2005) This framework embraces multiple ways of knowing, multiple stakeholders, multiple studies, multiple paradigms and perspectives. The selection of the identified prevention and treatment options forms the critical nature of the approach. Prevention and treatment must be done in concert with one another and with a full understanding of the context of the research project or patient.

Although employing a critical multiplist framework may seem daunting and chaotic, the ultimate outcome can be that of qualitative research that invites clinicians to join, listen to and speak the "voice of the lifeworld." (Mishler, 1981)

## Structure of the Document

The remainder of this dissertation is comprised of four chapters. Chapters two and three are state-of-science conceptual review manuscripts that consider the possible role of leisure/ therapeutic recreation in the prevention and treatment of obesity. Chapter two considers leisure's role within the context of a public health systems-oriented multilevel framework ecological model. Chapter three considers leisure's potential role in the prevention and treatment of obesity; examines leisure scholarships' collective response to obesity to date; explores possible applications of established leisure theory and practice; promotes the life transformational power of leisure and proposes avenues for future research. Chapter four is an empirical manuscript based on a qualitative multiple case study. The purpose of the study is to examine aspects of identity theory exhibited by leaders of weight-loss support groups. This chapter also seeks affirmation of serious leisure perspective durable benefits within the activities of a weight-loss support group. This fourth chapter includes an introduction, literature review, description of the methods and analysis, results, limitations, and a discussion. Chapters two, three and four are formatted as journal manuscripts. Chapter five is a summary and is followed by appendices and references.

Chapters two, three and four of this dissertation are structured to be individual article manuscripts intended for publishing in selected subject matter peer reviewed journals. For this reason, portions of each manuscript contain duplicate text, citations, figures and topic segments that appear in this introductory chapter and subsequent chapters.

# CHAPTER 2

# THE POTENTIAL ROLE OF LEISURE AND RECREATIONAL THERAPY FOR THE PREVENTION AND TREATMENT OF OBESITY WITHIN A PUBLIC HEALTH SYSTEMS-ORIENTED MULTILEVEL FRAMEWORK ECOGLOGICAL MODEL

## Introduction

Public health efforts to prevent and treat obesity have targeted large-scale population-based strategies that address the multi-factorial causes of obesity. (Aranceta, J.; Moreno, B.; Moya, M.; Anadon, A., 2009) In a 2010 article in the International Journal of Environmental Research and Public Health, Cham and Woo (2010) evaluated current public health approaches to obesity. They surmised that most existing efforts: "(1) target the food environments, the physical activity environments and the broader socioeconomic environments; (2) directly influence behavior, aiming at improving eating and physical activity behaviors; and (3) support health services and clinical interventions."(p. 773) Cham and Woo concluded that public health initiatives should "target factors contributing to obesity, should be multifaceted, and should actively involve different levels of stakeholders and other major parties" acknowledging that "The prevention and reduction of over weight and obesity depend ultimately on individual lifestyle changes, and further research on motivations for behavior change would be important in combating the obesity epidemic." (p. 776)

In this article I explore public health's approach to the prevention and treatment of obesity and consider leisure scholarship and practice as potential stakeholders in the effort. First, the prevalence and multiple health concerns of obesity are weighed. Second, public health determinants and a public health ecological model for addressing

the obesity epidemic are examined. Third, a critical multiplist research paradigm combined with a "portfolio" of actions is promoted as a framework for clinicians and scholars to follow for research and practice. Last, via an examination of the Healthy Parks, Healthy People initiative, an example process is demonstrated to engage leisure scholars and practitioners as potential "stakeholders" who can inform and facilitate obesity prevention and treatment. A final summary considers how leisure theory can be employed to empower the motivation of lifestyle change for the individual as a path to improve their health and wellness.

## The Prevalence and Impacts of Obesity

The obesity epidemic is a growing public health concern globally. The Word Health Organization has recognized that obesity has nearly doubled worldwide since 1980. In 2008, nearly one-third of the world's adults over twenty years of age were overweight and 11% were obese. For children and youth, it was determined in 2013 that forty-two million children under the age of five were overweight or obese. (World Health Organization [WHO], 2014, Fact sheet: obesity and overweight) This is of great concern because obese children often become obese adults. (WHO. 2014, Fact sheet: obesity and overweight) The World Health Organization classifies overweight as having a Body Mass Index (BMI) greater than or equal to 25 and obesity as a BMI greater than 30. (WHO. 2014, Fact sheet: obesity and overweight) Body Mass Index is calculated by dividing body weight by the square of total subject height. Though BMI measures have received criticism as a method of classification and there are other more involved and expensive methods to determine healthy weight in relation to body stature, BMI has been

determined as a reasonable and simple method for public health measurement. (Gallagher, Visser, Sepulveda, Pierson, Harris and Heymsfield, 1996) Public health officials are alarmed by the rising percentages of obesity and overweight BMI classifications in humans of all ages. This concern is intensified because of the high correlation between increased BMI and significant risk factors for comorbidities that negatively impact health and mortality. The primary comorbidities are cardiovascular diseases (heart attack and stroke), diabetes, osteoarthritis, and some forms of cancer. (WHO. 2014, Fact sheet: obesity and overweight) Obesity may lead to early death as a result of these and other less aggressive comorbidities. There is also a great concern within the public health community because obese and overweight individuals, when tested, demonstrate reduced quality of life.

Health Related Quality of Life measures are an accepted tool to examine the physical and mental status of health in developed parts of the world. As medical advances have led to reduced disease and increased lifespan, public health professionals introduced the measurement concept identified as Health Related Quality of Life (HRQOL). The Centers for Disease Control and Prevention defines HRQOL as a broad multidimensional concept that typically includes self-reporting measures of both positive and negative measures of physical and mental health aspects of life. This measure is important from a public health perspective as it provides data that allows the development and implementation of policies and programs to address societal needs. These needs in turn influence individual health determinants. (Centers for Disease Control, 2012. Health Related Quality of Life: HRQOL) When considering the health impact of obesity on

those living with the disease as opposed to evaluating number of deaths caused by the comorbidities, HRQOL measures are informative and reveal the destructive nature of obesity. In three different studies involving a total of 1,135 obese and comparative normal weight control group participants, results demonstrated a significant positive correlation between reduced Health Related Quality of Life Measures and increased weight/BMI. (Kolotkin R., Davidson L., Crosby R., Hunt S. and Adams T., 2012; Warkentin, L, M. et. al, 2014; Zijlstra, H., Larsen, J. K., Wouters , E. J.M, Ramshorst, B. V. and Geenen, R., 2013) To increase results reliability, these studies used varying methods including multiple valid HRQOL instruments, longitudinal study formats and general population control groups from similar participant pools. All studies concluded that obese people experience significant detriments to their quality of life. The detriments were not directly related to the BMI of each participant but were a function of the chronic symptoms and comorbidities experienced by the patients. Though health is the primary domain of HRQOL data, the studies provide insights regarding domains/daily living environments of an individual's life that are considered health determinants. Examples of these domains are jobs, housing, schools, culture, and spirituality. Though these measures are complex, the instruments used to measure their interrelatedness are valid and reliable. (CDC, 2012) These HRQOL data help to inform public health officials about the social determinants of obesity, which have been important for the development of models and systems to address obesity in the realm of public health. (Huang, et al., 2009)

## Social Determinants of Health

On December 2, 2010 the US Department of Health and Human Services unveiled Healthy People 2020 (HP 2020), the latest decade long strategic plan for public health in the United States. The Healthy People initiative has had as its goal to improve the quality of public health for the citizens of the United States for the past thirty years. The Healthy People initiative consistently considers health determinants in its goals and objectives. HP 2020 places an increased emphasis on social determinants of health. The new initiative calls for a robust engagement and involvement of public health professionals using a transdisciplinary approach with all allied health and academic disciplines to address the specific components of social determinants of health. For this initiative, transdisciplinary approach represents research and applied efforts conducted by investigators from different disciplines working jointly to create new conceptual, theoretical, methodological, and translational innovations that integrate and move beyond discipline-specific approaches. (Healthypeople.gov. [HP2020], 2014. Introducing Healthy People 2020)

Healthy People 2020 promotes a comprehensive working definition of social determinants of health:

> Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as "place." In addition to the more material attributes of "place," the patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy

> foods, local emergency/health services, and environments free of life-threatening toxins. Understanding the relationship between how population groups experience "place" and the impact of "place" on health is fundamental to the social determinants of health—including both social and physical determinants. (HP2020, 2014. Introducing Healthy People 2020)

HP 2020 proposes an increased emphasis on the social determinants of health as a method to improve health across the nation.

Of the twenty-two examples of determinants listed on the HP 2020 website, this author determines that fifteen of the social and physical determinants elements are directly related or can be informed/influenced by leisure scholarship, leisure services and leisure/therapeutic recreation practitioners. The selection of these particular fifteen determinants was theorized by applying the description of the social determinant to the systems-oriented multi-level framework model depicted in Figure 2.4. Understanding the points and intersections where leisure can intervene within this model generates suppositions and a portfolio of action similar to the process presented later in this article. The fifteen examples of social and physical determinants identified by the author that could be informed or directly influenced by leisure include:

- Availability of resources to meet daily needs (e.g., safe housing and local food markets)
- Availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities
- Public safety
- Social support
- Social norms and attitudes (e.g., discrimination, racism, and distrust of government)
- Exposure to crime, violence, and social disorder (e.g., presence of trash and lack of cooperation in a community)
- Socioeconomic conditions (e.g., concentrated poverty and the stressful conditions that accompany it)
- Access to mass media and emerging technologies (e.g., cell phones, the Internet, and social media)

- Culture
- Natural environment, such as green space (e.g., trees and grass) or weather (e.g., climate change)
- Built environment, such as buildings, sidewalks, bike lanes, and roads
- Worksites, schools, and recreational settings
- Housing and community design
- Physical barriers, especially for people with disabilities
- Aesthetic elements (e.g., good lighting, trees, and benches. [HP2020], 2014. Introducing Healthy People 2020).

Research studies have confirmed that social determinants as listed above do have a direct bearing on obesity within populations and thus on the individual. (Reidpath, Burns, Garrard, Hahoney and Townsend, 2002) These studies demonstrate the interrelatedness of environmental and social determinants in relation to obesity. One 2002 study demonstrated this relationship via the study of socio-economic-status (SES) and the density of fast-food outlets. The results revealed that there is a higher density of fast-food outlets within a lower SES area and that those living within the lowest SES area have a 2.5 times greater exposure to fast-food outlets than those living in higher income regions. (Burns, Garrard, Mahoney & Townsend, 2002) These type socio-economic-status findings have been verified through subsequent research. Likewise, research studies have identified connections related to environmental and social determinants' impact on obesity rates in several domains. These discoveries regarding obesity and determinants have led to the term "toxic environment." Walker, Poston and Foreyt (1999) state that "the 'toxic environment' refers to aspects of western living that promote unhealthy eating and activity patterns." This discovery is one of the driving factors in public health's efforts to address the obesity epidemic. There is a growing body of evidence that if individuals and populations are going to be successful at addressing

obesity, then public health must strengthen it's resolve to address those health determinants that affect obesity. In her address at the unveiling of the Healthy People 2020 initiative on December 2, 2010, Dr. Shiriki Kumanyika, Associate Dean at the University of Pennsylvania School of Medicine and a published researcher on public health and obesity, recognized that this approach is rooted in "the fundamental public health principal that in order to achieve health we need to assure the conditions in which people can be healthy." It is this principle and necessary action that has guided public health to adopt the ecological model as a means to accomplish this goal of "assuring the conditions in which people can be healthy."

## The Ecological Model of Public Health

The socio-ecological models used in public health are based in the science of ecology. Ecosystem models are abstract representations of an ecological system spanning from the individual to large-scale communities (or context). The developed representations are studied to gain insight and comprehension of the actual system. Selecting the known relationships in a system and combining them with data gathered from field observations create ecosystem models. From the models, assumptions and hypotheses can be drawn about the actual system. The study and examination of these simulations can lead to discovered relationships that are not clearly evident to simple/direct observations. These models also allow researchers to conduct studies in a fabricated method that would be too difficult and costly in the real world. (Hall, C. & Day, J., 1990, p. 7-14).

In 2011, Richard, Gauvin and Raine examined the evolution and uses of ecological health models over the last two decades. Their writing provides an ideal primer to the

ecological model in health and can be summarized with three identified points:

1. Ecological models have historically developed from disciplines and fields such as public health, sociology, biology, education, and psychology. Over time, these models have allowed researchers to consider larger contextual determinants of health, such as socioeconomic factors, gender, and other social and cultural influences.

2. These models have challenged epidemiologic models, which emphasize a linear and sequential view of causality focusing on individual-level risk factors. Ecological models marry social, environmental and biological factors providing a perspective that acknowledges the complexity of these various factor sets. Consequently, the results generated are "ecologically inclined multi-level social epidemiological frameworks."

3. The classic evidence based trial form of research has proven difficult for public health research. These ineffective of these methods to provide adequate explanations of complex problems have caused a rise in research approaches that consider the individual as well as the social contexts that shape behaviors, including larger social and cultural dimensions. The convergence of these factors has contributed to uphold enthusiasm regarding ecological models in health promotion. (Richard, et al., 2011)

McLaren & Hawe (2005) define the ecological model as "a conceptual frame-work designed to draw attention to both individual and environmental determinants of behavior. The visual metaphor is a series of concentric or nested circles which represents a level of influence on behavior" (McLaren & Hawe, 2005). Over time the ecological model has been applied to numerous disciplines to help researchers and practitioners understand how humans interact and are impacted by their environmental context.

In regards to public health, the social ecological model has proved to be the most effective. A comprehensive definition of this model and its applied function to public health is:

> "The social ecological model helps us to understand factors affecting behavior and also provides guidance for developing successful programs through social environments. Social ecological models emphasize multiple levels of influence (such as individual, interpersonal, organizational, community and public policy) and the idea that behaviors both shape and are shaped by the social environment. The principles of social ecological models are consistent with social cognitive theory concepts, which suggest that creating an environment conducive to change is important to making it easier to adopt healthy behaviors." (Glantz, 2013)

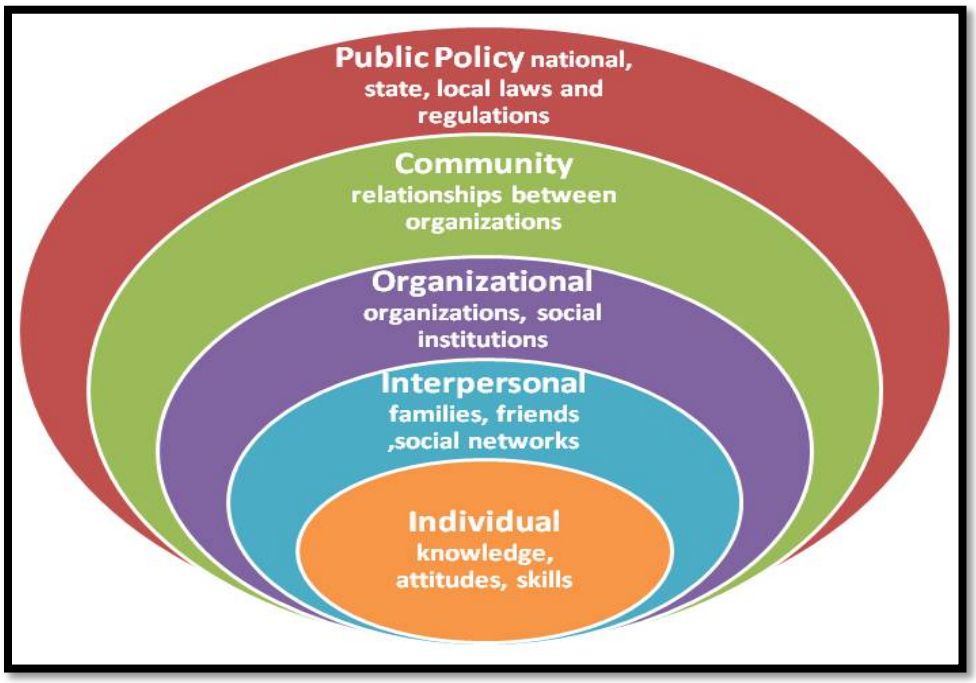
A graphic representation of the social ecological model is depicted in Figure 2.1.

Urie Bronfenbrenner's research, writings and successful educational program developments from the 1950s-1980s grounded the validity and reliability of this model. Bronfenbrenner's work was key in changing the perspective of developmental psychology by calling attention to the large number of environmental and societal influences on child development. (Bronfenbrenner, 1994) These principles were expanded and applied to other realms of human and social behavior and embraced enthusiastically by the public health sector. (Richard, et al., 2011)

Building upon the basic social ecological model, public health researchers and policy makers have developed numerous frameworks that seek to describe the complexities of the obesity epidemic, explain and display causal relationships and direct action to address the obesity epidemic. Each model builds upon previous models or addresses specific micro or macro issues within the obesity epidemic. In recent years, joint efforts within public health have extrapolated a series of models that take into account the collective work of the last twenty years. (Huang et al., 2009) These models go beyond the basic

Figure 2.1

Graphic of the Social Ecological Model. (Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist, 32*(7), 513-531




[1] From Glantz, K. (2013) *e-Source: Behavioral and Social Sciences Research*.

social ecological model and expand into a systems-oriented multilevel framework. One such model proposed by Glass and McAtee (2005) integrates the natural and behavioral sciences with the social aspects of the ecological model to better understand the "stream of causation" that impacts individual and communities of humans. Their model reflects nesting levels that demonstrate the foundational, interrelatedness of each level and their causal impacts on human behavior as shown in Figure 2.2. However, Glass and MacAtee insert the realities of human existence such as biology, time, and the dynamic flowing powers of such natural influences interacting on the individual. This model,

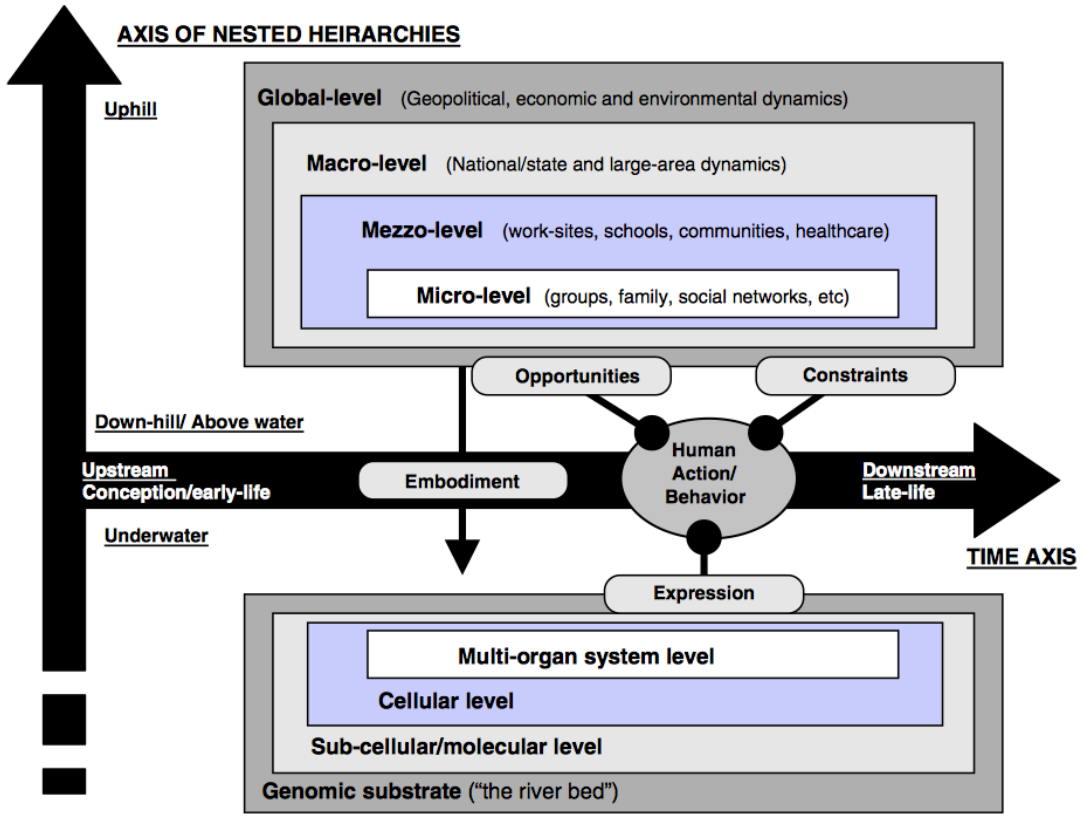
shown in Figure 2.2, displays the complex, bidirectional interactions that human behavior, such as eating and physical activity over the life course have on an individual's life. This model proposes that human action and behavior are contingent not only on the nested social environments of the individual, such as school, work, family, and governments but also biological factors. The biological factors contain nested influencers of genetics, cellular and sub-cellular operations, bodily organ-system functions and their ultimate expressions influence human behavior. Both the natural and the social influencers operate across life span and are operating in directional flows that create currents of influence on the choices of the individual. (Glass and McAtee, 2005)

In Figure 2.2, the large arrows represent the axes of time and nested hierarchical structures. The sphere of health-related behavior and action moves through time from infancy to old age. Behavior is influenced by structured contingencies within the social and physical environment and by biological phenomena. Structural contingencies (opportunities and constraints) are shown by paths ending with nodes, the biological phenomena (embodiment and expression) show paths ending with arrows or nodes. Uphill, down-hill/above water and underwater vertical nodes represent the distance of obstacles and influences from the individual. Upstream and downstream represent the past and future of life span. All these influencers impact human action and behavior. (Glass and McAtee, 2005)

This model was applied to obesity using the health behaviors of energy input and energy expenditure, in simple terms eating and physical movement/activity (Figure 2.3). The authors selected obesity as an ideal example because it has several key attributes

*Figure 2.2*

The society-behavior-biology nexus as depicted in multidimensional space.




[3] From Glass TA & McAtee MJ. (2006) *Behavioral science at the cross- roads in public health: extending horizons, envisioning the future*. Soc Sci Med;62(7):1650-71.

including individually focused behavioral treatments with limited effectiveness, uphill environmental, social and cultural factors shaping behavioral patterns that give rise to body weight gain and it incorporates the biological substrate. (Glass and McAtee, 2005)

Glass and McAtee (2005) offer the following description of the operations of their proposed model in regards to obesity:

> We would hypothesize that ground-level social conditions existing in schools, neighborhoods, and homes (such as cultural norms, area deprivation, laws and policies, and the local food environment) act as risk regulators that influence two key health behaviors, feeding and physical activity, dynamically and over the life course. Changes in these behaviors and the relative balance of energy intake (feeding) and output (activity) are the primary causes of change in body weight. They are also the primary mediators through which uphill factors (risk regulators) exert contingent effects on body weight. We would further hypothesize cross-level interactions, whereby risk regulators alter biological factors underwater (HPA axis response, mood, appetite, metabolism, gene expression), which in turn directly effect those health behaviors (Fig. 3) Several important feedback loops are hypothesized, which imply that body weight change (embodiment) alters the influence of biological control parameters. (p. 1662)

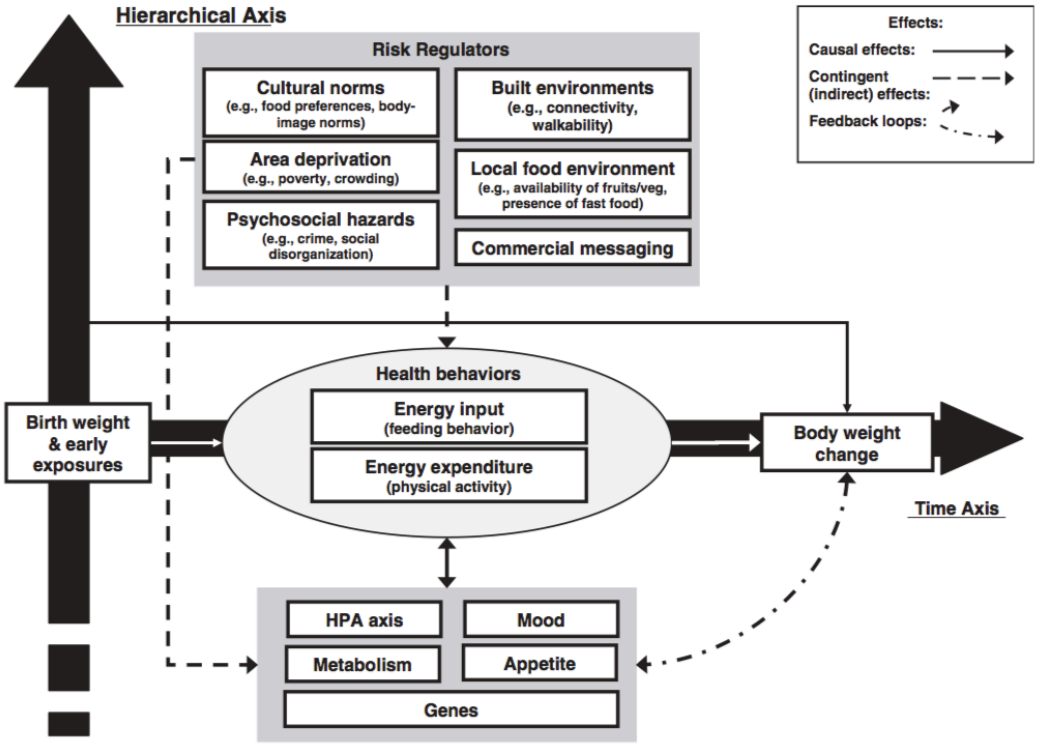
The ultimate outcome over time is the body weight of an individual.

In Figure 2.3, the contingent effects of risk regulators (i.e., embodiment, opportunity, and constraint) are shown with dotted arrows. "Causal" effects of biological and behavioral variables are shown with solid arrows. Feedback loops existing within grouped variables are not shown. Specific effects and multiple, time-ordered feedback loops between variables are not shown in order to reduce diagram complexity. (Glass & McAtee, 2006)

These types of proposed models are consistent with behavioral theories and provide examples of a multi-dependent, interlocking foundation. These modeling advances proved indispensible in creating comprehensive societal models demonstrating how sectors of society influence population, and ultimately individual energy balance (Figure 2.4).

*Figure 2.3*

A systems-oriented, multilevel model applied to the study of obesity.




4 From Glass TA & McAtee MJ. (2006) *Behavioral science at the cross- roads in public health: extending horizons, envisioning the future*. Soc Sci Med;62(7):1650-71.

There are innumerable causal relationships and complexities that are implicated within the three models in Figures 2.2-2.4 that create obstacles for anyone who desires to positively impact the obesity epidemic. The challenges posed by this approach to obesity research, prevention and treatment are clearly defined by Kumanyika et al. (2008) within the American Heart Association's Scientific Statement publication *Population-Based Prevention of Obesity*:

> Implicit in the causal web (Figure 2.4) are processes and pathways that are fundamental to the social fabric and to day-to-day lifestyles. The number and

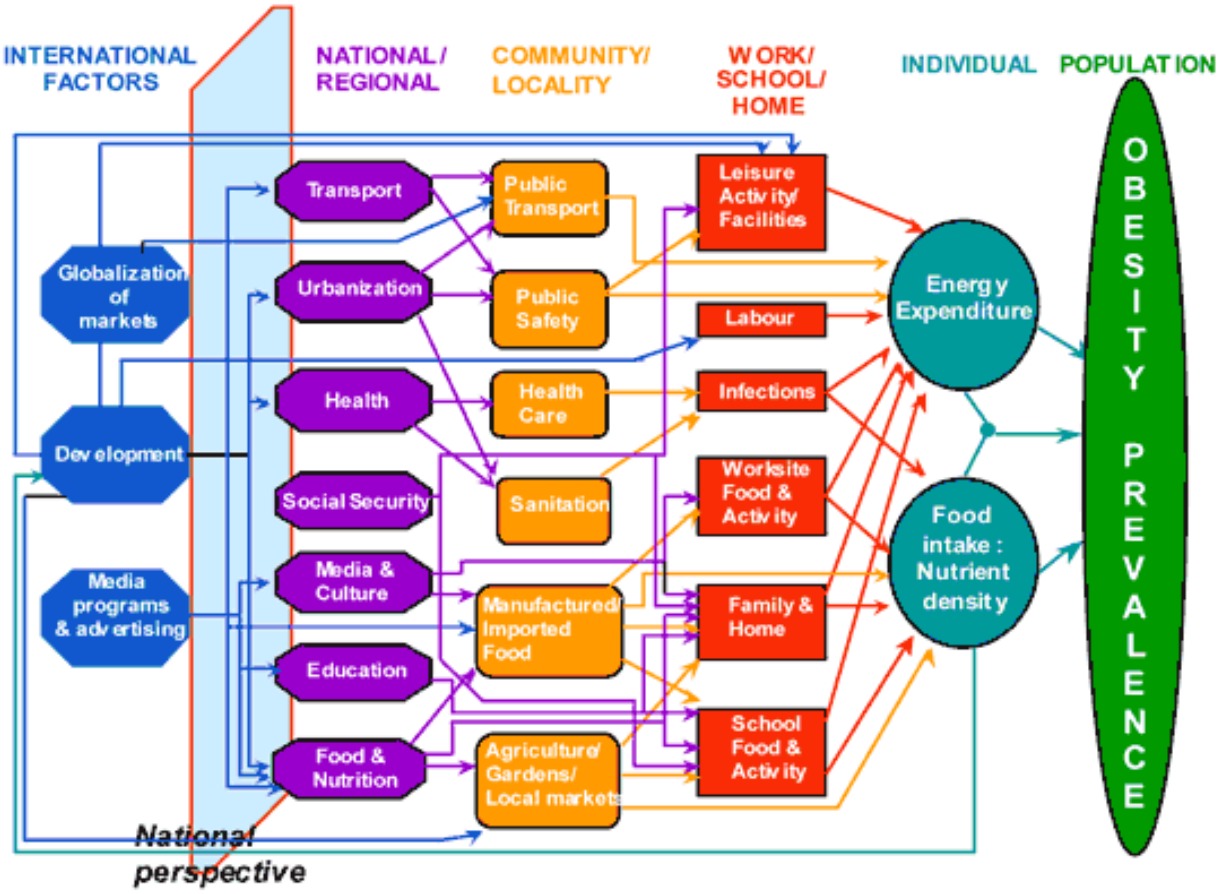
> types of potential stakeholders and vested interests potentially affected by interventions in these sectors and channels are vast. Policy makers, industries, and consumers may not support making changes in these factors, even when they recognize the need for action on obesity, because of the structural nature of these factors and the perceived negative consequences for other outcomes, both commercial and personal. Also evident in this understanding of what is required for obesity prevention is that influences controlled by health professionals or health policy makers are only one type of influence and are not involved in many important pathways. Creating the multi-sectorial, multilevel, and interdisciplinary partnerships and initiatives that are needed to influence the many other sectors is one of the major challenges of obesity prevention. (pp. 442-443)

As stated, although the challenges in preventing and treating obesity are many, the opportunities for "multi-sectorial, multilevel and interdisciplinary partnerships and initiatives" are numerous. Within the causal web of Figure 2.4 are pathways and determinants where allied disciplines of scholarship and practice, such as leisure, can exert an influence. In the remainder of this article, I will examine how the discipline of leisure can increase its partnership with public health to positively impact individuals and populations in preventing and treating obesity in the context of the ecological model of public health. In addition, I will expand on those aspects of the model where leisure might be most effective and propose a critical multiplist research paradigm as a method of generating scholarship and building a transdisciplinary approach to preventing and treating obesity.

Figure 2.4 demonstrates that factors that impact obesity can range from the individual level to the international level. Sectors of influence include education, agriculture, transportation, urban developments, and media, among others, in addition to the health sector. (Kumanyika, et al., 2002)

*Figure 2.4*

Levels of determinants and sectors of society are implicated in the complex systems of obesity.




5 From Kumanyika S, Jeffery RW, Morabia A, Ritenbaugh C, Antipatis VJ; Public Health Approaches to the Prevention of Obesity (PHAPO) Working Group of the International Obesity Task Force (IOTF). Obesity prevention: the case for action. *International Journal of Obesity Related Metabolism Disorder*s2002; 26:425– 436.

## Developing an Adequate Response to Address the Obesity Epidemic

One benefit from developing these systems-oriented multilevel framework models for addressing obesity has been to identify and quantify targets. These targets provide focus for researchers and practitioners to exert influence and conduct evidence based research within the confined micro context of the macro model. These targets also allow for the

formation of transdisciplinary questions as the functions of separate influences are illuminated. Within Figure 2.4 we can recognize the functions of biology, the built environment (man-made structures and forms), the social environment and economics. These functions operate from international to individual levels. (Huang et al., 2009) To date, classic clinical research and prevention/treatment methods, such as clinical based trials or evidence-based medicine, have focused primarily on the individual or narrowly defined controllable populations. These efforts are vital and provide valuable insight and assistance. However, the need is greater than impacting only the individual. The target must also be the population at large. Again, Kumanyika et. al. (2008) provide a clear picture of the need to apply individual approaches while seeking effective populations solutions. A graphic representation of the text below can be viewed in Figures 2.5 and 2.6.

> Increasing the emphasis on population approaches that go "upstream" to focus on environmental and policy change requires a shift in thinking for those trained in clinical or individually oriented interventions. It is difficult to know when one is being effective when taking action so far removed from the ultimate behavioral outcome of interest. Prevailing attitudes of health professionals and others may also argue against reducing the focus on individuals to change their behaviors. The "upstream-downstream" argument is often made by analogy to a situation in which a continuing number of people are struggling in the water downstream, about to drown. Going upstream to find out why people keep falling into the river (e.g., a bridge might have collapsed) is as critical as working downstream to pull the people out of the river one at a time. This is not a dichotomy; the goal is both to save "those who are drowning" and to stop others from "falling in." The analogy is used to make the point that the clinical approaches in which we are so well trained and perhaps confident can never be sufficient to solve widespread population health problems unless broad-based population strategies are also applied. (p. 443)

To accomplish this "upstream-downstream" approach, a critical multiplist research approach can address the challenges of obesity prevention and treatment while

capitalizing on the strengths of a multi-level, transdisciplinary approach.

*Figure 2.5*

"Working downstream to pull the people out of the river one at a time."

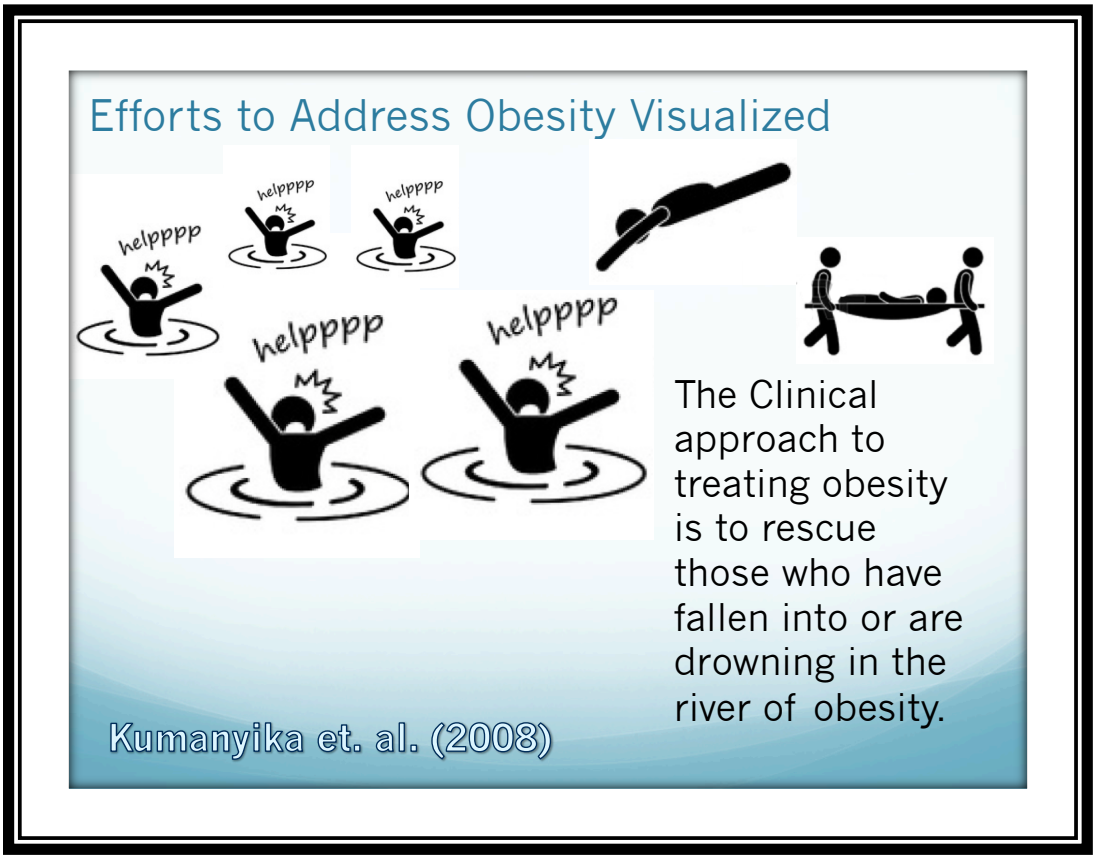
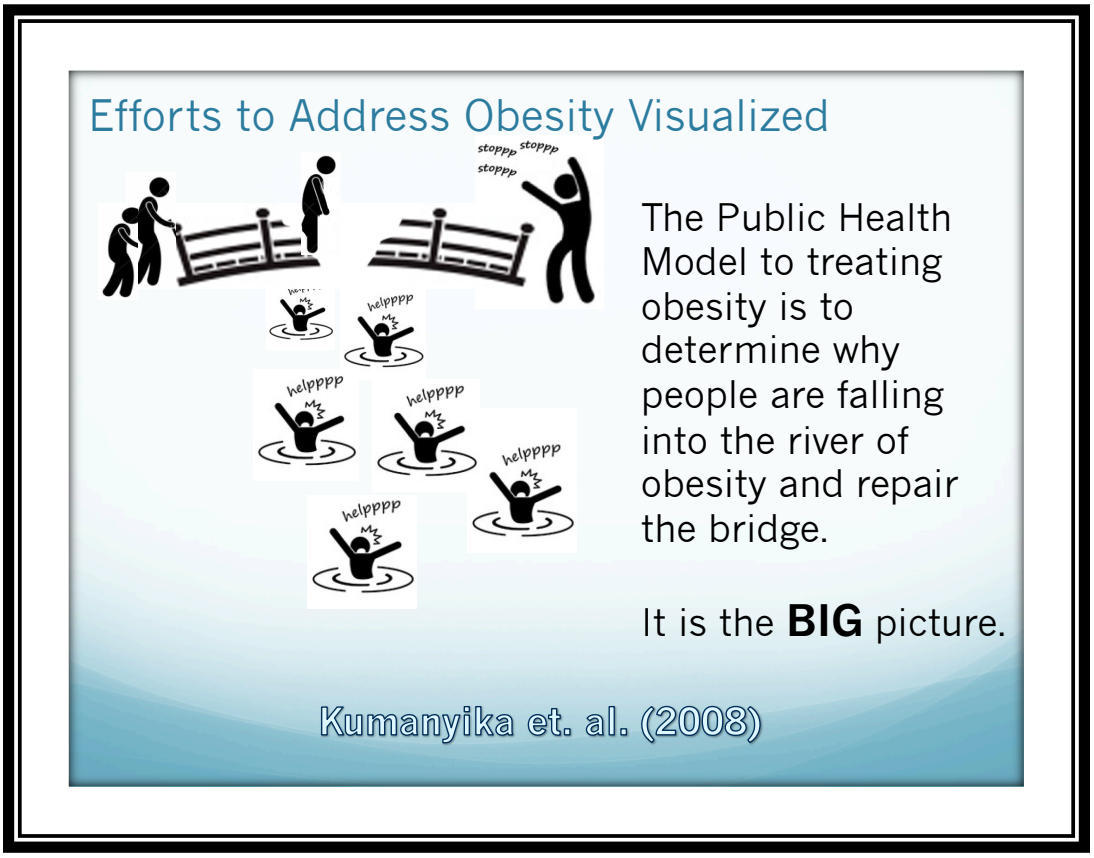


*Figure 2.6*

"Going upstream to find out why people keep falling into the river (e.g., a bridge might have collapsed) is as critical as working downstream to pull the people out of the river one at a time."




