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Achieving freedom through giving up dieting: a phenomenological study

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ACHIEVING FREEDOM THROUGH GIVING UP DIETING: A PHENOMENOLOGICAL STUDY

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ABSTRACT

ACHIEVING FREEDOM THROUGH GIVING UP DIETING: A PHENOMENOLOGICAL STUDY

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Dieting is promoted as a means of achieving health and beauty. However, a review of the literature suggests that dieting can negatively impact both the physical and mental health of the dieter. Dieting is not an effective means of achieving weight loss as the body rigorously maintains body weight. Dieting is also associated with weight cycling, a risk factor for cardiovascular disease and death. Anecdotal clinical evidence suggests that giving up dieting may be a beneficial step in improving the physiological and emotional health of the dieter. This study was designed to describe empirically the process of giving up dieting by conducting a phenomenological interview study.

In-depth interviews of 13 well-educated, predominately middle-class, European Americans yielded rich, descriptive data which were analyzed inductively. Utilizing the qualitative research techniques of theoretical sampling and discrepant cases, a complex, theoretical framework emerged.

The primary theme in the process of giving up dieting was one of movement from restriction to freedom. Dieters who were once preoccupied with body and food reported experiencing a sense of freedom after stopping dieting. Three interactive phases comprise their processes: 1) making cognitive re-visions, 2) relying on self-knowledge, and 3) achieving freedom. Participants described reframing thoughts about food and body, becoming more internally defined, and experiencing freedom to explore new avenues of self-expression. The process of giving up dieting is a dynamic, evolving process and does not occur in linear and discreet stages. Ultimately, participants responded that stopping dieting had far-reaching and positive effects in their lives. Implications for psychological theory and suggestions for future research are discussed.

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DEDICATION

This thesis is dedicated to my Aunt Ruby, who like many other women, have paid dearly in their quests for thinness and "health." It was primarily her experiences that inspired this thesis.

TABLE OF CONTENTS

LIST OF FIGURES

LIST OF TABLES

LITERATURE REVIEW

INTRODUCTION

Before reviewing the literature, two topics must be addressed: 1) language, and 2) the definition of dieting. Brown (1989) suggests that therapists purge their vocabulary of medicalized terms that pathologize fatness. Terms such as "overweight" and "obesity" serve to perpetuate fat oppression (Brown, 1989). In an effort to maintain fidelity to the original research cited in this paper, I have used these medicalized terms; however, when writing in my own voice I will simply use the term fat. The term dieting as used in this paper shall refer to the restriction of calories or food in an effort to lose weight.

An estimated 50 percent of women and 25 percent of men are dieting at any given time in America (Lissner et al., 1991). Dieting and weight concerns are so common among today's women that they have become normative (Rodin, Silberstein, & Streigel-Moore, 1984). The diet industry is a multi-billion dollar business (Szekely, 1988), yet the success rates of dieters are dismal. Chernin (1981) reports that 98 percent of all dieters regain their lost weight, and 90 percent regain more weight than they

initially lost. Brownell (1982) writes, "If 'cure' from obesity is defined as reduction to ideal weight and maintenance of that weight for 5 years, a person is more likely to recover from most forms of cancer than from obesity" (p. 820). The societal pressures to diet are great, but the costs of dieting may outweigh the benefits (Polivy & Herman, 1983).

The two most common reasons given for dieting are improved appearance and health (Hayes & Ross, 1987). The quest for beauty through thinness remains extremely compelling for women (Kano, 1989) although, historically, the quest for beauty has physically and psychologically debilitated women (Brownmiller, 1984). Likewise, the quest for achieving health through thinness is also compelling. Most major health problems have been linked to obesity. However, epidemiological and experimental studies do not support the link between obesity and high mortality rates (Ernsberger & Haskew, 1987). In fact, persons who are 25 to 35 percent overweight (according to actuarial standards) experience maximum longevity (Ernsberger & Haskew, 1987).

Furthermore, the physiological consequences of dieting are health-threatening. For those on calorie-reduced diets, the body rigorously defends against weight loss by increased feelings of hunger, increased lethargy, and reduced basal metabolic rate (Bennett & Gurin, 1982; Polivy & Herman, 1983). These physiological defenses promote binge eating and weight gain in dieters (Bennett & Gurin,

1982). Dieting also makes one more responsive to external cues to eat, as well as leaving one vulnerable to a variety of cognitive disinhibitors, which result in overeating or binge eating (Polivy & Herman, 1983). It is precisely these episodes of binge eating and rapid regain of weight that pose serious health problems to the dieter (Lissner et al., 1991).

Finally, dieting can negatively impact the mental health of the dieter through lowered self-esteem and feelings of failure (Polivy & Herman, 1983); the potential for the development of eating disorders (Wooley & Wooley, 1984b); incongruity between one's cognitions and physiological needs, more commonly referred to as a split between mind and body (Chernin, 1981); and alienation from one's gender identity (Chernin, 1981), from the self (Chernin, 1981) and from food and eating (Brown, 1985; Orbach, 1978).

Why Diet?

Two common reasons people give for embarking on weight-loss diets are appearance and health. Becoming thin in our society is equated with both improved health as well as enhanced beauty, yet for women, the concern for appearance may be a strong motivating factor in pursuing unhealthy diet practices (Hayes & Ross, 1987). Kano (1989) suggests that even with the knowledge that higher weights may actually be more desirable for better health, most

people would still prefer to be thinner. In the following two sections, I will examine the compelling role of beauty in women's lives, as well as take a critical look at the literature on obesity and health.

Beauty and Thinness

Throughout history, women have altered their bodies in attempts to conform to that era's ideal of beauty (Ehrenreich & English, 1978). However, these ideals are everchanging. Aesthetic ideals vary across cultures as well as over time (Kano, 1989). Women's bodies come in a variety of shapes and sizes, yet there is typically only one ideal body in each culture in any given age (Brownmiller, 1984). Societies of each era cling tenaciously to the belief that their beauty and health standards are "correct."

Today's current beauty ideal is unrealistically thin (Rodin et al., 1984). Ironically, in past decades the feminine ideal has become thinner, yet women under 30 have been getting larger due to better nutrition (Freedman, 1986). Additionally, because of the developmental milestones of puberty, pregnancy, and menopause, women tend to have increased body fat over their lifespan (Rodin et al., 1984). For example, research suggests that girls gain an average of 24 pounds during puberty (Unger & Crawford, 1992). This makes for a huge discrepancy between realistic body weights for women and the ideals internalized by the culture and touted by the media (Freedman, 1986).

It may be difficult to imagine a time when women were encouraged to **gain** weight in order to be more beautiful and healthy, but consider the following excerpt from the 1908 Harper's Bazar [sic] article entitled, "How to Get Plump" (cited in Dorenkamp, McClymer, Moynihan, & Vadum, 1985):

> It is those who are...thin, who look upon themselves as the victims of an unhappy fate and refer with bitter resentment to their supposedly responsible parents or grandparents....They must be taught that their condition is curable and that it must be struggled against instead of being accepted and made the best of. (pp. 136-37)

How was the 1908 woman to get plump and thus become healthy and beautiful? By cultivating laziness, getting moderate exercise (but never to the point of exhaustion), eating a stick of butter a day, and following this diet:

> At rising.--One glass hot milk.
>
> Breakfast at eight o'clock.--Sweet fruit; cereal with cream and sugar; two soft-boiled eggs; bread with thick layer of butter, jam or honey; cup of chocolate or glass of milk.
>
> At eleven.--Glass of milk; bread and butter.
>
> Luncheon, at one o'clock.--Creamed fish; baked potatoes with butter; pease; pudding made of sago and eggs; glass of milk.
>
> At four o'clock.--Glass of milk with egg beaten up in it; cake.

> Dinner at seven o'clock.--Cream soup; fat rare beefsteak; mashed potatoes; beans; creamed asparagus; beet salad, French dressing; rice pudding.
>
> Bedtime.--Glass of hot milk; raw egg.
>
> (cited in Dorenkamp et al., 1985, p. 139)

Contrasted with the 500, 800, and 1000 calorie diets of the modern Western woman, one bears witness to the dietary extremes to which women are expected to adhere to reach the current ideal shape.

