Abandoning weight-loss programmes

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Summary

Published scientific reports on obesity have repeatedly confirmed subjects' difficulties in maintaining weight loss. A study of unsuccessful dieters focused on a group of 50 obese subjects who had previously joined a slimming organisation, but who had dropped out. They were interviewed with emphasis on factors relating to reasons why the weight loss programmes had been abandoned. The subjects were reached through active members, who brought along unsuccessful slimmers to the group interviews. Interviews were recorded, transcribed and analysed. The results highlighted the following problem areas: motivational issues, perception of self, interpersonal/social and situational constraints, behaviour patterns, physiological concerns, and previous experiences of weight loss programmes. Sample characteristics were examined with regard to relevant demographic and educational variables. Implications of the results are discussed.

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> 'Most obese persons will not enter treatment for obesity. Of those who enter treatment, most will not lose weight, and of those who lose weight, most will regain it.'
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> — A. J. Stunkard 1959[1]

Stunkard's frequently quoted damnation of the slimming attempts of the obese may be realistic if viewed long-term. Nevertheless each year thousands of prospective slimmers respond to the challenge of shedding weight in order to enhance their physical and emotional well-being. More than 3 decades ago, the doyenne of eating disorders and obesity, Hilde Bruch,[2] compared the quest for slimness to 'the battle for liberty', elaborating that there was a price for this desirable commodity, namely 'eternal vigilance'. The high attrition rate of persons in weight-loss programmes seems to indicate that the price may, indeed, be too high for many.

The current social pressures to achieve the much desired slim state may be overwhelming.[3] Even so, obesity is regarded as a major health problem. It is more common in the USA than in any other Western country[4] and the problem is still on the increase according to a National Health and Nutrition Examination survey.[5]

As far as nutrition is concerned, South Africa has problems in common with other countries that have both an industrialised and a developing component. For the heterogeneous South African population, the problems of obesity, and obesity-related diseases, become more prominent among those adopting westernised lifestyles.[6] Even so, Koeslag[7] is of the opinion that we exaggerate the extent of the obesity problem, since it is realistic for the 45-year-old adult to weigh about 20% more than he or she did at the age of 20 years, and we tend to underestimate this aspect in establishing our norms for ideal or desired weight.

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Although many unsuccessful slimmers in our study reported that they knew the principles enhancing weight loss, and could even label themselves as 'dietary experts', there seemed to be a bridge that requires crossing when it comes to the application of this knowledge. The key to solving this problem at present lies in a multiprofessional approach. In practise, this necessitates a lifestyle change involving many areas, such as the choice and preparation of food, habits pertaining to physical exercise, stress management, self-concept and body satisfaction, as well as the management of interpersonal factors relating to family and marital issues.[8]

There are many interacting causative factors for overweight, ranging from genetic make-up and physiological functioning,[9,10] through dietary intake,[6] physical exercise[7] and behavioural patterns sanctioned by cultural and social norms and styles.[11] Even so, the person afflicted by a weight problem, may view his situation in a subjective way, and this unique perception may be a contributing factor in the lack of permanent or long-lasting success as far as slimming efforts are concerned.

Repeated failure may be disheartening in itself and jeopardise future slimming attempts. Bearing this in mind, it has to be remembered that many people in westernised societies have experienced attempts at weight control. The repeated attempts speak for themselves; namely, that previous attempts were not successful in the long-term. McNamara[12] emphasised that repeated dieting has numerous negative consequences and quotes published reports to substantiate this. Indeed, in a USA survey of 854 girls and young women aged 12 - 23 years, 38% had already attempted dieting.[13] An even higher percentage, namely 61%, was reported by the National Adolescent Student Health Survey[14] as having dieted during the previous year. The adolescent western girl, growing up in the 1980s and 1990s, has more often than not been exposed to a mother who has tried to control her own weight, and this influences the daughter's perception of the mother as a role model.[15]

We asked ourselves whether a 'self-fulfilling prophecy' might be at work, and what beliefs were fuelling these perceptions and opinions. To obtain enlightenment on the subjective world of failed slimmers, we asked some of these people to share their experiences with us in group discussions.