Considering A Critical Multiplist Research Approach

As stated, the clinical/medical or individual approach to obesity has historically, by definition of method, been limited in its ability to address obesity at the macro level. Random Controlled Trials often direct practitioners to take a narrow approach in treating the individual. (Swinburn, B., Gill, T., & Kumanyika, S., 2005) This instrumental rationality of means and ends often leads to prescriptive treatments with limited scope.

Public health experts have identified this shortfall in regards to the creation and implementation of macro/large-scale population prevention and treatment of the obesity epidemic. This recognition has led many individual experts and convened groups to promote a cooperative approach to address the complexities of obesity. Miller and Crabtree (2005), in the parable text below, expose the limits of "clinical restitution" and plead for a cooperative/ transdisciplinary approach to major health issues, in this case - acid reflux:

> This is a typical tale in clinical medical research. Suffering and normality are standardized, commoditized, and marketed. The suffering related to heartburn is framed as a threat, that is, a universal need for some marketable product that restores control. The story is framed as a "restitution" narrative. Everyone has something wrong with him or her; normal now means inadequate in moral and standardized ways such as the recent guidelines creating the new disease of prehypertension and the guidelines on obesity that make most U.S. adults overweight or obese. The complexities, multiplicities, and individualities of suffering and normality are subsumed within this technological and commercial frame. This is the tornado! Important voices, questions and evidences are missing. Knowing the efficacy of the drug–the internal validity– is sufficient to approve using all means necessary to convince all people to "choose" the pill as a requirement for a safe and healthy life. It is assumed that there is a real material world that is, in principle, knowable through scientific methodology, especially the randomized controlled trial, and nothing should stand in the way of pursing this truth. Outside the swirl of the neorealist tornado there is much silence. Jocelyn's experience of taking a daily pill that labels her self and body as endangered is missing. The voices of her family members are missing. Relationships and moral discourse are missing. The place and role of power are missing. Feeling, spirituality, and ecology are missing. Depth and context are reduced, simplified, or eliminated, and relationships are isolated and alienated. What hope is there after the tornado passes? (Miller and Crabtree, 2005. p. 607)

What hope is there for reversing the obesity epidemic? As proposed by Miller and Crabtree, there is the hope of discovery, community and a shared research space that democratizes the knowledge of transdisciplinary research, prevention and treatment options. There is the enlightened view that engages all stakeholders in a process that

identifies, targets and addresses every aspect of the multi-level system while continuously translating evidence into action.

There is a hope for collaboration across disciplines that recognize that the obesity epidemic will never fit neatly into a random clinical trial – in fact the greatest evidence may be found in the process, not the results. As Miller and Crabtree propose, there is healing within the process and not just in the results. There is more to be healed within our obese population than just their obesity classification and the number on the scale. (Miller and Crabtree, 2005)

A critical multiplist framework calls for the researcher to be a generalist that develops and employs the skills of negotiation, translation, theoretical pluralism, methodological pluralism, a community orientation, and comfort with and rootedness in clinical practices. (Miller and Crabtree, 2005) This framework embraces multiple ways of knowing, multiple stakeholders, multiple studies, multiple paradigms and perspectives. These propositions are reflected in the multi-level systems represented in figures 2.2-2.4. The critical multiplist embraces the limitless relationships, causes and outcomes of the systems-oriented multilevel framework of current obesity social ecological models. The selection of the identified options or targets is in fact the critical nature of the approach. This must be done in concert with a full understanding of the context of the research project.

Miller and Crabtree cite six principles that help guide a critical multiplist researcher. They are:

1. Know why you choose to do something – Understanding the ultimate purpose

of each act and decision is the critical nature of the paradigm.

2. Preserve method and paradigm integrity – The combination of multiple methods, including qualitative research within a clinical space, require attentiveness to protocols, language and translation of data so that it does not compromise any method's integrity.
3. Pay attention to units of analysis – Understanding what is being measured and by what method is crucial so that the jargon-free language can be employed to make the data assessable and clear without sacrificing the method's disciplinary conversations.
4. Remember the research questions – The research questions are generated from the clinical space but this space is opened to a full range of qualitative data gathering.
5. Ensure that the strengths and weaknesses of each selected option complement each other – The process is relationship centered and methods must seek to find a common ground that builds upon one another as the processes flow sequentially.
6. Continually evaluate methodology throughout the study – The research process within the clinical space is a cyclical recurring process. With each new patient or case, the opportunity to evaluate process, outcomes and analysis is available to everyone involved in the research. (Miller & Crabtree, 2005. pp. 619-621)

Though employing a critical multiplist framework may seem daunting and chaotic, the ultimate outcome can be that of research that invites clinicians to join, listen to and speak the "voice of the lifeworld." (Mishler, 1981). This approach is out of the routine of the typical clinical trial or evidence-based medicine model. This method supports the public health community and all interested allies. The process provides the impetus to translate past, present and future evidences and results into meaningful applications to provide

potential paths of healing to those wishing to transform their health.

The conceptual critical multiplist approach needs a framework for translating evidence into action. For obesity, a group from the International Obesity Task Force provides a systematic method of evaluation developed for such a functional framework. (Swinburn, et al., 2005) This framework examines key issues and evidence requirements that can be identified in prevention and treatment initiatives. The framework consists of a series of questions and classifications that generates an additive decision making matrix that can be applied to any theory or practice that may be employed within a systems-oriented multi-level framework. (Swinburn, et al., 2005) The six critical multiplist principles cited earlier are reflected in the evidence-based questions utilized in this process.

The five key questions selected to inform evidence-based decisions on obesity prevention policies and programs at the population level are:

1. Why should we do something about obesity?
2. What and who should we target?
3. How and where should we intervene?
4. Specifically, what could we do?
5. Specifically, what should we do?

These questions match, respectively, to five targets of the obesity prevention process:

1. Building a case for action on obesity.
2. Identifying contributing factors and points of intervention.
3. Defining the range of opportunities for action.
4. Evaluating potential interventions.
5. Selecting a portfolio of specific policies, programs and actions.

The ultimate goal of the process is to produce a "portfolio" of actions that can be applied with the available evidences. Hawe and Shiell (1995) developed this "portfolio approach", recognizing the lack of evidences available for many potential solutions for

the obesity epidemic. "The "portfolio approach" to health promotion was developed as a way to maintain health promotion momentum without having complete evidence about the effectiveness of interventions. This approach allows the selection of interventions to be based on the best available evidence while not excluding untried but promising strategies. This has particular appeal for the selection of the best options for the prevention of obesity." (Swinburn, et al., 2005)

Leisure theory and practice can identify targets for intervention that would facilitate future collaboration within the programs of multi-level models. Consider one of leisure's freshman efforts, Healthy Parks, Health People (2011). This national initiative seeks to translate theory and evidence into actions to engage the population in leisure that can benefit health and positively impact obesity.

Healthy Parks, Healthy People: A "Portfolio" of Targets and Interventions

Healthy Parks Healthy People (HPHP) US Strategic Action Plan was published in 2011 as "a holistic approach to promoting the health and well-being of all species and the planet we share." This initiative is a collective effort of United States parks, recreation and leisure professionals and systems to consider how they can positively impact public health. This document will serve as a mentor text in the process of identifying potential targets for obesity intervention that leisure can adopt.

Following are the responses to the five questions that might have materialized if the HPHP steering committee had followed this process. These responses are reflective of determined targets and intervention points surmised from an examination of Figure 2.4. The identified responses when possible are summarized quotes from the HPHP Strategic

Plan. *For the purpose of instruction, the author has amplified some responses. These added comments will be in italics.* This is not an exhaustive discourse of the process but rather basic examples.

Why should we do something about obesity?

- Today, in the wake of the Information Technology Age, we are suffering from associated unhealthy lifestyle behaviors including physical inactivity and poor diet. There is an increasing disconnect between communities and natural environments that is contributing to health problems and chronic disease related to obesity.
- Obesity is recognized as a significant and complex public health problem that has a severe negative impact on the health and well-being of the population. Parks and public lands are a major untapped source of health and well-being.

What:

- Increasing awareness of the policy makers, researchers, community leaders, and the general population of the value of natural environments to mitigate negative factors associated with modern lifestyles that promote obesity.
- Increasing collaboration across disciplines and organizations that are involved in research and education efforts to promote utilization of natural environments and data to support the positive impact on population health.
- Increasing access to natural environments to large, urban populations at the local, state, regional, and national levels to support efforts to engage these populations

in leisure activities that promote healthy weight.

Who:

- Policy makers who determine funding priorities for public lands, health research, and resource allocation.
- National, state, and local leaders who influence community collaboration and resource priorities
- Public health and Leisure practitioners and researchers
- People of color and low-income populations have disproportionately higher rates of obesity and face disparities regarding health and access to parks.
- People in urban areas and large population centers need increased access to parks.

How and where should we intervene?

How:

- Interventions should address the multiple levels of the Ecological Model presented in figures 2.1 and 2.4 and support a collaborative cross-disciplinary alignment to promote population health
- As a community, we need to promote and market parks and public lands for their deeper societal values, which can be expressed as social, environmental, and economic benefits.

Where:

- Interventions should occur in schools, worksites, neighborhoods, community organizations, professional collaborations, and national-state-and local government bodies,

Specifically, what could we do?

*All within the context of placing parks within the multi-level framework of obesity prevention,* HPHP could empower staff to explore new ideas and approaches; connect innovators nationally and internationally, with each other and with potential partners; promote collaboration across public health and leisure practitioners, researchers and policy makers; support projects in priority focus areas through seed grants and technical assistance; recognize and illuminate successful ideas, innovations, and innovators.

Specifically, what should we do?

Prioritize and *execute demonstration* projects.

- Establish a network of Healthy Parks Healthy People practitioners across parks, programs, and divisions that will be connected to each other and to partners, to support the establishment of interdisciplinary teams who can best deliver on successful health promotion programs and research at local, regional,and national levels.
- Utilize parks as ideal living laboratories to demonstrate how open spaces can contribute to health on an ongoing and routine basis and conduct research to understand how access to parks can be optimized for visitors and local residents

who are at greater risk for health problems related to obesity.

- Conduct *research and evaluation* as the Healthy Parks Healthy People movement progresses. It is critical that programs and interventions are accompanied with a solid research and monitoring program to assess whether and to what extent these activities have a measurable and desired impact on health.
- Ensure that *Communications and Education* regarding the vision, guiding principles, and action plan for Healthy Parks Healthy People US reaches visitors and employees, partners, and other interested agencies and organizations.
- *Align and promote synergy* across Public Health, Leisure and Community practitioners and researchers. Build Partnerships and Leverage Resources to ensure the contributions of Healthy Parks Healthy People US can best be realized by combining forces across a broad array of sectors and interests, both within and outside the organization. The National Park Service will build on the synergistic effect of ongoing health promotion initiatives. (Healthy Parks, Healthy People US [HPHP], 2011)

This review of HPHP demonstrates a leisure initiative identifying targets and points of intervention within a multi-level systems model. These results are "higher order" answers with an "upstream" focus. The "portfolio" of actions targets is mixed with "upstream/downstream" possibilities that impact individuals, communities, government agencies, industry partners and professionals. It intervenes within the social, environmental, and economic domains. Geographically this program targets the nation, states, local communities and urban centers. Within the five-year action plan, untold

numbers of programs, initiatives, messaging, research projects, new facilities and transformations may fill the "portfolio." A crucial part of the plan is the call for research and evaluation to ensure that all actions are evidence based and only those programs that prove beneficial to the cause will be sustained. (HPHP, 2011)

This sample exercise demonstrates that the leisure profession and leisure resources, such as park systems, can be applied to an evidence-based framework. Also, the critical multiplist framework is demonstrated within this leisure example as a broad general approach is adopted for the parks system that continually ask park practitioners and program developers to employ the skills of negotiation, translation, theoretical pluralism, methodological pluralism, a community orientation, and comfort with and rootedness in a park setting (the leisure "clinic" for this program). (Miller and Crabtree, 2005)

The HPHP initiative is in a broader, national context but a similar evaluative process could be followed for a local YMCA or a theory like the Serious Leisure Perspective (Stebbins, R., 1982 & 2007). As indicated within numerous articles that have produced prevention and treatment models and frameworks, the process is one of collective reasoning and scholarly review. It is an exercise of a discipline's scholarly will. (Huang et al., 2009)

## Obesity and The Definition of Leisure

The question for all public health professionals and stakeholders to consider is this – Do we as a discipline believe that leisure scholarship and practice "portfolios" can be integrated into the prevention and treatment of obesity? The dedication required from public health and leisure professionals to accurately identify targets and interventions, ask

the evidence-based questions and shepherd those answers to actions that address the need is monumental. (Kumanyika et al., 2008) This process requires stakeholders to consider obesity prevention and treatment in context of systems oriented multi-level frameworks applying a critical multiplist approach as reviewed earlier. As transdisciplinary stakeholders, we must apply imagination and creativity to expand the boundaries of what is required to effectively impact the obesity epidemic. The evidence needed to motivate asking this question is best found in definition of leisure and the concept of freedom in the context of leisure, as outlined below.

There are numerous working definitions of leisure. A comprehensive definition in the modern era was offered by Justin Voss' 1967 article *The Definition of Leisure*:

> Leisure, then, is a matter of individual judgment and undirected choice and maybe defined as follows: Leisure is a period of time referred to as discretionary time. It is that period of time when an individual feels no sense of economic, legal, moral or social compulsion or obligation nor of physiological necessity. The choice of how to utilize this time period is solely his. In leisure time, an individual feels he does not "have to" do anything, where "have to" refers to the various states of constraint described above. (p. 101)

The key aspects identified by Voss are the concepts of choice or "freedom from "have to"' that is the initial cornerstone for leisure to facilitate lifestyle change for obese persons.

For leisure to address the issues of obesity, these "choices" and this "freedom from "have to" must be directed and sustained, thus indicating purposive aspects of leisure. Purposive leisure, as defined below, is an extended view that recognizes that the activities chosen for engagement during leisure can have purposes beyond the mere experience.

> It is possible that other leisure situations, for example physically active leisure participation for people with cardiovascular disease or other health problems, are also purposeful and also do not fit traditional definitions of leisure as freedom of choice and intrinsically motivated activity. (Shaw & Dawson, 2001)

Making active leisure choices such as hiking or swimming over sedentary leisure choices such as watching television or reading is one obvious example of how leisure choice can impact weight and health. As stated earlier, within the public health multisystem framework model, it is ultimately the choice of the individual that fuels the success of public health initiatives. Purposive participants will continuously, freely choose to practice the program attributes that lead to improved health during one's leisure life.

Obesity is proceeding in a gradual, subtle way, with harmful effects in regards to individuals' and populations' ability to freely choose what to do with their non-obligatory time. Aside from the harmful effects to individual and public health, obesity removes, limits or marginalizes leisure in the life of the obese individual. This statement can stir debate in the form of placing value or a label of good and bad on certain forms of leisure. (Crawford & Godbey, 1987). I am not debating the type of leisure, but rather the opportunity to freely choose what one does when they have leisure time. Those suffering from obesity are constrained in freedom and for practical purposes, their definition of leisure becomes "what I CAN do" as opposed to what "I am FREE to do" at a level that is as basic as walking around in their backyard to enjoy the fresh air, flora and fauna. (Jackson E., 1988) Leisure can offer insight in how to negotiate not only the macro global constraint of obesity, but all the micro constraints also. (Jackson, Crawford & Godbey, 1993).

For this reason, and numerous others stated within this article, leisure can play a

greater role in battling the obesity epidemic and providing the motivation and freedom to choose better health. An expanded dialogue of discovery to enhance and advance current solutions within established obesity ecological models is a logical next step. Scholarly research can develop new theories and transform established ones into interventions using a critical multiplist approach to research in collaboration with public health and allied professionals. Public health should recognize that the constraints of obesity and related social determinants are robbing people of many forms of quality leisure and producing a reduced quality of life. On the contrary, in regards to public health efforts, leisure possesses the ability to recapture freedom with theories and practices that can offer individuals the choice to freely engage in healthy lifestyle change. If enough individuals reduce their obesity classification and increase their health related quality of life scores, it will result in an improved picture of public health. (Shaw & Dawson, 2001; Stebbins, 1982 & 2007; Henderson and Bialeschki, 2005)

# CHAPTER 3

# LEISURE, OBESITY AND WEIGHT LOSS: A NEW FRONTIER FOR INTERDISCIPLINARY DISCOVERY

## Introduction

We are living in an era of obesity. Across the globe, in both wealthy and impoverished nations, the percentage of obese people continues to rise. This convincing data prompted the World Health Organization to report that "The highlighting of obesity as a major public health issue is now uncontroversial (except perhaps in the United States) but the principal and radical practical steps needed to reverse this epidemic is the next challenge."(James, 2008) Of even greater concern is the data regarding children and youth. The percentages are so alarming that Canadian physician Dr. Mark Tremblay, who has studied physical activity and childhood obesity remarked, "I don't think it's inconceivable that we're going to see fathers and sons, mothers and daughters, lining up together for (*cardiac*) bypass surgery." (Gard and Wright, 2005, p. 18) Though scientists and health officials debate the numerous causes of obesity, there is no denying that the individual and collective girth of the globe's population is expanding.

The complexity of obesity at the macro environmental or cultural level and the micro individual level intensify the debate regarding the causes of obesity. For decades, physicians, researchers, marketers and consumers alike framed obesity as the simple physics equation: calories in verses calories out. This equation is a fact. However, as obesity trends expand, and cause and effect models present confounding results, researchers are exploring new theories of the corroborating causes. (Berreby, 2013) Nassim Taleb offers this description of complexity in his book *Black Swans*.

> "A complex domain is characterized by the following: there is a great degree interdependence between its elements, both temporal (a variable depends on its past changes), horizontal (variables depend on one another), and diagonal (variable A depends on the past history of variable B). As a result of this interdependence, mechanisms are subjected to positive, reinforcing feedback loops, which cause "fat tails"…In lay terms, moves are exacerbated over time instead of being dampened by counterbalancing forces. Finally, we have nonlinearities that accentuate fat tails." As some readers may know, the term "fat tails" refers to an unexpectedly thick end or "tail" toward the edges of a distribution curve, indicating an irregularly high likelihood of extreme or catastrophic events. (Taleb, 2007, p.358)

Taleb's description of complexity fits well with obesity. Many variables impact the calories in/calories out equation. Nearly every aspect of activities of daily living and the ecological and social environments of our world contribute to our obesogenic culture. An obesogenic culture has been determined to be the social and environmental context regarding obesity and determinants that lead to a "toxic environment." Walker, Poston and Foreyt (1999) state that "the 'toxic environment' refers to aspects of western living that promote unhealthy eating and activity patterns." These realities and other variables impact the Calorie Excess/ Calorie Deficient equation and create temporal, horizontal and diagonal feedback loops as Taleb explains. This accentuated "fat tail" is made even more complex when layered with the biochemistry and psychosocial dynamics of humans and the "toxic food environment" pervading an industrialized culture. This nonlinear matrix of elements builds what seems to be an impenetrable wall for the obese individual. At a macro level, the complexity is exponential, leading humanity toward "extreme or catastrophic" health events.

A review of scholarly literature on obesity in public health and medical journals provides two noteworthy insights. First, the number of obesity related journals that have

launched in the last two decades and the number of journals from other fields that have increased their acceptance of obesity related articles is an indicator of the variety and volume of research being conducted. (Baier, Wilczynki, and Haynes, 2010) Second, the clinical approach to the obesity epidemic today operates with a bit of skepticism regarding permanent change. Many studies indicate that after a weight-loss intervention, nearly all losers eventually regain their weight and in many cases even gain additional weight. (Byrne, Cooper and Fairburn, 2003) This reality is reflected in evidence based clinical trials that employ extrinsic, invasive treatments. This evidenced based approach leads to quick fix surgeries, pharmaceuticals and prescriptive, medically supervised unsustainable calorie restricted plans. The rush to provide the "magic pill", slap a label on it and sell it is frighteningly prevalent in the diet and medically intrusive weight loss industry that is creating a tornado of destruction within the obese community. (Miller & Crabtree, 2005)

However, there is a differing view. There are clinicians, scientists, policy makers and health professionals that are making the case that obese individuals can alter their health and generate self-determined outcomes. Likewise, communities and societies are empowering populations to make changes. (Robert Wood Johnson Foundation: F as in Fat, [RWJF], 2012) There is clinical evidence of formerly obese adults maintaining long-term weight loss within The National Weight Control Registry (NWCR), a maintained database of over 10,000 successful losers. (Klem, et al., 1997) It is these hopeful evidences that inspire the question: How might leisure scholarship and practice impact and inform the obesity epidemic and offer solutions at the macro and micro level?

In this article, I conclude that, to date, leisure scholars have published little direct-targeted research regarding obesity. However, there are a substantial number of research articles that indicate possible connections between leisure theory/principles and obesity/weight loss/health related quality of life. These articles and related findings in other disciplines reveal opportunities for potential research and application within leisure sciences to engage in obesity prevention and treatment. I propose that there are two perspectives that can demonstrate connections between leisure, obesity, weight loss and health related quality of life issues and existing leisure research. For consideration of these possibilities, I will examine these possible perspectives by exploring several prominent leisure concepts and their potential relationships to obesity prevention and treatment and by a consideration of recreation's regenerative attributes.

The goal of this article is to help connect clinicians and the leisure research community that is often characterized as isolated entities. (Jackson & Burton, 1999) As stated by Iwasaki and Schneider (2003), "One important tangible benefit of such integration is that *obesity and weight loss* have the potential to be a common language for many researchers with diverse interests, and it thus leads to opportunities for enhanced communication and understanding, as well as for possible collaborations." (Iwasaki and Schneider, 2003, p. 107) (*obesity and weight loss inserted by author*) The ideas presented in this article can be a genesis of such collaborations and understanding. These connections can then be applied in practice, inviting leisure professionals to the obesity solution table. Engaged practice over time would ultimately provide an opportunity for leisure professionals to become facilitators for obese individuals and populations to

choose behaviors that improve their quality of life through discovery, understanding and self-determined applied actions in/of leisure.

An Examination of the Relationships between Leisure Scholarship and Obesity

To understand leisure's relationship to the prevention and treatment of obesity and consider future engagement, an understanding is needed of leisure's past response to obesity. To achieve this understanding, a review of leisure's top two research journals – *The Journal of Leisure Research* and *The Journal of Leisure Sciences* – was conducted to determine how many articles published in the two journals were relevant to obesity prevention and treatment. The review examined 1,592 articles published from 1989 to 2014. Each article was reviewed searching within the titles, abstracts, keywords and introductory text of each article for key words and identified themes. The primary word/theme was obesity. Other key terms and themes applied were: constraints, health/wellness, identity, general leisure, physical activity, therapeutic recreation and serious leisure. The key words and themes were selected based on the following suppositions as applied to leisure's capacity to indirectly impact and inform the prevention and treatment of obesity determinants.

1. Obesity – obese people and leisure was main topic of article.
2. Constraints – obese people are required to negotiate leisure constraints.
3. Health/wellness – obese people can benefit from health/wellness improvement.
4. Identity – obese people often face stigmas and poor self-esteem.
5. Physical activity – obese people benefit from physical activity.

6. Therapeutic recreation – obese people can experience positive outcomes through leisure.

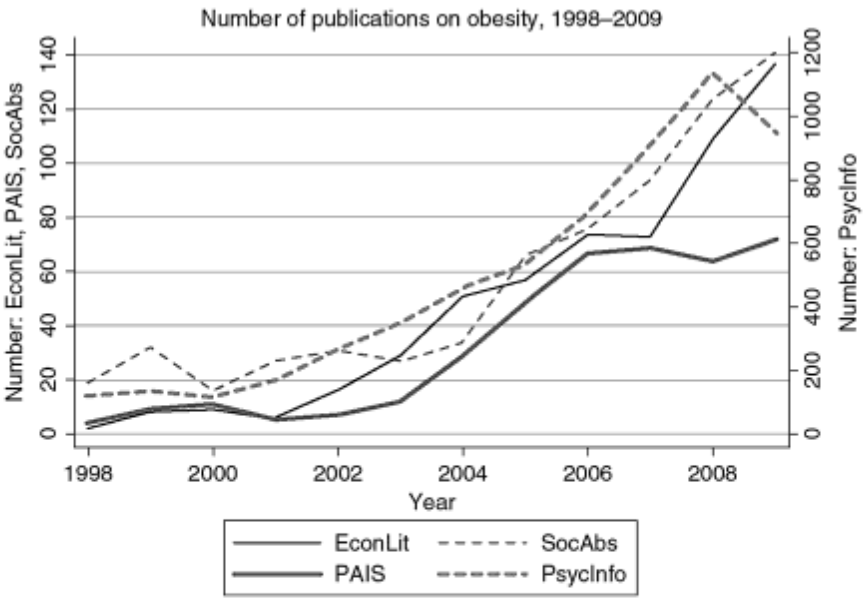
7. Serious leisure – obese people who have successfully sustained a healthy lifestyle may demonstrate attributes of the Serious Leisure Perspective.

If any of the themes and key words were discovered, the article text was examined to determine if the content was sufficient to identify a relationship between the articles subject matter and obesity prevention and treatment. The selected articles were counted by theme/keyword and cataloged in five-year increments.

Two observations were made. First, leisure researcher's lack of intention to address the obesity topic is evidenced by the fact that only four articles out of 1,592 were identified that specifically focused on obesity and/or weight reduction. This number of articles pales in contrast to other sociological based disciplines. Figure 3.1 reveals that since the late 90s, the count of peer reviewed articles in the social science areas of economics, sociology, public affairs and sociology has grown exponentially. Economics, psychology and public affairs indexes show article counts have grown from one to ten articles per year to as many as 140 per year. Historically psychology has been more engaged in examining aspects of overweight and obesity. The Psychinfo article count expanded from 120 per year to nearly 1200 annually in the ten-year period. This proliferation of research has resulted in various discoveries, which illustrate the transdisciplinary interconnectedness and complexity of the obesity epidemic. (Cawley, 2011. P. 2; Baier, Haynes & Wilczynkis, 2010)

*Figure 3.1*

Count of publications on obesity, by year and discipline.




[1] From Cawley J., ed. (*2013*). *Handbook of Obesity in the Social Sciences*. Oxford University Press. New York, NY.

The second observation reveals that leisure research does demonstrate identifiable relevance to obesity and its social determinants. Two hundred and forty-five (245) articles contained relevant content that could inform issues related to obesity prevention and treatment.

This review reveals, that to date, specifically targeted research, and subsequent scholarly propositions, linking leisure theory/principles with obesity/weight loss is a relatively unexplored realm.

Likewise, the need for leisure to explore possible connections is supported in that the concepts of leisure and obesity are not entirely separate from existing research on leisure constraints and negotiations, identity development, physical activity, serious leisure and

leisure choices. Three examples that are especially relevant are:

- Obesity creates significant constraints for leisure participation, whereas constraint negotiations appear to share commonalities with obese individuals who have achieved successful weight loss and increased their physical activity.
- Leisure identity speaks to the challenge obesity creates in the identity formation process and the challenge of finding and building community to share motivation for personal change.
- Physical activity and health/wellness research is prevalent in both leisure and clinical/medical journals and demonstrates strong links to obesity prevention and treatment.

The results of this review provide baseline evidence that there is a need to build a case for leisure's involvement in obesity prevention and treatment. As with all citizens served by leisure, the obese client's quality of life can be significantly impacted by leisure principles and services from practitioners. These quality of life outcomes are in addition to weight loss or improvement in the clinical numbers related to the obesity diagnosis. The path ahead may not be an obvious or direct journey for leisure scholars and practitioners. The intricacies of such a journey will be well matched to the complexity of obesity prevention and treatment. Understanding this challenge, let us examine the historical role leisure has played in addressing other complex social ills within the population that captured media headlines like the obesity epidemic.

## Leisure as a Modality for the Prevention and Treatment of Obesity

Before considering prevalent, confirmed leisure theories and its transformative power,

it is informative to examine the credibility of leisure to serve as a method of prevention and treatment for individual and societal health matters. Likewise, an understanding of a chosen applied definition of leisure and leisure's support of clinical prevention and treatment in human health is insightful. Historical evidences support leisure as a wellness modality through identified past applications of leisure to societal health needs. In addition, scholarly research in a variety of fields verifies leisure as a method of prevention and treatment to numerous social and health matters.

There are numerous working definitions of leisure. A comprehensive definition in the modern era was offered by Justin Voss' 1967 article *The Definition of Leisure*:

> Leisure, then, is a matter of individual judgment and undirected choice and maybe defined as follows: Leisure is a period of time referred to as discretionary time. It is that period of time when an individual feels no sense of economic, legal, moral or social compulsion or obligation nor of physiological necessity. The choice of how to utilize this time period is solely his. In leisure time, an individual feels he does not "have to" do anything, where "have to" refers to the various states of constraint described above. (p. 101)

The key aspects identified by Voss are the concepts of choice or 'freedom from "have to"' that is the initial cornerstone for leisure to provide a modality for prevention and treatment of health issues in the individual and the population at large.

This concept is not new. Therapeutic recreation historians highlight that in 1892, Adolph Meyer, a psychiatrist at Kankakee State Hospital in IL, reported, "the proper use of time in some helpful and gratifying activity appeared to be a fundamental issue in the treatment of the neuropsychiatric patient." This report verifies an early recognition that time utilization can play a role in a patient's health.

This proper use of time for patients/clients, these "choices" and this "freedom from "have to"" must be directed and sustained, thus indicating purposive aspects of leisure. Meyer's statement from 1892 is reflected in the modern term "purposive leisure." This term is an extended view that recognizes that the activities chosen for engagement during leisure can have purposes beyond the mere experience.

> It is possible that other leisure situations, for example physically active leisure participation for people with cardiovascular disease or other health problems, are also purposeful and also do not fit traditional definitions of leisure as freedom of choice and intrinsically motivated activity. (Shaw & Dawson, 2001)

One obvious example of how leisure choice can impact matters health in regards to an active lifestyle as a method to prevent obesity would be making active leisure choices such as hiking or swimming over sedentary leisure choices such as watching television or reading.

This concept that leisure can act as a tool to address health, and even impact issues at the societal level, is demonstrated by a historical review of leisure's response to past social and health issues. In its earliest form, leisure as a therapy was recognized in institutions that were caring for populations with similar maladies. Psychiatric facilities, tuberculosis treatment retreats, and military hospitals are historical locations where medical professionals and treatment professionals employed and proposed scholarly discussion of the power and function of leisure and recreation as a treatment modality. These initial discoveries expanded into standards and practices that continued to evolve leading to certifications, training programs and eventually identified careers within the field of recreation as a mode of treatment.

In the closing decades of the twentieth century in the United States of America, two significant social dynamics, the "Aging of America" and "Youth at Risk", began to dominate the headlines, as great social needs. The impacts of these social shifts were ubiquitous in society. Each issue involved economic, political and cultural implications that touched nearly all segments of the population. Organizations and institutions expanded services, built and repurposed facilities and adjusted programs to meet the growing needs of these two populations. Leisure scholars and practitioners engaged as a prevention and treatment modality to improve quality of life, facilitate health and apply leisure principles and theories to lifestyle issues of these diverse social populations. (Ragheb & Griffith, 1982; McGuire, 1984; Willits W. & Willits F., 1986; MacNeill, R., Teague, M., McGuire, F., & O'Leary, J., 1987; Shaw, Caldwell & Kleiber, 1995; Caldwell, Darling, Dowdy & Payne, 1999; Satariano, Haight & Tanger, 2000) Though the effectiveness of these applications is not without question, anecdotal evidence is clear that in these decades, leisure research and practice extended it's efforts in a concerted fashion to aid individuals and the nation in serving the elderly and at risk youth with scholarly discovery and applied practice. This relationship between leisure and these two populations was present prior to this season of expanded interest. However, several societal shifts ushered in a heightened response. The increase in the percentages of individuals within these populations created a critical mass that was felt throughout the culture. In regards to aging, life expectancy increased, institutional elder care grew and the number of individuals retired mounted. For teens, the dynamics of family and communities shifted thus changing the supervision, needs and opportunities of adolescent

life. Though not exact in every point, the obesity epidemic mimics these patterns in the increased number of individuals in need and society's desire to address the issue.

This season of increased focus on the needs of youth and the elderly extends into leisure today as demonstrated in a recent special issue of the *World Leisure Journal*. In 2014, the journal published a special issue entitled *Promoting health and well-being through leisure*. (Henderson, K.A., 2014) The issue presented eight articles related to leisure and health across the life span. Three of the eight articles focused on the elderly. Two addressed adolescents, including one even discussing dog walking and obesity in adolescents. Leisure scholarship and application continues to address the needs of these special populations, adding evidence of leisure's ability to act as a modality of treatment for societal needs.

Considering these evidences of the past, this article proposes that leisure and recreation therapy theory, research, practice/application and experience can act as a modality for the prevention and treatment of obesity and the health related co-morbidities of overweight individuals and communities. For deeper exploration of this claim, I offer two perspectives. The first I have labeled: *Focused Application of Established Leisure Principles*. This approach examines well-defined leisure research initiatives applying a lens of obesity prevention and treatment. The second is labeled: *The Power of Leisure and Recreation for Life Transformation*. This approach considers the narrative and empirical evidences that have been documented via the writings and observations of professionals and individuals who have witnessed and experienced this inherent power of leisure to change various aspects of or an entire life experience.

Focused Application of Established Leisure Principles: Possible Paths for Research

The identified themes of the journal review that demonstrated relevant connection for the prevention and treatment of obesity were: 1. Constraints, 2. Physical Activity, 3. Identity, 4. Wellness/Recreation Therapy 5. Serious Leisure. These themes are supported by substantial quantities of research and in some cases the interest, careers and life's work of leisure, social science and health scholars. Their work may blaze a trail into the realm of obesity prevention and treatment for leisure, just as Lewis and Clark did for the Louisiana Purchase. Lewis and Clark were not solely blazing new trails across uncharted territory. Theirs was a goal of streamlining efficiency that sought to connect known, sometimes well traveled routes, with newly discovered crossings and less traveled paths. And in the final stage, Lewis & Clark were challenged to literally break through barriers to reach the Pacific Coast. This is an accurate reflective analogy of how the perspective of *Focused Application of Established Leisure Principles* is employed. The principles of leisure are combined with medical and public health expertise; and/or by expanded/ing research concepts toward issues of obesity can create a destination of discovery. This examination of leisure theories creates new paths for the leisure profession to explore and provides opportunities to employ leisure in the realm of obesity prevention and treatment.

Our primary concern is an exploration of purposive leisure that informs lifestyle choices. This includes active and healthy leisure choices and other freely chosen leisure activities that aid weight loss, improve health related quality of life measures, inspire wellness and facilitate a journey to overall health (e.g. hiking, swimming, healthy

cooking, weight-loss groups, gardening). (Shaw and Dawson, 2001) In considering these paths, there are cross-disciplinary opportunities to inspire collaboration and provide a different lens for the prevention and treatment of obesity. This *Focused Application* process yields a diverse collection of approaches from leisure, health science, medicine, commerce and sociology that support leisure as a viable modality for obesity treatment. This mingling of disciplines can ignite multiple ways of "knowing", propose applications of theories and potentially uncover interrelated causes for the successful prevention and treatment of obesity. Like Lewis & Clark, there is an opportunity for new and unexpected discoveries as well as the potential to open a vast frontier of research and application opportunities. To consider this perspective, a review of each path is provided with imagined research and application scenarios.

Focused Application of Established Leisure Principles: Possible Paths for Research

*Path #1: Constraints*

The leisure constraints model, introduced in 1987, proposed that barriers prevent individuals from leisure participation. These barriers include (1) intrapersonal barriers; (2) interpersonal barriers; and (3) structural barriers, or leisure barriers as they have been traditionally conceptualized. (Crawford and Godbey, 1987) Ensuing research extended the model to include the negotiation of constraints, that states "leisure participation is dependent not on the absence of constraints but on negotiation through them." (Jackson and Godbey, 1993, p.1) Obesity creates leisure constraints. My personal life-long struggle with obesity leads me to confidently state, "The obese person exists in a constant state of constrained leisure. Intrapersonal, interpersonal, and structural barriers combine

to limit leisure opportunity." Understanding the leisure constraints of obese individuals and populations could inform practitioners and clinicians of effective techniques for education, motivation and facilitation of leisure *opportunities choices, duration, and satisfaction* that support health.

> Constraints is a term purposely constructed by leisure researchers to denote a broad range of behaviors associated with involvement in any leisure undertaking. Jackson (1988) specified a constraint to leisure as anything that inhibits people's ability to participate in leisure activities, to spend more time doing so, to take advantage of leisure services, or to achieve a desired level of satisfaction. Thus, this notion of constraints includes the dimensions of opportunities as well as choices, duration, and satisfaction. (Henderson and Bialeschki, 2005)

Constraints/negotiation research in a leisure context can provide a path to freedom for the obese individual. Constraint and negotiation theory can provide understanding, insights and applications to aid the weight-loss journey for those seeking a healthy lifestyle.

An applied case for this path could exist within the structural environments of public and private recreational facilities and leisure natural spaces. Structural constraints to leisure for the obese individual are unique in that these constraints can also lead to stigmatization. (Lewis, et.al, 2011) When a space, chair, recreational equipment, instructional activity or expectation for movement is beyond the capacity of a person's weight or size, leisure constraint occurs. Practitioners and researchers in leisure have embraced the idea of inclusion for leisure services nearly since the inception of the modern leisure movement. (Walker, 1999) The genesis of recreational therapy has its roots in the concept of inclusion. But upon inspection of the vast majority of research and real world application, the inclusion of the obese is very seldom considered. Dr. Arya Sharma, scientific director of the Canadian Obesity Network, who is introduced in

greater depth in path #4, the Health, Wellness and Recreation Therapy (RT) Path, in this article, made the observation that "…if reporters were in the room and it came up that RT professionals were now going to seek funding to help fat guys get into canoes, I do not see that playing well in the media. Now that would be a whole different story if it was how do we get one-legged people into canoes… it gets down to stigma and discrimination and shaming and blaming fat people." (Sharma, 2012) There is a need for leisure scholars and practitioners to research, understand and consider what can be done to eliminate structural constraints in parks, gyms, pools, recreation centers and other avenues of leisure so when an obese user gets the courage to "try" water aerobics at the local YMCA, they do not turn around and go home because the locker room benches are to thin for them to sit and dress and undress.