Feminist theorists point out that, historically, women of wealth and status have been expected to endure a variety of painful procedures in the name of beauty and femininity (Brownmiller, 1984). The Chinese tradition of footbinding literally transformed a woman's foot into the shape of a dainty three to four inch high-heel (Freedman, 1986). Burmese women "enhanced" their beauty by wearing the neck ring (Brownmiller, 1984). Victorian women were painfully laced into whalebone and steel-ribbed corsets in order to attain the coveted hourglass figure (Freedman, 1986). As much as 20 to 80 pounds of pressure could be exerted by the corset's squeeze and doctors warned of the potential for crushed ribs and atrophied organs (Brownmiller, 1984). Modern-day dieting has supplanted corsets and girdles as the method of controlling women's bodies (Brownmiller, 1984).

Inherent in the practices of footbinding, corsetry, and dieting is an underlying belief that a woman's body in its natural state is "profoundly ugly" and needs some form of "corrective measure" (Brownmiller, 1984, p. 34). There is an endless array of beauty products, diet books, and weight-loss clinics readily available to help women correct their "flaws" (Szekely, 1988).

Furthermore, modern thinness ideals exaggerate physical vulnerability. Brown (1985) suggests that a thin woman is less threatening because she is less visible and takes up less physical space. Szekely (1988) writes, "At present, a woman's body has to be thin, shapely, flexible and fragile-looking (even if it is muscular). Such a body gives the impression of being easy to manipulate as well as in need of protection" (p. 20-21).

In summary, the beauty ideals in any given age are often unrealistic for the majority of women to achieve. Likewise, modern thinness standards are unrealistic for most women. These ideals, according to feminist theory, are oppressive in that they exaggerate and promote physical vulnerability as well as demonstrate an intolerance for the full range of natural female figures.

Obesity and Health

Combined with aesthetic pressures to be thin are admonitions from doctors and public health agencies that obesity is a potentially fatal health hazard (Polivy &

Herman, 1983). Upon examination of the medical literature on obesity, one finds volumes of research associating obesity with a wide range of health problems and diseases (Andres, 1980), particularly for the "grossly obese" (Brownell, 1982). Certainly we may challenge our society's existing standards of beauty, but how can we ignore the prevailing medical opinion that fatness is a lethal health risk?

In fact, the predominate medical opinions concerning adiposity and health have been challenged (Andres, 1980; Ernsberger & Haskew, 1987; Keys, 1980). A review of the literature suggests that 1) although there are elevated health risk factors associated with obesity (hypertension, increased triglycerides, increased cholesterol, e.g.), these risk factors do not translate into high mortality rates; 2) maximum longevity is associated with above average weight; and 3) adiposity (ranging from moderate to extreme) actually protects against several diseases and improves the prognosis in others (Ersnsberger & Haskew, 1987). Furthermore, the health hazards that are attributed to obesity may ironically be a result of weight-reduction attempts rather than fatness per se (Ernsberger & Haskew, 1987).

Ernsberger and Haskew (1987) suggest that the medical profession is influenced by societal values that promote thinness as a panacea. Historically, as popular opinion has decried fatness, medical writing condemning adiposity

has flourished. "Thus there has developed an unholy alliance between the normally adversarial forces of medicine and fashion that tells fat people that they are ugly, undisciplined, and sick" (p. 59). The authors propose that the popular aesthetics of thinness and the medical disparagement of fatness are, at a minimum, "mutually supportive trends" (p. 60) and that the medical community has drifted "far from reality" (p. 61) in its attitudes toward weight.

As mentioned above, obesity is associated with elevated risk factors for certain diseases (particularly cardiovascular disorders), but these risk factors fail to translate into high mortality rates (Ernsberger & Haskew, 1987). Medical research indicates that obesity has been associated with diseases such as coronary heart disease, hypertension, diabetes, and breast cancer (among others), yet the major population studies fail to show that obesity leads to greater risk for death (Andres, 1980).

For example, in the largest epidemiological study to date, researchers followed 1.8 million Norwegians for 10 years and found that women whose weights were associated with maximum longevity were considerably "overweight" by medical standards (Waaler, 1984). The leanest women had the highest mortality rates, followed by those women who would be considered "morbidly obese." Thus, the women deemed most healthy and attractive in our society fall into the highest risk weight category in terms of mortality (Ernsberger & Haskew, 1987).

McGee and Gordon (1976) reviewed data from the Pooling Project that examined the mortality rates in the Framingham, Albany, Tecumseh, Chicago People's Gas, and Chicago Western Electric health research studies. Researchers found that there was no steady increase in mortality with increasing overweight. Once again, the highest mortality rate was in the underweight group, followed by those participants with the greatest percentage of overweight. When considering the data from these pooled studies, 25 to 35 percent "overweight" seems optimal for longevity. Again, women who are at a "desirable" weight by actuarial standards are actually in the highest risk weight category (Ernsberger & Haskew, 1987).

Upon examination of the data from numerous scientific prospective studies, Keys (1980) concludes that the risk of having a heart attack or dying prematurely as a result of obesity is not supported by the evidence. The risks for heart attack and premature death increase only in the extremes of underweight and overweight. In fact, "there is no acceptable evidence that relative body weight has any relevance to future health for women in the middle 80 percent of the relative weight distribution" (Keys, 1980, p. 306).

Not only has increased adiposity been associated with maximum longevity, fatness actually protects against several diseases and improves the prognosis in others (Ernsberger & Haskew, 1987). Obesity has been

significantly associated with a lower incidence of premenopausal breast cancer, stomach cancer, lung cancer, colon cancer, and meningioma. In addition to a lower incidence of cancer, obesity has also been associated with a decreased incidence of the following health problems: infectious, respiratory, bone, and cardiovascular diseases; certain gynecological and obstetric problems including premature birth; and other health problems including anemia, diabetes type I, peptic ulcer, scoliosis, and suicide (Ernsberger & Haskew, 1987).

Increased adiposity is also associated with an improved prognosis in some diseases. For example, Ernsberger and Haskew (1987) review a study by Kannel and Schatzkin (1983) concluding that of persons who have had a myocardial infarction, those with a weight loss of ten or more pounds have a two-fold increase in mortality when compared to those whose weight remains stable.

Human beings come in a variety of shapes and sizes, and a blanket statement encouraging thinness for every person is suspect. Andres (1980) suggests that the benefits of mild to moderate adiposity are at present "poorly understood or entirely unknown" (p. 385), and therefore, medical professionals must question advising healthy people to lose weight, particularly those persons less than 30% overweight (Brownell, 1982). Ernsberger and Haskew (1987) state, "The Procrustian impulse toward a one-size-fits-all rubric for health flies in the face of

common experience. The natural range of human size and shape extends far beyond the confines of the Metropolitan Life tables of 'desirable weight'" (p. 89).

Ultimately, obesity appears to be less hazardous when inherited than when acquired in adult years (Ernsberger & Haskew, 1987). The risk factors that are commonly associated with obesity may actually be a result of a change to a high-fat diet in adult years rather than fatness per se (Ernsberger & Haskew, 1987).

Certainly the health benefits of adiposity do not warrant persons gaining weight, as extreme weights do have negative consequences on mortality. However, these benefits do raise the question as to the advisability of weight-loss diets, which have been shown to be hazardous and may, in fact, increase mortality (Ernsberger & Haskew, 1987).

Ernsberger and Haskew (1987) state, "The hazards of obesity which are associated with fatness per se...may themselves be due to the ill effects of treatment for obesity. Ironically, the adverse consequences of weight reducing attempts are frequently attributed to being heavy" (p. 59). For example, in a study conducted by Drenick, Swedenslid, Blahd, and Tuttle (1964), nearly 200 fat males were required to fast. Eighty percent of these men developed diabetes as they regained their lost weight, and 25% died (mainly from heart disease). "Incredibly, the deaths of these crash dieters have been widely cited as

proof that obesity is highly dangerous and as justification for dangerous surgical treatments" (Ernsberger & Haskew, 1987, p. 95).