Subjects and methods

Fifty obese subjects, who had previously joined a large slimming organisation, but who had dropped out, were interviewed in group situations. The subjects were reached through active members and were requested to take part in a discussion lasting approximately 1 hour. Four groups were formed and at four meetings the various groups were invited to discuss the factors they perceived as contributing to their abandonment of the weight-loss programme. The facilitator of the discussion groups, a clinical psychologist, asked only non-directive questions and ensured participation of all members in the group. For every 4 participants a silent and non-participant observer recorded contributions. Group members formed a circle and silent observers were placed outside the circle so that they would be as unobtrusive as possible.

The sample consisted of 44 women (88%) and 6 men (12%) (Table I). The subjects' ages ranged from 18 years to 62 years (mean age 36,4 years). A fairly large number of the subjects were married (42%), while 28% had never been married, 20%

TABLE I. DEMOGRAPHIC COMPOSITION OF THE SAMPLE

Variable	Subjects No.	Subjects %
Sex		
Male	6	12
Female	44	88
Age (yrs)		
16 - 25	7	14
26 - 35	18	36
36 - 45	10	20
46 - 55	13	26
56 - 65	2	4
Marital status		
Not married	14	28
Married	21	42
Divorced	10	20
Widowed	5	10
Occupation		
Student	9	18
Economically active	23	46
Economically inactive	18	36
Level of education		
Std 8	8	16
Matric	20	40
College diploma	10	20
University degree	12	24

were divorced and 10% were widowed. Twenty-three subjects (46%) were economically active, 36% were economically inactive and 18% were students. Most subjects (84%) had obtained at least a matric certificate. The sample consisted of white subjects who were recruited in the Witwatersrand/Pretoria area.

The method by which this sample was obtained yielded a selected group of individuals who were not necessarily representative of a larger population. Care should therefore be taken in generalising the results of this study beyond these boundaries. The results are nevertheless likely to provide a glimpse into the problems experienced by some people who unsuccessfully partook in a structured group-oriented weight-loss programme.

The discussion sessions were recorded, transcribed and analysed.

Results

A total of 34 issues were raised during the discussions (Table II). These were classified under seven broad categories: (*i*) motivational problems (representing 25,1% of the issues raised); (*ii*) previous experiences of weight-loss programmes (21,7%); (*iii*) problems relating to the issue of self-definition (15,1%); (*iv*) behaviour patterns (12,4%); (*v*) interpersonal constraints (10,5%); (*vi*) social and situational constraints (8,8%); and (*vii*) physiological concerns (6,6%). A total of 411 responses were recorded with an average of 8,22 issues raised per subject.

Motivational issues

Motivational issues represented more than a quarter of the reasons put forward by the subjects for having dropped out of the weight-loss programme. The two most important issues mentioned in this category involved the subjects' doubt about their own ability to maintain their personal goal weight as set by the weight-loss programme (52%) and the decision to rejoin

TABLE II. REASONS FORWARDED FOR WITHDRAWING FROM A WEIGHT-LOSS PROGRAMME

Issues	Response No.	Response %*	Rank order
Motivational			
Doubt own ability to maintain goal weight	26	52	2
Compared with initial enrolment, joining a weight-loss programme is more difficult	24	48	3
Doubt whether the dedication demanded is worth effort	12	24	16
Bored with dietary instructions	11	22	18
Want to lose some weight on own before rejoining a weight-loss programme	10	20	19,5
Do not feel ready for taking part in a weight-loss programme again	8	16	23,5
Embarrassed about rejoining classes after weight gain	7	14	26
Afraid of failing again and the accompanying feelings of guilt, shame and depression	5	10	30,5
No. of responses†	103	25,1	
Previous experience of weight-loss programmes			
Discouraged due to failure(s) during previous attempt(s)	34	68	1
Became obsessed about weight/food when on weight-loss programme	16	32	8
Food allowed in weight-loss programme unappetising	14	28	11,5
Found 'controlled cheating' difficult to maintain	10	20	19,5
Difficulty in coping with weight-loss programme on own	9	18	21,5
Did not want others to know actual weight (disliked lack of privacy)	6	12	28,5
No. of responses†	89	21,7	
Self-definition			
Feel accepted by family and friends as overweight	23	46	4
Have always tended to view self as overweight	17	34	6
Difficulty in reconciling slimming goals with role of having to provide meals for family	13	26	13,5
Do not feel thin even after having lost weight (problems related to body image)	9	18	21,5
No. of responses†	62	15,1	

* Percentage based on total number of subjects, $N = 50$.
† Percentages based on total number of responses, $N = 411$.
Due to rounding, percentages may not add up to 100.