*Path #2: Physical Activity*

With the publication of the National Parks Service Strategic Action Plan *Healthy Parks, Healthy People*, the leisure profession offered one of the USA's most prized resources as a location for people to experience physical activity. The plan is "intended as a blueprint for illuminating and magnifying the power of the National Park System to promote health and well-being." (Healthy Parks, Healthy People US [HPHP], 2011) The strategic plan acts as an invitation to the playground, for all people, but in particular those who will experience the resulting beneficial health affects, in the case of this article, the obese individual. (HPHP, 2011, p.5) This initiative is one example of the vast landscape of opportunities for the impact of leisure on an individual and/or population's physical activity. Though all leisure does not include physical activity, for the obese individual,

the benefits offered by physically active leisure, extended to a physically active lifestyle, are powerful. The power of play and the development of an intrinsic motivation to participate in bodily movement that our profession possesses above clinical prescriptions or interventions are synonymous with Lewis and Clark catching their first glimpse of the Pacific Ocean! A new, beautiful, never before seen opportunity! (Henderson and Bialeschki, 2005) Persistence with physical activity is far greater when there is a level of enjoyment in the activity. The desire to perform in a skilled form of leisure such as rock climbing, hiking, triathlons, etc. can drive daily training physical activities. (Kaczynski & Henderson, 2007; Kaczynski, Potwarka, & Saelens, 2008; Kahn et al., 2002) In a systematic review, Coon et al. (2011) surmised that physical activity within a natural/outdoor environment leads to a more robust adherence to a physically active lifestyle. The benefit of such activity is improved physical and mental health. Physical activity research in a leisure context can provide a path to movement to provide obese individuals with a purpose and motivation for physical exercise beyond burning calories.

An applied case for this path already exists within Healthy Parks, Healthy People. There is a body of research that supports the idea that green spaces encourage physical activity, extends the length of time participants' engage in physical activity and benefits mental health. (Gladwell, Brown, Wood, Sandercock & Barton, 2013; Karjalainen, Sarjala, & Raitio, 2010; Barton & Pretty, 2010) The body of work that the National Park Service has created since the inception of the plan in November of 2011 is impressive. A visit to the HPHP website reveals examples of over one-hundred programs, partnerships and initiatives that are a direct result of applying the scholarly review and strategies of

HPHP. (HPHP, 2011) The scope of these programs range from introducing inner-city children to camping to developing community gardens in parks to allowing physicians to write prescriptions for physical movement within park settings that aid patients in filling the scripts. Research opportunities to study the efficacy, sustainability, long-term impact and clinical benefits exist with many of these programs. Likewise, research on the benefits to the parks themselves or the negative impacts on the parks could also be studied.

*Path #3: Identity*

Psychosocial scholars theorize that one's identity is composed of the self-views that emerge from the reflexive activity of self-categorization or identification in terms of membership in particular groups or roles. (Stets and Burke, 2000) For the obese and overweight individual, perceptions of stereotypes and stigmata that accompany their condition affect self-image and esteem and impact their ability to participate in healthy behaviors. (Schmalz, 2010) Research has demonstrated that leisure choice can impact personal and social identity, self-image and self-concept. Haggard and Williams (1992) described that individuals select leisure activities to affirm "valued aspects of their identity." Leisure activities serve as a palette that allow participants to create situations that inform and help them more accurately understand who they are. Caldwell, et al. (1995) demonstrated that leisure activity choices during adolescence, a crucial time of identity development, have a positive or negative impact on the identity formation process. Kuentzel (1995) similarly proposed that the meaning-making aspects of leisure are represented in the social context of leisure activity. For the obese individual, personal

and social identity construction is a constant challenge. Leisure can provide a means to establish a healthy personal identity within a leisure social context that is supportive, positive and freely chosen by the participant. Identity research in a leisure context can provide a path to self-identity and social identity in a community that supports health.

An applied case for this path could exist within youth sports programs. Staff and volunteers who work in youth sports programs could be informed and trained about the impact leisure experiences have on youth participants' self-esteem and identity development. A greater understanding would influence and inform the domains such as coaching, individual playing time, uniform selection, interpersonal behavioral observation and adult interventions with individuals and groups to shepherd the experiences of all participants. Included in the training could be issues faced by over-weight or obese children who face stigma issues especially in regards to physical activity. (Puhl, Luedicke, & Heuer, 2011) Research could be conducted within such a setting by offering this training to selected groups and not having training for control groups within the same league. Ethnographic observations during a season could reveal insights of differences between the staff and volunteers in each group. Qualitative interviews could be conducted with youth participants and their parents to determine if there were differences in the experiences of participants in the two groups and what impacts were experienced in regards to self-esteem and identity.

*Path #4: Health, Wellness and Recreational Therapy (RT)*

Historically RT has served special, often institutionalized, populations with social, emotional, physical, cognitive and behavioral problems. A more current/enhanced

definition of the field of RT recognizes that recreation provides therapeutic benefits to all people. (Carter, Van Andel and Robb, 2003, p. 6) These therapeutic services and leisure's inherent therapeutic benefits have an enhanced value for obese people. Dr. Arya Sharma, scientific director of the Canadian Obesity Network as well as an internationally recognized expert on obesity, recently met a recreation therapist and experienced an epiphany. He recognized the benefit that Recreation Therapy could provide to obese individuals. In a November 2012 article on his website he explained:

> Recreational therapy has been shown to reduce depression, stress, anxiety, as well as recover or maintain motor functioning, reasoning abilities and build confidence that allows clients to enjoy greater independence and quality of life.
>
> Established benefits of therapeutic recreation include maintenance of physical and psychosocial health, cognitive functioning, personal and life satisfaction, and prevention of complications of physical disabilities and improved self-care and adherence to treatment plans.
>
> These services would most certainly be relevant to many of the severely obese patients that we see in our clinic, who have experienced social isolation due to their excess weight and have certainly lost much of their social network and interactions. (Sharma, 2014, Obesity Notes)

RT continues to develop and expand as a profession generating numerous practice models and reimagined practice applications of RT services. (Austin, D., 2004; Dieser, R., 2002; Van Andel, 1998). These new visions for RT recognize lifespan intervention rather than discriminant, prescribed limited-treatment times. RT practice lifespan models would serve the needs of obese clients as their need is for permanent lifestyle change. (Dieser, R., 2002) At its core, this change is to generate health and well-being. RT practices can be applied to obese populations. Health, wellness and RT research in a leisure context can provide a path to well being for obese individuals who are in search of life-long strategies and accommodations to aid them in permanent lifestyle change to

achieve and maintain healthy behaviors.

An applied case for this path could exist within a bariatric surgery practice. A recreational therapist on the pre- and post-operative team for patients could develop a recreational program for each patient care plan. Utilizing the established therapeutic process of assessment, planning, implementation and evaluation (Austin, 2004), RT specialists could introduce obese clients to recreational therapies to assist in preparation for surgery physically and mentally. The bariatric surgical procedure produces a forced behavior process that often leads to significant stress and negative psychosocial emotions. (Van Hout, G., Hagendoren, C., Verschure, S., & van Heck, G. L. (2009); Verschure, S., Hout, G., & Heck, G., 2005) RT specialists can provide leisure experiences that ameliorate stress and introduce moments of normalcy into the often-uncomfortable clinical setting for patients. (Voelkl, 2008; Hutchinson and Kleiber, 2005) Recreational assessments could be conducted with each patient to determine activities the patient would enjoy to facilitate adherence to prescribed physical movement goals during the recovery and weight reduction process. (Anderson & Heyne, 2013; Austin, 2009) Similarly, the facilitation of discovering new purposive leisure time occupations that aid weight-loss and health could provide an outlet for the discretionary time that had previously been devoted to calorie consumption and sedentary leisure. Being associated with a clinical practice would provide both the practitioner and interested researchers opportunities to easily track and follow clients who agreed to participate in ongoing research initiatives. As part of the RT engagement process, research would be vital to ensure efficacy of the practices being employed. The results of the research could be

utilized to improve efficacy of future services.

*Path #5: Serious Leisure*

In 1982, R. A. Stebbins introduced the Serious Leisure Perspective (*hereafter may be referred to as the Perspective*). This theory has been supported with ongoing research and applied to a growing segment of populations engaged in serious leisure. The constructs of this theory have the potential to impact the lifestyle of an obese person in the form and nature of leisure for a purpose. Stebbins acknowledges:

> If leisure is to become, for many, an improvement over work as a way of finding personal fulfillment, identity enhancement, self-expression, and the like, then people must be careful to adopt those forms returning the greatest payoff. The theme here is that we reach this goal through engaging in serious rather than casual or unserious leisure. (Stebbins, 1982, p. 6)

Stebbins identifies the key components of the Perspective that would provide benefits for the individual seeking long-term weight loss:

> Research has shown eight durable benefits found by amateurs in their various pursuits: *self-actualization, self-enrichment, re- creation or renewal of self, feelings of accomplishment, enhancement of self-image, self-expression, social interaction and belongingness, and lasting physical products of the activity*. A ninth benefit-*self-gratification or pure fun*-which is considerably more evanescent than the preceding eight, is the only one that is also characteristic of unserious leisure. Self-gratification and, to a lesser extent, social interaction are usually the sole benefits accruing to those who partake of the latter type of pastime. There is reason to believe that systematic study of samples of hobbyists and volunteers would result in similar listings of benefits or rewards, with lasting physical products being the least prevalent among the volunteers. (Stebbins, 1982, p. 7) *(Emphasis added)*

The durable benefits of the Perspective are experienced on a continuum of involvement developed by Stebbins and supported by corroborating research. This continuum expresses the level of time, involvement, commitment and energy that an individual

invests in their chosen leisure career and is not a valuation or ranking of the activity. The Perspective has become a grounded theory that provides a detailed manner of defining and exploring leisure pursuit. The Perspective is a rich, in-depth theory that not only supports explanatory study but can provide considerable As described by Christine Luft, (2007) in contrast to grounded theory that is theory built from the data, in confirmatory research and theory, the data is used to test theory. In regards to SLP, the plethora of research that has ensued since 1982 has provided enough varied and rich examples to use aspects of the theory as a measure against freely chosen activities in an effort to confirm that the activities can be considered serious leisure. (Stebbins, 2007) Serious leisure in the form of selected purposive leisure as it relates to the individual life of an obese person can address identity, physical activity, constraint negotiation and engagement in leisure services that lead to health, wellness and weight loss. Perspective research can provide a path to a lifetime of healthy living as an individual adopts health and wellness as a serious leisure career.

An applied case for this path could exist within weight-loss support groups. The stated goal for participation within a weight-loss support group is to experience weight-loss, a lasting physical product of the activity. Experiencing this weight-loss can lead to other positive health, identity and psychosocial benefits (Granberg, 2011) that represent other key components of the Perspective, e.g. self-enrichment and enhanced self-image. Weight-loss support group leaders could be trained to apply Perspective principles to member participation classifications – casual leisure, hobbyist, amateur, and career. (Stebbins, 1982) These classifications can be used to gauge levels of commitment and

program adherence. Leaders could foster participation with the goal of leading members from casual participation toward achievement and maintenance of long-term weight-loss via demonstration of the knowledge, skills and practice of a professional serious leisure participant. (Stebbins, 2007)

### *Focused Application of Established Leisure Principles Summary*

These brief reviews of five leisure concepts in the context of obesity provide a glimpse into the possibilities for leisure scholars and practitioners to engage in prevention and treatment of obesity for those seeking improved health. With expanded critical thinking, there are other related leisure theories and concepts that could aid this process. Applying these concepts could enhance weight-loss and positively impact health related quality of life measures for obese individuals and communities. This idea of *Focused Application* requires cross-disciplinary approaches and creativity to begin exploration/initial studies. Beginning steps can lead to a journey that serves to advance the cause of health and reduced obesity rates and comorbidities, as well as establishing a stronger position for leisure as a viable modality for health within clinical realms. This perspective of *Focused Application of Established Leisure Principles* is a multi-faceted approach that provides numerous paths and processes for a successful journey. The second perspective, *The Power of Leisure and Recreation for Life Transformation,* draws upon the immersive experience of leisure and is unique to each individual who walks the path to his or her desired destination.

## Evidence of Leisure's Transforming Power within Leisure Literature

A key idea proposed in this article is that leisure can transform lives. To encourage

scholars and practitioners to employ a critical multiplist paradigm to engage with obese patients to change their lives through leisure can also be supported within powerful auto ethnographic manuscripts within the leisure literature. To quantify and measure human life transformation via only quantitative approaches is somewhat misguided. As it is people and their lifestyles we are seeking to transform, the evidence to support this perspective is most powerfully reported in qualitative research. (Miles and Huberman, 1994, p.10)

Three such examples of these type manuscripts are:

- From a Fall in the Mall to a Run in the Sun: One Journey to Ironman Triathlon (McCarville, 2007) – Article description: This auto ethnography follows the authors story that began with an accident at a local mall. The middle-aged male discovers he is not as physically fit as he imagined himself to be. This discovery ignites a journey into triathlon racing that produces numerous revelations while improving his health and physical fitness.

- The Power of Leisure: "I Was an Anorexic; I'm Now a Healthy Triathlete" (Axelsen, 2009) Article description: An auto ethnographic account of a young females' struggles with anorexia nervosa and the subsequent "quasi-recovery" she experienced through leisure. The requirements for success within the world of triathlon racing proved to be a powerful therapy that facilitated healing.

- I Tie Flies in My Sleep: An Auto ethnographic Examination of Recreation and Reintegration for a Veteran with Posttraumatic Stress Disorder (Price, 2013) – Thesis description: This auto ethnography recounts the challenges faced by a veteran with combat-related posttraumatic stress disorder (PTSD). Through the

leisure experience of fly-fishing and sharing this activity with others, the author experiences a near total recovery from PTSD symptoms.

Each manuscript testifies to the regenerative nature of leisure. Each document deals with different health and lifestyle issues. Each story identifies a self-discovered or diagnosed physical or psychological state of health. Each author employs aspects of leisure to begin a path to healing, wholeness and contentment. On the contrary, a scholarly auto ethnography article of a formerly obese leisure participant was searched for but not discovered. A lack of such an article of this nature maybe another indicator of the miniscule amount of written scholarship on the specific topic of leisure and obesity. Experiential attributes and similarities from each story, though not direct correlations, do support leisure's potential role in the prevention and treatment of obesity. Four of these evidences are:

1. Perseverance and tenacity are required through a longitudinal process to achieve transformation or obtain desired outcomes from the leisure process.
2. Community with fellow leisure participants is important to the process of leisure transformation.
3. Mastery of the skills and attitudes for transformation through leisure is a continuous journey that does not necessarily have an end destination.
4. The journey of transformation is both an internal and external process that engages both the psychology and sociology of the leisure participant.

These four observations are not exhaustive but they provide groundwork to consider how leisure transformation might translate into the prevention and treatment of obesity. The relevance and possibility of this perspective can be supported by connecting insights from

the identified life qualities, attributes and experiences of these autoethnographies to the weight-loss process and lifestyle adaptations of the registrants of the aforementioned National Weight Control Registry. (Klem, et al., 1997)

*Perseverance and Tenacity*

1. The auto ethnography authors demonstrated perseverance and tenacity over various extended periods of time to achieve transformation or obtain desired outcomes from the leisure process. The leisure actions through these periods of time were biking, swimming, running, fly fishing, and fly-tying. In addition, time invested in the mastering of these skills through reading, receiving coaching, and group participation and self-monitoring required a long-term commitment.
2. Members of the National Weight Control Registry demonstrated perseverance and tenacity over various extended periods of time to achieve health transformation and obtain desired outcomes in weight-loss. The leisure actions through these periods of time were walking, aerobic dancing, biking, swimming, running, hiking, activity and weight-loss group participation, and cooking. In addition, time was invested in the mastering of these skills through reading, receiving coaching and counseling, activity and weight-loss group participation and self-monitoring.

*Community with Fellow Leisure Participants*

1. The autoethnography authors demonstrated that community with fellow leisure participants is important to the process of leisure transformation. For two authors,

these communities were tri-athletes, cohort coaching groups and competition populations. For the other author it was the communities of veterans and their families, fly-fishing amateurs and enthusiasts and the Veteran Affairs medical support system. These communities provided moral support, instruction and motivation for the healing process.

**2.** Members of the National Weight Control Registry demonstrated that community and social support was important to achieve and maintain weight-loss. A majority of registry participants indicated that they utilized a social form of program support to lose their weight. These were in the form of weight-loss support groups or professional counseling involving social relationships. Likewise, members developed communities and social relationships around physical movement. Walking or working out with friends and family, joining competitive sport teams or attending physical activity group classes were all cited as meaningful communities to aid in losing weight and maintaining weight-loss.

*Mastery of the Skills and Attitudes*

1. The autoethnography authors demonstrate that the mastery of skills and attitudes for transformation through leisure is a continuous journey that does not necessarily have an end destination. Each author recognized that they individually were responsible for their progress and healing. As they discovered leisure pursuits and choices that aided in their healing, their mastery of the skills required for success in the pursuit and their self-monitoring of the leisure experience in contrast to their former state of health was a vital part of the

transformation. Also, each author acknowledged that though they felt a sense of transformation and new identity, there would always be the need to self-monitor and stay engaged in the healing process that was discovered through leisure.

2. Members of the National Weight Control Registry demonstrate that mastery of the skills and attitudes for the success and maintenance of weight-loss is a continuous journey that does not necessarily have an end destination. By definition, to qualify to become a member of the NWCR, you must have maintained a significant weight loss for at least one full year after reaching your desired weight. Members are surveyed annually once they are registered members. These surveys reveal that the methods and efforts that earned the weight-loss must be maintained and modified as time progresses. There have been studies conducted that explore the success patterns of those members who have maintained their weight-loss for over five years – one of the clearest outcomes was that these individuals employ scrutiny in self-monitoring their calorie in-take and physical exercise every day of the year. It is a process that does not end.

*An Internal and External Process*

1. The autoethnography authors demonstrate that the journey of transformation is both an internal and external process that engages both the psychology and sociology of the leisure participant. Psychologically, each author indicated that it was a significant emotional event or action that led him or her to a place of discovery regarding his or her leisure pursuit. Following these discoveries, each

author utilized intrinsic and extrinsic motivation, and employed self-determination that was embodied in self-talk and various forms of experience documentation. Throughout the process they were immersed in their social worlds with both positive and negative outcomes that had to be processed. In total, the leisure regeneration process reveals an immersive experience that not only engulfed the psychology of the author but also impacted and reflected the sociology of their lives.

2. Members of the National Weight Control Registry demonstrate that the journey of health transformation and weight-loss is both an internal and external process that engages both the psychology and sociology of the registrant. Registrants reported that it was often a medical or emotional experience that sparked their journey of weight-loss and led them to a psychological commitment to the process. The internal drive process for behavior modification, motivation and lifestyle change required personal cognitive growth. This personal journey was often supported in their social world within groups and interpersonal relationships that aided the weight-loss process.

Although these four examples are not identical mirrored reflections of human regeneration experiences, the similarities are evident. It is within these similarities that leisure scholars and practitioners can begin to engage theory and practice to exploit the regenerative power of leisure to prevent and treat obesity to support life transformation.

## The Power of Leisure & Recreation for Life Transformation

The syntax of the word recreation can be expressed as re-creation – the process of

making one new or reborn. The autoethnography articles just considered have in their core meaning – regeneration, healing and a sense of recapturing wholeness for the leisure participant. Though there are continuing debates regarding the merits of leisure to society and what forms are most meaningful, most scholars agree that leisure recreation does possess a power for life transformation as expressed in the following excerpt:

> Why link leisure and transformation? This seems rhetorical and self-evident. There is no question that leisure provides an optimal environment for individuals to seek new experiences, experiment, and to learn and grow anew. Certainly, leisure provides opportunities for individuals to gain new knowledge, skills, attitudes, and values. It provides opportunities for individuals to gain new insights and awareness. The opportunity to seek out new and different experiences opens a vast array of self-exploration wherein individuals can reinvent, refocus, or renew themselves. In other words, leisure is an environment that provides a medium to enable individuals to change or to be transformed. Also, leisure can be viewed as an end in itself; pursued for its own sake. The quest for nothingness actually creates the opportunity for transformation through leisure. (Edington and Chin, 2014)

As summarized in this quote, the concept and idea that leisure can facilitate a process to transform individuals or communities should be self-evident. However, as these words by Edington and Chin summarize their *Leisure as Transformation* manuscript, the same document opens with a quote from John Maynard Keynes that identifies what might be the greatest obstacle for leisure scholars and practitioners to apply leisure to obesity prevention and treatment: "The difficulty lies not so much in developing new ideas as in escaping from old ones."

As a profession, if leisure is to engage in the prevention and treatment processes of the obese, we must recognize and promote the transformational power that leisure provides to the individual and community. Collectively, our profession must escape the idea that clinical applications and leisure are in conflict. To this end, I propose we embrace a

critical multiplist paradigm for research and application to infuse leisure's healing transformation into our obesogenic culture.

## A Critical Multiplist Approach

The two perspectives presented, *Focused Application of Established Leisure Principles* and *The Power of Leisure and Recreation for Life Transformation*, recognize the transforming power leisure offers as an unconventional modality of prevention and treatment for obesity. The aspects of freedom and non-prescriptive nature of leisure to heal may seem at odds with clinical and public health recommendations and policies for change. However, considering the track record of success and current paradigms of the classic health professions there could be numerous benefits from the fresh approach leisure offers.

The clinical and medical approach to obesity has historically taken the simplistic approach of calories-in and calories-out mentioned earlier. Though not self-evident, the medical community is doubtful that obese adults can successfully change their lives and through self-determined action change their weight status. This is evidenced by the fact that less that half of obese adults in the United States have been counseled by their physician to adopt behaviors that will help them lose weight. (Galuska, D., Will J., Serdula M., & Ford E., 1999) This doubt and instrumental rationality of means and ends approach often leads to drastic prescriptive supplement nutrition plans, pharmaceutical regimes or surgical tactics that in many ways ignore the "person" within the "fat suit." The approach to obesity very much resembles the treatment and long-term outcomes to acid reflux as hypothesized by Miller and Crabtree in a recent article:

> This is a typical tale in clinical medical research. Suffering and normality are standardized, commoditized, and marketed. The suffering related to heartburn is framed as a threat, that is, a universal need for some marketable product that restores control. The story is framed as a "restitution" narrative. Everyone has something wrong with him or her; normal now means inadequate in moral and standardized ways such as the recent guidelines creating the new disease of prehypertension and the guidelines on obesity that make most U.S. adults overweight or obese. The complexities, multiplicities, and individualities of suffering and normality are subsumed within this technological and commercial frame. This is the tornado! Important voices, questions and evidences are missing. Knowing the efficacy of the drug–the internal validity– is sufficient to approve using all means necessary to convince all people to "choose" the pill as a requirement for a safe and healthy life. It is assumed that there is a real material world that is, in principle, knowable through scientific methodology, especially the randomized controlled trial, and nothing should stand in the way of pursing this truth. Outside the swirl of the neorealist tornado there is much silence. Jocelyn's experience of taking a daily pill that labels her self and body as endangered is missing. The voices of her family members are missing. Relationships and moral discourse are missing. The place and role of power are missing. Feeling, spirituality, and ecology are missing. Depth and context are reduced, simplified, or eliminated, and relationships are isolated and alienated. What hope is there after the tornado passes? (Miller and Crabtree, 2005. p. 607)

This stated case can lead one to ask: What hope is there for the obese adult? As imagined by Miller and Crabtree, there is the hope of discovery, community and a shared research and practitioner space that democratizes the knowledge of successful weight-loss narratives and informs those patients who desire to engage in their personal healing.

The clinical approach to treating obesity often takes the form of a "pill" or "prescriptive" approach or action similar to a "pill." Some of the most prevalent examples of obesity's "purple pill" are gastric bypass surgery, lap band surgery, hormone shot therapy to suppress appetite, "natural" non-regulated supplements, supervised fasting calorie-restriction plans, to name a few. Within each of these "prescriptive" remedies, though psychological and counseling components are employed in the process, there is a silence that ignores the "voices" of the obese patient's world. It is my belief

that this silence is a by-product of the patients' desire for and medicine/commerce's quest for a "magic pill" to reduce weight. After so many failed attempts obese patients lose hope. Likewise, the medical communities lack of hope is revealed by the view that for the overwhelming majority of obese adults, they are doomed to be overweight and unhealthy without a clinical, often drastic, intervention. Thus clinicians continue to search for the external prescription rather than delving into the slow, revelatory, painful process of patient regeneration as opposed to clinical "restitution."

I believe there is a hope for collaboration across disciplines that invite each obese individual to embrace their responsibility to change and become the primary prescription for their personal regeneration. Once healed, these success stories can even become part of the discovery for others within research projects. As Miller and Crabtree propose, there is healing within the process and not just via the results. There is more to be healed within the obese client than just their obesity classification and the number on the scale. (Miller and Crabtree, 2005) *Though a critical multiplist approach is considered a paradigm of research, I am proposing that this method be extended to the idea of application and practice. This extension is reflected in italics where there is addition of such language to Miller and Crabtree's original ideas.*

A critical multiplism framework calls for the researcher *or practitioner* to be a generalist who develops and employs the skills of negotiation, translation, theoretical pluralism, methodological pluralism, a community orientation, and comfort with and rootedness in clinical practices. (Miller & Crabtree, 2005) This framework embraces multiple ways of knowing, multiple stakeholders, multiple studies, multiple paradigms

and perspectives.

To reflect this perspective of leisure for regeneration, the critical multiplist engages multiple approaches and tactics of all kinds embracing multiple fields of scholarship and practice to create and generate health where it is lacking or once existed. The selection of multiple identified options is in fact the critical nature of the approach and the options must be done in concert with one another and with a full understanding of the context of prevention and treatment. The very nature of leisure's freedom of choice makes it a natural ally for a critical multiplist approach.

Miller and Crabtree cite six principles that help guide a critical multiplist researcher *or practitioner*. They are:

1. Know why you choose to do something – Understanding the ultimate purpose of each act and decision is the critical nature of the paradigm.
2. Preserve method and paradigm integrity – The combination of multiple methods, including qualitative research within a clinical space, require attentiveness to protocols, language and translation of data so that it does not compromise any method's integrity.
3. Pay attention to units of analysis – Understanding what is being measured and by what method is crucial so that the jargon-free language can be employed to make the data assessable and clear without sacrificing the method's disciplinary conversations.
4. Remember the research questions – The research questions are generated from the clinical space but this space is opened to a full range of qualitative data gathering.
5. Ensure that the strengths and weaknesses of each selected option complement each other – The process is relationship centered and methods must seek to find a common ground that builds upon one another as the processes flow

sequentially.

6. Continually evaluate methodology throughout the study – The research process within the clinical space is a cyclical recurring process. With each new patient or case, the opportunity to evaluate process, outcomes and analysis is available to everyone involved in the research. (Miller & Crabtree, 2005. pp. 619-621)

Though employing a critical multiplist framework may seem daunting and chaotic, the ultimate outcome can be that of qualitative research *and a successful application that invites* clinicians to join, listen to, and speak the "voice of the lifeworld." (Mishler, 1981). This approach is out of the routine of the normal clinical trial or evidence based medicine model *or classic clinical treatment* but it holds within its grasp an approach to support the narrative of the formerly obese patient and translate their stories into meaningful applications to provide potential paths of healing to those wishing to transform their health.

## Two Perspectives – One Goal: Engaging Leisure in the Prevention and Treatment of Obesity

These two perspectives offer a variety of evidences to answer the question: Can leisure be an effective modality for the prevention and treatment of obesity? Though a definitive answer of YES or NO cannot be derived from the information, one can at least respond – "Maybe, let's do a little more research employing a critical multiplist paradigm." And that is this articles ultimate goal – to invite leisure scholars and practitioners to ask themselves personally and collectively, "What role might I and the profession of leisure play in the battle against obesity?"

*An Invitation to Walk the Path*

The goal of this article is threefold: (1) to ignite and imagine relationships between leisure research and practice and obesity prevention and treatment, (2) to consider and propose the role and impact leisure can play in regards to obesity prevention and treatment, and (3) to inspire collaboration related to leisure research and application for obesity prevention and treatment using a critical multiplist paradigm.

This article presents trailblazing ideas focused on leisure, obesity, and weight loss. Whether by focused application of grounded leisure theory or employing the power of recreational life regeneration, this article recognizes the traditions and contributions of leisure toward health thus far, while simultaneously drawing us forward to a potential expanded field application of leisure for the prevention and treatment of obesity. Can we as leisure professionals begin to imagine and research: Weight-loss group participation as a form of serious leisure; Patients who began walking as prescribed by their physician who become avid hikers; and Gastric surgery patients who discover new leisure identities with the assistance of recreational therapists. Can we grasp the application of leisure grounded theory to the ecological models of obesity? Can we participate in the construction of new models to display leisure's impact on obesity? This article represents the beginning steps of change as we explore and develop leisure's role in addressing the challenges of the obesity epidemic. I hope to raise awareness and appreciation for existing and ongoing research in leisure and obesity/weight loss. In a manner, like Lewis and Clark connected the eastern United States to the Pacific, it is my hope that this article will connect leisure to the global struggle to remedy the obesity epidemic.

# CHAPTER 4

## WEIGHT-LOSS SUPPORT GROUP LEADERS, IDENTITY AND THE SERIOUS LEISURE PERSPECTIVE

A letter written by Beth, case number two, the day after reaching her goal weight:

**To the weight I have lost:**

You are gone, good riddance! I lugged you around way too long overwhelmed with the enormity of you. You no longer have any control or power over me. I gave you way too much of my time and my life. **I hate you!** You stole years from me that I can never replace and filled me with frustration and sadness. You made me feel ugly and stupid and inadequate. You made me ashamed of myself. You cheated me out of play time with my children as they ran through the sprinkler in the front yard and begged me to join them, when they climbed trees and when they built "forts" out of discarded furniture boxes which were far too small for me to get into. You embarrassed me when we went to amusement parks and I was too large to fit into the seats of the rides. **I hate you!** You made me hide in public places. You kept me silent when I wanted to participate in a group for fear of drawing attention to myself. You cheated me out of the joy of a plane trip with my husband and instead filled me with dread as I wondered if the seat belt was going to fit around me or if I was going to have to ask for an extender. **I hate you!** You made me embarrassed to laugh and dance and enjoy myself for fear of being laughed at or ridiculed. You made me a shadow in my own life.

**Those days are over.**

I have reclaimed my power over you and I will **never** see you again. I am now less than half of what we were together. Today I am saying good riddance to the half of me that once was you, forever. I will not waste a minute mourning your loss nor will anyone else who has carried the burden of you. You are dead and gone. If I look back at you it will only be to see how far I have come. I will be reminded of how strong and powerful I am. I will walk another half marathon and I will improve my time. I will fly to exotic locations with my husband. I will look forward to someday playing with my grandchildren and teaching them how to climb trees, and build forts from refrigerator boxes, and I will be in the fort with them playing and telling them about their mom or dad. I will continue to put on my bathing suit and teach water aerobics in front of strangers who are now part of my family and I will not give a second thought to my flabby arms or sagging thighs- remnants left by you. Instead I will rejoice that I have arms and legs that work and let them show as a prize won after a battle, which lasted way too long. I will continue to encourage others to get rid of you forever, and I will support them

> when they come up short and try again and again and again until they too are rid of you and I will dance. Oh, how I will dance!! You see in the process of losing you I found me. I will never again be a shadow in my life. I will hold my head up and look to the future with anticipation and joy because now I know without any doubt that I was, and will continue to be worth the effort.

## Introduction

The preceding letter, written by weight-loss support group leader Beth (names of all cases are pseudonyms) upon reaching goal weight, is representative of a right of affirmation documentation for her new/changed identity that eventually led her to the role of weight-loss support group leader. (Rubin, Shmilovitz and Weiss, 1993) This artifact from Beth's blog reflects that the identity transition from an obese individual to a weight-loss support group leader is possible and can be a transformative process. The cases of the four weight-loss support group leaders documented in this manuscript reflect a similar process.

### *The Problem*

The statistics regarding obesity of individuals and society continue to multiply. In the United States more than one-third of adults and nearly 19% of children and adolescents are obese. (Kit, Ogden, Flegal, and Carroll, 2014) An obese classification is determined by a person's body mass index (BMI). BMI is calculated by dividing a person's weight in kilograms by the square of height in meters. This results in a classification number: 30.0 BMI or above is considered obese. (CDC, Defining adult overweight and obesity, 2012) Though BMI measures have received criticism as a method of classification and there are other more involved and expensive methods to determine healthy weight in relation to body stature, BMI has been determined as a reasonable and simple method for

public health measurement. Obesity can lead to numerous comorbidities that impact health and generate increased medical problems and treatment costs. Latest estimates in the U.S. show the cost of care for the obese population was $147 billion in 2008. Reports indicate that the actual cost of care for obese patients was $1,429 higher than those of normal weight. (Finkelstein, Trogdon, Cohen and Dietz, 2009) The need for research and application of successful principles and practices to reduce weight is ongoing. When a large enough number of individuals achieve personal weight-loss success there will be a reversal of societal trends toward obesity. (Kumanyika, et al., 2007) Weight-loss support groups are one tool that has facilitated successful health transformation for obese patients. (Klem, et al., 1997; U.S. News & World Report, 2015; Beruchashvili, M. & Moisio, R., 2013)

### *Purpose and Significance of Study*

This study examines identity theory (hereafter may be represented as IT) and the serious leisure perspective (hereafter may be represented as SL, SLP or Perspective) within the context of a weight-loss support group (hereafter may be represented as WLSG, WLSGs or Context). Qualitative data collected from semi-structured interviews using a multiple-case study will be analyzed. The data will be used to determine what identity theory/change concepts successful weight-loss support group leaders demonstrate. Additionally, the data will also be assessed relative to the traits and experiences of weight-loss support group leaders' journeys framed in the context of the Serious Leisure Perspective. My intent is to use the findings of this study to provide

insight into identity change and leisure time investment patterns or behaviors that can instruct and direct professionals leading weight-loss support groups.

*Theoretical Perspectives*

The two theoretical perspectives used in this study are identity theory and the serious leisure perspective.

For the purposes of this article, three identity theories, and their associated authors provide the key theoretical constructs. These three originators and their colleagues are George McCall and J. L. Simmons (1966), Sheldon Stryker (1980) and Peter Burke and Jan Stets (2009). These sociologists and their teams were selected because of their actions as the primary voices of the movement within IT and symbolic interaction in the last fifty years. The constructs of IT will be applied to themes from a cross-case synthesis of the four cases mentioned earlier. Using the framework of these three theories, I will explore aspects of each case's identity as well as their identity change process.

The second theory, the serious leisure perspective, is also the lifetime career work of sociologist Dr. Robert A. Stebbins. Stebbins first proposed this theory in 1982. SLP is a continuum perspective that encompasses three forms of leisure – casual, project-based and serious leisure. Serious leisure, the focus of this study, is defined as "the systematic pursuit of an amateur, hobbyist, or volunteer core activity that is highly substantial, interesting, and fulfilling. In the typical case, participants find a "career" in acquiring and expressing a combination of that career's special skills, knowledge, and experience."

(Hartel, J., 2015) This study will consider if the weight-loss support group leaders' stories affirm experiencing aspects of a serious leisure career.

### *Research Method*

A multiple-case design has been used for this study of weight-loss support group leaders. Stake (1995) reports that the value of case study rests with the researcher's ability to explore a program, event, activity and/or one or more people using in-depth inquiry. Stake further states that cases are time bound and most often are activity or process specific. A variety of data is gathered during a defined period of time. Stake also proposes that qualitative case studies seek to make comparisons with the goal to understand how things (the phenomenon being studied) work. Though examination of one or two cases or a larger series of groups, activities or processes, there is an opportunity to understand the study subject very well. (Stake, 2010) The case-study research method fits this study, as weight-loss support group participation and the results of the activity, bound within individual leader experiences, is the process explored. A variety of data points were used to select cases for deeper study and triangulation data was also gathered to verify the information shared by each bound case. (Yin, 2009)

Purposeful sampling was employed to select the cases for this study. The replication of multiple cases within the single context of weight-loss support groups can reveal either similar or contrasting results. Framing the selection of cases within a rich theoretical context can provide an impetus for future case analysis. (Yin, 2009) The individual cases selected for this study are considered experts or elite interviews. (Kavale and Brinkman,

2009) An expert interview represents the interviewee's personal view as well as the experiences and perspectives gained during the process of becoming "expert."

Multiple cases allow the use of cross-case analysis to discover commonalities in individual experiences across different levels of involvement. This can provide a stronger case for the actual impact of identity transformation. (Yin, 2009) The multiple-case design provides expanded possibilities for discovery and application as applied to practitioners and weight-loss support group leaders/participants.

*Description of this Study*

The breadth and expanse of IT and SLP is representative of the numbers of renowned sociologists, researchers and practitioners that have explained, explored and expanded these theories over recent decades. These theories cover topics and areas that are multifaceted and complex within the context of examining all attributes that could exist in this current study. What are some of these expanded concepts?

Identity theory in regards to weight and weight-loss can extend into the realm of considering stigma and stigma exits. (Granberg, 2011; Lewis, et al., 2011) Aspects of identity formation, identity protection and identity interruption regarding weight or perceived health status could be studied in light of successful weight-loss. (Granberg, 2006; Granberg, Simons, Gibbons and Melby, 2008; Bisogni, Conners, Devine, & Sobal, 2002; Rubin, et al., 1993; Caldwell, et al., 1995) These are just a sample of the intricacies of IT that can be studied.

The SLP has expanded over the last three decades to form not only an explanatory theory but also a confirmatory one. As described by Christine Luft, (2007) in contrast to

grounded theory, which is built from the data, in confirmatory research and theory, the data is used to test theory. As applied to the SLP, the plethora of research that has ensued since 1982 has provided enough varied and rich examples to use aspects of the theory as a measure against freely chosen activities in an effort to confirm that the activities can be considered SL. (Stebbins, 2007) Research can delve into the valuation of the costs and benefits, both tangible and intangible, of SL. (Anderson, 2011) Motivations for participation or continuance of activities is an avenue for SL researchers. (Phillips and Fairly, 2014; Jones, 2000) There has been research conducted to develop methods of measurement for SL that includes inventory and measurement instruments. (Gould, Moore, McGuire & Stebbins, 2008)

The scope of this study will focus on identifying attributes of these two theories in a specific population. Analysis will document how the theory attributes are defined by the cases examined. Discussion of results will suggest the relevance of the identified attributes and how they might be applied in weight-loss support group context to increase the success of leaders and participants alike.

*Summary*

There is a significant need to address the increasing rate of obesity among youth and adults. Weight-loss support groups continue to be a proven tool for those individuals who desire to lose and maintain weight-loss. This study will examine IT and SLP in regards to successful weight-loss support group leaders to identify relationships between the theories and the participants of this multiple-case study.