When conducting experimental and epidemiological studies on mortality and weight, it is difficult to separate the health consequences of obesity versus the health consequences of dieting, given that most obese people have dieted at some time in their lives. Certainly, dieting presents a serious confounding of variables.

Of interest is the fact that Samoan women whose fatness is admired do not suffer from heart disease and hypertension (Chernin, 1981). Perhaps in a society in which fatness is not denigrated, one is less likely to suffer the stress of stigmatization as well as the pressure to diet. In absence of this pressure to lose weight, the harmful health consequences of dieting can be avoided.

In summary, the literature on adiposity and health appears to be confusing and at times contradictory. Is obesity, in and of itself, a mortality risk? Clearly, there is much evidence to suggest that it is not. The relationship between weight and health is extremely complex. For example, Dr. Wooley, a researcher on obesity, challenges traditional thought by proposing the idea that the predilection to disease could perhaps be the **cause** of extra weight (O'Neill, 1992). Ernsberger and Haskew (1987) write:

> Heavy people who become thin are biologically and psychologically different from people who

> have been thin all their lives. It cannot be assumed that weight loss will cure or prevent a disease simply because it is more common in heavy persons. In a similar vein, heart disease is more common in bald men; however, no one would suggest that wearing a hairpiece could protect against heart disease. Like donning a toupee, slimming may change a person's looks, but not his [or her] biological makeup. (p. 92)

As mentioned earlier, the adverse consequences attributed to obesity may actually be a result of weight-reduction attempts rather than fatness (Ernsberger & Haskew, 1987). Let us now examine the consequences of dieting on physiological health.

Dieting and Physiological Health

To assess the physiological impact of dieting on health, we must consider several issues. First, I will provide evidence that each person has a genetically determined setpoint weight (Nisbett, 1972) and any attempt to depart drastically from that weight will be met with a variety of powerful biological defenses (Bennett & Gurin, 1982; Polivy & Herman, 1983). When enacted, these defenses can actually promote binge eating and weight gain in dieters (Polivy & Herman, 1983).

Next, I will present research that concludes that dieting can result in a heightened responsiveness to

external cues to eat rather than the internal cues of hunger and satiety. This shift from internal responsiveness to a cognitive level of dietary restraint leaves the dieter vulnerable to a variety of disinhibiting influences which, in turn, result in bouts of overeating (Polivy & Herman, 1985). These binge eating episodes followed by rapid regain of weight are deleterious to the dieter's health (Lissner et al., 1991). Finally, I will survey several weight-loss methods that can negatively impact health.

Physiological Consequences of Dieting

To understand the physiological effects of dieting, we must first examine the concept of setpoint theory. Nisbett (1972) proposed that each person has a genetically determined, homeostatically defended setpoint weight, which the body maintains regardless of caloric intake. When a person departs from his or her setpoint through either dieting or feasting, the body compensates by adjusting the person's metabolic efficiency, physical activity, and feelings of hunger in order to preserve the person's level of fatness (Bennett & Gurin, 1982). Although an actual setpoint mechanism has not been identified in the body, experimental studies do support the notion of a biologically defended natural weight range (Polivy & Herman, 1983). Consider the following two studies.

In a now classic study conducted by Keys, Brozek, Henschel, Mickelsen, and Taylor (1950), a group of 36 male conscientious objectors agreed to starve themselves down to approximately 74% of their initial weights. The participants' daily intake was reduced from approximately 3500 calories to 1750. The diet, although adequately nutritious, produced rapid weight loss. The men remained cheerful, yet hungry, and sometimes experienced feelings of euphoria.

As participants began to lose increasing amounts of fat, they also became listless and lethargic. These once energetic men were now avoiding their chores, recreational activities, and personal grooming habits. As time passed, the volunteers became preoccupied with thoughts of food during their waking hours and in their dreams. Some of the participants read cookbooks, traded recipes and made plans to become chefs when the study was over.

As subjects neared their weight-reduction goals, weight loss began to slow. The men's metabolic rates dropped by as much as 40%. Some participants had to further restrict calories to lose more weight, whereas others stopped losing altogether.

The participants' emotional states began to deteriorate. Two men were dismissed from the study due to emotional breakdowns, and one man chopped off the end of his finger in hopes of being released from the research. The men became depressed and indifferent to visitors. They

argued with the women they were dating and lost interest in sexual activity. They became extremely apathetic except where food was concerned.

At the conclusion of the 6-month starvation phase, a higher calorie diet was introduced and the men began to gain weight; however, they remained voraciously hungry and irritable. Even when consuming an average of 5000 calories per day, the men still complained of hunger. Not until they regained all of their original fat did the men become less obsessed with food. The participants did become fatter than they were at the onset of the study, but eventually returned to their original balance of muscle and fat.

Just as the body seems to defend against losing weight as demonstrated in Keys' study, a second study demonstrates that the body may defend against weight gain as well. Sims and Horton (1968) conducted research on overeating in the Vermont State Prison. The participants were asked to increase their weight by about 25%. The men doubled and even tripled their food intake yet many could not reach their goal weight. The men who managed to gain the required weight had to eat an average of 2000 extra calories per day to maintain their higher weights. One prisoner had to eat 7000 calories per day to maintain his 28 pound weight gain.

The men in Keys' and Sims' studies found that their diets were initially effective in producing the desired

weight change; however, as time passed, the diets lost their efficacy (Polivy & Herman, 1983). These studies provide evidence that is contradictory to the popular notion that ±3500 calories equals ± one pound of fat. Many weight loss diets are predicated on this belief (Kano, 1989). Clearly, this did not occur in either Keys' or Sims' studies. Research suggests that in the face of food deprivation, the body becomes more efficient in utilizing calories (anabolism), and in the face of feasting, the body wastes calories through the process of catabolism (Polivy & Herman, 1983). These studies and others (Edholm, 1970; Spiegel, 1973) demonstrate the body's tenacity in maintaining a person's weight within a genetically predetermined range (Bennett & Gurin, 1982).

Although the body rigorously defends against weight loss, the current cultural belief regarding thinness is that a person can arbitrarily select a weight-loss goal and, through diligence and willpower, reach that goal (Bennett & Gurin, 1982; Polivy & Herman, 1983). However, it is important to note that the body's physiological mechanisms cannot distinguish between starvation and a conscious desire to lose weight through dieting; thus, the dieter may be in for a struggle (Bennett & Gurin, 1982). When a person embarks on a diet, the body begins to defend against weight loss with the following mechanisms: 1) chronic hunger, 2) lethargy, and 3) lowered metabolic activity. Following is an examination of each of these mechanisms.

Weight loss and dieting are typically accompanied by hunger. As a diet progresses, the feelings of hunger can become overwhelming, even painful, and can ultimately lead to food binges (Bennett & Gurin, 1982). The semistarved volunteers in the Keys et al. (1950) research experienced ravenous hunger. Several participants continued to feel hungry even after binge eating on 11,000 calories in one day. In fact, Bennett and Gurin (1982) state that a binge is a natural response to the intense hunger that a person experiences when he or she is below one's setpoint weight.

Intense hunger is also likely to produce food preoccupation and cravings for rich, sweet foods. Studies demonstrate that when people lose weight, their preference for sweets increases. The taste of food also improves, which makes adherence to a diet very difficult (Polivy & Herman, 1983).

Yet, some people do manage to lose weight despite the discomfort of hunger. However, the body is biologically prepared to protect the person who is experiencing a shortage of food. If the body cannot increase the amount of incoming energy via intense hunger, then the body will adjust the amount of energy that is being expended (Bennett & Gurin, 1982). As noted in the Keys et al. (1950) semistarvation study, the participants became very lethargic and drastically reduced the amount of energy they expended each day. Polivy and Herman (1983) write, "In humans, certainly, one of the most common effects of severe

food deprivation is equally severe lethargy, which clearly serves to conserve what little energy is available" (p. 44).