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TABLE II (CONTINUED)

Issues	Response No.	Response %*	Rank order
Behaviour patterns			
Disinterested in exercising	16	32	8
Lack of self-discipline when not enrolled in a weight-loss programme	15	30	10
Cannot control binges or cravings	13	26	13,5
Difficulty in adapting to new eating patterns	7	14	26
No. of responses†	51	12,4	
Interpersonal constraints			
Indifference/lack of support from family and friends	18	36	5
Other overweight family members unwilling to join weight-loss programme	12	24	16
Discouraging remarks from others	7	14	26
More easily irritated with others when on weight-loss programme	6	12	28,5
No. of responses†	43	10,5	
Social and situational constraints			
Difficulty in controlling food intake during vacations and/or weekends	16	32	8
High demands at work/university/college	14	28	11,5
Antisocial feelings increase with decrease in weight	5	10	30,5
View being overweight as a cultural trait	1	2	34
No. of responses†	36	8,8	
Physiological concerns			
Have large frame and will never look thin	12	24	16
Attributes inability to lose weight to side-effects of medication or treatment for some ailment	8	16	23,5
'Slow' metabolism	4	8	32
Pre-menstrual weight gain	3	6	33
No. of responses†	27	6,6	

* Percentage based on total number of subjects, $N = 50$.
† Percentages based on total number of responses, $N = 411$.
Due to rounding, percentages may not add up to 100.

a weight-loss programme was found to be much more difficult than initial enrolment (48%) and commitment (16%). Feelings of doubt (24%), embarrassment (14%) and guilt, shame or depression (10%) about re-enrolment and the possibility of failing again were mentioned. Some subjects expressed the need to gain more self-confidence by losing weight on their own before considering joining a weight-loss programme again (22%). Boredom with restrictions posed by dietary directives were also mentioned by a number of subjects (22%).

Previous experience

The single most important reason forwarded for no longer partaking in group-oriented weight-loss programmes, involved feelings of discouragement due to failure during previous attempt(s) (68%). Other issues relating to the subjects' previous experience of weight-loss programmes included obsessiveness with weight and food when following a weight-loss programme (32%); the food permitted by the programme was unappetising (28%); and self-discipline in allowing 'controlled cheating' was difficult to maintain (20%). Some subjects also found it difficult to continue with the weight-loss programme on their own (18%). Having to disclose one's actual weight to other members was viewed as an additional drawback of group-centred weight-loss programmes (12%).

Self-definition

Contributing issues, which related to the subjects' self definition, centred on feeling accepted by their family and friends as being overweight (46%), having accepted themselves as being overweight (34%), having difficulty in reconciling slimming goals with their role of homemaker (26%) and having difficulty in accepting a new body image when they had lost weight (18%).

Behaviour patterns

Resistance to altering behaviour patterns were expressed as follows: a fair number of subjects were disinterested in exercising (32%), experienced a lack of self-discipline when not enrolled in a weight-loss programme (30%), were generally unable to control binges or cravings for food (26%), and found it difficult to adapt to new eating patterns.

Interpersonal constraints

Interpersonal constraints that contributed to the subjects' abandonment of weight-loss programmes appeared to focus primarily on their need for positive reinforcement from significant others. Indifference or lack of support from family members and friends were fairly often mentioned (36%), along with the unwillingness of other overweight family members to join the weight-loss programme (24%), and discouraging remarks made by others (14%). Some also mentioned an increased irritability with others when they were taking part in weight-loss programmes; this was exacerbated by subjective feelings of deprivation (12%).

Social and situational constraints

Social and situational constraints experienced by the subjects highlighted issues such as problems experienced in controlling food intake during vacations and/or over weekends (32%), high demands at work or university/college (28%), and antisocial feelings that increased as weight decreased (10%). One subject also viewed being overweight as a cultural trait (2%).