Following is a review of the basics of identity theory and the serious leisure perspective. Relationships between the two theories will be proposed and the research context of weight-loss support groups will be considered in relation to these theories.

## Literature Review

As a result of conducting a literature review of IT and the SLP, I surmised that the Serious Leisure Perspective demonstrates ideas that relate to identity theory. Likewise, concepts and processes of identity theory are reflected in Perspective labels and attributes.

### *Seeking Connections between Identity and Serious Leisure*

In reading and researching these two scholarly topics, I discovered what I have termed as "citation limitations." I coined this term as I realized that there has been limited interdisciplinary work cited between the serious leisure perspective and basic sociology or identity theory.

Creating an extensively referenced review and critique of IT in the context of this study was challenging due to the lack of direct associations to IT within academic writings of leisure and SLP. The originator of the serious leisure perspective, Robert A. Stebbins, a sociologist by training, recognizes these citation limitations. Stebbins proclaims that an examination of the serious leisure perspective in regards to general sociology theory presents some limitations due to the historic nature of the sociology scholarship's treatment of the SL and leisure in general. In his 2007 book, *Serious Leisure: A Perspective for Our Time*, (his fourth book on the Perspective), Stebbins assesses the relationship of sociology and the Perspective, making these observations:

> My hope in writing this book is that many more people than presently around will wake up to the fact that leisure, even if some of it is trivial, is not, as a whole and as a phenomenon in the twenty-first century, a trivial matter. The study of serious leisure roots, in part, in the failure of modern sociologists to view leisure as a distinctive aspect of society and social life. In 1974, I could find no sociological definition of amateur or hobbyist and no recognition in sociology of the unique role and status played by those who pursue amateur and hobbyist activities. Regrettably not much has changed since that year. To be sure, the occasional leisure-oriented article is published in the sociological journals, but institutional sociology still mostly ignores this area of social life… It is Mission Impossible trying to find leisure listed as an area of specialization in the graduate programs in sociology offered in North American universities. Yet the sociology of leisure is alive and well, albeit living in academic locations far afield from sociology departments. (Stebbins, 2007, p. xiii)

Stebbins's acknowledgment compelled me to dig deeper as I desired to explore this separation between the SLP and SIT.

In an effort to verify Stebbins's statement, and explore the possible relatedness of these two areas of scholarly research, a review was conducted of citations within selected Perspective literature on the SLP official website. (Hartel, 2015) The reference pages of each publication were reviewed in a search for prominent sociological identity theorists' names specifically, Herbert Blumer, Peter Burke, George J. McCall, George Herbert Mead, J. L. Simmons, Jan Stets, and Sheldon Stryker (Mead and Blumer were added as early proponents of symbolic interactionism). The total number of references and the total number of identity references was tallied for each segment reviewed. These findings are listed as (TR= Total References; IDR= Identity References).

The review consisted of the reference pages of five of Stebbins's key books (1244 TR/5 IDR) , six SLP identity oriented journal articles by varying authors considering different subjects (845 TR/2 IDR) and J. R. Kelley's often-cited 1983 book *Leisure Identity and Interactions* (2452 TR/21 IDR – heavily biased toward McCall/Simmons).

Based on reviewing the 2452 reference citations, only 21 were identified to be from prominent sociological identity theorists – Herbert Blumer, Peter Burke, George J. McCall, George Herbert Mead, J. L. Simmons, Jan Stets, and Sheldon Stryker (Mead and Blumer added as early proponents of symbolic interactionism). My addition of the J. R. Kelly book was in recognition of the fact that Kelly is regularly cited in serious leisure books and articles related to leisure identity. By virtue of his citations to the theorists of identity theory it implies a third party/indirect reference to sociology.

The premise/hypothesis for conducting this review was: If identity theory significantly informed SLP, then consistent citations from these foundational sociologists would exist in the literature and thereby IT and SLP could be easily connected through the trail of citations. However, the results showed that less than one percent (.85%) of the identity theorists were represented within the citations (if Kelly's citations were removed the reference to these researchers is minimal).

Stebbins' statement and the results of the citation review place me in the position of a translator within this paper, as I desire to review the two theories of IT and SLP in light of the goals of this case study. As with any translation, the message that results is a direct function of the knowledge, skill and experience of the individual doing the translating. Stebbins acknowledges that gaps remain between the two scholarly fields after four decades. While my timeframe of experience is less, this literature review places me in the position of scholarly latitude in the development of some common language for use in the consideration of this case study. There are a number of tools I am employing to translate the connections between IT and SLP:

1. A few attributes within the SLP are linked to aspects of the theory by citation.
2. Other components of the SLP can be surmised based on process and written descriptions.
3. The language that is used in the two theoretical worlds, though different, refers to similar aspects or definitions.

The ultimate end of this endeavor is to gain a deeper understanding of the linkages and deficits, cited or not, of the relationship between IT and the SLP. To prepare the reader for my translation, I begin with a stand-alone review of SLP and SIT.

*The Serious Leisure Perspective: A Leisure Theory Rooted in Sociology*

The term "serious leisure" seems oxymoronic, or a least dichotomous within a developed society and economy. The term leisure is most often associated with activities of fun, frivolity or distraction and has historically represented the exact opposite of "serious." (Clarke and Critcher, 1985) However, from the dawn of the information age, most western cultures have seen the role of leisure become as vital and meaningful as work. (Stebbins, 2007) The SLP is a spectrum perspective of the entirety of leisure that represents three distinct forms: Serious leisure, project based leisure and casual leisure. A better understanding of all these forms provides grounding for grasping SL. The following are abridged definitions related to the SLP from the official Perspective website:

**Leisure** is defined in the SLP as uncoerced, contextually framed activity engaged in during free time, which people want to do and, using their abilities and resources, actually do in either a satisfying or a fulfilling way (or both).

**Serious leisure** is the systematic pursuit of an amateur, hobbyist, or volunteer core activity that is highly substantial, interesting, and fulfilling. (see Table 4.1.) In the typical case, participants find a career in acquiring and expressing a combination of that career's special skills, knowledge, and experience. The adjective "serious" (a word Stebbins' research respondents often used) embodies such qualities as earnestness, sincerity, importance, and carefulness. This adjective, serious, which is basically a folk term used in everyday language, signals the importance of these three types of activity in the everyday lives of participants, in that pursuing the three eventually engenders deep self-fulfillment for the participant.

Table 4.1

Expanded definitions of Serious Leisure "Career" Designations.

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| **Amateurs** are found in art, science, sport, and entertainment, where they are inevitably linked, one way or another, with professional counterparts who coalesce, along with the public whom the two groups share, into a three-way system of relations and relationships. By contrast, hobbyists lack the professional alter ego of amateurs, although they sometimes have commercial equivalents and often have small publics who take an interest in what they do. The professionals are identified and defined in (economic rather than sociological) terms that relate well to amateurs and hobbyists, namely, as workers who are dependent on the income from an activity that other people pursue with little or no remuneration as leisure (see Stebbins, 2007, pp. 6-8). |
| **Hobbyists** are classified according to five categories: 1) collectors, 2) makers and tinkerers, 3) activity participants (in noncompetitive, rule-based, pursuits such as fishing and barbershop singing), 4) players of sports and games (in competitive, rule-based activities with no professional counterparts like long-distance running and competitive swimming) and 5) the enthusiasts of the liberal arts hobbies, which are primarily reading pursuits. |
| **Volunteers,** whether pursuing serious, casual, or project-based leisure, offer un-coerced help, either formally or informally, with no or, at most, token pay, for the benefit of both other people (beyond the volunteer's family) and the volunteer. Nevertheless, the reigning conception of volunteering in nonprofit sector research is not that of volunteering as leisure (volitional conception), but rather volunteering as unpaid work. This latter, |

economic, conception defines volunteering as the absence of payment for a livelihood, whether in money or in kind. This definition largely avoids the messy question of motivation so crucial to the volitional conception.

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**Occupational devotees** are people who are inspired by "occupational devotion," by a strong, positive attachment to a form of self-enhancing work, where the sense of achievement is high and the core activity (set of tasks) is endowed with such intense appeal that the line between this work and leisure is virtually erased (Stebbins, 2004b). "Devotee work" is serious leisure from which the worker gains a livelihood.

**Casual leisure** is immediately, intrinsically rewarding. It is a relatively short-lived pleasurable activity requiring little or no special training to enjoy it. It is fundamentally hedonic; it is engaged in for the significant level of pure enjoyment, or pleasure. Among its types are: play (including dabbling), relaxation (e.g., sitting, napping, strolling), passive entertainment (e.g., TV, books, recorded music), active entertainment (e.g., games of chance, party games), sociable conversation, and sensory stimulation (e.g., sex, eating, drinking). Casual leisure is considerably less substantial, and offers no career of the sort previously described for serious leisure.

**Project-based leisure** is a short-term, moderately complicated, either one-shot or occasional, though infrequent, creative undertaking carried out in free time. Such leisure involves considerable planning, effort, and sometimes skill or knowledge, but for all that is not of the serious variety nor intended to develop into such. Nor is it casual leisure. The adjective "occasional" describes widely spaced undertakings for such regular occasions as arts festivals, sports events, religious holidays, individual birthdays, or national holidays while "creative" stresses that the undertaking results in something new or different, showing imagination, skill, or knowledge. Although most projects would

appear to be continuously pursued until completed, it is conceivable that some might be interrupted for several weeks, months, and even years. (Hartel, 2005; Basic Concepts)

A comparison of these definitions reveals that SL represents an elongated, continuous, committed proposition in terms of the expenditure of free time and the development of meaningful relationships. This difference is what makes SL such an interesting sociological concept that connects it to identity theory and social constructs. This difference can be identified within SL's characteristics.

*Six Characteristics that Distinguish Serious Leisure*

There are six distinctive qualities that are demonstrated in most, but not all forms of SL. Although in some cases, the lines are blurred in regard to serious and casual leisure activity designations, this blurring does not minimize the quality of the distinctive. The characteristics are:

1) **The need to persevere in an activity:** SL participants usually are required to negotiate constraints throughout the activity. The challenges may be minor or significant. This characteristic also leads to self-selection of participants exiting the activity before they establish a leisure career.
2) **Availability of a leisure career:** SL participants develop a "career" out of their leisure pursuit. This career includes stages of achievement and reward. "Career" is not used in a vocational sense but as a sign of progression in reaching turning points of involvement. Success in this "career" usually requires the perseverance cited in the first characteristic. These "career" designations can also influence participant's

personal and social identity. The "career" designations are – Amateurs, Hobbyist, Volunteers and Occupational devotees. (see Table 4.1)

3) **Need to put in effort to gain skill and knowledge:** SL participants invest significant personal effort to engage in their chosen activity. The effort uses specially acquired skills or knowledge that often can be practiced again and again. These acquired qualities are crucial in "career" advancement and requires long-term perseverance. The demonstration of the skills can often act as signals to others of an individuals' place in the activity context.
4) **Realization of various special benefits:** SL participants gain a variety of durable benefits from participation in their chosen activity. One or more of the following durable benefits maybe acquired – the enhancement of the self-concept, self-actualization, self-enrichment, self-expression, feelings of accomplishment, enhanced self-image and self-esteem, and social interaction. In addition, there may be lasting physical or material benefits that are also acquired.
5) **Unique ethos and social world:** SL participants are part of a "social worlds which are defined as large and highly permeable, amorphous and spatially transcendent form of social organization made up of people sharing common interest and sharing common channels of communication." SL participants belong to a subculture social world with its own norms, values, behaviors and even language.
6) **An attractive personal and social identity:** SL participants socially identify with an activity and the group of people who share in the activity. This characteristic provides the individual with a sense of belongingness or membership to a wider

social group, a place within that environment, and the subsequent opportunity to use membership of that group to enhance feelings of self-worth and self-esteem. The stronger the commitment to the SL pursuit, the stronger, more valued social identities produced for those individuals. Similar to the personal rewards of characteristic, these rewards are – social attraction, group accomplishment and contribution to the maintenance of the group. (Characteristics text from Stebbins, 2007, pp. 5-15; Green, B. C. & Jones, I., 2005)

Within the above descriptions, the relatedness of Stebbins' characteristics of SL to sociological identity theory begins to materialize. To bring clarity to these relationships and adequately examine the theoretical connections, I will provide a brief review of key components of the three selected theories of identity.

### *Identity Theory: Symbolic Interactionism*

The foundations of identity theory are rooted in symbolic interactionism, which was promoted by George Mead within the Chicago School of Sociology. Additional associates, including Charles Cooley and Herbert Blumer, expanded and advanced Mead's work through research and new concepts. In the past forty years, three primary camps have matured into accepted sociological thought, with accompanying theories:

1. George McCall and J. L. Simmons - *Identities and Interactions* (1966)
2. Sheldon Stryker and associates – *Symbolic Interactionism* (1980)
3. Peter Burke and associates – *Identity Theory* (2009)

The theories of Stryker and Burke will provide the core concepts for this study, with acknowledgement of McCall and Simmons presuppositions.

These theories are built upon two views of symbolic interaction. The *situational* approach views society as always in the process of being created through the interpretations and definitions of actions in situations. (Blumer, 1969) The *structural* approach views society as not tentatively shaped but stable and durable, being reflected in the pattern of behavior inside the person and between individuals. (Styker, 1980) These patterns or structures are visible within the society and the self. It is these dynamic and complex interactions of the self with society, groups and organizations that surround the self that identity theory seeks to explore and define in constructs that can be tested and verified. Though the details and theoretical constructs of these three IT camps differ – the one goal is to bridge the gap between the individual and society. (Burke, 2006; pp. 89-110)

Of the three theories, the first two, those of McCall/Simmons and Stryker, contain strong similarities, while at the same time offering differing theoretical contributions that warrant noting. Their shared similarity is the focus on how social structure influences one's identity and behavior. The third theory, promulgated by Burke and associates, focuses on the internal dynamics with the self that influences behavior. (Burke, 2006; pp. 89-110)

The confines of this literature review prevent a full discourse on the many nuances and variations within and between the three theories. To highlight reflections within the SLP, I will review three key components of the theories that I believe demonstrate relevance to the SLP. To provide clear descriptors of the three components, Jan Stets's concise work on Identity Theory was used as a mentor text. (Burke, 2006; Jan Stets,

*Identity Theory*. pp. 89-110) As a side note, this chapter is housed in the book *Contemporary Social Psychological Theories*, which was edited by Peter J. Burke, a colleague of Stets with whom she helped advance identity theory development.

1. **Identity performance** –
This refers to the manner in which a person performs or behaves in a situation. For McCall/Simmons, performances result from actors attempting to interrelate their identities with those of others in a situation. All actions are to be complimentary i.e. teacher/student, parent/child; husband/wife. Stryker views performance as a function of how salient a person's identity is within an identity hierarchy. The more salient the identity, the higher the commitment is to that identity and the more likely the person is to behave based on that identity. Burke perceives performance as a function of the relationship between a person's ideal perceived standard of themselves and their self-in-situation perceptions within the situation. Based on actions and feedback the individual seeks identity verification and will adjust behaviors to match the standard.

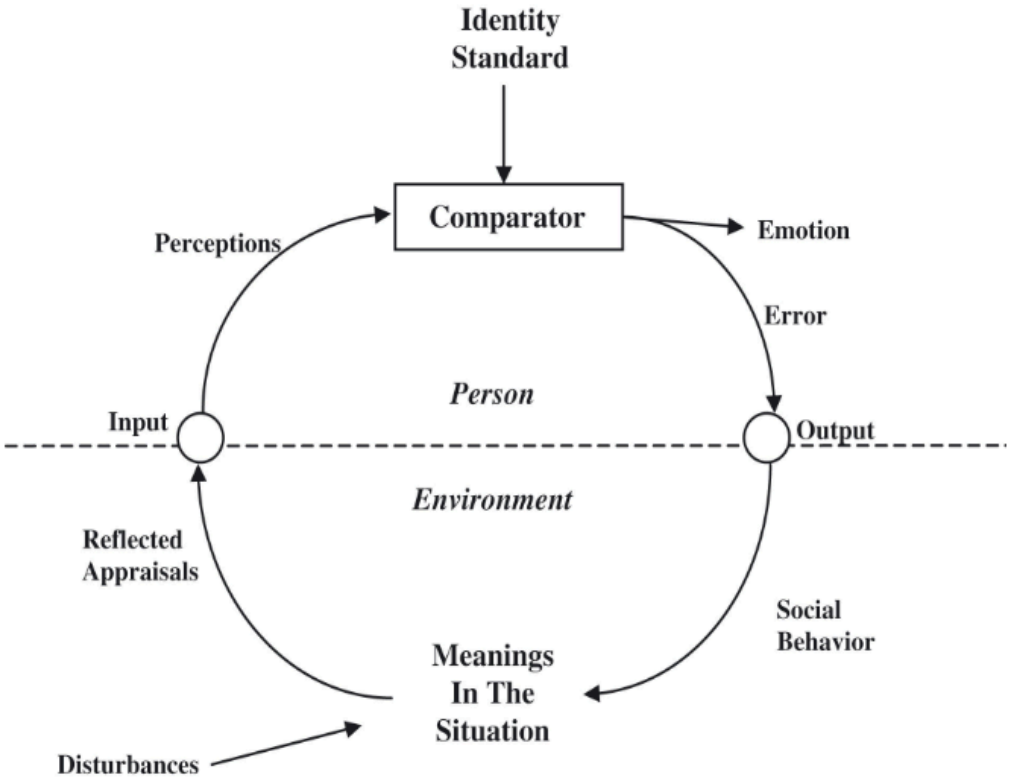
2. **Hierarchy and Salience** –
McCall/Simmons and Stryker agree that individuals claim more than one role identity and these identities can be conceptualized as an organized hierarchy within the self. McCall/Simmons focus more on the prominence of the identities and how the individual views the ideal self. This place of prominence is a reflection of the individual's social support for the identity, their strong emotional attachment to the identity and the intrinsic and extrinsic rewards gained from the identity. McCall/Simmons also identify a salience hierarchy, which is used by the situational self to respond to particular situations. Stryker places a person's many roles in a salience hierarchy. The stronger this identity the more

likely individuals will enact role performances congruent with role expectations; perceive opportunities to enact an identity; and seek out opportunities to act out the identity. The strength of this role identity is a function of a large number of relationships or a set of emotionally intense relationships predicated on the successful performance of the role. There is a quantitative and qualitative commitment to the identity. Quantitative refers to the number of persons an individual is connected to within a role in a social context. Qualitative refers to the bonds or ties to a group based on the role. For these roles, the higher the number or the stronger the bonds, the more likely an individual is to "stick" with a role. Burke's view, somewhat combining the above approaches, focuses on meanings of identity. He argues that the identity and behavior are linked through a "common system of meaning." This focus allows the occurrence of multiple roles that have varying meanings. To visualize this focus, Burke adapted the existing Perception of Control Model from psychology to create a cybernetic model of identity process. As shown in Figure 4.1, this model envisions a behavior feedback loop that allows the individual to act out a certain role, receive feedback and then make adjustments as needed to experience positive rewards. This system provides identity verification for the individual and leads to confirmation or interruption of the identity verification process which impacts identity salience and hierarchy. This verification process is of vital importance as a motivation for the adoption, adaptation or rejection of a role or identity. When there is incongruence between the perceived role or identity and the social feedback that is received, this creates dissonance within the actor. At this point, the individual will either act or behave in a manner to bring congruence between the role and

the feedback or they may abandon the role and adopt a new role or identity to match the feedback. (Granberg, 2011)

*Figure 4.1*

Basic Identity Cybernetic Control Model




[1] From Burke, P. J. (2009). *Identity theory*. Oxford ; New York : Oxford University Press.

3. **Emotions** -

The aspect of emotions within identity theory has been getting more attention as affect theory has interplayed with identity theory. Affect Control Theory proposes that individuals maintain affective meanings through their actions and interpretations of events. For McCall/Simmons, emotions become an important aspect of their theory when a prominent identity is threatened and others do not support the individual's role. The

actor will experience negative emotions in this case. These negative emotions can trigger a variety of reactions that seek to defend or protect the identity. These actions can be drawing upon previous deposits of successful role performance, selective interpretation of feedback, or withdrawing from a situation. Stryker has recently invoked emotions into identity theory. He proposes that individuals who share time with like social groups will experience positive emotions. The positive affect will increase the commitment and an increased commitment will in turn engender greater positive emotions from and within the social group. These emotions reinforce the individual's salient identity within their hierarchy. Likewise, negative emotions can be damaging to an identity. For Burke positive and negative emotions are strongly tied to the feedback loop within Burke's adapted cybernetic control system. The individual will change or redirect behavior based on emotions to ensure verification of an identity. The congruence of the amount of verification must be in-line with the individual's perceived reward deserved. Burke proposes that emotions are correlated to the individual's belief that the verification received is valid – whether it is too much or too little seems irrelevant – but rather that it is within reason of what is perceived. (Burke, 2006; pp. 89-110)

Considering this overview of key aspects of the SLP and three selected aspects of the SITs, six characteristics of SLP will be examined in light of their relationship to SIT. In this review, two characteristics of the SLP have been selected for each IT characteristic. These answers are the author's personal translations based on my reviews and understandings of IT and the SLP. Citations are few due to the limited connectedness and my translation work in this document. These observations are, in a sense, a primer to

inspire critical thinking as to how identity theory can inform this study. To conclude the literature review, this segment will be followed by an examination of the weight-loss support group context for this multiple-case study and a proposed operational view of how the SLP would operate within the context of a weight-loss support group.

*Proposed Relationships within IT and SLP*

First let us consider in what ways serious leisure theory explicitly incorporates identity theory. The clearest incorporation of the identity theories is within the "Availability of a leisure career." This clarity is supported by my informal review that discovered references to Mead, Blumer and McCall/Simmons in Stebbins's first extensive written work leading up to his proposing the SLP in 1982. This publication, entitled *Amateurs: On the Margin Between Work and Leisure* was a volume in the Sage publishers Sociological Observations series. In a qualitative narrative, Stebbins defines the world and lives of amateurs in the theater, archaeology and baseball. Stebbins introduces his concept of a functioning interdependent social group that he labels as the professional-amateur-public system (P-A-P). For the amateur, the P-A-P incorporates all three of the identified attributes of our theories. Identity performance relates to the positions and roles of the various actors in the P-A-P. Professionals and amateurs often perform together for their publics, i.e. a community theater group produces a play that features an acting professional. Within in this example the three groups exist in very defined roles but they may also have multiple identities within their roles. An amateur actor may also operate with the identity of a ticket taker before the show and then be singing on stage once the performance begins. The professional, in addition to serving as the star of the

performance, also has the role of mentor and teacher to the amateurs. These amateurs are hoping to become a star of the stage, just like the professional dreamed years ago when they began their "career." For each of these roles, individuals hold within themselves the idea of the ideal self as they perform. Also, from their public, they are seeking identity verification in the form of applause, filled seats, and well wishes after the show has concluded. At one time, all amateurs were publics who developed an interest in an activity. Once entering the activity, through the acquiring of skills and knowledge, as well as identity negotiation, individuals must persist and persevere if they are to be accepted into the amateur role and thus have an opportunity to adopt the role and identity of a professional. This points to the direct incorporation of "the need to persevere in an activity." (Stebbins, R., 1979)

To pass through the various turning points of SLP career the individual utilizes components of commitment and salience. As defined by McCall and Simmons, this exists in a deep personal commitment to the role/career held intrinsically. Or as Stryker proposes it is provided through the number and intensity of relationships connected to the roles within the particular SLP career. These differing treatments of commitment facilitate the navigation of negative emotions and the significant costs as the amateur progresses through the P-A-P system. In relation to Stryker's treatment, it is vital to bridge the process with the support of the social group that may be comprised of any members of the P-A-P, but primarily fellow amateurs. The social group and positive emotions support the salience hierarchy or the prominent identity's ability to persevere by

providing positive and negative feedback to the performer in their identified role. This is a picture of Burke's cybernetic control model.

In a similar fashion, one can consider how serious leisure theory assumes identity processes but does not explicitly incorporate identity theory.

Within the SLP, there is a unique ethos and social world for the participants of a particular P-A-P or SL career. This social world provides an informative base of continuous feedback that defines the hierarchy roles within the SL career and promotes salience via the afore mentioned means of commitment that inspires intrinsic devotion or relational connections. In addition, within these worlds, individuals are provided a sense of belongingness or membership. These two attributes resemble Burke's view that identity and behavior are linked through a "common system of meaning." There is similar language that is used within the SLP literature but without learning about Burke's view of identity, I could have never made the connection. Within these social worlds, players can possess numerous roles with numerous meanings to ensure that the social world order continues or even exists. The roles are not necessarily like the P-A-P where official roles and titles are often placed in a defined hierarchy. This can be the case, but the roles and identities considered here aid in connecting the members of the group, creating belongingness and a sense of being with the "in-group." The stronger and more valued an individual's identity, or the number of people that depend on or are connected to the identity, the more likely the identity will persist or be placed higher in the hierarchy. Within these social worlds, Burke's cybernetic model of identity process operates in a most efficient fashion. Deeply immersed in the social world, the individual

is surrounded by an environment that reinforces their identity standard. The inputs and outputs are perceived and even instructed for the newcomer. Signs, symbols and reminders are ubiquitous. The comparator, that is the ideal identity/group role desired by the participant, is continuously providing positive reflected appraisals thus producing either identity verification or corrective feedback that upon reflective appraisals allows the participant to bring alignment to the identity standard. This effective feedback provides an attractive social and personal identity for the participant. In addition, there is a constant flow of positive rewarding emotion. From a leisure perspective, participants often experience "flow." Flow is a state of experience that is highly charged with positive emotion and a sense that all is right with the world. (Csikszentmihalyi, 1990). Though not explicitly linked to identity theory and not the only possible outcome from this reviewed process, the aspects of social worlds and an attractive identity contain significant expressions of identity theory.

Last, we ask how can identity theory ideas contribute to and/or strengthen the theory of serious leisure? Identity theory's principles in regard to commitment, verification, identity confirmation and interruption could strengthen the characteristics of the SLP related to gaining skill and knowledge and the realization of special benefits. These characteristics are closely aligned with "career advancement" for the amateur. In addition, the benefits received are very much linked to the self and enhancing the self. Identity theory could inform these characteristics by clarifying to participants the importance of their personal commitment to an identity and the reality that constraints and negative rewards must be negotiated if the participant is to enjoy the special benefits

associated with that identity. Likewise, applying the cybernetic model of identity to "career advancement" and the special benefits to self provides a structured methodology for participants to negotiate the negative emotions, disturbances or interruptions that limit the special benefits and/or force a participant to exit rather than advance up the P-A-P structure. If the SL participant is striving to transfer from one identity to another, long-term perseverance is required. In addition, it also requires releasing an old identity and embracing the new role and identity. The aspects of situational identities, redirecting behavior and verification can provide rich understanding for this complex process. From my understanding and examination of IT and SLP, these are just a sampling of how identity theory can strengthen and support the SLP.

To conclude this literature review and focus these ideas on the multiple-case study within this article, an examination of WLSGs as the research context and a proposed application of the SLP is presented.

### *Serious Leisure Perspective in the Context of Weight-loss Support Groups*

Earlier in this review, for the purpose of exploring relationships between the SLP and SIT, the specifics of SL roles, aspects of SL careers and precise definitions of the key components of the SLP were presented. To conclude this literature review and transition into the multiple-case study of weight-loss support group leaders, SLP within the larger context of leisure scholarship and the durable benefits/outcomes of serious leisure participation will be reviewed. This will be followed by an application of SLP to the context of a weight-loss support group. A hypothesized diagram and text description will be presented to frame the multiple case study following.

*Serious Leisure in the Context of Leisure Scholarship*

There are numerous working definitions of leisure. A comprehensive definition in the modern era was offered by Justin Voss' 1967 article *The Definition of Leisure*:

> Leisure, then, is a matter of individual judgment and undirected choice and maybe defined as follows: Leisure is a period of time referred to as discretionary time. It is that period of time when an individual feels no sense of economic, legal, moral or social compulsion or obligation nor of physiological necessity. The choice of how to utilize this time period is solely his. In leisure time, an individual feels he does not "have to" do anything, where "have to" refers to the various states of constraint described above. (p. 101)

The key aspect identified by Voss is the concepts of choice or freedom from "have to" that is the initial cornerstone for leisure to facilitate lifestyle change for obese persons within the context of weight-loss support groups/methods.

For leisure to address the issues of obesity, these "choices" and this "freedom from "have to"" must be directed and sustained thereby indicating purposive aspects of leisure. Purposive leisure is an extended view that recognizes that the activities chosen for engagement during leisure can have purposes beyond the mere experience.

> It is possible that other leisure situations, for example physically active leisure participation for people with cardiovascular disease or other health problems, are also purposeful and also do not fit traditional definitions of leisure as freedom of choice and intrinsically motivated activity. (Shaw & Dawson, 2001)

Making active leisure choices such as hiking or swimming over sedimentary leisure choices such as watching television or reading is one obvious example of how leisure choice can impact weight and health. In this research Context, the choice is participation with/in a weight-loss support group/method. Purposive participants will continuously, freely choose to practice the program attributes that lead to improved health during one's leisure life.

The defining of leisure is a dynamic process. Over time, scholars have applied additive and reductive words, concepts and definitions that have shaped and altered the meaning of leisure. Scholarly research, practical application and cultural norms of leisure have evolved to encompass new discoveries, support theoretical concepts and describe individual and cultural leisure experience. Robert Stebbins, the originator of the SLP, has adopted a definition of leisure that encompasses elements of both Voss and Shaw and Dawson's purposive leisure. After decades of research and application of the SLP, Stebbins identifies leisure as both an activity and an element of time that has purpose. In 2012, Stebbins stated that he viewed "leisure as un-coerced, contextually framed activity engaged in during free time, which people want to do and, using their abilities and resources, actually do in either a satisfying or a fulfilling way (or both)." (Stebbins & Elkington, 2014) Stebbins acknowledges that free time; activity, and meaningful experience are all crucial elements for leisure. This definition provides the scaffolding for the SLP.

In April of 1982, Robert A. Stebbins, a sociologist from the University of Calgary, introduced the Serious Leisure Perspective in a conceptual article published in the *Pacific Sociological Review*. (Stebbins, 1982) This theory has been supported with ongoing research. Since Stebbins identified the SLP, there has been a growing segment of our population engaged in serious leisure. The constructs of this theory that have the potential to impact the lifestyle of an obese person in the research Context is described as Stebbins acknowledges the form and nature of leisure for a purpose:

> If leisure is to become, for many, an improvement over work as a way of finding personal fulfillment, identity enhancement, self-expression, and the like, then

> people must be careful to adopt those forms returning the greatest payoff. The theme here is that we reach this goal through engaging in serious rather than casual or unserious leisure. (Stebbins R. A., 1982, p. 6)

The application of this theory of leisure to the obesity epidemic in this research Context could provide a lens of participation that is needed for individuals or groups to successfully alter their lifestyle. Stebbins identifies the key components of serious leisure that would provide benefits for the individual seeking long-term weight loss within the research Context that goes beyond prescriptive information:

> Research has shown eight durable benefits found by amateurs in their various pursuits: *self-actualization, self-enrichment, re- creation or renewal of self, feelings of accomplishment, enhancement of self-image, self-expression, social interaction and belonginess, and lasting physical products of the activity*. A ninth benefit-*self-gratification or pure fun*-which is considerably more evanescent than the preceding eight, is the only one that is also characteristic of unserious leisure. Self-gratification and, to a lesser extent, social interaction are usually the sole benefits accruing to those who partake of the latter type of pastime. There is reason to believe that systematic study of samples of hobbyists and volunteers would result in similar listings of benefits or rewards, with lasting physical products being the least prevalent among the volunteers. (Stebbins R. A., 1982, p.7) *(Emphasis added)*

The nine benefits and outcomes that Stebbins identifies are key components of a successful transformative experience for an individual or population and are often identifiable within weight-loss support groups/methods.

The durable benefits of the Perspective are experienced on a continuum of involvement developed by Stebbins and supported by corroborating research. This continuum expresses the level of time, involvement, commitment and energy that an individual invests in their chosen leisure career and is not a valuation or ranking of the activity. Since its inception in 1982, the concept of the Serious Leisure Perspective has expanded. The Perspective has become a grounded theory that provides a detailed

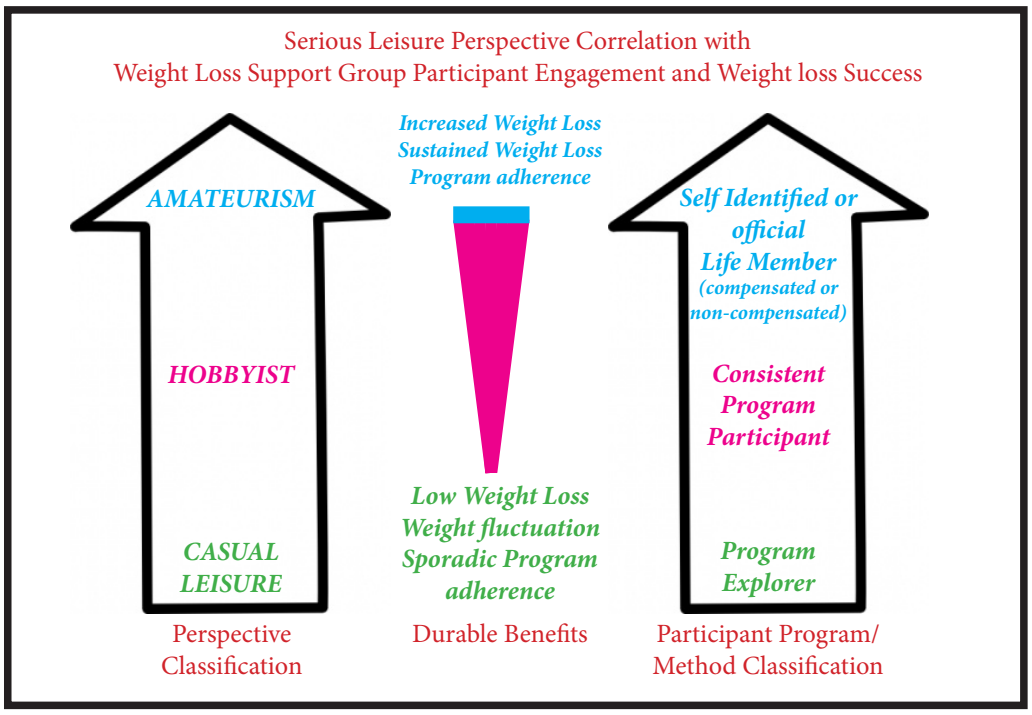
manner of defining and exploring leisure pursuit. The Perspective is a rich, in-depth theory that not only supports explanatory study but can provide considerable confirmatory work. (Stebbins, 2007) As described by Christine Luft, (2007) in contrast to grounded theory that is theory built from the data, in confirmatory research and theory, the data is used to test theory. In regards to SLP, the plethora of research that has ensued since 1982 has provided enough varied and rich examples to use aspects of the theory as a measure against freely chosen activities in an effort to confirm that the activities can be considered SL. (Stebbins, 2007)

*The Application of SLP Durable Benefits to WLSG Participation*

Though this document does not allow for a full discourse of the relative connections of the Perspective and the research Context, the display below represents the foundational premise: With a higher Perspective Classification, as well a higher Participant Program/Method Classification, greater durable benefit outcomes result with adherence to the program. (Figure 4.2) This display is the current refined representation of a decade long exploration to qualify, quantify and document my personal experience and ideas regarding obesity, permanent lifestyle change and the role of leisure. Appendix A contains a series of models and documents I have developed that chronicle this effort.

*Figure 4.2*

This display represents the proposed correlation between serious leisure, weight-loss support group program/method and participant durable benefits.




An example of serious leisure's impact on an obese person's life is reflected in this progression example:

1. A doctor prescribes for an overweight patient to identify and begin a weight-loss support group program.
2. The patient identifies a WLSG program on-line and begins following its directives casually with trial and error. *(Low weight-loss; casual leisure; program explorer)*
3. After several months, the patient discovers they enjoy following the directives and begins to engage in on-line forums, builds some virtual relationships and

has some weight-loss success. Aspects of the program are like a game and there is friendly rivalry and support among this new community of friends. A virtual relationship recommends they join a group that conducts face-to-face meetings. *(Some weight-loss; casual leisure; program explorer)*

4. The individual joins the group and their behaviors become shared values with a new social group. New skills, knowledge and motivations are acquired as they are challenged to accomplish greater goals. The new group serves as cheerleaders. *(Some weight-loss; casual leisure; program explorer)*
5. As time progresses, the person's weight continues to drop and they become fully engaged in the program's activities and other health behaviors. Also, to ensure the group's success they begin to assist in conducting meetings. *(Increased weight-loss; hobbyist; consistent program participant)*
6. After a year, the individual has reached their goal weight and fully identifies with the group culture and has a growing influence in the group. *(Increased weight-loss; hobbyist; consistent program participant)*
7. The successful weight-loss goal is completed and the individual is asked to lead a group. Participation in the group directives is fun, voluntary and part of the new identity. *(Sustained weight-loss; Amateur; Life Member)*
8. After becoming a weight-loss support group leader and being employed by the group, upon returning to the doctor, the person is declared healthy and at an ideal weight. *(Sustained weight-loss; Amateur; Compensated Life Member)*

This example illustrates how a person's success in a weight-loss support group can reflect

the Perspective. Within this illustration nearly every aspect of the durable benefits identified in the earlier Stebbins quote can be identified. In review they are: *self-actualization, self-enrichment, re- creation or renewal of self, feelings of accomplishment, enhancement of self-image, self-expression, social interaction and belongingness, lasting physical products of the activity* and *self-gratification or pure fun*.

Through the narrative research of this multiple-case study, insights will be extrapolated that can affirm if aspects of the serious leisure prospective are perceived by the WLSG leaders as displayed in Figure 4.1.

## Research Methodology

A qualitative multiple-case study research design was selected for this study. The research questions asked in this study are better described by words as opposed to numbers. The goal of this study is to "explore and understand the meanings individuals or groups ascribe to a social or human problem." (Cresswell, 2009, p. 3) The researcher worldview for this study is that of a social constructionist. This research view "holds the assumptions that individuals seek understanding of the world in which they live and work. Individuals develop subjective meanings of their experiences–meanings directed toward certain objects or things. These meanings are varied and multiple, leading the researcher to look for the complexity of views rather than narrowing meanings to a few categories or ideas." (Cresswell, 2009, p. 8) The specifics of this study design and research worldview are expanded in this section through examination of the research questions, study context/setting, the participants, ethical considerations, research design, and data analysis strategy.

*Study Purpose and Research Questions*

The purpose of this study is to examine weight-loss support group leaders who have achieved and maintained successful weight-loss and health benefits via a structured weight loss program/method. The data will be analyzed to explore any identity changes the leaders have experienced and to determine if aspects of the Serious Leisure Perspective are represented in these cases. There are two research questions.

> **Research question one (RQ1):** What identity theory/change concepts do successful weight-loss support group leaders demonstrate?