Yet again, the powerful incentives to lose weight in our society may inspire a person to ignore his or her feelings of hunger and to exercise regularly despite exhaustion (Polivy & Herman, 1983). Thus, to protect the person against starvation, the body responds in a third way by slowing down the metabolic rate of the dieter (Bennett & Gurin, 1982; Polivy & Herman, 1983).

This reduction in basal metabolic rate aids the human organism in utilizing calories more efficiently. However, once a dieter abandons the diet, this thrifty metabolic rate can result in weight gain (Polivy & Herman, 1983). Because the dieter's metabolic rate does not immediately return to its original level, even a normal intake can result in weight gain (Polivy & Herman, 1983). This rapid regain of weight is deleterious to the dieter's health (Lissner et al., 1991).

Furthermore, repeated dieting attempts may encourage the body to store fat more efficiently as if to build "an extra cushion" in the event of future shortage (Polivy & Herman, 1983, p. 49). With each weight loss and gain, the dieter loses greater amounts of muscle and gains more fat (Bennett & Gurin, 1982; Polivy & Herman, 1983). Ultimately, repeated losses and gains can raise the dieter's weight to the higher extremes of his or her natural weight range (Polivy & Herman, 1983).

Additionally, these anabolic (fat storing) defenses may in fact be "easier to turn on than to turn off" resulting in weight gain when one abandons one's diet (Polivy & Herman, 1983, p. 45). For example, the preference for sweets which dieters exhibit may remain even after one returns to his or her natural weight (Polivy & Herman, 1983).

These physiological defenses are not the only roadblocks to reaching a desired weight. The dieter may also experience cognitive impediments to weight loss through dieting.

Dieting and Cognitive Disinhibitions

Schachter (1971) and Schachter and Rodin (1974) proposed that obese persons are more responsive to external cues to eat than are normative weight persons. For example, the obese person is more likely to eat in response to factors such as the sight, smell, and taste of food, or the time of day, whereas the normative weight person is more likely to eat in response to internal sensations of hunger. Schachter referred to overweight persons as stimulus-bound because of their responsiveness to environmental stimuli (Schachter, 1971).

Schachter's theory of externality was tested in a series of experiments (Herman & Mack, 1975; Herman & Polivy, 1975; Herman, Polivy, Pliner, Threlkeld, & Munic, 1978; Hibscher & Herman, 1977; Klajner, Herman, Polivy, &

Chhabra, 1981; Polivy, 1976; Spencer & Fremouw, 1979), but instead of using obese and non-obese subjects, researchers divided subjects into restrained eaters (dieters) and unrestrained eaters (non-dieters). The dieters responded to external cues just as Schachter's obese subjects had, whereas non-dieters responded similarly to Schachter's non-obese subjects. These results lead researchers to conclude that dieting, not obesity, results in people being responsive to external cues to eat.

Because dieting is a "cognitively mediated activity" (Polivy & Herman, 1985, p. 198), when one begins a diet, one must no longer respond to physiological cues of hunger and satiety, but rather to the arbitrary, external rules of the diet. Polivy and Herman (1983) write that one of the dangers of dieting is:

> ...the unlinking of eating from its natural regulatory influences, hunger and satiety. Dieting demands that hunger be to some extent ignored. Eventually, the dieter may lose altogether the ability to eat naturally, on the basis of hunger and satiety cues. The end result, paradoxically, may be periodic bouts of overeating or even binge eating, which may drive the dieter's weight above what it might have been had he or she not begun the diet in the first place. (p. 21)

Thus, a danger of dieting is that the dieter must learn to ignore internal hunger and satiety signals and begin to eat according to external rules. This shift to a cognitive level of restraint leaves the dieter vulnerable to cognitive disinhibitions. For example, the dieter who eats a food forbidden from his or her diet may respond by saying, "Now that I have broken my diet, I might as well continue to eat and start my diet again tomorrow." These types of statements demonstrate how a person begins to eat in response to cognitive factors rather than internal guidelines.

By eliminating hunger as a cue to eat, the dieter is susceptible to any number of disruptions in his or her eating. For example, Herman and Mack (1975) conducted a study with two groups divided into restrained eaters (dieters) and unrestrained eaters (non-dieters). Under the guise of performing a taste test, subjects were given a preload of either zero, one, or two milkshakes and were then given three large bowls of ice cream to "taste."

As expected, non-dieters ate more ice cream after smaller preloads and less after larger preloads. The dieters however, ate very little ice cream after the no preload condition, but ate approximately twice as much ice cream after the one or two milkshake preload conditions. Presumably, those dieters who perceived that they had broken their diets ate more in what Polivy and Herman (1983) call the "what-the-hell effect" (p. 142). Those

dieters who were not preloaded presumably did not overeat because they were able to maintain their diets.

Other studies demonstrate that restrained eaters will overeat even if they believe that they have eaten a high-calorie preload (Polivy, 1976; Spencer & Fremouw, 1979). When restrained subjects are told that they have consumed a high-calorie preload, they consume more food than those restrained subjects who were told that they had consumed a low-calorie preload. The actual caloric content of the preloads had no effect on the amount eaten, but the perception of high-calorie versus low-calorie did (Spencer & Fremouw, 1979).

For this reason, Polivy and Herman (1985) believe that cognitions play a greater role in binge eating than physiological hunger. This leaves the dieter vulnerable to any number of cognitive disinhibitors that can potentially disrupt the dieter's restraint, which can result in unleashed eating (Polivy & Herman, 1983). For example, anxiety, depression, beliefs about alcohol consumption, and anticipated overeating can serve to disinhibit dieters (Herman & Polivy, 1975; Polivy & Herman, 1976a; Polivy & Herman, 1976b; Polivy & Herman, 1976c; Polivy & Herman, 1983; Polivy, Herman, & Warsh, 1978; Ruderman, Belzer, & Halperin, 1985) and result in bouts of overeating which pose dangers to the dieter's health.

It is precisely these episodes of overeating and binge eating that lead to rapid weight regain and are deleterious

to the dieter's health. In fact, the rapid regaining of weight after weight loss (weight cycling or as more popularly known "yo-yo" dieting) increases the risk of cardiovascular disease and death (Ernsberger & Haskew, 1987; Lissner et al., 1991), death from all causes (Lissner et al., 1991); and it may also be a primary cause of hypertension in the obese (Ernsberger & Haskew, 1987).

Lissner et al. (1991) concluded that "because the relative risks associated with variation in weight were similar to those attributed to obesity, the risks due to excess weight may not outweigh the risks due to weight fluctuation" (p. 1843). Indeed, given that most dieting attempts are unsuccessful and result in weight cycling, one can question the advisability of beginning a diet. Ernsberger and Haskew (1987) conclude that maintaining a moderately higher weight may even prove to be beneficial as long as that weight remains stable.

Not only is the rapid regain phase particularly dangerous to dieters, but many weight-loss diets have direct health-threatening consequences as well. A variety of treatments have been implemented to aid weight loss since the mid-1850s. These include low-carbohydrate diets, thyroid extract, mono-food diets, laxatives, dinitrophenol (a metabolic poison that was ingested by 100,000 obese people but was later banned after causing fatalities), amphetamine, digitalis (a highly toxic heart stimulant), atropine, multiple-drug treatments (the "rainbow pill"

approach), prolonged fasting, intestinal bypass (with death rates of four to six percent), jaw wiring, gastric bypass (50,000 performed in 1982), phenylpropanolamine (over-the-counter weight loss drug), liquid protein diets, Beverly Hills Diet (stimulated diarrhea), Herbalife Slim and Trim Formula (contained highly toxic herbs), and the gastric balloon (produced severe and sometimes fatal side effects) (Ernsberger & Haskew, 1987). Each of the above mentioned diets (and others) can have serious consequences on the dieter's health, yet they are claimed to be health-promoting.