Physiological

The subjects also mentioned physiological issues that contributed to their decision to withdraw from the weight-loss programme. Some argued that they had a large frame and would never look thin (24%). Other reasons put forward for inability to lose weight involved the side-effects of medication or treatment for an ailment (16%), what subjects labelled as a 'slow metabolism' (8%), and a chronic problem of premenstrual weight gain (6%).

Discussion

Since this study deals with subjects' reasons for having lost interest in a group-centred weight-loss programme, all the subjects had to face the realisation that they had failed in their goal to lose weight. From the results it is clear that each subject's decision to abandon the weight-loss programme was prompted by a range of issues rather than a single cause *per se*. Though classified under different categories, the issues mentioned by each subject were expressed as being interrelated and supportive of each other. The broad categories identified should therefore be regarded as interdependent dimensions of the subjects' experiences, which led them eventually to abandon their involvement in weight-loss programmes.

While motivational reasons were classified as a separate issue, the subjects' expressions of doubt, boredom, embarrassment, guilt, shame and depression also appeared to form the underlying emotional basis for most of the other reasons that were put forward. The contextualisation of the causes leading to their demotivation have been more clearly described within the framework of the remaining categories.

The fact that the single most frequent reason put forward for abandoning weight-loss programmes involved feelings of discouragement, points to aspects relating to 'dieting saturation'. In the introductory discussion the very early and repeated exposure of especially young girls to diets and dieting peers and mothers was described. Some adults in this study seemed to have reached a saturation point, where complacency had set in and although there may have been feelings of guilt concerning their weight and lifestyle, they could not mobilise the renewed energy to succeed where they had previously failed.

Other reasons that related to the subjects' previous experiences of weight-loss programmes involved the choice of food and the perceived restraint of a dietary regimen. Some reasons that pave the way for repeated failure are attempts to be so controlled in eating that a new dietary approach cannot be incorporated into permanent dietary habits. Similarly, exercise can only be a permanent feature if the choice of exercise is pleasurable and appropriate for specific age and ability.

Self-definition related to aspects pertaining to body image and self-perception. The powerful effect of the subjective perception of self on behaviour has been well documented.[16-18] Childhood and adolescent obesity tend to predispose to poorer body image, since these periods represent formative years in terms of body image development and hence formation of self-concept. It requires an extended period of being slim to incorporate the altered body shape into the body image permanently, and dieters in this study had not succeeded in maintaining weight loss over extended periods.

Behaviour patterns tie up with lifestyle change, which is a necessary commitment if weight loss is to be permanent.

The perceived interpersonal constraints emphasised the powerful group dynamics at play, also discussed in the work of Stuart and Jacobson.[8] For the same reason, however, the group pressure and support as experienced in a slimming effort within a group context can be a strong motivational factor.

Social and situational constraints are linked to effective stress management and coping skills. Unless more appropriate ways of handling difficult emotions and situations are explored, it is tempting to resort to 'tried and tested' methods — for instance overeating to appease negative emotions.

Physiological concerns occasionally represent ways of blaming some situation beyond the subjects' own control for difficulties experienced with weight loss. The physiological concerns certainly bear some truth,[10] but are frequently exaggerated by the subject.

Conclusion

For subjects in this study, the immediate rewards offered by unrestrained eating and lifestyle outweighed the relative deprivation and constraint demanded during the period that weight loss was an objective. Even if weight was successfully lost, the maintenance of lower body weight required a permanent adaptation in lifestyle. This, in turn, demanded lifelong dedication and a clear understanding that, in the long-term, the rewards of healthy living in terms of emotional and physical well-being outweigh the pleasures of habitual overindulgence. Some are willing to pay the price and they find the reward more than adequate. Others voice the opinion, so touchingly expressed by a patient to his medical practitioner in 1825, and emphasising the relative timelessness of the problem: 'Sir, I have followed your prescription as if my life depended on it, and have ascertained that during this month I have been obliged to do such violence to all my tastes and all my habits — in a word I have suffered so much — that while giving you my best thanks for your kind directions, I renounce any advantages from them and throw myself for the future entirely into the hands of Providence.'[19]

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