> **Proposition one (P1):** Weight-loss support group leaders who achieve successful weight-loss and change their identity will reveal that they employed structural, behavioral and cognitive identity actions to achieve their goals.

Individuals who have lost weight often experience identity change. Researchers have identified that obesity can often lead to stigmatized identities that can create negative psychosocial responses. Individuals who have maintained weight-loss for a significant period of time indicate that identity transformation was important to their claiming a new identity. (Granberg, 2011; Lewis, et al., 2011; Granberg, et al., 2008; Granberg, 2006; Bisogni, et. al., 2002; Rubin, et al., 1993)

**Research question two (RQ2):** Do weight-loss support group leaders' affirm that their journey and aspects of WLSGs can be associated with the SLP?

**Proposition two (P2):** Weight-loss support group leaders who achieve successful weight-loss will through testimonies and direct response confirm that aspects of their personal journey and aspects of WLSGs demonstrate the SLP.

The SLP has been classified as a confirmatory theory as was explained earlier. This study, which focuses on participation with or employment by WLSG, is most often a freely chosen activity. Weight-loss support group leaders are usually required to have demonstrated personal success with the program that employs their skills. WLSG leaders and members may adopt their participation with the group as a form of serious leisure. (Klem, et al., 1997; U.S. News & World Report, 2015; Beruchashvili, M., & Moisio, R., 2013) I will be seeking to collect data to confirm new theories about WLSG participation as opposed to testing established theories about the weight-loss process.

Qualitative narrative data will be gathered through the use of semi-structured interviews within a multiple case-study design. The four cases for the study were carefully selected with the hope that the data would "predict similar results" or provide "a literal replication" of the experiences of each case. (Yin, 2009)

*Context of the Research: Weight-loss Support Groups*

Yin (2009) describes case studies as having a real life context. The primary context for this study is the weight-loss support group. The phenomenon studied will

be the identity of the leaders of such groups. This case study will examine the contemporary events of a formerly overweight/obese person as they are currently engaged in leading a weight-loss support group with no manipulation of their actions or being, relying on direct observation and participant interviews (Yin, 2009).

Weight-loss support groups exist in numerous forms and levels of organizational hierarchy. With the advent of the Internet, social media and smartphones, these groups are more available than ever in tangible and virtual forms. Examples include: Weight Watchers, LoseIt.com and Jenny Craig. The form and function of the groups vary but their basic premise is neatly summarized in this article excerpt from *The Atlantic*:

> The specifics may sound familiar: set modest goals (to encourage sustainable progress and frequent reinforcement); rigorously track food intake and weight (precise measurement is key to changing behavior, especially when it comes to eating, since a few bites a day can make the difference between weight loss and weight gain); obtain counseling or coaching (to diagnose what environmental factors are prompting or rewarding certain behaviors); turn to fellow participants for support (little is more reinforcing than encouragement from peers, who can also help with problem-solving); transition to less-calorie-dense foods (to avoid the powerful, immediate reinforcement provided by rich foods); and move your body more often, any way you like (to burn calories in a non-punishing way). Study after study proves the effectiveness of this rough Skinnerian formula, which is the basis of the great majority of well-regarded weight-loss programs.
>
> "Willpower doesn't work," says Jean Harvey- Berino, a University of Vermont behavioral scientist who researches weight-loss methods. "What works heavily relies on Skinner—shaping behavior over time by giving feedback, and setting up environments where people aren't stimulated to eat the wrong foods." As the evidence continues to pile up, it's getting harder to find weight-loss researchers who disagree, says Jennifer Shapiro, a psychologist specializing in weight loss and the scientific director at Santech, a San Diego health-technology firm. "More and more studies demonstrate the effectiveness of behavioral approaches based on Skinnerian reinforcement." (Freedman, 2012; paragraph 26-27)

The core context of these groups is behavior modification that leads to the creation of a new lifestyle and a new identity. The manner, methods, mantras, tools, techniques, products and programs are varied and plentiful but the framework is similar.

It is important to note that this Context of programs can produce successful sustainable changes that lead to long-term success. Clinical evidence is contained within The National Weight Control Registry (NWCR), which maintains an updated database of over 10,000 successful losers who have lost a significant amount of weight and have maintained the loss over a long period of time. The members are surveyed each year to ensure they have maintained weight loss and their behaviors are studied. (Klem, et al., 1997) The National Weight Control Registry's participant statistics verify the type of changes that these programs promote:

- The majority of successful participants lost weight with the help of a program.
- Nearly 100% of successful participants report they modified their food intake in some way.
- Nearly 100% of successful participants increased their physical activity, with the most frequently reported form of activity being walking.
- There is variety in how NWCR members keep the weight off. Most report continuing to maintain a low calorie, low fat diet and high levels of activity.
- Additionally, 78% eat breakfast every day. 75% weigh themselves at least once a week. 62% watch less than 10 hours of TV per week. 90% exercise an average of 1 hour per day.

(*National Weight Control Registry*: *NWCR Facts*. *2015*)

This evidence verifies that a weight-loss support group context can direct successful change. With this assumption secured, we can examine the stories of four successful weight-loss support group leaders considering their identity and their experiences with weight-loss support groups.

Gaining access to the Context for this multiple-case study is a direct function of the personal networks of the researcher. Through an extensive network of individuals involved in weight-loss support groups, numerous recruiting pools were available. Via networking, conversation and discussion, identifying potential cases will occur through the search and discovery process involving web-based survey and networking conversations. Convenience will also play a role in the selection of participants.

### *Case Study Subjects*

Participants in this case study were identified by a series of characteristics. First and foremost, they had reduced their body weight and maintained the loss. The individual is engaged as a weight-loss support group leaders/employee at a "career" or "amateur" serious leisure mode (Stebbins, 1982). Candidates had to be willing to discuss their weight-loss journey and the role they play as a weight-loss support group leader and aspects of their identity. The length of time that the individual has sustained the reduction is not as critical to this study as the key examination is related to their past and present experiences and identity.

Individuals who self-proclaim the changes in their life and readily discuss the benefits of the activity they have embraced would represent the ideal cases. The type of story can vary by individual but conventional thought would indicate that their participation and subsequent work within a weight-loss support group has significantly impacted their identity. In summary, the ideal case will be self-determined, self-aware and free of shame from their previous struggles with weight so that they can openly discuss the changes that have occurred and provide insight into their intrinsic experience.

The groups of participants engaged in the study represent three stages. For clarity, employees represents those people who complete the initial survey; the terms leaders, participants, case study subjects and other such interviewee terms refers to the four case-study individuals; and observers are those individuals that were identified by the case study subject and then were interviewed to provide triangulation data for each subject.

The first participant group was current employees of weight-loss support groups. This group of employees was sent a brief email survey via friend social networks within the organization. Appendix B.

The second participant group was four group leaders selected from the respondents to the email survey. Four weight-loss support group leaders who indicated a willingness to participate in the in-depth interviews were selected.

The third participant group was observers of the four selected weight-loss support group leaders who could discuss the leader's weight-loss journey and/or role as a weight-loss support group leader. These individuals were identified by each of the four leaders during there interview sessions. For the purpose of this study the reason for including observer interviews was a function of triangulation. The interviews affirmed the stories and biographies shared by the leaders. The purpose and importance of triangulation for case study is addressed throughout this article.

Participants interviewed in this study are considered experts. This fact supports the use of four cases and strengthens the cross-case analysis approach.

*Interviewing Experts*

Kavale and Brinkman (2009, p. 147) recognize that elite (expert) interviews are those conducted with individuals who are in positions of authority and power within a given community. Experts in a field are accustomed to discussing their area of interest and an interviewer with significant knowledge of their field can lead to meaningful conversation and discussion. The interviewer must ask opened ended questions and be prepared to probe to get beyond what might be "talk tracks" that an expert uses to promote a certain agenda. Kavale and Brinkman (2009, p. 147) picture the skilled interviewer as a "miner and a traveler." As a miner the interviewer considers knowledge to be like buried ore that they must unearthed as valuable metal. The knowledge is waiting there in the "expert" and the interviewer must dig until it is uncovered. The "traveler" metaphor is one of wandering through a topic (country) and discussing matters with individuals along the away that leads to a tale when one returns home. This is a process that generates reflection within the interviewer and interviewee that can generate new knowledge and initiate different ways of viewing a matter. Either epistemology leads to knowledge from the interview process. This is especially true when interviewing experts.

A defense of using four cases for this study rests upon the fact that all four cases are experts. As stated above, the experience and knowledge base of these individuals who hold special positions within the context of WLSG is rich with precious information. Through the interviewing process, there are many tales that can be generated that create new ways of knowing. Through this methodology, the study aspires to capitalize on access to these four experts.

*Role of the Researcher and Ethical Considerations*

To construct, enact and gather data for this multiple-case study, I worked as a lone researcher. To ensure accuracy and internal validity, I engaged assistance in data transcription and analysis.

To clearly understand the bias I possess, I acknowledge that I have personally struggled with obesity since childhood. In my early forties, I experienced the incredible freedom and benefit that a serious leisure pursuit can produce when I personally, in two years, lost 152 pounds and adopted a serious leisure lifestyle of biking and hiking. This change allowed me to participate in events I could have never imagined. I engaged in a three-day bike ride covering 282 miles in three days from Ground Zero in Manhattan, New York City to the Pentagon in Washington, DC. I hiked mountains in Colorado I could have only viewed from a distance two years prior. My personal medical numbers were transformed, leading my primary care physician to state that, "Your blood work is like that of a marathon runner."

Even though I continue to struggle with my weight and have regained the weight I lost, this experience generated my interest in this study and still to this day has a profound effect on my life. My motivation and enjoyment of physical activity and experiencing active forms of leisure continues to this very day. Thus, I have personally experienced what identity change and serious leisure can accomplish for the obese person.

As a researcher, I must be on my guard not to lead the participants in answering, over interpreting participants responses toward my biased lens of personal experience and beware of allowing any personal bias to over explain or stretch causality.

For this study, I fulfilled the roles of study director, field researcher, data recorder and an initial interpreter.

It is vital that I maintain professional distance and clarity. Understanding the intense personal emotions that I have for the subject matter, I engaged two colleagues as secondary coders. These colleagues are experienced qualitative researchers. One colleague has research experience in qualitative research with obese respondents. I also employed participant member checking of themes and findings once analysis was complete for each case to ensure validity and objectivity. To provide triangulation of the data, (Yin, 2009) I interviewed observers of the leaders who could verify the weight-loss support group leader's story. I also collected artifacts to ensure triangulation of each case, to reduce bias in my interpretation.

Just as it was important for me to consider the ethical impact of hiding my biases and biography, likewise there are ethical considerations regarding the interview participants. Dealing with obesity is an emotional and sensitive topic. During the interview process, tears often appeared in the eyes of the leaders as they relayed meaningful stories of their own struggles or the stories of those they lead. Understanding this sensitivity, ethical judgment was required regarding how deep to probe into personal matters, in reporting data in a manner that might reveal the identities of, though a small audience, a public figure, and honoring the emotional response of recalling past negative experiences.

These considerations have guided the gathering, analysis and reporting of this study. Participants were regularly informed that they were free to exit the study or stop the interview if they felt the need to do so. Participants were all informed of the study and signed Research Internal Review Board approved release forms before participating in any part of the study.

### *Research Design*

This study of weight-loss support group leaders will employ a multiple-case study design. The researcher carefully identified four cases to replicate findings from cases that represented divergent forms of motivation for initial participation, biographical stories, both genders, two ethnicities and differing levels of involvement with the WLSG in an effort to increase the construct, internal and external validity of the findings.

The replication of multiple cases within the single context of weight-loss support groups can predict similar results or contrasting results but both are framed in a rich theoretical context that can provide an impetus for future cases. (Yin, 2009) The multiple-case design provides expanded possibilities for application and identification of discoveries for practitioners and individual participants alike. Also, studying multiple cases allows for a cross-case analysis to discover commonalities in the individual experiences across different levels of involvement. This methodology provides a stronger case for the actual impact of identity transformation. (Yin, 2009)

Purposeful sampling was employed to select the cases for this study. As Patton (1990) states, the reason for this form of sampling is an intentional approach to choose cases that

are “information rich” in regards to the purpose of the study. The cases in this study were selected based on a “typical case” and “maximum variation” in cases.

At first glance, these two forms of sampling might appear divergent. However, when applied to a small sample, this strengthens methodology. A typical case is one that is representative of the organization, process or population that is being studied. All four of the leaders selected are typical WLSG members who experienced the process of membership and subsequently employment by the group. However, when purposefully selecting which from the twenty-three employees that were willing to participate in the interviews, the researcher looked for “maximum variance.” When selecting a small sample, in this case four, choosing maximum variances from typical cases allows the researcher to identify core experiences for a program. These experiences translate into themes that emerge through cross-case analysis of the various cases. For this study, maximum variance was pursued for the attributes of amount of weight lost, gender, race, reason for joining the WLSG, years of service as an employee and other unique components of the profile that were revealed in the initial on-line survey. (Patton, 1990, pp. 100-107)

The data collected in the in the entirety of the study comprised three aspects for each case:

1. The email survey: The survey collected basic demographics, weight-loss and group participation statistics, motivation for participation in the group and willingness to participate in study. The initial inquiry and selection survey collected general non-identifiable demographics. Respondents provided their

name and email address only if they were interested in being considered for the in-depth interview or wanted to be included in the drawing for gift cards.

2. Qualitative data from four weight-loss support group leaders: Four main respondents participated in semi-structured interviews regarding their weight-loss journey and their experiences as a WLSG leader. A brief pre-interview questionnaire developed as a tool to facilitate conversation was also administered to four leaders. The researcher and a committee member who is experienced in qualitative research with WLSG participants developed the tool using a paired adjective model. The brief survey directed the leader in a process of acknowledging the self-talk they used when they are at specific points along their health, weight and physical movement continuum. (Haagen, 1949) Interviews lasted an average of seventy-two minutes. Written narratives, weight-loss documentation, memorabilia, and names of observers of their journey who were willing to be interviewed was collected.

3. Qualitative data from those who observed the leaders weight-loss journey or their performance as a leader: Interviews were conducted with the identified individuals who witnessed the leaders' weight-loss journey or performance as a leader, such as family members, co-members of their WLSG, or friends. These interviews were utilized as a method of triangulation. The average interview length was twenty-two minutes.

Data was transcribed and coded in a manner that protects participants' identity. Pseudonyms were assigned to all case documents. Strict qualitative protocols were observed to ensure the validity and reliability of the study. The interviews were audio recorded. The audio recordings are intended for destruction at the end of the useful life of the data.

A brief email survey was sent to South Carolina upstate weight-loss support group front-line employees via networking among the employees. The researcher collaborated with the doctoral committee member who had previous experience with this population to determine the details of the instrument. The purpose of the survey was:

1. To identify WLSG employees interested in participating the study.
2. To gather key demographic and WLSG participation statistics to select maximum variant cases for the study.
3. To gather information about the typical case for this study.
4. To secure contact information for engagement with the subjects selected for the study.

Through the networking process, an undisclosed number of emails were sent to WLSG employees. Twenty-five surveys were completed. Twenty-three respondents indicated a willingness to participate in the expanded interview. A copy of the survey used is included in Appendix C.

For the initial survey, protocols were followed to keep surveys anonymous by not collecting IP addresses or email addresses. The data was collected via a secure internet survey website account. Once all data was gathered, compiled and reports generated via the survey website account, digital document's were created that were stored within a password-encrypted folder connected to the secure Clemson University network.

All papers, audio recordings, coded data or collected memorabilia was stored within a secure office at Clemson University. Once analysis and compilation is completed, unnecessary documents or evidences are to be expunged in a secure manner.

Whenever possible, data, demographics or quotes will be reported in a way that does not describe a participant in a manner that would allow their identity or relationships to be easily extrapolated. However, as weight-loss support group leaders do have public profiles, portions of their stories may be recognizable by certain individuals. Likewise, identified observers who are interviewed and have close relationships with the leaders may provide data that can potentially generate assumptions by the leaders and individuals who are acquainted with the participant's story. To address this concern, the realities of this possible recognition were defined clearly in the consent form that each interviewee signed. The form was also discussed verbally with all participants.

Of note, the individuals selected for the in-depth interviews are weight-loss support group leaders. They are accustomed to sharing on a weekly bases their stories and the insights of significant others who have witnessed their story. Nevertheless, all precautions will be taken to protect the identity of every participant in the interviews.

### *Data Analysis Strategy*

To ensure rigor in qualitative data coding, three levels of coding were applied. The primary coding was conducted as an open coding. I acknowledge that a grand a priori lens of the identity theory/change concepts of successful weight-loss was a function of the questions asked in the interview. The goal of replication was honored through cross-case synthesis methods. (Yin, 2009) In this initial coding, only concepts and categories

that existed in all four cases were coded into themes. Though there were individual themes or themes that might have surfaced in two or three of the cases, this initial coding only recorded themes represented in all four cases. As Yin promotes, this type of coding requires the researcher to "develop strong, plausible, and fair arguments that are supported by the data." (Yin, 2009, p. 160)

Once these themes were verified by cooperating research colleagues and member checked for accuracy, a secondary coding was applied. The secondary coding analyzed the relationships between the themes that were identified in the primary coding. For this coding, themes were analyzed with a categorization of "what, how and why" regarding thoughts, behavior and motives. These themes were also categorized within structural, behavioral or cognitive aspects of identity change. This coding facilitated linking the cross-case synthesis identified themes with the first research question: What identity theory/change concepts do successful weight-loss support group leaders demonstrate?

A final evaluation of the data involved coding the leaders response to a listing of the eight durable benefits of serious leisure. This coding involved a comparative evaluation of the respondents' answers to verify whether they believed that their weight-loss support group participation "did" or "did not" represent a presented benefit of the SLP. This coding facilitated a response to the second research question: Do weight-loss support group leaders' affirm that their journey and aspects of WLSGs can be associated with the SLP?

## Findings

The findings presented are based on semi-structured interviews with four WLSG leaders who are considered experts within the study context. A detailed description of the pool of candidates will be provided and detailed profiles of the selected interview candidates. The data analysis process will be described in detail for the purpose of study replication.

### *Study Participants*

The initial survey generated twenty-five respondents. Twenty-three were willing to participate in extended interviews. The twenty-five respondents had lost a combined total of 1,536 pounds to reach their individual goal weight. (Average pounds lost - 61.44; Range from lowest of 20 pounds lost to highest of 228 pounds lost) Seven respondents joined and quit the WLSG multiple times before reaching their goal weight. Seventeen reached goal weight the first time they joined. (One respondent skipped the question) The two primary reasons respondents joined the WLSG was to "lose a few extra pounds" – twelve respondents, and "to improve my health" – seven respondents. Seven respondents indicated that they joined with a friend and seven cited unique personal motivations. The group has a combined 155 years of employment with the WLSG and average of 6.2 years. (Shortest period worked was 14 months and the longest was 22 years) These demographics are listed in Table 4.2. A copy of the survey is available in Appendix C.

Table 4.2

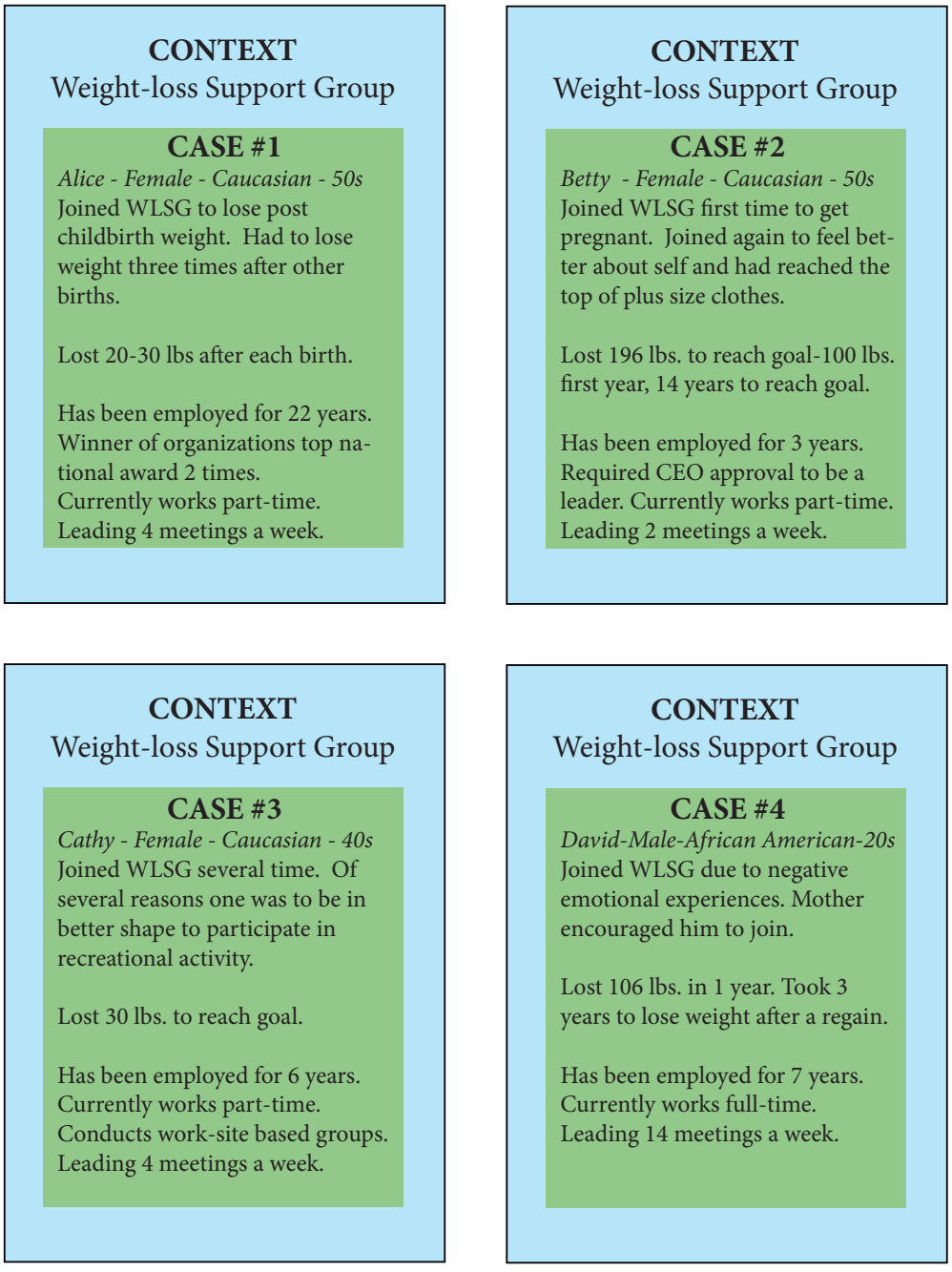
Results of Initial WLSG Employee Survey

| Category | Data |
|---|---|
| Number of Respondents | 25 |
| Willing to participate in interviews | 23 |
| Total lbs. lost to reach goal | 1,536 lbs. |
| Average of pounds lost to reach goal | 61.44 |
| Range of weight-loss to reach goal | 20 lbs. – 228 lbs. |
| Had to rejoin WLSG multiple times to reach goal | 7 |
| Reached goal first time joined | 17 (one non-response) |
| Combined number of years employed by WLSG | 155 years |
| Average number of years employed by WLSG | 6.2 years |
| Range of years employed by WLSG | 14 months – 22 years |

The four cases (figure 4.3) were selected to represent diversity as recognized within the respondent group. The researcher's personal knowledge of leaders assisted in selected cases with varying biographies. As displayed in figure 4.3, key aspects that diversified the group were demographics, pounds lost, initial reason for joining, employment history and status with the WLSG and personal biographical uniqueness's. Each of these individuals is considered to be experts within the context of the WLSG. They have experienced membership and have demonstrated success as a leader evidenced by years of employment meeting the necessary requirements of the organization.

*Figure 4.3*

The four cases were carefully selected to represent differing biographical and demographic characteristics that are listed in the text descriptions. Each green case subject is nested in the blue context of a WLSG.



*Data Analysis Process*

An overview of data analysis was presented in the Methodology section. This segment will provide the step-by-step process of data analysis.

The primary source of data for this case study comes from the four case interviews. There were seventy-four pages of single spaced spoken text; double-spaced between question and answer. These cases were supplemented with field note observations and collected artifacts. The recorded interviews were transcribed into digital word processing documents.

To become familiar with the material, the researcher listened to each actual interview audio recording twice. A third auditory reflective listening was done using a digital reader. This listening was of the coded text.

For the initial primary coding, interview manuscripts were reviewed and notations were made regarding meaningful blocks of text or thought blocks as described by Kavale (2009). Each transcribed interview was filtered on multiple readings to highlight similar thought blocks in each transcript. Upon discovering related thought blocks within all four cases, color-coding was assigned to the text of similar thought blocks. The thought block themes were then cut and pasted digitally into digital graphic design software to allow flexibility of categorization.

The secondary coding engaged pattern matching. Similar thought blocks were aligned on individual pages. Once all similar blocks were placed on a page, the themes and brief descriptive text tags were assigned to each page based on an analysis of the coded thought blocks.

For accuracy, interview participants checked the coding to ensure the interviews had been analyzed and represented accurately. Also, two experienced qualitative research colleagues reviewed the coding and theme creation offering critique and direction.

The third coding involved an a priori examination of the themes and thought blocks text in regards to components of identity theory that were reviewed in the literature review section *Social Identity Theory: Symbolic Interactionism*. These theoretical components included: Identity performance, Identity Saliency or Hierarchy, and Emotions. During this triangulation coding process, the researcher assigned meaning and fit of the themes and patterns to the theoretical perspectives of these three aspects of IT.

The final examination of the interview text employed a dichotomous coding of participants' affirmation or rejection of the durable benefits of the SLP in regards to their personal experience of the WLSG as a member and as a leader. A durable benefit could score from zero, meaning no participants identified it as part of the WLSG experience, to a four meaning all four participants recognized it as part of the WLSG process. Within this coding, researcher judgment was involved in the assignment. The participants did not simply answer yes or no. They often launched into meaningful stories or an evaluation of the word as they considered their response. This coding was also member checked for accuracy. Based on the count of each participant's response each benefit was assigned a YES or NO in regards to an identified benefit of WLSGs from the perspective of the participants.

These analysis results were noted and corresponding displays and manuscript texts were produced to display findings for the development of discussion. An examination of

Table 4.3 and Figure 4.4 reveal that the selection of the four cases represents two purposeful sampling goals of typical case and maximum variance. All four cases present a typical case that is represented in Table 4.1. The variance of the cases is demonstrated in pounds lost, years employed, reason for joining, program experience, and lengths of time to lose weight as well as unique issues for some of the cases.

*Case Study Analysis: Cross-Case Synthesis*

As stated earlier, Yin (2009) proposes that multiple cases allows for a cross-case analysis to discover commonalities in the individual experiences across different levels of involvement. These commonalties verify the replication of a shared experience. (Yin, 2009) The design of this study examines the shared experiences of four weight-loss support group leaders. The initial coding of thought blocks produced eighty-eight thought blocks of relevance in regards to the participants' journeys to health and experiences as WLSG leaders. These thought blocks were matched to create themes. There were numerous instances of thought blocks that appeared in one, two or three of the participants stories, but for this analysis, if a theme was to be included, there had to be representation within each transcribed manuscript. This method was used to capitalize on the purposeful sampling technique of maximum variance among typical cases. Requiring that all four cases demonstrate a theme increases the significance that the shared patterns have "emerged out of heterogeneity." (Patton, 1990, p.172)

The cross-case analysis of the four cases revealed seven themes. These themes were:

*1."Fake it till you make it."*

*2. Family identity as motivator for weight-loss/maintenance.*

3. *Member always. Leader as needed.*

4. *Hiding: Who is the real me?*

5. *It is more than a business: Legacy, reciprocity & ministry.*

6. *"Pick you're hard!" Losing weight/maintaining weight is not an easy process.*

7. *The WLSG saved/Changed my life.*

The shared essence of these themes is represented graphically in figure 4.3. This figure demonstrates the differing qualities of the profiles of each case within the green shaded area. Each case exists within the context of a weight-loss support group. The yellow oval contains the labels of the seven themes that are shared across all cases. The actual coding sheets containing all matched thought blocks are presented in Appendix E.

*Shared Themes and Samples of Thought Blocks*

**"Fake it until you make it!"** – Each participant shared how their Self-talk and intentional actions reinforced the positive attributes of the old or present identity to promote the ideal self and facilitate identity change to a new self.

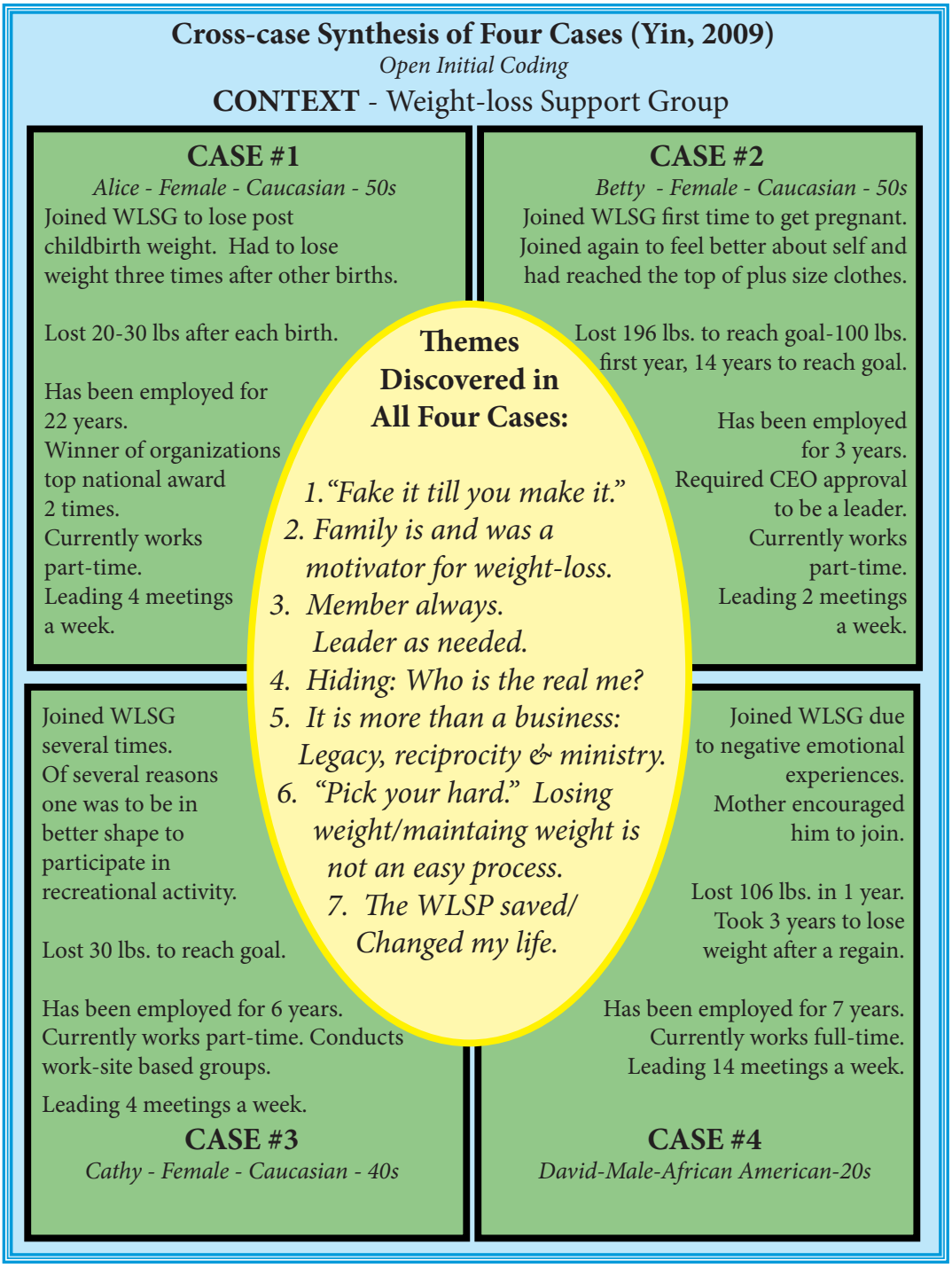
***Alice*** *- "I didn't know I could do what I do but I knew I wanted to be involved in it. The more you are involved in it the more you're going, "I feel like I can do that." We had a session last week; fake it till you make it. I have been faking it for 22 years."*

***Beth*** *– ""And it has room for a quote, and I put, "I am worth the effort!" That is who I am now. I am worth the effort. I am stronger than I ever thought I would be. And I am capable. And I am worthy."*

***Cathy*** *- "You know what I'm saying? I'm human. It doesn't matter. If I walk in there…and that's why you know that week we had the fake it till you make it. I believe in that whole-heartedly because you will change yourself even if you don't feel like it. What if I don't feel like monitoring my food. I'm gonna pay the consequences for it and I know this and so the conversations about food are different now. And they're not I can't."*

*Figure 4.4*

Seven themes discovered in the cross-case synthesis.



***David*** *- "I had to start working inside. Which is what it was really about. So I went from calling myself "fatty" to calling myself "Hotness". You know which was silly. You know, it was silly. To me it is silly to me even now. But it's how I faked it until I made it. Then I got to 103 lbs. which was a fight. And I had been doing the work on the inside and I felt like I wanted to give back."*

**Family identity as motivator for weight-loss/maintenance. Competing roles: Family versus WLSG leader** – The desire to be healthier and be an engaged family member motivated health transformation. Sometimes the current role of WLSG leader competes with family roles.

***Alice*** *- "As a leader, I am, I feel that facilitator /leader I am … that is kinda like number two. If your going to say Mother …leader. But it has gotten kind of cockeyed. It got cockeyed once. I am a Mother first. I'm a wife and then I need to be a leader."*
*"The health benefit has been mainly for my family…partial for myself."*

***Beth*** *– "I would put Christian first...wife second, good wife second. Wonderful Mother. Wonderful grandmother. I would put weight-loss support group leader next."*

***Cathy*** *- "It was more about my health, so it was the time-frame of my life also, because I really wanted to be with my children. I wanted to feel like a healthy active mom. I didn't want to just hide inside and not do those things and so I needed to feel more comfortable. That's when I was really starting."*

*"Now you're going to make me be a truth teller too. Because I know this about myself when it comes to work, like I will sacrifice my family sometimes for my work, which that's not who I want to be. Because I want to be a wife and mother first. That's what I want. I don't always do that because as whatever role or job that I am assigned I want to be the best at that."*

***David*** *- I think then you start tapping into some potential. The things get started. The you have crossed over into another, I don't know, it's another version of your existence that you can then start being a better husband, you can start being a better wife. You can start being a better son. You can start being a better worker. Because everything is epic now."*

**Member always; Leader when needed!** – Being an active member of the WLSG is an important part of successful weight-loss and weight maintenance even for a leader. I need the meetings as much as my members do. As a leader "I am a facilitator."

***Alice*** *- "As a leader, I am, I feel that facilitator /leader I am …"*

*"Like I said earlier, ya'll don't know this is MY meeting too. This is how I survive is being able to…You know how other people can go out and drink and get all whatever…being a leader is my medicine to help me."*

***Beth*** *– "I am a member first. I think of myself as a facilitator when I am standing in a leader role. But I am every bit of a member. And I hope they know that."*

***Cathy*** *- "But you know when I'm having the challenges… cause I'm still a member."*

*"And that is what is so awesome is that every single week, every single meeting, ...you have an opportunity to renew yourself. I can feel horrible, not want to do it, not want to do whatever. Have not had a good week. Whatever my excuses may be and come into the meeting and I'm going to feel great when I leave."*

***David*** *- "I tell my lifetime members that I want to see them in that seat every single week! Just because you are a lifetime member doesn't mean you are better than us.*
*You still need to be in that seat just like I do. I need them to be there for me. Because I get so much from those lifetime members. I have lifetime members that are there every week."*

*"That was difficult to sit down and look at myself and say, "You are not where you should be. You need to do something about this." So I had to get back in my own meeting...she was the leader that clicked with my personality."*

*"So getting back into a weekly meeting and getting back into a weekly weigh in helped me to get back. But this is not over. It is a continual thing for me. I have to continue to keep up with this."*

"**Hiding"-Who is the real me?" –** Losing weight revealed new identities and exposed past behaviors or psychologies that protected the formerly obese leader or contributed to a negative self-identity.

***Alice*** *- "That was something I would never have done in the past. You just want to go with the flow. Now I am at the point, hot dogs are really high in sodium. So you go to Chick-fil-a and they get a meal and I get a grilled chicken sandwich and a drink. And be fine with that."*

*"Yes, you just want to roll with the flow. You want to roll with what is going on. I think at some point, when you are younger that works because you just cut back somewhere else. But now that I am older I have to really think about what I am putting in my mouth."*

***Beth*** *– "Losing weight has enhanced my self –image .I don't remember thinking, like I said, I don't remember thinking I was worthless. I don't remember realizing that I was hiding until I wrote that letter. Until I really sat down and did it."*

*"And she watched me come down and celebrate. And she said to me one day, you know, I knew you were hiding in there someplace. But she said, I never would have imagined what would come out on the other side. She said, I am so proud of you."*

*"Yes, I was hiding…"*

Beth writing a letter to her former weight*: "You made me hide in public places. You kept me silent when I wanted to participate in a group for fear of drawing attention to myself."*

***Cathy*** *- "Oh, so much more secure and happier. Not that I wasn't happy then but I just didn't have the confidence. Way more capable. I mean a lot of this is age cause we're looking at the big span. So the part of aging I love is confidence and the capabilities and being able to discern."*

*"I'm not a perfectionist so much as…but you know I want to get this right. I want to do it right. Yeah, just happier even though I cry when I tell you."*

***David*** *- "… You know, when you lose weight you kinda….everyone says you change, I don't think you really change, I think you just stop hiding from who you are. So I stopped*

*hiding and I started joking and started being more vocal about how I feel about certain things. Not everybody liked it."*

*And you can't be afraid of the person that you find when you start digging down deep because that is who you really are. Part of who we think we are is the person that we hide but when you are finally able to be who you really are, instead of hiding and you surround yourself around people like that. And you find a community of people that understand. I think then you start tapping into some potential."*

**"It is More than a Business: Legacy, Reciprocity and Ministry" –** The reason and motivation for involvement is more about giving back and helping others rather than a business or earning income.