In a survey on the dieting behaviors of college women, Grunewald (1985) found that 55% had used diet pills, 55% had fasted, 26% had tried liquid diets, 10% had used low-carbohydrate diets, and 8% had used self-induced vomiting. One can conclude that the widespread use of questionable weight loss methods can have adverse health effects far greater than moderate stable adiposity. The conclusions on "sensible" dieting (a small reduction in food or calories) are less clear. Authors who do not advocate dieting as a means to achieve weight loss offer varying opinions on "sensible" dieting.

At one end of the non-dieting continuum, authors suggest that monitoring one's intake to include foods that promote physical health is an acceptable alternative to dieting (Ernsberger & Haskew, 1987; Kano, 1989). For example, Ernsberger and Haskew (1987) suggest that small,

gradual weight loss may be a **side-effect** of adopting a healthy lifestyle including exercise and a diet low in saturated fat, cholesterol, sugar, salt, and alcohol. Kano (1989) does not advise people to eliminate their favorite foods and desserts, as these foods are important to the mental well-being of the non-dieter.

Likewise, Bennett and Gurin (1982) do not advocate dieting and refer to "sensible" dieting as folklore. The authors state that being fat is often a "biological fact of life, an aspect of the human species' inherent variability" (p. 4). The authors contend that exercise is the most promising method to lower one's naturally maintained weight. There is also evidence to suggest that a high-fat, high-sugar diet keeps one's weight elevated in the higher end of his or her setpoint weight range. Artificial sweeteners can also have the same effect (Bennett & Gurin, 1982). Thus, a low-fat, low-sugar diet coupled with exercise could potentially lower one's weight within his or her setpoint weight range.

At the other end of the non-dieting continuum, authors suggest that the non-dieter eliminate the concept of "good" and "bad" foods and eat in accordance with one's sensations of hunger, satiety and food cravings (Hirschmann & Munter, 1988; Roth, 1984). At first, the non-dieter may primarily eat those foods that were once considered "forbidden." As time passes, however, he or she will begin to crave and eat foods necessary to promote good mental and physical health

(Hirschmann & Munter, 1988; Roth, 1984). Brown (1985) further suggests that eating, even in the absence of hunger, can be a beneficial form of psychological self-nurturance.

Weight loss, as a result of the non-dieting approaches mentioned above, does not seem to activate the biological defenses cited earlier. Polivy and Herman (1983) state that if a person is at an unnaturally high weight as a result of overeating or dieting, then losing down to one's natural weight should be "met with little biological resistance, and pose correspondingly little threat to one's health" (p. 76). They add, "There is nothing about lowering one's weight that demands that one ignore or deny the regulatory signals of hunger and satiety" (p. 79). In fact, the way to return to one's natural weight is to learn to eat in accordance with one's internal cues of hunger and satiety. Thus, a person does not have to diet to lose weight, unless he or she is attempting to go below his or her natural weight (Polivy & Herman, 1983).

Dieting and Mental Health

Popular belief asserts that losing weight is simply a matter of willpower and motivation. When a dieter cannot overcome the rigid defenses of the body and maintain a significant weight loss, he or she is held personally and morally culpable for the failure. Despite incredible feats of self-denial, the dieter blames him or herself as having some sort of character defect--particularly a lack of

willpower (Polivy & Herman, 1983; Tenzer, 1989). Yet common citations of diet recidivism tell us that 98% of dieters gain back lost weight, and 90% of dieters gain back even more weight than they initially lost (Chernin, 1981). In fact, the dismal success rates of dieters may indicate that fatness is genetically determined.

Studies on the heritability of adiposity suggest that fatness is indeed a function of genetics. Adoption studies (Stunkard et al., 1986) and twin studies (Bennett and Gurin, 1982) indicate that genetic factors play an important role in influencing fatness. Research indicates that fat people do not eat more than normative weight people (Bennett & Gurin, 1982). Metabolic rates can vary as much as 400 to 500 calories per day in similar weight persons (Warviek, Toft, & Garrow, 1978). What is the psychological cost of trying to alter a physical characteristic (Goodman, 1989) that has a strong genetic influence? Imagine someone spending a considerable portion of his or her life in an effort to become taller. In the face of this weight-loss task, often doomed to failure, the mental health of dieters may suffer. Indeed, dieters may experience the development of eating disorders, lowered self-esteem, alienation from their gender identity, disharmony between cognitions and physiology (or a body/mind split), alienation from the self, and alienation from food and eating.

Development of Eating Disorders

One cost of dieting may be the potential for the development of eating disorders (Wooley & Wooley, 1982; Wooley & Wooley, 1984b). The diet/binge cycle can be particularly detrimental to teenage girls. With puberty comes an increase in body fat and a shift away from the beauty ideal of thinness (Striegel-Moore, Silberstein, & Rodin, 1986). Imagine the adolescent girl who compares her newly developing body to the fashion model in her teen magazine. Perceiving her developing body as fat, she decides to diet. Her diet leaves her craving "forbidden foods" and she succumbs to a binge. She is frightened, overcome with guilt, and vows to diet more restrictively (Smead, 1982). As her hunger and cravings become more intense and the feelings of being out-of-control more profound, she may rely on more desperate measures such as laxative abuse, compulsive exercise, and purging (Smead, 1982). Paradoxically, her solution for achieving thinness actually exacerbates her problem.

Alarmingly, an astounding number of teenage girls diet. In a survey of 11,000 8th and 10th grade students, 61% of the girls had been on a diet in the past year (United States Congress, 1990). Sequential data suggest that a period of dieting often precedes the onset of eating disorders (Polivy & Herman, 1985). For example, Pyle, Mitchell, and Eckert (1981) interviewed 34 people with bulimia nervosa and found that 30 of those interviewed had

dieted just prior to the onset of bulimia. Likewise, Boskind-Lodahl (1976) found that of 100 patients with bulimia, most had dieted prior to the onset of binge eating.

Lowered Self-Esteem

Whether or not a person develops an eating disorder, the cycle of dieting and binge eating can leave a person's self-esteem badly damaged (Polivy & Herman, 1983). Ironically, as the diet industry flourishes, Americans are fatter than they were in the 1960s (Brody, 1992). Yet the organized diet programs would have us believe that diets are not the problem. Linda Webb, a spokesperson for Weight Watchers International, stated that weight-loss programs are not failing the public but rather the public often fails to adhere to the diet (cited in Brody, 1992). This externalized blame paired with the dieter's own internalized blame could ultimately erode one's feelings of self-worth.

Alienation from One's Gender Identity

Given that the preoccupation with food, eating, and weight affects most American women (Brown, 1985), one must question how the "experience of being female in our society" (Orbach, 1978, p. 5) leaves a woman vulnerable to this weight-loss obsession. Chernin (1981) suggests that our culture's devaluation of women can ultimately lead to

an alienation from one's physical identity as a woman. This alienation becomes evident when witnessing the sometimes violent methods of weight loss utilized by dieters. For example, in the best-selling Beverly Hills Diet, Judy Mazel (1981) promotes diarrhea as a weight-loss method, "If you have loose bowel movements, hooray!...The more time you spend on the toilet, the better" (p. 124). Whether it is jaw-wiring, HCG hormone injections (derived from human urine and placenta), gastric stapling, or intestinal by-passes, these weight-loss methods are accepted in a society in which being a woman is devalued (Chernin, 1981; Schoenfielder & Wieser, 1983).

Yet it is the biological nature of women to be fatter than men. Not only does a woman's body become fatter during puberty, but pregnancy and menopause can add fat to a woman's body as well (Striegel-Moore et al., 1986). Because women have lower resting metabolic rates than men, they are also more likely to gain weight with age (Striegel-Moore et al., 1986). Not all women have an abundance of fat, but what is disturbing is that what comes very naturally for many women is so reviled in our society (Chernin, 1981). Through the act of dieting, women may be actively or unwittingly denying their female identities.