***Alice*** *- "Yes. 22 years is a long time. You don't have many* (referring to WLSG leaders who have worked as many years as Alice)*… because they look at this thing. You see this is where it gets you. If you look at this thing as money then you are not going to stay a leader long. You are either going to advance or you are going to find something else to do."*

*"I think about right now the people that are sitting here right now. How can I help them? What can I do? How this is where we are going to…how can I get them to answer their own questions. How can I facilitate? Oh, You're not losing weight, okay so have you lost weight in the past, okay yeah, what did you do? Instead of me solving their problems it's, I'm learning this, on how to help you. Me just asking words. Me just helping you."*

***Beth*** *– "I was a needy member. I made a lot of leaders feel bad. I did come back and apologize to those. I welcome needy members because I know what it has cost them to get there. And I know why they are needy. But a lot of leaders don't welcome needy members. I think this group that works in here Tuesday nights and Saturday mornings and evenings, we are every bit of a ministry."*

***Cathy*** *- "...it's so much more. If it didn't have so much more it would just be another business and it's not that at all. What's very interesting is that, you know how I was talking about who wants to be average? You know the one pound thing?*
*You have a lot of people in this company who have been through the same struggles and so we are constantly helping each other so we're not average. But we're extraordinary. You know what I'm saying? When you're around people who've had that kind of success*

*but also who can fall back. I get to be more human in this space than I am anywhere else."*

***David*** *- "I think that is it, being a part of a legacy that our founder started is exciting. From day to day, you are not always thinking. "We are our founder!" But when you get in that room and you are with them and you realize, I am part of something. I am part of this person's world right now. You know, it is exciting! Not many people get to wake up in the morning and be excited about what they are going to do that day."*

*"I wanted to give back. And the job I had here which was painting… it wasn't … it wasn't…it wasn't something I enjoyed. I wanted to do something that I enjoyed. And I still went in for my lifetime weigh in's, so while I was there one day, I said you know what, let me just ask. So I asked. And suddenly I had an interview. It was an opportunity to give back. It was an opportunity to stay connected to WLSG and get to know more about the company. So it just worked out."*

*"…something like cause and effect. Someone helped me. Someone helped me. I don't even know if she remembers who I am. But I remember her. And every single member I meet, I am going to do everything I can to help them. And yes it is a part of the group service's vision but I feel like in this very moment I can help them get to where they need to be then maybe I can say thank you to my leader. And it doesn't matter if she doesn't remember who I am. It doesn't matter. But she had an impact on me and if I can do that for someone else then that is a beautiful thing. And that is part of me not settling anymore. I don't just want to put stuff on a shelf or ring something up, I want to do something…"*

**"Pick your hard!" –-** It is not an easy process to lose weight but it is not an easy process to maintain weight-loss. This leads to an emotional relationship with the scale.

***Alice*** *-"My story is losing weight. I have lost it four times after four kids. Keeping it off is a struggle, no matter what. I said in the meeting today, pick your hard. It's hard to lose; it's hard to stay the same. But we all have one or the other. It's never losing all your weight and have no worries. It's still staying on track and making it fun."*

*"I think we all hate it* (the scale). *It never says what we want to say. Because it is a journey. It's not something that… I will always have a love-hate relationship with that thing over there. It is always something; it helps me, one way or the other. You have to look at it that way."*

***Beth*** *– "...if I had walked in that day to rejoin the weight-loss group and the leader said Beth you need to lose 200 pounds. My head would have gone down, I would have cried and I would have walked out. I never would have come back. But that leader said, welcome. And she said, can you lose 5 pounds? And I said, yeah I can lose 5 pounds. Then that is all I want you to do. And she wasn't someone who had lost a lot of weight but God put her there for a reason."*

*"I will tell them they are worth the effort. And you heard me say, that you are not the number on the scale. It is not about; those were not my words that was something that I saw, that I shared. It said the scale measures your relative position in gravity at one given time. But it does not know how intelligent you are. It doesn't know the color of your eyes. And it doesn't know what a caring person you are or how loving a person you are or how much of a capable person you are. So get on the scale and take note of the number and then get off. Don't give the scale that power."*

***Cathy*** *- "Oh I still choose food for comfort. And so now you have these good cookbooks on comfort food but it's still portion control. So what I notice I do what one of the old habits is I will eat to avoid doing something. You know? Suddenly I'm famished. The bathroom needs cleaning or it's like recently it's my son's explanation of benefits. For all the medical bills and everything I'm just sit down with the pile and I'm like I'm hungry. You know?"*

*"The old habits are always hanging out there really close in case you need them. You know they are just like "we're here!" So you have to stay conscious. So I really try not to have a whole lot."*

***David*** *- "Oh yes, you definitely struggle. I constantly struggle with 5 lbs. around my goal. And it just all depended on what was going on that week. Having to lose 2 lbs. for the week was not really a big deal for me. But then after I got married, even just meeting her I gained 5! And then I gained 15 on the honeymoon and then I gained another 15 just by being newlyweds, you know. That was while I was working for the weight-loss support group, while I was in front of people saying, "You can do this!" I can't…but never mind that! But you can! That was difficult to sit down and look at myself and say, "You are not where you should be. You need to do something about this."*

*"I hate it! I hate it*. (the scale). *In a way it never gets easy. It's pressure. When I have that weigh in coming up I am working to keep my weight within a certain place for a job, not for myself, for a job. That is one thing I don't like that weigh in that is why I started weighing in weekly. Then I am weighing in for myself, to keep myself within a certain weight. Instead of…"am I going to keep my job?" Which is a thing that WW is continually trying to figure itself out. It is still tweaking that. Because now a leader or a receptionist can weigh in multiple times in the month and the best weight will be sent in as the official which I think is much less pressure than a bunch of us starving ourselves at the end of the month."*

**"This weight-loss support group saved/changed my life!" –--** Participation as a

member in the weight-loss group facilitated changes that impacted life significantly.

***Alice*** *- "It has saved my life. It has saved my life. I mean… God has saved me. But it has truly, truly, truly impacted any of those things you just mentioned in a positive way. In a very positive way."*
*"my daughter, has hyperthyroidism, gained 52 pounds. I made her believe that she could lose that weight. I helped her believe. And she believed. And we together …She did it. I was a very good instigator to help her do this. My mother, who has high cholesterol , overweight, ate, and lost 30 something pounds."*

***Beth*** *– "This group is my salvation. I get as much out of the meetings as I hope I give them."*

*"I am alive. I don't think I would be alive. I really don't. Maybe I would be alive because of medical science."*

*AFTER READING LETTER SHE WROTE TO HER WEIGHT THE DAY AFTER REACHING HER GOAL...*
*"Now you see why that is hard. That was the defining moment."*

***Cathy*** *- "It does make me emotional. This is an emotional job. But it is also terribly rewarding to see people…and it's a reflection and it's you know… it's people."*

*"and for her to make that kind of change. I was just like uhh. And so she's inspirational. So you not only get the support of people there but you get continuously inspired."*

*"The group is like a Life preserver. It was still a life preserver because I was like absolutely not. They cannot have my health. They cannot have my health. They can have my business but they cannot have my health. So that has been a challenge but it's almost like I can make it through all the emergencies and then after the most emergent time is over…"*

***David*** *- "That has impacted everything. It impacts how I treat people. It impacts how people view me. It impacts the job I am at. It just impacted every piece of my life. So my reasons for doing it are still the same. Because I don't think I would be at this job, married to the person I am married to and having this life, if it weren't for the changes that I made inside."*

*"…when you see people transformed …when you see people turn their lives… when you see people save their lives…people who are still alive because of what you helped them to do because they do it… they are the ones who do it. But when you have helped them… you can't help but feel like there is some kind of reason… some kind of special …"*

In the thought blocks of these four cases, the themes reflected in the initial and secondary coding are related in in idea, expression, and emotion. As the interviews were semi-structured using themes as opposed to scripted questions, the use of similar words, phrases and stories lends credibility to the themes these experts expressed. The research questions and the a priori lens of identity theory could funnel the topics covered but there was latitude for the participants to respond in any fashion they desired.

### *Summary*

The findings reported for this study represent the cross-case analysis of four expert WLSG leaders. These leaders represented diverse demographics and psychosocial dynamics even as they shared experiences within WLSGs. The coding of transcribed interviews resulted in seven themes. Participants and two experienced qualitative researchers to ensure accuracy reviewed the analysis results. Likewise, triangulation

data collected was reviewed to verify each participant's responses and global testimony. These findings filtered through previously reviewed components of IT provide the meaning and results to be considered in the discussion.

## Discussion

The coding and cross-case analysis generated seven themes that were identified in all four cases. The themes vary in scope and include structural, behavioral and cognitive dimensions of identity change. (Granberg, 2011) These dimensions encompass paths that are traveled by individuals who exit a former identity; even more so if the individual is dealing with obesity stigmatized identity. Though stigmatization was not a specific topic of the semi-structured interviews, the researcher's assessment is that only David verbalized a felt stigma. Two of the leaders were dealing primarily with postpartum weight. Beth, who lost the most weight, shielded herself from any stigma though she was aware they existed around her. She employed her vocational role, along with family as discussed earlier, as a nurse to cognitively generate good emotion to affirm her identity. Beth stated, *"I always said, even at that weight, that I am a damned good nurse*."

The breadth of this discussion does not encompass all attributes of IT that may have been present within the interviews – like the stigma example above, other attributes were only present in one, two or three of the leaders' stories. As stated earlier, a clear representation in all four cases is a primary protocol of this study's research design. Identity theory dimension attributes not represented in prominent "thought-blocks" in all four cases were not identified as themes and thus are absent from this discussion.

As Granberg (2006; 2011) acknowledges, there are many attributes within structural, behavioral and cognitive dimensions of identity change in regards to weight loss. An example attribute in Granberg's findings that is absent from this discussion is identity interruption. Identity interruptions occur when an individual's identity validation feedback process is incongruent with the person's perceived role/identity. This leads to varying levels of distress that can alter, impede or eliminate identity continuance or identity change. (Burke, 1991) Like stigma, identity interruption was prominent in one of the cases. David recounted a season in his life when he was serving as a WLSG leader and weighed thirty pounds above his goal weight. This weight gain created repeated and severe interruptions to David's WLSG leader identity. The feedback he received from the scale each month created distress internally and in regards to "keeping his job." This distress and incongruity eventually motivated him to take action. David stated, *"That was difficult to sit down and look at myself and say, "You are not where you should be. You need to do something about this." So I had to get back in my own meeting... So getting back into a weekly meeting and getting back into a weekly weigh in helped me to get back. But this is not over. It is a continual thing for me. I have to continue to keep up with this."*

Granberg (2011) recognized and evaluated these dimensions through conducting interviews with thirty-nine successful weight losers who had been part of WLSGs. Though these dimensions do not encompass every aspect of the seven themes, they are crucial in understanding aspects of identity change in regards to IT. Granberg describes the dimensions as:

- "…behavioral dimension includes actions individuals take that change their status relative to the stigmatized social category (e.g., losing weight). Such actions will often be deliberate, self-motivated efforts to change…"
- "The structural dimension of a stigma exit is rooted primarily in the social interactions that validate (or fail to validate) the emerging post-stigma self-concept."
- "…cognitive alterations are also required. Individuals must adjust their thoughts and internalized identity meanings so that they are able to interpret behavior and interactions from the perspective of a ''normal'' or ''unstigmatized'' self-concept (Kiecolt 1994)." (Ganberg, 2011, p. 33)

In this discussion, the seven themes will be reviewed through the lens of IT components of identity performance, identity saliency or hierarchy, and emotions. This examination will be followed by a discussion of the affirmation or rejection of SLP durable benefits demonstrated within WLSGs. This analysis will be conducted to facilitate answering the two research questions posed by this study. These discussion results will provide the basis for recommendations and implications for theory, research and practice.

## Identity Theory Evidences within the Seven Cross-case Themes

R1: What identity theory/change concepts do successful weight-loss support group leaders demonstrate?

Each theme demonstrates aspects of IT. An examination of thought block text indicates that the participants reflect identity change. These evidences are presented within this discussion of each theme in light of the three IT theory components identified in the literature review of this article and the dimensions identified by Granberg (2011).

**"Fake it until you make it!"** –

This theme demonstrates a cognitive process of identity change that reflects identity performance and emotions. By acting as if; speaking as if to one's self and others; and by believing and thinking they were their ideal selves, the participants enacted change even when real world evidences did not always align with their ideal self. This theme is not about being false or disingenuous. It is about evaluating performance between what is and what is desired and engaging in behaviors that will match the standard of their desired identity. David demonstrated these attributes by applying a new name to his new identity: *"I had to start working inside. Which is what it was really about. So I went from calling myself "fatty" to calling myself "Hotness"*. Beth also appealed to her ideal perceived self as valuable and worth it. She internalized the idea that the effort and behaviors required to be this new identity equals who I am: *"And it has room for a quote, and I put, "I am worth the effort!" That is who I am now. I am worth the effort. I am stronger than I ever thought I would be. And I am capable. And I am worthy."* In enacting these thoughts that generated positive emotions related to their new identity. In both cases, David and Beth, expressed these actions when discussing the challenge of losing their weight and the need to persevere was evident. The phrases provided a cognitive "bridge" to their goal and perceived ideal self. David concluded his remarks by stating," *But it's how I faked it until I made it. Then I got to 103 lbs. which was a fight. And I had been doing the work on the inside and I felt like I wanted to give back."*

**Family identity as motivator for weight-loss/maintenance. Competing roles: Family versus WLSG leader** –

This theme demonstrates the cognitive, behavioral and structural aspects of identity change and reflects identity performance, identity saliency or hierarchy, and emotions. The desire to perform family roles with excellence was very important to all four participants, especially the female participants. Being a good mother/husband, having children, and helping family members all surfaced as key motivators and drivers for the leaders. Identity performance discrepancies led to behavior to match the ideal self. Cathy stated: "*because I really wanted to be with my children. I wanted to feel like a healthy active mom.*" Beth indicated the reason she joined the WLSG for the first time was because she needed to lose weight so she could conceive. In addition, in her letter to the weight she lost, Beth stated, *"You cheated me out of play time with my children as they ran through the sprinkler in the front yard and begged me to join them, when they climbed trees and when they built "forts" out of discarded furniture boxes which were far too small for me to get into. "* The family role was also high in each participant's hierarchy. From stories shared during the interviews, it was clear that familial relationships to spouses, children, parents, in-laws, and siblings were strong in number and emotive strength; the participants enacted their role of family member continuously. Strong emotions were also attached to family identity. David evoked the word "epic" to express his view of how his new identity impacted his family roles:"… *I don't know, it's another version of your existence that you can then start being a better husband, you can start being a better wife. You can start being a better son. You can start being a better worker. Because everything is epic now.*"

However, this theme encased another unique aspect of IT – competing roles. The participants expressed that at times, their commitment to their role as a WLSG leader competed with their family roles. Phrases used to describe this salience conflict were often presented with a reflective bit of shame or embarrassment. I believe this stemmed from the fact that family concerns often represented the reason they pursued weight-loss. Thus the conflict of these roles produced some negative emotion within their identity. Alice stated, "*But it* (being a WSLG leader) *has gotten kind of cockeyed. It got cockeyed once. I am a Mother first. I'm a wife and then I need to be a leader. The health benefit has been mainly for my family…partial for myself."* Cathy's words even sounded like I have unmasked her, "*"Now you're going to make me be a truth teller too. Because I know this about myself when it comes to work, like I will sacrifice my family sometimes for my work, which that's not who I want to be. Because I want to be a wife and mother first."* As all of these participants have been leaders from three to twenty-two years, each has learned to utilize Burke's cybernetic model of identity process effectively. Using the feedback received from family, the WLSG they are leading and the organization, they have been able to adapt to the multiple roles. Beth, like the other leaders, could clearly define the hierarchy of her roles, *"I would put Christian first...wife second, good wife second. Wonderful Mother. Wonderful grandmother. I would put weight-loss support group leader next."* Even thought this theme elicited mixed emotions, it was clear that family and WLSG leader are prominent roles in these participants identities and that they must balance the various roles to enact their ideal selves.

**Member always; Leader when needed!** and **"Pick your hard!"**

These two themes demonstrate another role salience and hierarchy issue for the leaders but it is more cognitive than structural. These competing roles are often a product of the participants' current struggle with their body weight or the struggle to maintain a specific body weight to continue in their role as a WLSG leader. The behavioral dynamic of maintaining a specific weight to retain the new identity of WLSG leader is as daunting as was the behavioral dimension of losing the weight to obtain the new identity. The hundreds of member relationships that depend on the leader to successfully model the WLSG program each week magnify this challenge. This conundrum led Alice to state, "-*"My story is losing weight. I have lost it four times after four kids. Keeping it off is a struggle, no matter what. I said in the meeting today, pick your hard. It's hard to lose; it's hard to stay the same."* Research indicates that maintaining a significant weight-loss is nearly impossible. Leaders must acquire the skill of weight maintenance. Maintaining a new healthy identity requires a delicate dance between identity as a leader and identity as a member of the WLSG. As a member, the participants acknowledged that their role performance as a leader was truly a function of their role performance as a member. This issue is froth with emotion and the cybernetic model is abuzz with feedback – the most frightening feedback of all – the scale. Once a month, the scale is an unforgiving feedback loop regarding the participant's identity performance as a WLSG member. David summed up this identity challenge well: *"I hate it! I hate it.* (the scale). *In a way it never gets easy. It's pressure. When I have that weigh-in coming up I am working to keep my weight within a certain place for a job, not for myself, for a job.*

*That is one thing I don't like. That is why I started weighing in weekly. Then I am weighing in for myself, to keep myself within a certain weight. Instead of…"am I going to keep my job?"* This identity struggle of the WLSG leader is benefitted by the identity of being a member of the WLSG. Beth was adamant about this role salience, "*"I am a member first. I think of myself as a facilitator when I am standing in a leader role. But I am every bit of a member. And I hope they know that."* This challenge can also lead to negative emotions regarding the role of WLSG leader. David expressed this when he recounted a difficult three years when he could not lose thirty pounds he had gained. The solution, re-engage his member identity: *And then I gained on the honeymoon and then I gained another 15 just by being newlyweds, you know. That was while I was working for the weight-loss support group, while I was in front of people saying, "You can do this!" I can't…but never mind that! But you can! That was difficult to sit down and look at myself and say, "You are not where you should be. You need to do something about this."* The roles of leader and member are quite fluid and all participants indicated that their relationships with the scale was difficult but necessary. The cognitive ability to hold the identity of leader even when struggling is one of practice. Beth offered this quote that she shares with members regularly: *It said the scale measures your relative position in gravity at one given time. But it does not know how intelligent you are. It doesn't know the color of your eyes. And it doesn't know what a caring person you are or how loving a person you are or how much of a capable person you are. So get on the scale and take note of the number and then get off. Don't give the scale that power."*

"**Hiding"-Who is the real me?" –**

This theme, along with family, represented identities of the past. However, the realities of discovering "the real me" continues as the leaders' lives move forward. On several occasions, the participants said to me a phrase of this nature, "I had not thought about that in a long time. In fact, until now I never realized that is how I really felt." This theme demonstrates the cognitive, behavioral and structural aspects of the leaders past identity when they were overweight. The behavioral actions to avoid certain circumstances were an everyday survival mechanism. Others employed focusing on more positive role performances to bolster the cognitive negative self-talk that could infect the mind. Likewise, social relationships were impacted by this identity hide-n-seek. Beth offered a simple response of *"Yes, I was hiding…"* She also acknowledged in her letter that she resisted being noticed by others, "Beth writing a letter to her former weight*: "You made me hide in public places. You kept me silent when I wanted to participate in a group for fear of drawing attention to myself."*

David acknowledged the contrast as his identity started to change as he lost weight. *" Part of who we think we are is the person that we hide but when you are finally able to be who you really are, instead of hiding and you surround yourself around people like that. And you find a community of people that understand. I think then you start tapping into some potential."* Cathy likewise recognized that her identity today compared to her old-self is very different: *"Oh, so much more secure and happier. Not that I wasn't happy then but I just didn't have the confidence. Way more capable."*

The emotions experienced were often negative when discussing the old-self and almost elation when talking about current victories. This emotive response can assist the leaders in maintaining their weight-loss and sustaining their role as a WLSG leader.

Of note with this theme, the current role and identity of a WLSG leader, is the polar opposite of "hiding." The verification process of being a leader is so strong that each week these individuals are willing to share their failures; their past lives, and inspires others to follow their lead. Part of the verification process that supports this drastic identity change rests in the final two themes.

**"It is More than a Business: Legacy, Reciprocity and Ministry" &**

**"This weight-loss support group saved/changed my life!"–**

These two themes support the shift from the behavioral dimension of "hiding" to the visible behavioral role of self-proclamation of the learned behaviors of a WLSG program structure. In addition, these themes represent keys to why the commitment to the role of WLSG leader is so strong among this group of leaders. These themes also reflect the earlier theme of "member always, leader as needed." Here, the identity performance of being a WLSG member facilitated the emotional identity change experience that changed the leaders' lives personally. Now, the identity performance of WLSG leader allows them to witness the transformation of the members they lead. As Beth states these experiences are a major part of these leaders' identities," *"Now you see why that is hard. That was the defining moment."*

All four leaders use "rescue" type language when sharing what involvement with the WLSG meant to them. The words "*transformed"," a Life preserver"," This group is my*

*salvation", and ""It* (the WLSG) *has saved my life"* were employed by each leader. For some, they evoke this type of image multiple times during the interview. And this language would then be reflected during other portions of the interview when the leaders were speaking of witnessing the "rescue" of members they were now leading. David acknowledged this experience, *"…when you see people transformed …when you see people turn their lives… when you see people save their lives…people who are still alive because of what you helped them to do because they do it… they are the ones who do it. But when you have helped them… you can't help but feel like there is some kind of reason… some kind of special …"* This sense of legacy and reciprocity is even linked to another salient identity for these leaders – their families. Alice reported, *"…my daughter, has hyperthyroidism, gained 52 pounds. I made her believe that she could lose that weight. I helped her believe. And she believed. And we together …She did it."* The relationships formed by participants as members and leaders represent both the quantitative and qualitative aspect of identity salience and hierarchy. The number of relationships continues to increase year after year for the leader. The emotional experience of saving lives and changing lives creates an emotional fervency that numerous interview participants referred to as ministry. Beth explained, , *"…we are every bit of a ministry."*

The leaders also recognized their ideal selves in the legacy they share with others. David shared, ""*I think that is it, being a part of a legacy that* our founder *started is exciting. From day to day, you are not always thinking. "We are* our founder*!" But when you get in that room and you are with them and you realize, I am part of something. I am*

*part of this person's world right now… something like cause and effect. Someone helped me…I don't even know if she remembers who I am. But I remember her…but I feel like in this very moment I can help them get to where they need to be then maybe I can say thank you to my leader."* These experiences produce strong positive emotions that inspire the leaders to embrace their identity and their role of being leader for the group. All this feedback encourages the leaders to fulfill their roles and to be their ideal selves.

### *R1: Summary*

This discussion answered the first research question: R1: What identity theory/change concepts do successful weight-loss support group leaders demonstrate? A review of the themes and thought blocks demonstrate that successful weight-loss support group leaders demonstrate behavioral, structural and cognitive identity change dimensions. The dimensions express themselves across the constructs of identity performance, identity salience and hierarchy and through emotions surrounding identity and identity change. Having determined that successful WLSG leaders demonstrate IT we proceed to the second research question.

## Serious Leisure Perspective Evidences: Affirmed or Rejected by Successful Weight-loss Support Group Leaders

R2: Do weight-loss support group leaders' affirm that their journey and aspects of WLSGs can be associated with the SLP?

In the closing minutes of each interview, the researcher directed each participant: "I am going to read a variety of words to you and I just want you to talk about how you feel they are a part of your life especially thinking about the WLSG program, being a WLSG member and leader." As stated earlier, the information gathered from these

respondents was seeking to have the WLSG leaders affirm or reject the identified list of durable benefits of serious leisure participation. Clarity was offered if the respondent requested a further definition and sometime serious leisure was discussed briefly. The goal was to create a sense of word association in regards to participation in the WLSG.

Leader Responses Affirm Serious Leisure Perspective Attributes are Present

All four leaders responded in the affirmative to all durable benefits. In varying degrees, each leader responded in the affirmative and usually offered supporting evidence, without being prompted. Two respondents acknowledged that many of the benefits seemed intermingled and connected.

The exercise did provide the affirmation that was proposed. However, it is clear to the researcher that extended explanations of the durable benefits and the complete context of the serious leisure perspective in relation to a WLSG participant could have provided data that was more robust. Upon review, the answers were mixed with their feelings and impressions as a member of the group and then as a leader of the group. From earlier reviews, it is easy to understand how the participants mixed their answers as they still consider themselves as members even though they are leading. This realization will need to be considered for future studies regarding WLSGs and the SLP.

Nevertheless, there are thought blocks and quotes that demonstrate that the leaders affirm aspects of serious leisure. Following are a series of the most expressive responses.

• **Self-enrichment:** David – *"I think that is the most important piece. Because if you are not changing form the inside this will just be a phase. I have seen members lose the weight and gain it all back. I guess they weren't ready. It's possible to not be ready. It is possible to be doing this for the wrong reasons. And so you can change and get yourself ready from the inside or else like I said it will just be a phase."*

• **Lasting physical products of the activity:** Beth - *"I am alive. I don't think I would be alive. I really don't. Maybe I would be alive because of medical science."*

• **Re-creation or renewal of self:** Cathy – *"Oh my goodness yes. And that is what is so awesome is that every single week, every single meeting, every single whatever you have an opportunity to renew yourself. And that's what I started to say earlier. I can feel horrible, not want to do it, not want to so whatever. Have not had a good week. Whatever my excuses may be and come into the meeting and I'm going to feel great when I leave. I mean that's guarantied."*

• **Feelings of accomplishment:** Beth – *"I am powerful beyond belief."*

*R2: Summary*

The four cases represented in this study did affirm that aspects of the SLP were and are part of their journey and experience with a WLSG. The method and detail used to query the participants elicited answers from both the view of the member and the leader and created data that was limited in use for richer interpretation. This initial probe into SLP in this context can provide a starting point for future studies that could seek to confirm that participation in a WLSG is in fact a serious leisure pursuit.

*Limitations of the Study*

As with all research studies, limitations are present. There are two in this study that I find most relevant.

The use of four cases maybe considered limited by some researchers. This choice was an intentional one by the researcher based on the understanding that replication of cases can present clear similarities or contrasts for an issue. (Yin, 2009) Second, the fact that these cases are considered experts on their topic adds a common report or consistency to the interview data beyond the single person interviewed. The expert interviewee is often

speaking for the population as a whole as well as their own personal view. (Kavle and Brickman, 2009)

The second limitation, the biography of the researcher, maybe considered both a strength and weakness. I have struggled with weight my entire life, having participated in weight-loss support groups sporadically since age thirteen. At times in life I have experienced both motivating success and disappointing failure in regards to losing and maintaining weight-loss. These experiences could cloud my judgment and breed over-familiarity with the cases. On the other hand, my knowledge of process, terminology and the emotional, mental, spiritual and physical pains and joys of weight-loss support groups aided me in gaining access to the cases and facilitated ease of conversation during the interviews. Within this article and to those I interviewed, I am forthright about my biography so that my biases and experiences are visible for all to see and know.

Acknowledging these limitations and being conscious that others may exist has inspired rigorous adherence to qualitative research protocols to ensure that the results of the study are valid and reliable. (Cresswell, 2009, p. 19)

## Rec*ommendations and Implications for Theory, Research and Practice*

The implications for the theories of IT and SLP are several. First, this study provides a beginning framework to consider the relationships that exist between the two theories. Second, as the data from interviews indicated, aspects of the process of participation in or leading a WLSG demonstrated components of both theories. The scope of this study did not go any further than an effort to affirm the existence of the theories' components with these case-study subjects' experiences. These results imply that further study to explore

the theories relevance to the participants and context of the study are a beginning place for future research.

Another ancillary implication for theory and research relates to the voices of female patients within healthcare research and clinical practice. Within the worlds largest WLSG, nearly ninety percent of WLSG participants are female. (Parekh, 2011) This percentage makes WLSGs a context where qualitative researchers employing theory such as IT can engage females in the dialogue of their own healing. Often women's voices are missing from their treatment and care. This research context and methods that listen to their voices can enlighten the care women receive. (Crooks, 2010) This implication is congruent with the earlier call to use a critical multiplist approach to complex medical issues.

What possibilities are there for future research? Related studies could take a variety of forms. The case study method could be extended to include a much larger sample size and engage all levels of employees from a WLSG organization, e.g. meeting receptionists, coaches, management, etc. The fact that all these roles require similar successful weight loss and maintenance requirements would make for a similar study but with expanded results and possible stronger universal application. This study could be utilized as a pilot study. The IT components identified by these four experts could be used to adjust the interview structure to explore deeper into IT processes.

Stigma exits from obesity identity are another topic that could be explored through a similar process with this same population using IT concepts. (Granberg, 2011; Lewis, et al., 2011)

The data collected from the observers of the leaders could be analyzed in regards to IT and especially considering the relationships of the observers to the leaders.

Further investigation into SLP verification could be done through the utilization of the Serious Leisure Inventory and Measure (SLIM). (Gould, et al., 2008) SLIM is a psychometric measure that uniformly explores the dimensions of serious leisure. "The SLIM may serve to confirm previous research, and provide insights into causal direction. An improved ability to potentially distinguish ''casual'' from ''serious'' behavior may provide a standardized approach to practical application." (Gould, et al., 2008, p. 65) Administering this measure to a large sample of similar cases could offer additional evidence regarding WLSG participation as a form of serious leisure.

The implications for practice are varied. For the leisure practitioner, there is the opportunity to consider what forms of weight-loss might clients consider to be leisure and thus demonstrate stronger adherence to a health-inducing program. Likewise, program directors of WLSG could integrate the propositions of Figure 4.1, the SLP Correlation with WLSG Participation Model, to evaluate member participation to determine when and if special interventions might be needed to aid in reaching goals and continuing participation in the group. Finally, an approach by leisure practitioners toward obese clients that recognizes they are in desperate need of understanding and encouragement to participate in purposeful leisure activities. This encouragement to participate in active leisure can facilitate improved health and lead to weight-loss and maintenance. This final implication speaks to the need for all professionals who engage with obese people to recognize that each case is unique, has a story and voice, and with appropriate

encouragement, each obese client can become a part of their healing process through freely chosen forms of leisure.

## Concluding Thoughts

> Much recent research supports a claim that we wish to make here: that field research is far better than solely quantified approaches at developing explanation of what we call local causality – the actual events and processes that led to specific outcomes. (Miles and Huberman, 1984, p. 132)

Through interviews and analysis, this study has sought to explain the local causality, actual events and processes that led to identity change, successful weight-loss and careers in the serious leisure perspective for the four cases interviewed. Through the use of narratives, triangulation, and comparative case study, the interviews of these four experts was translated into causal language of events and processes that could then be linked with aspects of IT and SLP. The cross-pollination of theories and principles from leisure and sociology supports a pluralism of disciplines and community to confront the complex issue of weight and identity. This mingling of disciplines can ignite multiple ways of "knowing" the participants'' stories and lead to interrelated causes for the outcomes as well as inviting the discovery of new and unexpected phenomena.

In closing, the cases examined in this article affirm that weight-loss support group participation can produce aspects of the durable benefits of the SLP. Attributes of each case demonstrate that identity change was experienced and dimensions of IT were present in the participants' stories.

The need to address the obesity epidemic is great. Understanding identity change and IT for successful WLSG leaders can provide insight into the processes needed for losing weight and maintaining the weight-loss. There is a need for scholarly pursuits to better

understand how leisure theory, like the SLP, can be applied to individuals seeking to gain better health. The outcomes of such efforts could aid others in experiencing Beth's closing words to the weight she lost: *"I will never again be a shadow in my life. I will hold my head up and look to the future with anticipation and joy because now I know without any doubt that I was, and will continue to be worth the effort."*

# CHAPTER FIVE

# SUMMARY AND SYNTHESIS

In this chapter, I will offer my motivation for "completing a dissertation." I add my voice to those presented earlier in this manuscript. I offer philosophical and persuasive arguments for the use of qualitative and narrative methods of research to engage in the battle against obesity. In closing, I offer thoughts on future research and provide an invitation to the playground for those in need of hope.

## An Invitation to the Playground

The preceding four chapters have invited scholars, researchers, clinicians, practitioners, allied professionals and the obese patients themselves to consider what action or role they might embrace to address the complexities of the obesity epidemic. This call to action has been targeted toward the disciplines of leisure, public health and sociology. Through scholarly review and empirical research, I have endeavored to inspire and give voice to those aspects of these academic disciplines and practice fields that can effectively inform and impact individuals and communities struggling to obtain health related quality of life and reduce their individual and collective weights. I hope to ignite and facilitate a new conversation that, as evidenced in this manuscript, is currently latent and sporadic. There are isolated pockets within the fields of leisure and sociology that are exploring relationships to obesity. Public health is at the epicenter of the obesity crisis and working fervently to solve the matter. But cross talk is rare and transdisciplinary efforts currently lack critical mass to generate momentum. The many voices represented in this dissertation represent a beginning core that can enact change

and bring health restoration to individuals and communities. Through research, evidence based practice and the application of a critical muiltiplist paradigm this initial group of voices can invite individuals and communities to be part of preventing and treating obesity. To these many voices, I add one more – my own!

As acknowledged in chapter four, I am a classic modern American obesity story. My biography is that of an overweight child who became an overweight adult. I attended my first WLSG meeting at the age of thirteen and have been attending sporadically ever since. I have invested thousands of dollars, millions of minutes and unlimited thought, emotion and energy to lose and maintain a healthy weight. Though I still struggle, at age fifty-four, I experience health related quality of life benefits from my investments to reach this goal. My blood work and vital health statistics are stable and meet all the minimum thresholds. I am as they say, fat but fit. For me, I felt silent for decades. It was through a serious leisure experience that I found my voice and thus, a PhD journey ensued with the resulting tangible evidence of this new voice being this dissertation.

The reason I pursued a doctorate in recreational therapy was the result of "an invitation to the playground." A faithful, fit and healthy friend reached out to me and offered this paraphrased invitation: "You are wonderful, worthy and welcomed to come play with me. Though you may be uncomfortable at first, I will help you experience the benefits of active leisure and explore all of God's creation." This invitation developed into a serious leisure pursuit of hiking and biking that transformed my health. The self-discovery I experienced from 1999 – 2002 regarding the impact that recreation and

leisure can have on a person's lifestyle and subsequently their health and weight was an epiphany.

My personal experience with obesity and weight to this point is a 54-year journey. As I engage in this scholarly pursuit, as I am myself am obese, I recognize I possess many presumptions and assumptions. I recognize these presumptions and assumptions are a function of my personal frame of reference and the physical, psychological and social influences of a lifetime of being overweight. Because of these experiences, I believe the rich qualitative/narrative study of obesity is vital to understand the unique permanent lifestyle change of each individual who has gained sustained victory over obesity. Just as with the four cases considered in Chapter 4, I am determined to discover if there are common threads in the lives of these successful losers especially as it relates to recreation and leisure.

The goals that are important for my research are related to providing insight and support to the professional community that is wrestling with the international epidemic of obesity. Approaching obesity with the lens of a recreational therapy model is a novel idea. The recreational therapy approach, as opposed to just understanding leisure motivation or self-determination in regards to health habits, is one that applies practices to a client for the goal of specific outcomes. It is my hope that discoveries made might provide insight and inform practitioners as to how they might offer obese clients an invitation to the playground.

My presumptions, assumptions, goals and experiences have created within me a great personal interest and passion for this research. In his research textbook, *Qualitative*

*Research Design – An Interactive Approach*, Joseph L. Maxwell (2005) states, "personal interest can be a great motivation for completing a dissertation." I believe the desire to heal and lead my own life in regards to the prevention and treatment of obesity, and subsequently leading others, is my primary motivation. I know that my greatest desire has been to complete this dissertation to help my fellow strugglers gain victory in the battle of personal obesity and obtain the health benefits of leisure. Through the power of qualitative and narrative research that engages the obese individual I want to offer hope to all in need and provide "an invitation to the playground!"

As I am "completing a dissertation," I plead my case one more time:

- Employ a qualitative approach with a critical multiplist paradigm to the research of and clinical prevention and treatment of obesity.
- Invite those members of our society who live/or did live with obesity everyday to speak into the solution.
- Compare success stories to discover commonalities that can aid others.
- Engage the transformative power of leisure across public ecological models of obesity, not just to lower a number on the scale, but also to facilitate health related quality of life dimensions and improve social determinants of health.
- Consider future research possibilities that extend the life of this dissertation.

## The Power of Narrative Interviews

People are storytellers by nature. (Lieblich, Tuval-Mashiach, & Zilber, 1998, p.7)

Their stories are narratives and they are worthy of consideration.

Throughout the ages, and even today, stories have been shared between people. Traditionally, stories have often been used for entertainment, to pass down cultural history or to put children to bed. However, stories can also be powerful teaching tools.

Religious teachers have used parables to communicate the deepest of spiritual truth. Aesop's Fables are legendary for instructing all ages in basic life lessons for successful living. Classic literature often contrasts right and wrong through rich text of fictional characters as icons of meaningful living. Stories can influence someone's life and a story can instruct!

Often throughout history, stories of renown that made a difference for humanity received commentary. Narratives of all types have been examined to gain insight, expand ideas or assist discovery. Other great minds would embrace the story, observe its impacts and then provide new or different insights to extend the stories' benefits to others. From Bible commentaries to the updating of fairy tales - mankind continues to seek perspective from another person's interpretation of a story.

These observations remind us of the origins of narratives and subsequently what became the building blocks of current day narrative research. However, as Bell acknowledges, "In its fullest sense, narrative inquiry requires going beyond narrative as rhetorical structure, that is, simply telling stories, to an analytic examination of the underlying insights and assumptions that the story illustrates. (Bell, 2002, p. 208)

In this dissertation, it is has been my goal to demonstrate the need to address the complex obesity epidemic using a critical multiplist paradigm. Specifically for this dissertation, the multiple disciplines of leisure, public health and sociology were reviewed and engaged to demonstrate the appropriateness of qualitative research to explore the complexities of obesity. The narrative research and reviews of chapters two and three offered conceptual ideas for engaging the transformative power of leisure at

precise intersections of social determinants within comprehensive ecological models of obesity developed by public health scholars. Chapter four presented a comparative case study that examined successful leaders of weight-loss support groups. These successful weight-loss stories can provide insight and inspiration to those who desire to mirror their transformation. Throughout, a critical multiplist approach was promoted. As stated above, it is my greatest hope that I will embody a similar autobiographical narrative of sustained weight-loss and permanent lifestyle change to share and offer as an example of health, wholeness and personal freedom. The science reviews and empirical study offered here are just the beginning steps in this process of engaging new combatants in the struggle to prevent and treat obesity.

In the final summation of this dissertation, the goal is to engage the obese individual in their personal healing process. I believe that leisure has the power to offer all people in need of health improvement an "invitation to the playground." By engaging with the obese, seeing the world through their eyes, collecting and studying narratives regarding their struggles and success, we embrace the critical multiplist approach to solving what has historically be treated as a purely clinical issue. The obese patient can be our greatest research tool…if we are willing to listen.

## An Examination of the Narrative Approach and Obesity

In 1945, French philosopher Merloeau-Ponty extended the then current prominent views of existentialism in his book *Phenomenology of Perception*. Merloeau-Ponty proposed that personal human perception is the common factor of the human experience, which guides every conscious action. Our world is the palette for perception, and human

consciousness paints the pictures of meaning and purpose. We cannot separate ourselves from our perceptions of the world. This idea that our world, our experience, our ideas, our failures and successes are held within ourselves is vital for the understanding of the power of narrative storytelling for research. (Merloeau-Ponty, 1945)

This narrative, storytelling, self-perceived concept is what has sold millions of diet success books over the decades. Likewise, as cited earlier, the National Weight Control Registry (NWCR), an academic weight management research consortium, is tracking the stories of over 10,000 participants who have lost 30 pounds or more and kept it off for over a year. The NWCR utilizes participants' stories gathered via questionnaires, surveys and interviews and has discovered that the findings from actual life stories are as rich and meaningful as any clinical trial. (Klem, et al., 1997).