The Body/Mind Split

In an effort to lose weight, dieters may become completely alienated from their bodies as a result of

replacing physiological controls with cognitive controls (Polivy & Herman, 1983). The outcome may be an incongruence between mind and body. This disharmony is most commonly referred to as a body/mind split.

Implicit in dieting is a disdain for one's own body. Chernin (1981) writes, "Few women who diet realize that they are confessing to a dislike for the body when they weigh and measure their flesh, subject it to rigorous fasts or strenuous regimes of exercise" (p. 25). Indeed, dieting is promoted as health-producing, and weight loss as a form of self-improvement. Ironically, a person who diets and ignores internal cues for food is viewed positively by society because he or she is pursuing health (Spitzack, 1990).

The epitome of this powerful dislike for the body is witnessed in comments from women who say they wish they could "catch" anorexia (Chernin, 1981, p. 22). Indeed, attitudes of women who simply diet are strikingly similar to those who are hospitalized for eating disorders (Szekely, 1988).

This hatred for the body is demonstrative of the body/mind split. The body's hungers are viewed as untrustworthy (Orbach, 1978), insatiable, and ready to rage out-of-control at any minute (Chernin, 1981). Thus, the rational mind must control the unruly body. As mentioned earlier, dieters learn to ignore sensations of hunger and satiety (Polivy & Herman, 1983), further alienating the body and mind.

When one can no longer rely on the body's internal wisdom, one must rely on some external authority (Spitzack, 1990). The reading of weight on the scale becomes a measure of self-esteem (Polivy & Herman, 1983). Dieters seek out diet doctors, the latest best seller, or magazine articles on weight loss.

This split between the body and mind is indicative of extreme self-objectification. The body must be fought, tricked and manipulated in order to measure up to the mind's ideal (Szekely, 1988). The woman eats, not to nourish her body, but to make her look better (Szekely, 1988). Ironically, dieting proponents view dieting as a means to heal the body/mind split by putting a woman's body closer to her ideal image, which lessens her self-objectification (Spitzack, 1990). This alienation from the body through dieting and weight loss is reinforced by strangers and friends who compliment a person's weight loss (Szekely, 1988), even after weight loss becomes excessive (Brown, 1989; Polivy & Herman, 1983).

Alienation from the Self

The struggle between the mind and body has the potential to alienate the dieter even further. "As mind and body are dissociated and contrary feelings experienced from each, it is hard to maintain a unified sense of self" (Freedman, 1986, p. 153). Chernin (1981) writes that the sometimes drastic and unhealthy measures that the dieter

inflicts on the body will simultaneously affect the psyche. Thus, a woman who rages against her body impairs her ability to grow and express herself. This relentless pursuit of thinness and hatred for the body disguises the real needs and desires of the self.

Indeed, dieting and weight concerns play a central role in many women's lives (Brown, 1985) and entail extreme self-preoccupation (Freedman, 1986). This preoccupation with counting calories or grams of fat may actually serve as a "substitute for activities that may help transform our life situations" (Szekely, 1988, p. 133). Szekely tells of a couple, who, in an attempt to improve their serious financial and other troubles, decided to get in shape.

Given that dieting and weight loss are promoted as the cure-all for many problems (Polivy & Herman, 1983), one comes to understand how deeper level issues are ignored while dieting concerns remain in the forefront of dieters' lives. In a survey of people over the age of 62, Rodin (1985) found that the second greatest concern for women following memory loss was weight gain (Striegel-Moore et al., 1986). In another survey, women were questioned about what would make them happiest. Forty-two percent of respondents selected weight loss above success at work, a date with an admired man, or hearing from an old friend (Wooley & Wooley, 1984a).

Chernin (1981) illustrates how damaging this myth of weight loss as panacea can be. She tells of a woman who has been abandoned by her husband, finds her job meaningless and earns poverty-level wages. She blames herself and her fatness for all that is wrong in her life. In despair, she joins a women's consciousness-raising group and tells her story. She is challenged when she blames her problems on her body. She is encouraged to talk and shares her dream of being a writer.

Consider the same woman walking through the doors of a diet salon. Her belief that her body is the source of her problems is often confirmed by other group members. She is encouraged to lose weight, and a chart is kept of her weight loss. The complexities of her personal and social situation often go unaddressed.

Yet, isn't it true that when individuals lose weight they receive great social rewards? Don't feelings of self-esteem increase? Certainly, society does reward those who lose weight, and people who lose weight do feel better about themselves (Brownell, 1982). But given that 98% of dieters regain lost weight, the dieter is left in a precarious position (Chernin, 1981). The dieter whose self-esteem is tied to weight loss is at great risk if she regains the weight or even more weight as do 90% of dieters (Chernin, 1981). Those dieters who are successful are often faced with a lifetime of semi-starvation, weight obsession, and disordered eating (Wooley & Wooley, 1984b).

For the person who maintains the loss, one must wonder what happens "when the applause stops" (Goodman, 1989, p. 15) and personal issues have not yet been addressed.

Ultimately, a preoccupation with dieting and thinness can serve as a distraction from the deeper level issues of personal life. Dieting concerns can become a method of communication and a way of coping with one's emotional life (Roth, 1984; Hirschmann & Munter, 1988). Such concerns can also mask ambivalence about becoming a woman in a society that does not value women (Chernin, 1981). Conceivably, a person may initially begin dieting as a method of coping with and expressing one's emotional and social needs. This obsession with thinness may serve as an important coping function in the dieter's life, but the danger is that one's needs may not be met.

Alienation from Food and Eating

Few dieters think of a hearty appetite as a healthful, natural aspect of life (Chernin, 1981). Brown (1985) calls self-feeding "the most basic and primal form of self-nurturing available to any human being" (p. 64). Yet, dieters regularly deny themselves the foods they most enjoy (Orbach, 1978).

The dieter is preoccupied with what foods he or she is allowed to eat, and with which foods are to be avoided. Food is dangerous and if one eats "forbidden foods" guilt ensues (Orbach, 1978). Because of this guilt, when

forbidden foods are eaten, they are rarely enjoyed (Brown, 1985; Orbach, 1978). The person who is either dieting or binging does not experience the pleasures of eating in accordance with one's natural appetite (Orbach, 1978).

Brown (1985) emphasizes the importance of self-nurturance through eating. "[F]eeding oneself lovingly is an important and powerful step in breaking the patriarchal rules that define women as bad, ugly, and out-of-control when engaged in self-nurturing activities such as eating with pleasure" (p. 66). As a therapist, Brown does not discourage clients from using food as a form of self-nurturance. Afterall, food is a "legal, non-life threatening, inexpensive and easily available source of self-nurturance" (Brown, 1985, p. 68).

Ultimately, dieters lose touch with the types and amounts of foods that they really want to eat (Brown, 1985). As a result, the dieter must consult the "experts" about what foods to eat because he or she cannot be trusted to make those choices for him or herself.

Alternatives to Dieting

Growing numbers of authors critique the dieting model and are articulating alternative ways of eating for the person who chooses to no longer diet. Getting reacquainted with, and learning to trust one's internal sensations of hunger and satiety is often a major step in giving up dieting (Hirschmann & Munter, 1988; Kano, 1989; Orbach,

1978; Polivy & Herman, 1983; Roth, 1982; Roth, 1984). Other guidelines include: acceptance of one's present body (Bennett & Gurin, 1982; Chernin, 1981; Hirschmann & Munter, 1988; Kano, 1989; Polivy & Herman, 1983; Roth, 1984); experimenting with exercise for pleasure (Kano, 1989; Lyons, 1989; Roth, 1984); identifying one's emotional needs and learning to meet those needs (Chernin, 1981; Hirschmann & Munter, 1988; Orbach, 1978; Roth, 1984); learning to view the body instrumentally versus ornamentally (Kano, 1989; Szekely, 1988); and recognizing society's role in promoting concerns with dieting and thinness (Chernin, 1981; Orbach, 1978; Szekely, 1988).