In this battle, there is hope for those who feel trapped and desperate. Successful weight-loss narratives can provide a key to free obese strugglers from the cage of cynical body hatred and doomed attempts to lose weight and sustain a healthy lifestyle. This technique of storytelling and the promotion of the next big diet is not free from error. Even as one observes and celebrates the success of those who testify to their personal victory over weight as marketed by commerce, it is important to recognize that there is a dark side to the economics of weight loss and medicine that is exemplified in an instrumental rationality. Companies, medical practices, booksellers, etc., whose mission as a business is to generate profit, depend on cyclical spending and repeat business to sustain their revenue base. Each new success story published often becomes a best seller due to the power of a narrative story. This is popular press evidence that stories inspire

and provide insight as well as hope. As Merloeu-Ponty insists, we cannot separate our experiences from the self. Narratives of successful weight-loss can provide inspiration and keys for others who are searching. The interviews we have analyzed in this paper and the reviews we have considered offer a view of obesity from within the self.

## Support for Narrative and Comparative Case-study

"If you want to know how people understand their world and their lives, why not talk with them?" (Kavale and Brinkman, 2009) Defining narrative research is not a simple process. The foundation of narratives is found in numerous disciplines including history, sociology, literature and psychology as well as others. In the past few decades as qualitative method research has increased in quantity and quality, and the narrative approach has gained popularity, modern scholars have constructed expanded definitions from that of the dictionary. These definitions are both directive and instructive. Lieblich, Tuval-Mashiach, and Zilber defines it as such:

> Narrative research...refers to any study that uses or analyses narrative materials. The data can be collected as a story (a life story provided in an interview or a literary work) or in a different manner (field notes of an anthropologist who writes up his or her observations as a narrative or in personal letters). It can be the object of the research or a means for the study of another question. It may be used for comparison among groups, to learn about a social phenomenon or historical period, or to explore a personality. (Lieblich, et al., 1998, p. 2)

John Creswell incorporates more of a methods view for narrative discovery:

> As a method, it begins with the experiences as expressed in lived and told stories of individuals. Writers have provided ways for analyzing and understanding the stories lived and told. I will define it here as a specific type of qualitative design in which "narrative is understood as a spoken or written text giving an account of an event/action or series of events/actions, chronologically connected." (Cresswell, 2007, p. 54)

Within both definitions the primary source of information to be gathered, analyzed,

understood and connected is in fact a narrative story. Also, as Creswell states, narrative is a method.

For narrative research to be effective, valid and accepted as credible, it must adhere to rigorous methodology. The methods used by narrative researchers must be grounded in and modeled on current accepted and validated techniques, processes and crosschecks. For the qualitative researcher, there is a need to be fully informed regarding their biases, know their research paradigm and be open to where the narrative leads. (Maxwell, 2005) By its very nature, the qualitative narrative methodology is an ideal fit for research goals regarding the complexity of obesity and successful weight-loss. These methods can aid in helping the researcher understand meaning, context, process and causes. In addition, it can unearth new, unexpected phenomena. (Maxwell, 2005) Narrative methods produce meaningful data that cannot be obtained through conventional research methods of experiments, questionnaires or observations. (Lieblich, et. al, 1998)

When utilized within the case-study framework, narrative research's meaningful data can be extended further utilizing multiple cases compared in cross-analysis. Searching for similarities or differences in this cross-analysis can provide insights into the researchers questions. (Yin, 2009) The narrative is also strengthened through case-study methods when the techniques of triangulation and convergence of data are used to construct evidences of support. Through a rigorous devotion to methodology, qualitative case-study research can pass the tests of construct validity, internal validity, external validity and reliability. (Yin, 2009, p. 40) For the purpose of cross case analysis, you must use a multiple-case study design that contains single-unit cases in holistic context or

embedded multiple case units of analysis within each context. (Yin, 2009, p. 46) The case study is most effective when addressing "how" and "why" questions of an explanatory nature. The goals, questions and propositions of my research seek to explain the "how" and "why" of successful weight-loss, thus making narrative case study a valuable method. This method combined with a critical multiplist approach takes research and application beyond a clinical exploration and into a space of community collaboration. We have sought to understand the identity theory changes and the serious leisure perspective participation of cases in this study. We have also examined the role leisure might play in a public health ecological model. This dissertation has employed a rigorous methodology across each chapter with the goal of inspiring leisure and related scholarly fields to write their part in the story of the prevention and treatment of obesity. To consider how such stories might unfold, following is an example informed by the ideas presented in this dissertation. The scenario provides a partial synthesis of key dissertation ideas applied to a specific public health population. The example employs selected aspects from the ecological model, a critical multiplist paradigm, and/or leisure/recreational therapy principles. These embedded aspects are identified via *brief parenthesized-italicized text explanations and categorized with the monikers: EM for ecological model; CM for critical multiplist paradigm; LT for leisure theory; or RT for recreational therapy. Specific wording of these concepts are encased in quotations*. The embedded explanations are not exhaustive or comprehensive. This synthesis text provides a simple example for the application of this dissertation's assertions.

Synthesis of Ideas Presented in this Dissertation

*The Initial Phase and Pre-Planning Process for a Public Health Population Example*

*(An Imagined Scenario)*

The Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System Survey (BRFSS) data recently cited a neighborhood zip code in a mixed urban/rural county as having the highest prevalence of obesity within the entire state.

> *(EM – the use of public health collected data recognizes community populations and creates a starting point to identify social determinant targets that can be addressed; CM – By paying attention to the units of analysis provided by the BRFSS data, county administration is honoring the clinical space identified by the CDC through scientific data. The administration also clearly defines "why they are choosing" to revitalize the park – to improve the health of the surrounding population within the BRFSS high obesity rate zip code. They are "paying attention to the units of analysis" as the BRFSS will allow them to evaluate the area in subsequent years)*

The county elected officials, lead administrators and key personnel in the county 's recreation department, health department, school district and local non-government organizations are committed to employing leisure principles to improve the health of their citizens. This commitment resulted in the county recently hiring a certified recreational therapist specialist (CRTS) who specializies in applying leisure theory to public health initiatives. The new BRFSS data has identified an ideal population and location to be

considered for the county's first leisure public health initiative. The neighborhood surrounds a county park that has often times been identified as a problem property and the use data for the park is far less than county parks of a similar size – the park area has been slated for repurposing or a total overhaul of the park. County officials recognize that the new BRFSS data and the potential of a park revitalization project offers an ideal opportunity to apply the leisure principles embraced by all levels of county administration to impact the health of the citizens in this zip code.

The newly hired CRTS has been asked to lead the revitalization project. The CTRS employs a public health ecological model following a critical multiplist paradigm utilizing standard RT protocols and relevant RT models to implement the park revitalization with the goal of improving the surrounding populations health.

> *(LT and RT – Administration demonstrates their commitment to solving population health issues by employing leisure in conjunction with other effective public health tools. Employing a CRTS indicates an understanding of using a clinical approach to this process, as a CTRS will utilize professional RT protocols to address the needs of the client population.*
>
> *CM – By placing the CRTS as the head of this project, the administration is challenging this leisure professional to employ "negotiation, translation, and a community orientation" during plan implementation. The head practitioner must lead the numerous divisions and organization that will be involved in the process. The process must be rooted in the clinical processes of RT and this project's "clinic" – a park. The CTRS must "act as a generalist" while also employing*

*their professional skills)*

The initial phase of the project begins with a three-step process that leads to the appointment of committees and professionals that will eventually complete the project based on this initial scaffolding:

1. Identify and engage all stakeholders within the regional, local community and work/home/school populations for the purpose of data collection, identifying champion volunteers and fully immerse those being served in the conversation and process of park revitalization.

   *(EM – Using the ecological model allows the project director to enlarge their vision beyond park revitalization. Using the EM leads to asking questions of and considering the views of stakeholders involved in "community relationships, public policy, organizational/social structures, families and even individuals." CM – The CM approach directs the project to use "multiple forms of data" – quantitative and qualitative in making decisions at ever level of the project. It invites the professionals to adopt a "community orientation" to the revitalization project. This leads to statements of "What will resonate with our future users" as opposed to "What should we do based on current best practices." This first step can be a vital process in gaining community support of long-term efficacy.)*
2. Examine community and project in light of a system oriented multilevel framework ecological model to identify social determinant targets for leisure application.

   *(EM – This considers the interrelatedness of public transportation and safety,*

*health care and sanitation, schools and socio-economic issues, family and home environments, and finally activity and leisure availability. This reminds everyone that the project does not take place in a vacuum and success depends not only on the actions of this specific project but paying attention to and addressing the social determinants surrounding the project.)*

3. Determine methodologies of research and application to be utilized through out the life of the project.

   *(CM – The research questions and methods of application must "preserve the methods and paradigms" selected. The core vision of this project is how leisure and park "clinic" can impact the public health of an identified zip-cope. The CTRS must constantly "remember the research questions" in regards to the project. They must balance the "strengths and weaknesses" of the many divisions and stakeholders involved in the project. In application, a CM leader is akin to a conductor that is leading many divergent talents to acts a one for the sake of a common performance. It requires "constant evaluation and adjustment" as the project progresses in real time.*

   *LT/RT - Verified RT models and concepts of confirmed leisure theories are used to inform the methods used for the project. Each decision made will be examined in light of these theories to ensure that application and research mutually support the goal of health improvement for the identified population.)*

The data and questions produced by these three steps allow the CRTS to effectively convene stakeholder leaders to develop and implementation a plan that embraces these

findings. The project is eventually implemented with continuous evaluation and the project will receive a thorough evaluation with each subsequent BRFSS collection.

## Future Research

Combining the insights from this dissertation, I propose a research project that engages individuals in a form of serious leisure that could lead to weight-loss. This could be active leisure such as the hiking and biking that led to my health transformation in early 2000. It could also be WLSG participation, healthy cooking, or any pursuit that would allow the individual to transform their health through leisure. The author would lead this process with all Research Internal Review Board protocols met. The author would also participate and thus create the autoethnography article that was void from chapter three.

Another path for research could engage recreational therapy practitioners in bariatric surgery facilities and measure the success of recovering surgery clients that received recreational therapy services versus those that did not. The outcomes could be used to promote recreational therapy services to the bariatric surgery community. Dr. Sharma is the Scientific Director of the Canadian Obesity Network. He recognizes the challenges that the profession of therapeutic recreation faces in making the case that people with severe obesity deserve recreational therapy services. Dr. Sharma offered these comments at a discussion of the Alberta Therapeutic Recreation Association Conference, Edmonton, Alberta, Oct 25, 2012:

> "I wouldn't be here if I didn't see a huge role for your profession in this (*bariatric care*) area. But I can already see how this would play out. If there was a report in the room and it came out that now the recreational therapists are going to ask for

> funding on how we are going to help fat guys get into canoes. I don't see that played out in the media. Right? Now that would be a whole difference… now how do we get one-legged people into canoes …that would be fine. It comes back down to stigma and discrimination. If you guys want to get funded for working with large people and want to help them and do what you want to do in your profession. It is not going to happen and there is not going to be money as long as we as a society continue shaming, blaming and not liking fat people. It continues coming down to weight bias and discrimination. I am not saying that they don't need help. I am not saying they couldn't be doing other things. But I think we as a profession or as a society have to accept the fact and accept that we are going to have to change our attitude here in order to give people the help they need." (Sharma, 2012. Role of TR in obesity)

From this observation, it appears that research as proposed could help support the funding of recreational therapist's assisting obese clients.

As proposed in Chapter four, the case study method used for this study could be employed with a larger sample size of all levels of employees. Stigma exits form obesity identity could be explored. (Granberg, 2011; Lewis, et al., 2011) and observer data could be examined. Finally, SLP verification could be done through the utilization of the Serious Leisure Inventory and Measure (SLIM). (Gould, et al., 2008)

## Summary

Presented in this dissertation are evidences from public health ecological models, leisure's transformative power, and aspects of IT and SLP within successful weight losers that provide a persuasive narrative to encourage leisure scholars and practitioners to engage in the prevention and treatment of obesity. A critical multiplist research and practice paradigm is promoted as a method to create effective allies across numerous scholarly fields and ignite new discoveries in the battle against obesity. We can employ narrative methods that engage obese and overweight individuals in research and practice

to gain insights into successful weight-loss and improved health related quality of life measures. This call to action invites us all to leave behind scholarly isolation and join together to prevent and treat the complex global health issue of obesity.

As stated earlier in this chapter, what is needed for our obese population is "an invitation to the playground." As an area of scholarship and practice, leisure must assert itself based on the suppositions of this dissertation to take an active role in promoting healthy leisure lifestyles for the obese individual and the communities in which they live.

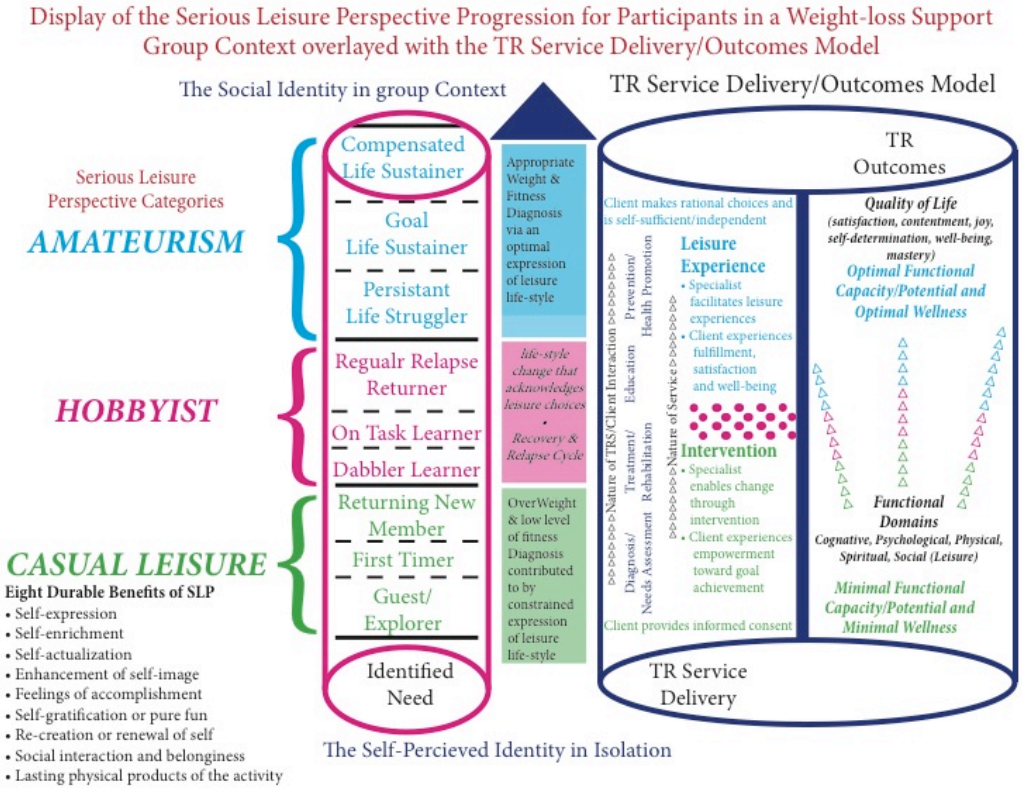
What does this invitation look like? It can come in many forms from numerous entities: The form could include adapted new programs, enlightened understanding, stigma free facilities, and informed practice that facilitates transformation. The invitation might be offered by individuals, health communities, leisure practitioners, academic scholars, human service agencies, or governments to name a few. We must all work together to help obese and overweight individuals transform their lives one step at a time – and leisure can facilitate the process. The opportunity is waiting – let's get to work!

# APPENDIX A

# APPENDIX A

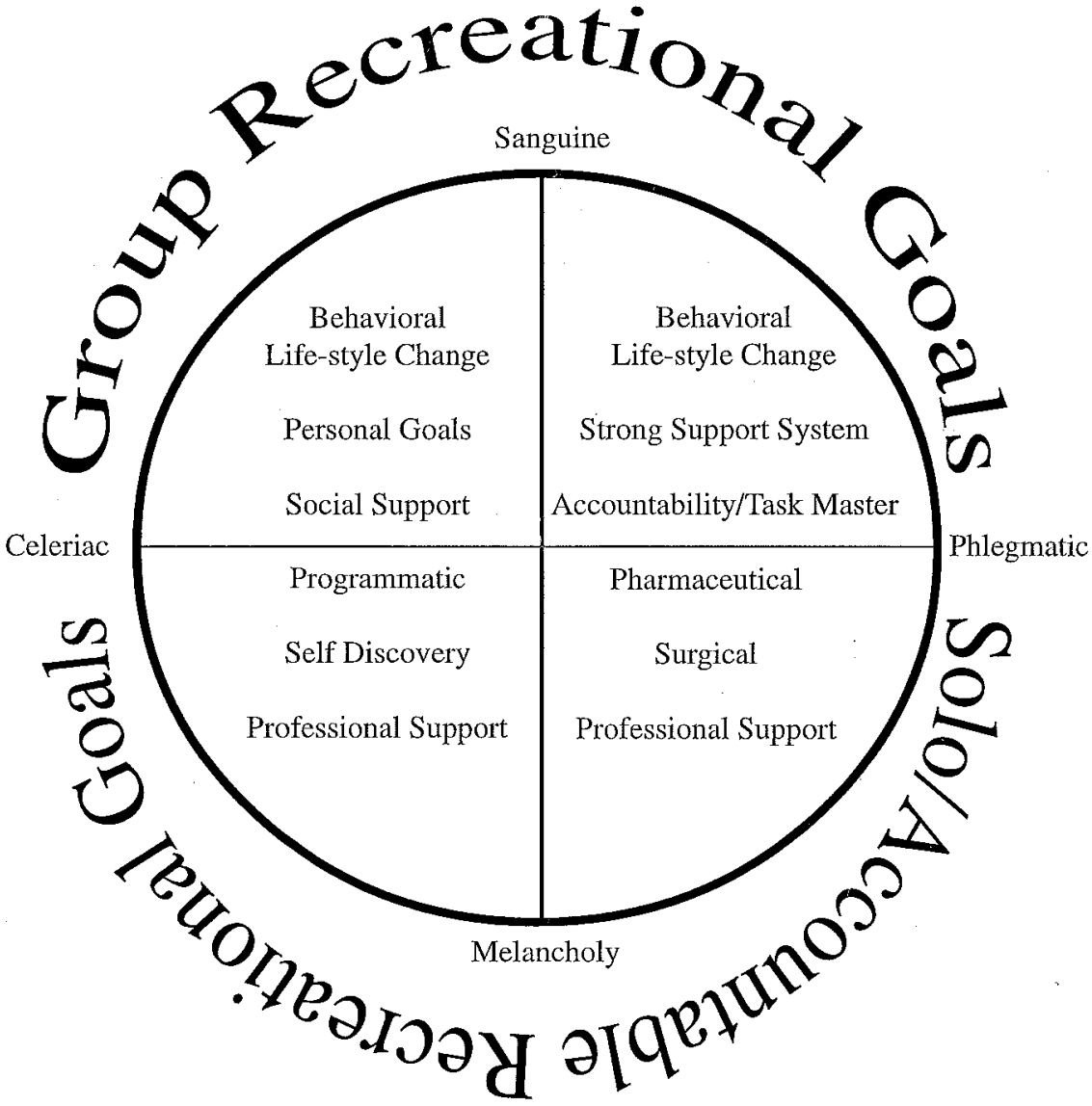
## Historical retrospective of displays developed of PhD process

Earliest Form of the current Perspective and Context Model

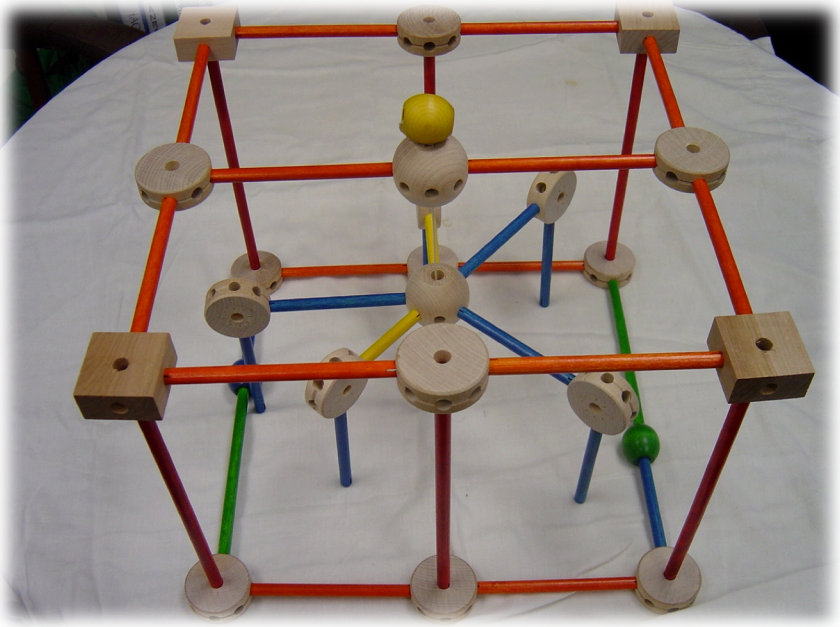


First display: A Typology of Weight Reducers.
2002 for Dr. Bixler's Research Methods Class.

**Formally Obese Peoples Long Term Maintenance Personality Typology**

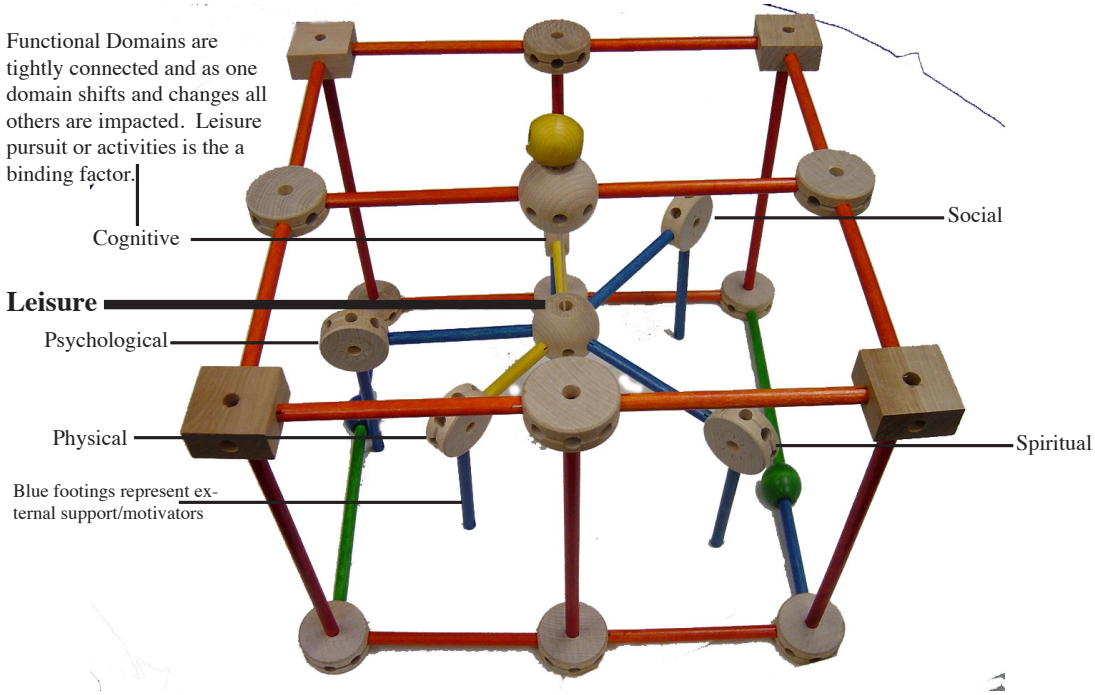


Dynamic expression of Van Andel's TR Delivery/Outcomes Model



**Van Andel's TR Outcome Model adapted to a 3-D field honoring Self-Determination**

Functional Capacity/Potential and Wellness/Health Status Grids a the cubic over lay within the model outlined by Orange and Red Spindles. Maximum Functional Capacity and Wellness with Self-Determination is at the top of the cube with a stable internal spindle with interdependent related support.




The Internal Spindle represents Quality of Life (e.g. satisfaction, contentment, joy, self-determination, well-being, mastery)

A Diagram for RT practitioner and client Interaction.

# ARCHING

## TOWARD HEALTH, FREEDOM & SUCCESS

Developed by Kirby Player • KPLAYER@CLEMSON.EDU & Dean Kubacz • DeanKubacz@AOL.COM

The Cap stone represents optimum Personal Health - i.e. Weight Loss; Fitness; Personal Freedom; Good Blood Work; Spiritual Wholeness; Quality Relationships

Louis Freeman supplies the Red
F2BH supplies the Blue

C a__tion

CELEBRATION

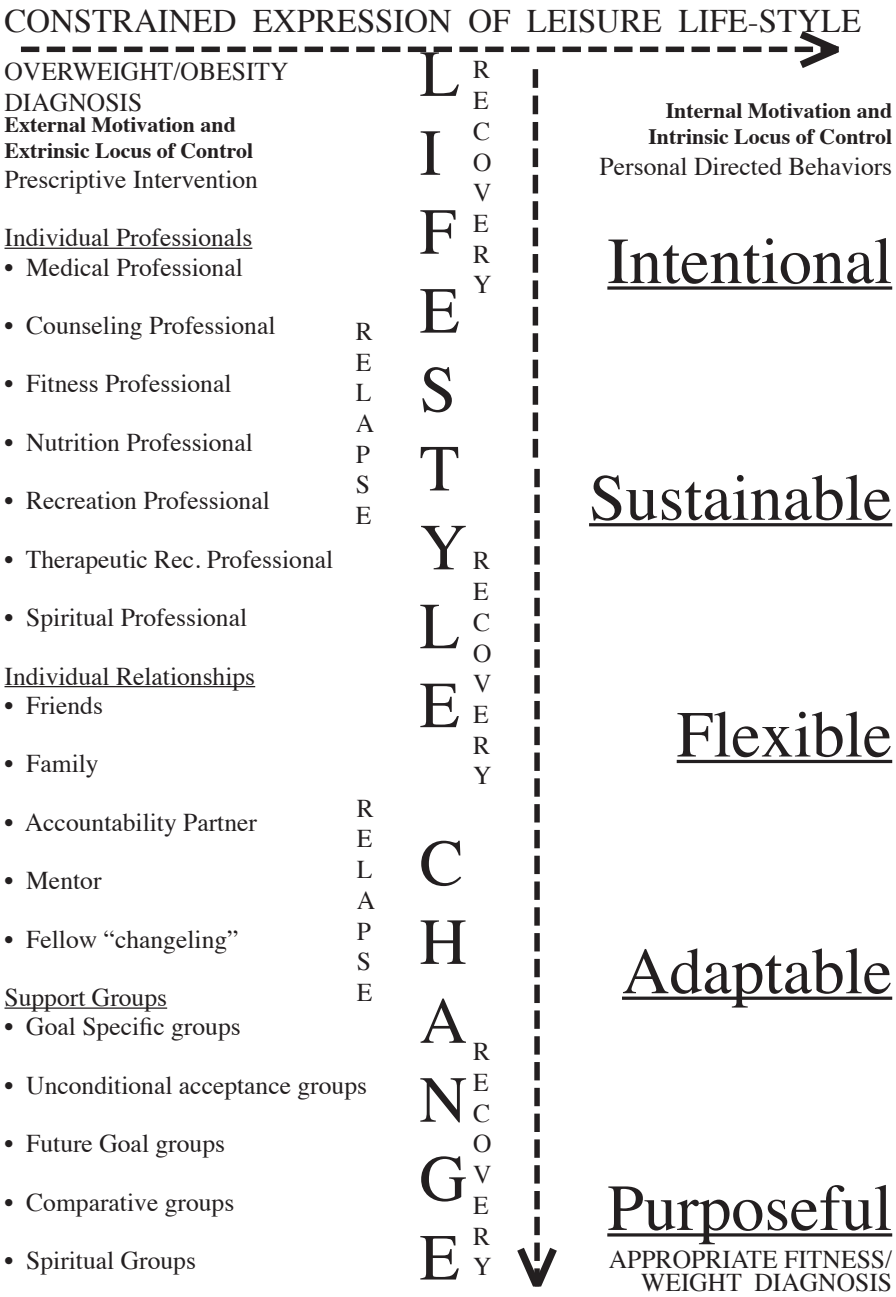
Calculation / Adaptation
Motivation / Separation
Determination / Duration
Preparation / Perspiration
Communication
Cooperation
Education / Evaluation
Information / Inspiration

FOUNDATION

Self-Determination / Facilitation

FAITH•HOPE•LOVE • SELF-LOVE/VALUE • RESOURCES • TIME • COMMITMENT

An initial expression of ideas developed with Dr. Judi Voekel




Concept developed by Kirby Player • Clemson University • kplayer@clemson.edu

APPENDIX B

# APPENDIX B

## Initial online survey sent to employees of WLSG

**Short Survey for Weight-loss Support Group Employees**

Information about Being in a Research Study with Clemson University

Study Title: Exploring Identity Change in Successful Weight Loss Support Group Leaders:
A Comparative Case Study

- Description of the Study and Your Part in It
Dr. Fran McGuire and Kirby Player are inviting you to take part in a research study. Dr. Fran McGuire is a full professor in the Parks, Recreation and Tourism (PRTM) Department at Clemson University. Kirby Player is a doctoral student at Clemson University in the PRTM department. Kirby is running this study with the help of Dr. Fran McGuire. The purpose of this research is to discover and examine any social identity changes of weight-loss support group leaders who have achieved and maintained successful weight-loss and health benefits via a structured weight loss program/method.

- Your part in the study at this time is to simply complete this brief survey.
It will take about 5-7 minutes of your time to complete this survey depending on the length of your answers.

- Risks and Discomforts
We do not know of any significant risks or discomforts to you in this research study but there maybe some minimal emotional reactions. These potential concerns are listed below:
1. All precautions will be taken to conceal the identity of participants but individuals acquainted with your story may guess your identity. We do acknowledge that participants may be identified as being members of a weight loss support group. By implication, this could identify the person to others as someone who is trying to lose weight. Overweight and obesity can produce stigmatas for some individuals.
2. There is a potential risk of negative emotional reactions when recalling certain personal situations or events as you are interviewd for this study.
3. As we will be interviewing individuals who have close relationships to you, all precautions will be taken to conceal the identity of participants. However, individuals acquainted with one another may identify certain statements that may have been shared about one another. There may be information shared that could produce tensions or cause negative emotions within the individual or between individuals.
4. As weight-loss support group leaders do have a public profile and identified observers who are interviewed are close relationships, reported data in articles or presentations can potentially generate assumptions by individuals who are acquainted with the participants' story.

- Possible Benefits
It is our hope that this research may help us to understand how identity relates to weight loss and an individuals' role as a weight-loss support group leader. This could potentially assist leaders in fulfilling their role to assist individuals and themselves in maintaining a healthy life-style.

- Incentives
At the conclusion of this email survey, participants who provide their contact information will be entered into a drawing to receive one of two $25 Gift Card to Bath and Body Works.

- Protection of Privacy and Confidentiality

We will take ever precaution to protect your privacy and confidentiality. We will not tell anyone outside of the research team that you participated in this study or what information we collected about you in particular. We might be required to share the information we collect from you with the Clemson University Office of Research Compliance and the Federal Office for Human Research Protections. If this happens, the information would only be used to find out if we ran this study properly and protected your rights in the study.

Specific actions will aid in your protection. For the initial email survey all steps will be taken to keep surveys anonymous by not collecting IP Addresses or Email Addresses. The data will be collected via a Survey Monkey account. Only individuals who choose to provide their name and email address if they are willing to participate in the in-depth study are to be included in the drawing for the gift card. Once all data is gathered, compiled and reports generated via the Survey Monkey account, digital PDF's will be created that will be stored within a Password Encrypted Folder on the secure Clemson University network. Any connection to individuals who completed the email survey will be scrubbed from the files once the four indepth interview candidates have been selected. For the interview candidates, pseudonym s will be used from the very first contact with the individual. All information gathered on the individual will be identified by this pseudonym and no identifying evidence will be associated with the collected data. All papers, audio recordings, coded data or collected memorabilia will be securely stored in a locked file cabinet within the secure office of 101 Barre Hall at Clemson University. A tracking document will be attached with any of the forms of data that indicates its use and movements as data is coded and revisited. Once compilaton has be completed, unnecessary paper or evidences will be esponged. Any audio recordings and data will be destroyed at the end of the life of the data.

- Choosing to Be in the Study

You do not have to be in this study. You may choose not to take part and you may choose to stop at any time. You will not be punished in any way if you decide not to be in the study or to stop taking part in the study.

If you choose to stop taking part in this study, the information you have already provided will be used in a confidential manner.

- Contact Information

If you have any questions or concerns about this study or if any problems arise, please contact Dr. Fran McGuire at Clemson University at 864-656-2183.

If you have any questions or concerns about your rights in this research study, please contact the Clemson University Office of Research Compliance (ORC) at 864-656-6460 or irb@clemson.edu. If you are outside of the Upstate South Carolina area, please use the ORC's toll-free number, 866-297-3071.

**1. Consent or Refusal: After reading this form...**

**Select I AGREE if you are willing to take part in this email survey.**
**By selecting I AGREE you am providing a digital signature.**

◯ I AGREE

**2. If you do not want to participate in this study, select I DISAGREE.**
**By selecting I DISAGREE, you are indicating you do not wish to participate in this study.**
**Once you select I DISAGREE, click the NEXT button. This will conclude your involvement in the study.**

◯ I DISAGREE

Next

Powered by **SurveyMonkey**
Check out our sample surveys and create your own now!

## Short Survey for Weight-loss Support Group Employees

**3. In what year (as accurately as you can recall) did you attend your first Weight Watchers Meeting?**

**4. Did you quit and then rejoin Weight Watchers during your journey to your Lifetime Goal Weight?**

- [ ] Yes
- [ ] No

**5. If yes, Please describe the details of your process such as how many times you rejoined, why you did not reach your goal, what reasons you recall for stopping, etc.**

**6. Please select the PRIMARY reason you joined Weight Watchers initially. You may only select one reason. This is your PRIMARY reason even if you joined on multiple occasions.**

- ( ) To lose a few extra pounds
- ( ) To improve my health, I decided to attend
- ( ) To be in better shape to participate in a recreational activity
- ( ) To better be able to complete activities of daily living (i.e. walking, lifting, house chores; yard work; self-care)
- ( ) My doctor recommend that for the health benefits, I needed to lose weight
- ( ) I joined because someone important to me asked me to do something about my weight
- ( ) I joined with a friend
- ( ) To lose weight after a significant life experience such as having a child or a health scare
- ( ) To prepare for a major life event such as a wedding, class reunion, new job.
- ( ) Other (please specify)

**7. Were there other reasons you joined Weight Watchers initially. You may select as many choices as you like with the exception of your PRIMARY CHOICE.**

- [ ] To lose a few extra pounds
- [ ] To improve my health, I decided to attend
- [ ] To be in better shape to participate in a recreational activity
- [ ] To better be able to complete activities of daily living (i.e. walking, lifting, house chores; yard work; self-care)
- [ ] My doctor recommend that for the health benefits, I needed to lose weight
- [ ] I joined because someone important to me asked me to do something about my weight
- [ ] I joined with a friend
- [ ] To lose weight after a significant life experience such as having a child or a health scare
- [ ] To prepare for a major life event such as a wedding, class reunion, new job.
- [ ] Other (please specify)

## Short Survey for Weight-loss Support Group Employees

**11. Would you be willing to participate further in this study by sharing your weight loss story and current life story through interviews and memorabilia?**

- ○ Yes
- ○ No - Skip to question 13.

**12. If yes, please provide your contact information:**

| | |
|---|---|
| First Name | |
| Last Name | |
| Email | |
| Preferred Phone Number | |

**13. If you would like to be included in the drawing for the Bath and Body Works Gift Cards please provide the following information:**

| | |
|---|---|
| Name | |
| Email address | |

Thank you for taking time to complete this survey and for the work you do to help improve members lives. If you have indicated an interest in participating in the in-depth study, you will receive future instructions if you are selected. If you are participating the Bath and Body Works Gift Card drawing, the two winners will be notified two weeks after the conclusion of the survey.

Thank you,
Kirby Player

Prev Done

# APPENDIX C

APPENDIX C

Interview facilitation questionnaire for WLSG Leaders

**Preparation Questions for**
**Weight-loss Support Group Leader In-depth Interviews**

Thank you for being willing to be a part of the in-depth interviews for my PhD Dissertation. On the next page, you will find a duplicate of the consent form you completed for the initial survey. If you would please read this form again and indicate you agree. The instructions and brief pre-interview survey follows this form. Again, thank you for your time, support and interest in this study.

Kirby Player
Department of Parks, Recreation and Tourism - Clemson University

**Information about Being in a Research Study with Clemson University**

Study Title: ***Exploring Identity Change in Successful Weight Loss Support Group Leaders: A Comparative Case Study***

***- Description of the Study and Your Part in It***
Dr. Fran McGuire and Kirby Player are inviting you to take part in a research study. Dr. Fran McGuire is a full professor in the Parks, Recreation and Tourism (PRTM) Department at Clemson University. Kirby Player is a doctoral student at Clemson University in the PRTM department. Kirby is running this study with the help of Dr. Fran McGuire. The purpose of this research is to discover and examine any identity changes of weight-loss support group leaders who have achieved and maintained successful weight-loss and health benefits via a structured weight loss program/method.

- Your part in the study at this time is to simply complete this brief survey.
It will take you about 10-12 minutes of your time to complete this survey depending on the length of your answers.

***- Risks and Discomforts***
We do not know of any significant risks or discomforts to you in this research study but there maybe some minimal emotional reactions. Potential concerns are listed below:

1. All precautions will be taken to conceal the identity of participants but individuals acquainted with your story may guess your identity. We do acknowledge that participants may be identified as being members of a weight loss support group. By implication, this

could identify the person to others as someone who is trying to lose weight. Overweight and obesity can produce stigmata for some individuals.

2. There is a potential risk of negative emotional reactions when recalling certain personal situations or events, as you are interviewed for this study.

3. As we will be interviewing individuals who have close relationships to you, all precautions will be taken to conceal the identity of participants. However, individuals acquainted with one another may identify certain statements that may have been shared about one another. There may be information shared that could produce tensions or cause negative emotions within the individual or between individuals.

4. Weight-loss support group leaders do have a public profile. Thus reported data in articles or presentations can potentially generate assumptions of your identity by individuals who are acquainted with the participants' story.

***- Possible Benefits***

It is our hope that this research helps us understand how identity relates to weight loss and an individuals' role as a weight-loss support group leader. This could assist leaders in fulfilling their role to assist individuals and themselves in maintaining a healthy lifestyle.

***- Incentives***

At the conclusion of this study, weight-loss support group leader participants will receive a $25 Gift Card to Bath and Body Works. Observers will not receive any incentive.

***- Protection of Privacy and Confidentiality***

We will take ever precaution to protect your privacy and confidentiality. We will not tell anyone outside of the research team that you participated in this study or what information we collected about you in particular. We might be required to share the information we collect from you with the Clemson University Office of Research Compliance and the Federal Office for Human Research Protections. If this happens, the information would only be used to find out if we ran this study properly and protected your rights in the study.

Specific actions will aid in your protection. For the initial email survey all steps will be taken to keep surveys anonymous by not collecting IP Addresses or Email Addresses. The data will be collected via a Survey Monkey account. Only individuals who choose to provide their name and email address if they are willing to participate in the in-depth study are to be included in the drawing for the gift card. Once all data is gathered, compiled and reports generated via the Survey Monkey account, digital PDF's will be created that will be stored within a Password Encrypted Folder on the secure Clemson University network. Any connection to individuals who completed the email survey will be scrubbed from the files once the four in-depth interview candidates have been

selected. For the interview candidates, pseudonym s will be used from the very first contact with the individual. All information gathered on the individual will be identified by this pseudonym and no identifying evidence will be associated with the collected data. All papers, audio recordings, coded data or collected memorabilia will be securely stored in a locked file cabinet within the secure office of 101 Barre Hall at Clemson University. A tracking document will be attached with any of the forms of data that indicates its use and movements as data is coded and revisited. Once compilation has been completed, unnecessary paper or evidences will be destroyed. Any audio recordings and related data will be destroyed at the end of the life of the data.

***- Choosing to Be in the Study***

You do not have to be in this study. You may choose not to take part and you may choose to stop at any time. You will not be punished in any way if you decide not to be in the study or to stop taking part in the study.

If you choose to stop taking part in this study, the information you have already provided will be used in a confidential manner.

***- Contact Information***

If you have any questions or concerns about this study or if any problems arise, please contact Dr. Fran McGuire at Clemson University at 864-656-2183. If you have any questions or concerns about your rights in this research study, please contact the Clemson University Office of Research Compliance (ORC) at 864-656-6460 or irb@clemson.edu. If you are outside of the Upstate South Carolina area, please use the ORC's toll-free number, 866-297-3071.

Please provide your consent of refusal on the following page.

Please select the button to indicate you have read the above material and agree to participate in this pre-interview survey. By selecting this button, you are providing a digital signature.

☐ I AGREE – If you select agree, please proceed to page 4.

☐ I DISAGREE and NO LONGER DESIRE TO PARTICIPATE IN THIS SURVEY OR STUDY – If you disagree, after selecting the button, please save this document onto you computer using your name as the file name.

Email this saved document back to me as an attachment. You will be removed from study.

**Perceptions of Weight and Healthy Lifestyle**

Consider your perceptions, attitudes, feelings and self-talk in regards to your weight and ideal healthy lifes

For each set of words, please circle the number that seems most close to how you feel about your weight, c

You will complete this process from three different point-of-views:

Questions 1: How you feel about your weight, discipline and activity when you are at your very best as a Weight Watchers Leader.

Questions 2: How you feel about your weight, discipline and activity when at your current body size and lifestyle.

Questions 3: How you feel about your weight, discipline and activity when you talk to yourself and say "This is who I really am, no one knows the real me!"

As you think about your weight and ideal healthy lifestyle, circle the number that most closely correspond yourself in the identified mindsets.

**1. How you feel about your weight, discipline and activity when you are at your very best as a Weight Watchers Leader:**

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Overweight | | | | | Ideal Weight | |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Undisciplined | | | | | Disciplined | |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Inactive | | | | | Active | |

**2. How you feel about your weight, discipline and activity when at your current body size and lifestyle.**

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Overweight | | | | | Ideal Weight | |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Undisciplined | | | | | Disciplined | |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Inactive | | | | | Active | |

**3. How you feel about your weight, discipline and activity when you talk to yourself and say "This is who I really am, no one knows the real me!":**

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Overweight | | | | | Ideal Weight | |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Undisciplined | | | | | Disciplined | |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Inactive | | | | | Active | |

Thank you for taking time to complete this survey. These answers will be used to facilitate our conversation when we meet face-to-face for our interviews. I appreciate your participating and I look forward to our meeting.

Thank you,
Kirby Player

APPENDIX D

APPENDIX D

Interview Protocols for WLSG Leaders

# Interview Protocol Form for Exploring Identity Change in Successful Weight Loss Support Group Leaders: A Comparative Case Study

**Weight-loss Support Group Leader Interview Protocol**

Location of the interview (context):

_____

Interviewee (Title and Name): _____

Interviewer: _____

Sections Used:

_____ A: Interviewee Background

_____ B: Interview Questions

_____ C: Demographics (no specific questions)

Other Topics Discussed:

_____

---

_____

Documents Obtained:

_____

_____

_____

Post Interview Comments or Leads:

---

_____

_____

_____

**Weight-loss Support Group Leader Participant Interviews**

**Introductory Protocol:**

*Review Consent Form, Answer any questions, and obtain consent via signature on the form.*

*Introduction: Offer in an appropriate conversational fashion based on relationship to the interviewee…*

Thank you for taking time to share your story with me. As you know, you were selected because you have been identified as someone who through a weight-loss support group has obtained and maintained a healthy lifestyle, especially, but not exclusively, in regards to your weight. In addition, you are an identified leader

with this weight-loss support group. Our research project as a whole focuses on the impact of identity change and your new lifestyle adoption and how it impacted your process of losing and maintaining weight loss. Our study does not aim to evaluate your techniques or processes you learned from your weight-loss support group. Rather, we are trying to learn more about your identity and the details of your story. We are interested in learning about your identity and roles as a weight-loss support group leader and your identity and role as a maintainer, your personal story with losing and maintaining weight-loss. In a sense we are aware there is a public and private life to your weight-loss story now that you are a leader.

**The Main Interview:**

*The primary purpose of this interview is to collect narrative data from individuals who serve as weight-loss support group leaders and who have personally had a struggle to lose and maintain weight-loss.*

*The interviewee will be prompted to "share their story" in regards to key prompts identified below.*

*The researcher will position his-self as an intent listener. Key questions will be answered as the participant tells their story.*

*During the sharing process, as the story unfolds, the researcher may seek clarification, prompt for further detail or direct more in-depth answers based on the information shared by the participant.*

*The goal is to honor the participants' stories. As the researcher, the protocol of seeking an open narrative, as opposed to answers to a list of directed questions allows greater freedom for the interviewee to share what matters to them about their story and to share it in a hierarchical recall manner.*

*The study's focus will be limited to the topic being addressed regarding weight-loss support group leaders and personal weight-loss. These stories can be intensely personal and may lead to discussions of various aspects of the participants' lives.*

*The primary themes of inquiry and prompts are listed below. Follow-up questions, additional themes or probes may be added based on the participants' narratives.*

**Themes of Inquiry:**

A. Related personal biographical data
B. Biography related to weight-loss support group
C. Weight-loss and health struggle
D. Details of weight/health journey
E. Motivations to lose and maintain weight-loss
F. Initial involvement in the weight-loss support group
G. Resources, skills, and abilities acquired for weight-loss success
H. Health benefits weight-loss support group participation provides

I. Weight-loss support group participation and changes in you/your life
J. Social relationships because of weight-loss support group participation
K. Description of relapses in your health behavior
L. Weight-loss support group participation impact on other areas of life
M. Future plans regarding weight-loss support group participation
N. Altered relationships due to new healthy identity
O. Transition of weight-loss support group participation into a career
P. Challenges of maintaining a healthy weight: as a leader. As a person
Q. Self-descriptions to people before and after weight loss/being a leader
R. Aspects of your weight-loss support group process and identify
S. Emotions in regards to new identity / emotions in regards to old identity
T. As participant observes these descriptive words, they will share how they feel these words are represented within their weight-loss support group experience?

- Self-expression
- Enhancement of self-image
- Feelings of accomplishment
- Social interaction/belongingness
- Lasting physical products of the activity
- Self-actualization
- Re-creation or renewal of self
- Self-gratification or pure fun
- Self-enrichment

**Concluding inquiry for observer identification:**
Could you identify 2 to 3 friends, fellow group members or family members that observed your weight loss process that might be interested in answering a few questions?
Probe: How did you respond to these people?
**Conclude Interview:**
*Offer in an appropriate conversational fashion based on relationship to the interviewee…*
Thank you for your time today. I will review our conversation and if necessary, schedule a follow-up interview for clarification or further exploration. Once all interviews are complete, I will transcribe our conversations and offer you an opportunity to read the manuscript to ensure I have accurately transcribed your comments. At that time, you may edit, alter or remove any portions you like to ensure I have an accurate documentation of your words and ideas.

APPENDIX D

Interview Protocols for Observers of WLSG Leaders

# Interview Protocol Form for Exploring Identity Change in Successful Weight Loss Support Group Leaders: A Comparative Case Study

**Participant Interview Protocol for observers of the leaders**

Location of the interview (context): _____
Interviewee (Title and Name): _____
Relationship to the Leader observed: _____
Interviewer: _____
Sections Used:
_____ A: Interviewee Background
_____ B: Interview Questions
_____ C: Demographics (no specific questions)
Other Topics Discussed: _____

---

_____
Documents Obtained:
_____
_____
_____
Post Interview Comments or Leads:

---

_____
_____
_____

**Observers of Weight-loss Support Group Leaders Interviews**
**Introductory Protocol:**
*Review Consent Form, Answer any questions, and obtain consent via signature on the form.*
*Introduction: Offer in an appropriate conversational fashion based on relationship to the interviewee…*
Thank you for taking time to share your story with me. I want to make it clear to you that (Leader's name) provided me with your name. (Leader's name) is fully aware of this conversation and the topics we are discussing. In fact, (Leader's name) gave me your name after we completed a conversation just like the one we

are going to have. You were selected because you have been identified by (Leader's name) as someone who observed and was involved in their life as (Leader's name) participated in a weight-loss support group to obtain and maintain a healthy lifestyle, especially, but not exclusively, in regards to (Leader's name) weight. You are in the unique position of having witnessed this change according to (Leader's name). Our research project as a whole focuses on the impact of identity change and a new lifestyle adoption impacts the process of losing and maintaining weight loss. Our study does not aim to evaluate the techniques or processes learned from a weight-loss support group. Rather, we are trying to learn more (Leader's name) identity and the details of (Leader's name) story for your view as an observer. From your point-of-view, we are interested in learning about (Leader's name) identity and roles as a weight-loss support group leader. Your view regarding (Leader's name) identity and life as they maintain their weight. Your memories and observations of (Leader's name) personal story as you witnessed them losing and maintaining weight-loss. In a sense, we want to hear (Leader's name) story as it parallels your story and through the lens of your relationship with (Leader's name).

Finally, before we start, as I said earlier, I assure you that (Leader's name) is aware of our conversation. I will not identify anything you share with me today by your name. I will make every effort to ensure the structure and content of your stories do not reveal your identity to (Leader's name). However, I remind you that the two of you share some unique history so (Leader's name) may know you did share certain information.

**The Main Interview:**

*The primary purpose of this interview is to collect narrative data from individuals who have observed were identified as observers of the weight-loss support group leaders. These observers may represent a variety of relationships to the leader.*

*The interviewee will be prompted to "share their observations of the leader's story" in regards to key prompts identified below and their observations and memories of the leaders experience.*

*The researcher will position himself as an intent listener. Key questions will be answered as the participant observer tells their story.*

*During the sharing process, as the story unfolds, the researcher may seek clarification, prompt for further detail or direct more in-depth answers based on the information shared by the participant.*

*The goal is to honor the observers' stories. As the researcher, the protocol of seeking an open narrative, as opposed to answers to a list of directed questions allows greater freedom for the interviewee to share what matters to them about their observation and to share it in a hierarchical recall manner.*

*The study's focus will be limited to the topic being addressed regarding weight-*

*loss support group leaders and personal weight-loss. These stories can be intensely personal and may lead to discussions of various aspects of the participants' lives.*
*The observers will be fully informed that the leader who they are sharing about is aware of the conversation and specifically identified them as a person that would be able to speak to these themes.*
*The primary themes of inquiry and prompts are listed below. These are through the lens of the observations and relationship to the leader. Follow-up questions, additional themes or probes may be added based on the participants' narratives.*

**Themes of Inquiry:**

A. Related personal biographical data
B. Thoughts related to (Leader's name) weight-loss group involvement
C. Observations of weight-loss and health struggle
D. Details of weight/health journey from observers point-of-view
E. Observations of what inspired weight-loss and maintenance
F. Recall of initial involvement in the weight-loss support group
G. Resources, skills, and abilities observed for weight-loss success
H. Health benefits observed because of group participation
I. Observed changes in the leader's life because of group participation
J. Social relationships you observed because of group participation
K. Description of relapses in your health behavior observed
L. Weight-loss support group participation impact on other areas of life
M. Awareness of future plans regarding support group participation
N. Alterations of relationship to leader due to new healthy identity
O. Observation of weight-loss support group as a career
P. Observations of the challenges of maintaining a healthy weight
Q. How would you describe leader before/after weight loss/being a leader
R. Aspects of your weight-loss support group process and identify
S. Emotions in regards to new identity / emotions in regards to old identity
T. As participant observes these descriptive words, they will share how they feel these words are represented within their observations of the weight-loss leader?

- Self-expression
- Enhancement of self-image
- Feelings of accomplishment
- Social interaction/belongingness
- Lasting physical products of the activity
- Self-actualization
- Re-creation or renewal of self
- Self-gratification or pure fun
- Self-enrichment

**Conclude Interview:**

*Offer in an appropriate conversational fashion based on relationship to the interviewee…*

Thank you for your time today. I will review our conversation and if necessary, schedule a follow-up interview for clarification or further exploration. Once all interviews are complete, I will transcribe our conversations and offer you an opportunity to read the manuscript to ensure I have accurately transcribed your comments. At that time, you may edit, alter or remove any portions you like to ensure I have an accurate documentation of your words and ideas. Once again, I assure you that (Leader's name) is aware of our conversation. I will not identify anything you have shared with me today by your name and will try to ensure the structure and content of your stories do not reveal your identity.

APPENDIX E

## Weight-loss Support Group Leader A Posteriori

| A Posteriori Identified Themes | Case #1 - Alice | Case #2 - Beth | Case #3 - Cathy | Case #4 - David |
|---|---|---|---|---|
| **THEME #1:**<br>**"Fake it till you make it! - Self-talk and intentional actions to reinforce the positive attributes of the old or present identity and to promote the ideal self and identity change to a new self.** | "I didn't know I could do what I do but I knew I wanted to be involved in it. The more you are involved in it the more your going.. I feel like I can do that. We had a session last week; fake it till you make it. I have been faking it for 22 years." | "And it has room for a quote, and I put, "I am worth the effort!" That is who I am now, I am worth the effort. I am stronger than I ever thought I would be. And I am capable. And I am worthy."<br><br>"Honestly, I don't think so. I don't think I would have described myself. I always said, even at that weight, that I am a damned good nurse." | "You know what I'm saying? I'm human. It doesn't matter. If I walk in there…and that's why you know that week we had the fake it till you make it. I believe in that whole heartedly because you will change yourself even if you don't feel like it. What if I don't feel like monitoring my food. Well, I cannot monitor it, but I'm gonna pay the consequences for it and I know this and so the conversations about food are different now. And they're not I can't." | "I had to start working inside. Which is what it was really about. So I went from calling myself "fatty" to calling myself "Hotness". You know which was silly. You know,it was silly. To me it is silly to me even now. But it's how I faked it until I made it. Then I got to 103 lbs. which was a fight. And I had been doing the work on the inside and I felt like I wanted to give back."<br><br>"I was done! I was done with that old life. I did not want to turn back. I wanted to meet who that other me was. I didn't know I was going to be but I was ready to change. I was ready to accept the sacrifices. I can't have this but look at all the things that come with it.' |

## Weight-loss Support Group Leader Posteriori

| Posteriori Identified Themes | Case #1 - Alice | Case #2 - Beth | Case #3 - Cathy | Case #4 - David |
|---|---|---|---|---|
| **THEME #2:**<br>**"Family identity was/is a motivator for weight-loss/maintenance and a competing role with weight-loss support group leader" -**<br>**The desire to be healthier and be a better family member motivated health transformation. Current role as a leader can complete with family roles.** | "Not being over weight, and then having children and becoming over weight. I did not know you could lose weight the way *our group* says. *The group* says we can eat food and lose weight."<br><br>"The health benefits has been mainly for my family. And mainly for myself. Mainly for family and partial for myself . Just being at a good weight. Someone said how do you keep your weight at the same weight? I really don't. Like I said , I am working on it all the time. My family, my daughter, has hyperthyroidism, gained 52 pounds. I made her belief that she could lose that weight. I helped her believe. And she believed. And we together …She did it. I was a very good instigator to help her do this. My Mother , who has high cholesterol , overweight, ate , lost 30 something pounds."<br><br>"As a leader, I am, I feel that facilitator /leader I am … that is kinda like number 2 . If your going to say Mother …leader. But it has gotten kind of cocked eyed. It got cock eyed once. I am a Mother first. I'm a wife and then I need to be a leader."<br><br>"Oh yes, oh yes, before I was just a stay at home Mom, an overweight stay at home Mom, now… I didn't work full time with WLSP until about 7 to 8 years ago." | "You cheated me out of play time with my children as they ran through the sprinkler in the front yard and begged me to join them, when they climbed trees and when they built "forts" out of discarded furniture boxes which were far too small for me to get into."<br><br>"I would put Christian first... Wife second, good wife second. Wonderful Mother. Wonderful grandmother. I would put *weight-loss support group leader* next." | "It was more about my health, so it was the time-frame of my life also, because I really wanted to be with my children. I wanted to feel like a healthy active mom. I didn't want to not want to just hide inside and not do those things and so I needed to feel more comfortable. That's when I was really starting."<br><br>"So the second time I did it but I was still halfheartedly doing it. And I had not even considered doing it as a career. I'm trying to think at that time…because I mean I had a career prior to having children and then when we started having children…well no after my first child I was still working full-time but then when we started moving that's when I started staying home. So when the kids were young and he was gone it was not I couldn't do it. I love to work. I know that I find my self-worth in working. A job at home is so… I have a lovely family. They are fantastic. I adore the ground they walk on and I am unappreciated."<br><br>"Now you're going to make me be a truth teller too. Because I know this about myself when it comes to work, like I will sacrifice my family sometimes for my work, which that's not who I want to be. Because I want to be a wife and mother first. That's what I want. I don't always do that because as whatever role or job that I am assigned I want to be the best at that. And so I'll do whatever I need to do and sacrifice the other things around me. So I do identify, very much, with work whatever it may be. So it's Weight Watchers. A good friend, a supportive friend and on that level that's with my family. I have a really big family and so that's very important to me. I don't know where else to go with that." | "The whole family moved, so I could not live on my own at the time. So, I went along."<br><br>"So my reasons for doing it are still the same. Because I don't think I would be at this job, married to the person I am married to and having this life, if it weren't for the changes that I made inside."<br><br>"Part of who we think we are is the person that we hide but when you are finally able to be who you really are, instead of hiding and you surround yourself around people like that. And you find a community of people that understand. I think then you start tapping into some potential. The things get started. The you have crossed over into another, I don't know, it's another version of your existence that you can then start being a better husband, you can start being a better wife. You can start being a better son. You can start being a better worker. Because everything is epic now." |

## Weight-loss Support Group Leader Posteriori

| Posteriori Identified Themes | Case #1 - Alice | Case #2 - Beth | Case #3 - Cathy | Case #4 - David |
|---|---|---|---|---|
| **THEME #3:**<br>**"Member always; Leader when needed!" - Being an active member is an important part of a successful weight-loss identity. As a leader "I am a facilitator." I need my meetings as a member.** | "Or you can grab hold of the string and you can say … you don't even know you are helping me, I help *members* and *members* help me. And so I feel, it (*meetings*) helps you stay on track. Coming to the meetings, helps you stay on track. So it is not when you are the leader, I am here to help you.<br><br>"As a leader, I am, I feel that facilitator /leader I am …"<br><br>"Like I said earlier, ya'll don't know this is MY meeting too. This is how I survive is being able to… You know how other people can go out and drink and get all whatever…being a leader is my medicine to help me."<br><br>"Yes , talk about a relapse! How do you…just like anybody else. You get in a down.. and it's nonstop you get to eating on one thing... And then you go back to a meeting. You might have to regroup...Have to put whatever I am going through behind me. Okay I have just got to go forward...that is why we tell people no matter what you have done in the meeting…You are just not going to give up. And then you see the light at the end of the tunnel." | "WLSP is my salvation. I get as much out of the meetings as I hope I give them. I had a lady, this is the funniest thing. I subbed at a meeting this summer and we were talking about power foods. And I said, something about corn. And she said, corn is a power foods. And I said, no, no. And she said, yes, yes. And I said, show me. And she brought up the book. And she said here it is, sweet corn. And I said, "Damn!" Here I have been eating a half ear of corn, I could have been eating a whole ear of corn. I might not have ever known that."<br><br>"I say I am a member of *the group*. Or I am a *group* leader. But I am always a member. You know, I don't get to go to my meeting in the same way. I could. I don't want to go to a meeting here. I would have to drive *a distance*."<br><br>"I am a member first. I think of myself as a facilitator when I am standing in a leader role. But I am every bit of a member. And I hope they know that." | "But you know when I'm having the challenges I also… cause I'm still a member."<br><br>"…it's your meeting. We might have a theme or whatever but that's why you can go to a meeting every week…"<br><br>"Support group is huge and that is as a staff member and as a member."<br><br>"I mean you have a relationship with the people in the meeting room. That's very challenging sometimes because I want to enable people to help themselves so you don't want them to lean on you too much. You know what I'm saying? "<br><br>": It's empowerment in helping create an atmosphere where a person can feel their own… or they can figure out what it is that they want. Use these tools. It's the same toolbox but everybody's going to use it differently. So trying to empower them to figure out what's important enough to take those tools out of that toolbox and use it."<br><br>"And that is what is so awesome is that every single week, every single meeting, ...you have an opportunity to renew yourself. I can feel horrible, not want to do it, not want to so whatever. Have not had a good week. Whatever my excuses may be and come into the meeting and I'm going to feel great when I leave." | "That was difficult to sit down and look at myself and say, "You are not where you should be. You need to do something about this." So I had to get back in my own meeting...she was the leader that clicked with my personality."<br><br>"So getting back into a weekly meeting and getting back into a weekly weigh in helped me to get back. But this is not over. It is a continual thing for me. I have to continue to keep up with this."<br><br>"With other employees, I think we all share this passion for helping members, for helping people. And those are the people I surround myself with; they are the staff members I surround myself with. I kinda of have a choice who I work with now. And so I try to stay around the positive people. And they reinforce me and I ask them when there is something I need to work on. It is symbiotic, I guess. With my members, it's hard to describe the relationship because it's like having a child and a pet and a best friend, you know. Because I have friends, but I don't cry when they get what they want but this is so good (made crying noises). But I don't, I just go that is great, let's party… But when my members get a job, when they have not had a job or when they get to a weight goal or they get through a divorce or when they have a child. I cry. I feel things in a different way. And I am routing for them. I am routing for them. I am ahead of myself sometimes. It is a weird thing. It is weird."<br><br>"I tell my lifetime members that I want to see them in that seat every single week! Just because you are a lifetime member doesn't mean you are better than us. You still need to be in that seat just like I do. I need them to be there for me. Because I get so much from those lifetime members. I have lifetime members that are there every week. |

## Weight-loss Support Group Leader Posteriori

| Posteriori Identified Themes | Case #1 - Alice | Case #2 - Beth | Case #3 - Cathy | Case #4 - David |
|---|---|---|---|---|
| **THEME #4: "Hiding"-Who is the real me?"- Losing weight revealed new identities and exposed past behaviors or psychologies that protected the formerly obese leader or contributed to a negative self-identity.** | "If you think you come into this thinking you know it all. You are not going to be a good fit. You have to come in humble. You have to come in being willing to change and learn different things."<br><br>"That was something I would never have done in the past. You just want to go with the flow. Now I am at the point, hot dogs are really high in sodium. So you go to CFA and they get a meal and I get a grilled chicken sandwich and a drink. And be fine with that."<br><br>"Yes, you just want to roll with the flow. You want to roll with what is going on. I think at some point, when you are younger that works because you just cut back somewhere else. But now that I am older I have to really think about what I am putting in my mouth." | "Losing weight has enhanced my self –image .I don't remember thinking, like I said, I don't remember thinking I was worthless. I don't remember realizing that I was hiding until I wrote that letter. Until I really sat down and did it."<br><br>"And she watched me come down and celebrate. And she said to me one day, you know, I knew you were hiding in there someplace. But she said, I never would have imagined what would come out on the other side. She said, I am so proud of you."<br><br>"Yes, I was hiding…"<br><br>"And the one that hangs, and still hangs, the one that was so emotional last week, is worthless. And you think of how negative and all encompassing that word is. That you would label yourself because of your size as worthless, I mean is such an emotional, powerful, telling word. And I don't think I realized that I felt worthless. I knew I wasn't comfortable. I can tell you that I didn't see at 376 pounds what you saw when you looked at me. I didn't see that. At the same token, I don't see what you see now when you look at me. My head is screwed up."<br><br>"But when you started thinking about it and the weight started to come off and I realized what was literally buried under all that fat. And this was what was out. I was worthless. I had never put that word on it. But I felt I was worthless, I was invisible."<br><br>"You made me hide in public places. You kept me silent when I wanted to participate in a group for fear of drawing attention to myself." | "It was more about my health, so it was the time-frame of my life also, because I really wanted to be with my children. I wanted to feel like a healthy active mom. I didn't want to not want to just hide inside and not do those things and so I needed to feel more comfortable. That's when I was really starting…cause I'm an older mom and so I started seeing the changes that occur (both laugh) and I was like oh my gosh, if I feel like this now. If I don't do something about this, then it's just gonna get… it's not gonna get better. It's gonna get worse. And that's what motivates me still, cause sometimes you just wanna sit down and say really. But I really realized the third time when they said lifetime they meant lifetime. They meant this is a behavior change. This takes time for you to make the behavior change and then it takes time to maintain it."<br><br>"Oh, so much more secure and happier. Not that I wasn't happy then but I just didn't have the confidence. Way more capable. I mean a lot of this is age cause we're looking at the big span. So the part of aging I love is confidence and the capabilities and being able to discern."<br><br>"I'm not a perfectionist so much as…but you know I want to get this right. I want to do it right. Yeah, just happier even though I cry when I tell you." | "… You know, when you lose weight you kinda… everyone says you change, I don't think you really change, I think you just stop hiding from who you are. So I stopped hiding and I started joking and started being more vocal about how I feel about certain things. Not everybody liked it."<br><br>"I mean, you know, in the past I used to call myself 'fatty' and now , in my mind, I call myself 'hotness'. And I kinda think of it like Superman. Clark Kent leads a life of just….it's really not a life at all, he is hiding. He is just hiding. That's what I was doing, I was hiding. I didn't dance. I didn't swim. I didn't joke. I just …I was just watching things. And that came with certain positive things…it did. I was never let down. I was never …there was a certain "privateness" about it that I enjoyed. But also what else came with it was sadness and loneliness and depression. And just this overwhelming cloud over your head. Something is wrong. Something is wrong with me. And that existence, I was feed up with it. I really was. But THIS now, to be… to be…smiling constantly… sometimes even when I am not feeling like smiling. You think it until you make it… you keep smiling and all of a sudden you forget that you were unhappy. And joking, and getting out there and doing things. It's an exciting life. And what comes with it is certain demands, it comes with certain expectation. Constantly performing, constantly be up. But what comes with that is friends. What comes with it is possibilities, when you decide which one of those things is better for your life, health wise, you know. So in the past there was no possibility, there is no future. But with the other one there is future, there is possibility, there is hope, which is what I wanted. So, yeah, I guess that is how I would answer that."<br><br>And you can't be afraid of the person that you find when you start digging down deep because that is who you really are. Part of who we think we are is the person that we hide but when you are finally able to be who you really are, instead of hiding and you surround yourself around people like that. And you find a community of people that understand. I think then you start tapping into some potential." |

## Weight-loss Support Group Leader Posteriori

| Posteriori Identified Themes | Case #1 - Alice | Case #2 - Beth | Case #3 - Cathy | Case #4 - David |
|---|---|---|---|---|
| **THEME #5:**<br>**"It is More than a Business: Legacy, Reciprocity and Ministry" -**<br>**The reason and motivation for involvement is more about giving back and helping others rather than a business or earning income.** | "Yes. 22 years is a long time. You don't have many… because they look at this thing. You see this is where it gets you. If you look at this thing as money then you are not going to stay a leader long. You are either going to advance or you are going to find something else to do."<br><br>"I think about right now the people that are sitting here right now. How can I help them? What can I do? How this is where we are going to…how can I get them to answer their own questions. How can I facilitate? Oh, You're not losing weight, okay so have you lost weight in the past, okay yeah, what did you do? Instead of me solving their problems it's, I'm learning this, on how to help you. Me just asking words. Me just helping you." | "It is a ministry. That's funny. When I stand up there and I am talking. And just the way I will do my pauses or the way I will chose to repeat certain things. I am thinking, Hi Dad. You know my Dad has been gone a couple of years." "But he died at 82. So he had many years of gift. He was a Presbyterian minister."<br><br>"I would tell you that anyone who wants to do it can do it. I will tell you that my parting words, to anybody, I will do whatever you need me to do to help you get where you want to go, whatever that is. I give them my email. I give them my Facebook."<br><br>"I was a needy member. I made a lot of leaders feel bad. I did come back and apologize to those. I welcome needy members because I know what it has cost them to get there. And I know why they are needy. But a lot of leaders don't welcome needy members. I think this group that works in here Tuesday nights and Saturday mornings and evenings, we are every bit of a ministry." | "I have to, because as a staff member, think of it from that side. But I think it's much more than a business. I mean I think that it transcends what the traditional business is. That's why the business model is so weird."<br><br>"…it's so much more. If it didn't have so much more it would just be another business and it's not that at all. What's very interesting is that, you know how I was talking about who wants to be average? You know the one pound thing? You have a lot of people in this company who have been through the same struggles and so we are constantly helping each other so we're not average. But we're extraordinary. You know what I'm saying? When you're around people who've had that kind of success but also who can fall back. I get to be more human in this space than I am anywhere else."<br><br>"It is and so that is where *our group* gives you hope."<br><br>"It's getting easier but this business model is not like any other in the world." | "I think that is it, being a part of a legacy that Jean Nidetch started is exciting. From day to day, you are not always thinking. "We are Jean Nidetch!" But when you get in that room and you are with them and you realize, I am part of something. I am part of this person's world right now. You know, it is exciting! Not many people get to wake up in the morning and be excited about what they are going to do that day."<br><br>"I wanted to give back. And the job I had here which was painting… it wasn't … it wasn't…it wasn't something I enjoyed. I wanted to do something that I enjoyed. And I still went in for my lifetime weigh in's, so while I was there one day, I said you know what, let me just ask. So I asked. And suddenly I had an interview. It was an opportunity to give back. It was an opportunity to stay connected to WLSP and get to know more about the company. So it just worked out."<br><br>"…something like cause and effect. Someone helped me. Someone helped me. I don't even know if she remembers who I am. But I remember her. And every single member I meet, I am going to do everything I can to help them. And yes it is a part of the *group* service's vision but I feel like in this very moment I can help them get to where they need to be then maybe I can say thank you to Kathy, my leader. And it doesn't matter if she doesn't remember who I am. It doesn't matter. But she had an impact on me and if I can do that for someone else then that is a beautiful thing. And that is part of me not settling anymore. I don't just want to put stuff on a shelf or ring something up , I want to do something…"<br><br>"It is just so exciting being a part of this legacy that… I guess that is why it scares me. Because this is just too awesome and great that this can't last forever. So, every member…what if you are my last member? You know, I just, you know, want to give it all I can." |

## Weight-loss Support Group Leader Posteriori

| Posteriori Identified Themes | Case #1 - Alice | Case #2 - Beth | Case #3 - Cathy | Case #4 - David |
|---|---|---|---|---|
| **THEME #6:**<br>**"Pick your hard!" - It is not an easy process to lose weight but it is not an easy process to maintain weight loss. This leads to an emotional relationship with the "scale.""** | "My story is losing weight. I have lost it 4 times after 4 kids. Keeping it off is a struggle, no matter what. I said in the meeting today, pick your hard. It's hard to lose; it's hard to stay the same. But we all have one or the other. It's never losing all your weight and have no worries. It's still staying on track and making it fun."<br><br>"The process that I identify with the most… is trying to stay the same. Is that a good…? I identify with that. Like I said earlier, I want to pick you hard. It's losing our same thing. Pick you hard. What do I identify with? I think, I mean, you have to…what I said earlier, was that you have to identify with the people that are in your meeting room. And if you ever you become, you think you have arrived. Take heed, lest you fall."<br><br>"I think we all hate it. It never says what we want to say. Because it is a journey. It's not something that… I will always have a love-hate relationship with that thing over there. It is always something; it helps me, one way or the other. You have to look at it that way." | "So I said, okay I have had this quart of ice cream and there are still Christmas cookies and I didn't gain. But I was eating all the wrong things. And I couldn't exercise like I would. So everything had changed. And I was not comfortable in my clothes. And that took a struggle. I stood up there and said, I don't feel good. My weight is fine."<br><br>"Then I got injured and I was in a boot. And I let the boot, keep me from, where I had been in a boot before. I did zumba in a boot. You know it did not stop me. You know it was an excuse because I had that excuse. Again, I did not go over my goal. But everything shifted and everything were fluffy. And I wasn't feeling good. And I finally said, enough. And I told them I am done. And I said I don't feel like I have been honest with you. You know I have been eating plan but not been doing this. And I said, you can see it. I know you can see it. And just turned it back around."<br><br>"…if I had walked in that day to rejoin the *weight-loss group* and the leader said Beth you need to lose 200 pounds. My head would have gone down, I would have cried and I would have walked out. I never would have come back. But that leader said, welcome. And she said, can you lose 5 pounds? And I said, yeah I can lose 5 pounds. Then that is all I want you to do. And she wasn't someone who had lost a lot of weight but God put her there for a reason." | "The old habits are always hanging out there really close in case you need them. You know they are just like "we're here!" So you have to stay conscious. So I really try not to have a whole lot."<br><br>"Oh I still choose food for comfort. And so now you have these good cookbooks on comfort food but it's still portion control. So what I notice I do what one of the old habits is I will eat to avoid doing something. You know? Suddenly I'm famished. The bathroom needs cleaning or it's like recently it's my son's explanation of benefits. For all the medical bills and everything I'm just sit down with the pile and I'm like I'm hungry. You know?"<br><br>"Because the frustrating thing, when I first started, was that people would be like I'm eating underneath my points or right on it blah blah. Well I'm like you're eating hundred calorie packs. I mean that doesn't make sense. And that's so why I'm constantly saying if it's not a power food it must be weighed and measured, cause when you get down to brass facts if your not giving your body what…"<br><br>"But because I had that knowledge and because I was practicing that and because I was working for the company it kept me on track. I don't know that if I wasn't working for the company if I would have been able to do that. So it was the support of the people and it was the structure and it was the continued, you know the same thing, the inspiration, the being reminded every day…"<br><br>"You have a lot of people in this company who have been through the same struggles and so we are constantly helping each other so we're not average." | "Oh yes, you definitely struggle. I constantly struggle with 5 lbs. around my goal. And it just all depended on what was going on that week. Having to lose 2 lbs for the week was not really a big deal for me. But then after I got married, even just meeting her I gained 5! And then I gained 15 on the honeymoon and then I gained another 15 just by being newlyweds, you know. That was while I was working for the *weight-loss support group*, while I was in front of people saying, "You can do this!" I can't…but never mind that! But you can! That was difficult to sit down and look at myself and say, "You are not where you should be. You need to do something about this."<br><br>"I hate it! I hate it. In a way it never gets easy. It's pressure. When I have that weigh in coming up I am working to keep my weight within a certain place for a job, not for myself, for a job. That is one thing I don't like that weigh in that is why I started weighing in weekly. Then I am weighing in for myself, to keep myself within a certain weight. Instead of…"am I going to keep my job?" Which is a thing that WW is continually trying to figure itself out. It is still tweaking that. Because now a leader or a receptionist can weigh in multiple times in the month and the best weight will be sent in as the official which I think is much less pressure than a bunch of us starving ourselves at the end of the month."<br><br>"It has to be something more, especially if it takes longer than 3 months. Yeah, if it takes longer than 3 months… if it takes years… Yes, you have to be married to this thing. You have to be! Because it is a marriage! WW. And then once you have done it, you have to stay connected to it. You got to continue to go to meetings. You have to continue to weigh in. Because as soon as you stop doing those things…." |

## Weight-loss Support Group Leader Posteriori

| Posteriori Identified Themes | Case #1 - Alice | Case #2 - Beth | Case #3 - Cathy | Case #4 - David |
|---|---|---|---|---|
| **THEME #7: "This weight-loss support group saved/changed my life!"- Participation as a member in the weight-loss group facilitated changes impacted life significantly.** | "my daughter, has hyperthyroidism, gained 52 pounds. I made her belief that she could lose that weight. I helped her believe. And she believed. And we together …She did it. I was a very good instigator to help her do this. My Mother , who has high cholesterol , overweight, ate , lost 30 something pounds."<br><br>"It has saved my life. It has saved my life. I mean… God has saved me. But it has truly, truly, truly impacted any of those things you just mentioned in a positive way. In a very positive way." | "*This group* is my salvation. I get as much out of the meetings as I hope I give them."<br><br>"I am alive. I don't think I would be alive. I really don't. Maybe I would be alive because of medical science."<br><br>AFTER READING LETTER SHE WROTE TO HER WEIGHT THE DAY AFTER REACHING HER GOAL... "Now you see why that is hard. That was the defining moment." | "It does make me emotional. This is an emotional job. But it is also terribly rewarding to see people…and it's a reflection and it's you know… it's people."<br><br>"and for her to make that kind of change. I was just like uhh. And so she's inspirational. So you not only get the support of people there but you get continuously inspired."<br><br>"*The group is like a* Life preserver. It was still a life preserver because I was like absolutely not. They cannot have my health. They cannot have my health. They can have my business but they cannot have my health. So that has been a challenge but it's almost like I can make it through all the emergencies and then after the most emergent time is over…" | "That has impacted everything. It impacts how I treat people. It impacts how people view me. It impacts the job I am at. It just impacted every piece of my life. So my reasons for doing it are still the same. Because I don't think I would be at this job, married to the person I am married to and having this life, if it weren't for the changes that I made inside."<br><br>"…when you see people transformed … when you see people turn their lives… when you see people save their lives… people who are still alive because of what you helped them to do because they do it… they are the ones who do it. But when you have helped them… you can't help but feel like there is some kind of reason… some kind of special …"<br><br>"But in certain aspects of my life, I don't settle now. I go for exactly what I want….in everything…in clothes, in entertainment, in vacations, in my friends. Everything has to be genuine, it has to be real. It has to be worth my time. It has to be good for me. Nothing toxic or fake." |

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