A growing body of anecdotal evidence suggests that when people give up dieting, they begin to heal the body/mind split, learn to eat in accordance with hunger and satiety, reduce the frequency of binge eating, make peace with their bodies and food, as well as sometimes lose weight (Hirschmann & Munter, 1988; Roth, 1984). In fact, there is a considerable anti-diet movement in which women are giving up dieting and attempting to heal their relationships with food and self (O'Neill, 1992).

Summary and Rationale of the Study

Our society's current thinness standards are not only unrealistic for the majority to achieve (Chernin, 1981), but there is evidence which suggests that striving to attain these ideals through dieting may endanger mental and

physical health. A critical evaluation of the medical literature suggests that moderate fatness in and of itself is not a health risk (Ernsberger & Haskew, 1987). Furthermore, a person's degree of fatness seems to have a strong genetic component (Bennett & Gurin, 1982), which makes permanent weight loss difficult to achieve. Indeed, success rates of diets and dieters are dismal (Brody, 1992; Chernin, 1981). Those dieters who are successful are often faced with a lifetime of semi-starvation, weight obsession, and disordered eating (Wooley & Wooley, 1984b). In light of this, one must question if obesity should be treated at all (Wooley & Wooley, 1984b). In fact, a growing number of men and women are giving up dieting and beginning to heal their relationships with self and food (O'Neill, 1992).

Because of the growing body of empirical evidence that suggests that dieting can negatively impact the physical and psychological health of the dieter, and because of the growing body of anecdotal evidence that suggests that giving up dieting may benefit the dieter both psychologically and physically, this study was designed to describe empirically the effects of giving up dieting.

Purpose of the Study

Although a growing body of evidence suggests that there are benefits when a person decides to no longer diet, there is a lack of empirical evidence on this subject. The purpose of my study is to understand empirically the

phenomenological experience of giving up dieting. If the anecdotal evidence is supported, this study will help mitigate the influence of the diet industry and help rebut the widely held myth that dieting is beneficial. This research could also potentially aid therapists in providing sound alternatives to dieting.

METHOD

Phenomenological qualitative methodology guided the collection, transcription, and analysis of the data. For further information on qualitative methodology and methods see Appendix A.

Research Design

Participants and Recruitment

The qualitative researcher begins with a general idea of which participants are to be interviewed. The actual number of interviews is less important than including a sufficient variety of participants. According to the principles of theoretical sampling, the researcher seeks a full range of perspectives. When the probability is low that additional interviews would yield new insights, the researcher can terminate the interviewing process (Taylor & Bogdan, 1984).

To participate in this study, volunteers identified themselves as having dieted in the past but at present were no longer dieting or were in the process of giving up dieting. Although the beauty ideal of thinness seems most compelling for women, and although women seek help more

often for weight loss (Freedman, 1986), I included two men as participants in my study to increase internal variety and gather a full range of perspectives. Also, given that 25% of men are dieting at any given time in America (Lissner et al., 1991), it seems appropriate that men were included in this study.

In October, 1991, I conducted a preliminary recruitment campaign. Susan Kano, an authority on alternatives to dieting, lectured at the University of Dayton. She announced my study at the end of her program and I gave a recruitment packet to those who were interested. This packet included a flyer (see Appendix B), a brief verbal description of my study (see Appendix C), a sign-up sheet (see Appendix D) and a self-addressed envelope. Thirty-three packets were distributed. I received five responses. Of those five potential participants, three were available to be interviewed at the time I conducted my study, including one male respondent.

I also conducted informal verbal recruitment with members of a support group for persons with "disordered eating." The group philosophy is based on a non-dieting approach to overcoming problems with food. Three women from this group were interviewed.

Four additional female participants were recruited at a non-dieting workshop conducted by Martha Zinger and Katherine Hott on September 19, 1992, in Dayton, Ohio. Recruitment was conducted using the same packet that was distributed at the Kano lecture.

Two female participants volunteered to participate in my study after learning of it through informal conversation. The final male participant was recruited through an advertisement in the Morehead State University newspaper, The Trail Blazer, in Morehead, Kentucky (see Appendix E). Ultimately, 11 women and 2 men were interviewed. (For a complete description of the participants, see Participants' Autobiographies).

Data Gathering Method: In-Depth Interviewing

Five participants were interviewed at the University of Dayton in the Department of Psychology clinical interview rooms. Four interviews took place at participants' workplaces. Two interviews were conducted at college libraries, and two were conducted at participants' homes. All interviews were completed privately and without interruption.

Interviewees were given a written consent form (see Appendix F) that informed them of their rights to confidentiality, to ask questions, and to discontinue the research. This form also delineated the potential risks involved in participating in my study (experiencing or re-experiencing painful emotions, or feeling anxious or uncomfortable). Before the interview began, I gave each participant an opportunity to ask questions.

I then reviewed with the participants the purpose of my study and explained how the interview would proceed (see

Appendix G). I explained that there were no right or wrong answers but that I was interested in their unique experiences of giving up dieting. Participants were informed that if my questions seemed too broad, I would provide more specific follow-up questions.

Using a non-hierarchical model for the qualitative interview, I established rapport, offered my support and was non-judgemental. I made appropriate reflections, probed for details of people's experiences and the meanings they attach to them, and allowed interviewees to convey in-depth their important experiences and meanings. At the conclusion of the interview, I once again offered participants the opportunity to ask questions and explained that I would contact each person with my results. The interviews lasted approximately 45 to 60 minutes and were audiotaped.

Interview Protocol

In qualitative research, the data guide the method. Therefore, I began my research with an interview protocol comprised of general open-ended questions to explore the process of giving up dieting. After consultation with experts as well as considerable piloting, I developed questions that were thought to tap into participants' experiences of giving up dieting. The final version of the protocol appears in Appendix H.

Transcription and Reduction

I transcribed each audiotaped interview verbatim. Pauses between words and changes in voice inflection were also recorded. I protected each participant's confidentiality by coding all identifying information with the use of pseudonyms. The master list of participants' names and corresponding code names were kept in a secure place separate from the interview data.

After transcribing each interview, I read each transcript noting general themes and meanings. I then reduced the interviews so they began to read like a narrative. Inconsequential words and phrases were eliminated where meaning was not compromised. Special care was taken to alter any potentially identifying data.

Data Analysis

Analysis of data proceeded using Colaizzi's (1978) seven-step method described in detail in Appendix A. As the analysis of data began, I read each narrative to get a feel for general themes and meanings. I extracted significant statements, and used creative insight to formulate meanings from the statements. Next, I organized these meanings into clusters of themes, and referred frequently back to the original protocols to maintain fidelity to the data. I continually asked myself if there was anything in the protocols not covered by the themes, and if the themes proposed anything not in the original

protocols. The next step consisted of integrating results into an exhaustive description of the research topic and formulating a statement of identification of fundamental structure. Finally, I validated my results by mailing each participant an overview of my results (see Appendix J) and a letter asking for feedback (see Appendix I). Participants also received a copy of Figure 1 and Table 1. This feedback was then incorporated into my results.

RESULTS

INTRODUCTION

Overview of Study

Participants were asked a variety of questions in the interview protocol about their experiences of giving up dieting (see Appendix H). Although the interview questions extended beyond issues of food and body, participants continually returned to these two topics to describe their experiences. For example, although many participants talked about their relationships to self and others, they typically described these relationships in context of their changing beliefs and behaviors related to food and body. To illustrate, one participant who described being more assertive after giving up dieting, explained that it was in the process of learning to eat with hunger and to identify the feelings underlying compulsive eating that she was able to begin to express her own needs effectively.

Because of this emphasis by the participants on food and body, the most effective way to explain the results is to describe thoroughly the participants' processes of giving up dieting within context of these two themes. Therefore, it is important to further delineate what is meant by food and body. When participants spoke of their

relationships to food, they not only described behaviors around food, for example, what, when, and how they ate, but they also described their beliefs and perceptions about food and eating and the roles that food and eating played in their lives. When they spoke of body, participants talked about both the physical realities of their bodies as well as their body images or how they saw their bodies. Although they mainly talked about food and body, it was apparent that participants were making changes which had far-reaching effects extending beyond these two areas.

As the data were analyzed, it also became apparent that participants were describing experiences that moved from a state of restriction to one of freedom. A framework emerged that conceptualized the process of giving up dieting and the ensuing freedom. In giving up dieting, participants began to make cognitive re-visions about dieting and weight loss. In the process, they became more internally defined and came to rely on self-knowledge to solve problems with body and food. Participants also experienced new found freedom and ultimately made qualitative changes in their lives that reached beyond the realms of body and food. Following is a description of the themes of cognitive re-vision, self-knowledge, and freedom. An overview of these results is presented in Table 1.

Table 1: Achieving Freedom Through Giving Up Dieting

	Cognitive Re-Visions	Self-Knowledge	Freedom
Body: Physical realities and body image.	1. Dieting promotes weight cycling. 2. Giving up dieting does not necessitate weight gain. 3. Questioning that thinness equals happiness. 4. Opening oneself to alternative models of health and beauty. 5. Reappraising and accepting one's own body. 6. Adopting a feminist framework.	1. Discovering one's own definition of a healthy body. 2. Exercising for health and pleasure.	1. Freedom from self-deprecation. 2. Freedom from externally imposed beauty and body ideals. 3. Freedom from the scale. 4. Freedom from body preoccupation leading to personal growth.
Food: Food behaviors and views about food and eating	1. Dieting is too restrictive and artificial. 2. Dieting leads to food preoccupation and binge eating. 3. Dieting doesn't address the underlying problem of compulsive eating.	1. Decreasing reliance on external authorities. 2. Eating in accordance with hunger and satiety. 3. Becoming aware of food cravings. 4. Identifying emotions underlying compulsive eating. 5. Claiming an internal sense of power.	1. Freedom from dieting restrictions and guilt leading to greater food enjoyment. 2. Greater freedom from compulsive eating. 3. Freedom from diet and food preoccupation leading to personal growth.

Cognitive Re-Visions

When interviewees described how they reached the decision to stop dieting, they spoke of revising their beliefs and thoughts about dieting, weight loss, eating, and body image. They continually spoke of the inherent problems with dieting, for example, that diets were too artificial; that they led to binge eating and weight gain; and that diets didn't help with the feelings underlying compulsive eating. They also questioned their reasons for dieting. Many began to seek alternative information that questioned the benefits of dieting for health and beauty. When questioned about alternative media, five people mentioned reading non-dieting books by Geneen Roth (Roth, 1982, 1984, 1991). Two others mentioned reading Thin Within by Judy Wardell (1985). Meanwhile, several others read feminist literature (Brown, 1989; Faludi, 1991; Orbach, 1978) and literature which questioned the ease with which one can lose weight (Bennett & Gurin, 1982). Of the 13 participants, 3 stated that they were not influenced by any alternative media. Along with reading new information, some participants went to support groups and engaged in psychotherapy. Ultimately all the participants reappraised their beliefs about their bodies and eating that led to their decisions to stop dieting.

Self-Knowledge

After making cognitive reappraisals and reaching the decision to stop dieting, participants began to work on the actual behavioral process of giving up dieting. In this process, interviewees began to eschew the advice of diet and beauty "authorities" and worked on becoming their own experts on body image, exercise, food, and eating. Participants reported that they became less externally defined and were relying on self-knowledge to help them solve their problems with body image and eating. For example, interviewees reported a decreased reliance on the scale and weight-loss goals. They started listening to their bodies' messages about exercise, hunger, and food choices. They also looked inward to discover the feelings that were underlying their drive to eat compulsively. Relying on self-knowledge was key to the process of stopping dieting.

Freedom

As participants became more internally defined, they experienced a release from the confines of diet and weight obsession and felt a new found sense of freedom. They were no longer restricted by intense feelings of dislike and hatred for their bodies, and they no longer compared themselves to unrealistic ideals. Participants began to enjoy food and eating again for the first time in many years. They experienced greater freedom from compulsive

eating, although to varying degrees. They also experienced the ultimate freedom in that they were now able to decrease diet and body preoccupation and explore new avenues of growth. Participants reported making qualitative changes in their lives including increased self-esteem, time to pursue interests, more social contacts, and improved relationships with self and others.

It is important to note, however, that making cognitive re-visions, relying on self-knowledge, and experiencing freedom were not discreet categories occurring in linear stages. Participants continually made re-visions throughout the entire process of giving up dieting. Progress in one area of giving up dieting was likely to have ramifications in another area. For example, as participants learned to eat with bodily sensations of hunger, they challenged their beliefs that their appetites were untrustworthy. These re-visions reinforced participants' initial decisions to stop dieting. Because the process of giving up dieting is not a linear one, it might be more accurately portrayed as a triangle as shown in Figure 1. Ultimately, participants described giving up dieting as a dynamic process that continually evolved over time. Not one participant felt that she or he had arrived at an end point. As one participant stated, "Giving up dieting is a process not an event." Therefore, it is conceivable that for some people, changing one's relationship to food and body could be a lengthy, fluid process.

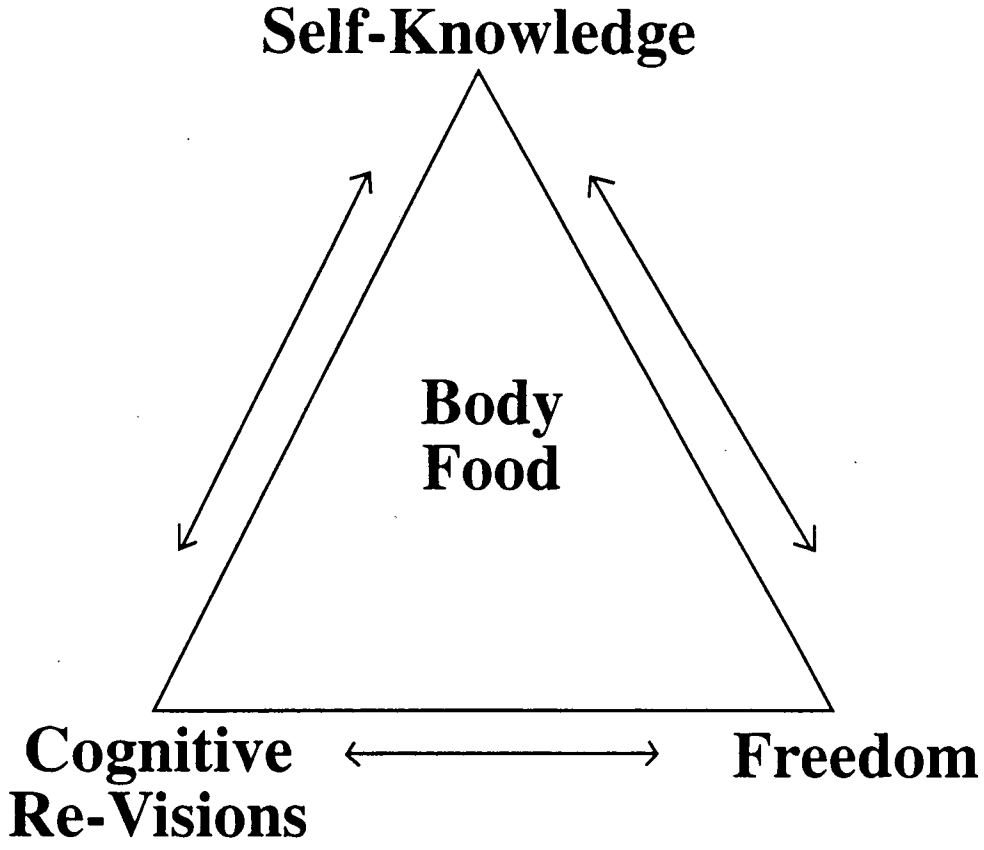

Figure 1: Phases of Giving Up Dieting

In a similar vein, it should be noted that the process of giving up dieting was not consistent across all participants. For example, some participants were handling problems with food more effectively while still struggling with body image and vice versa. That volunteers varied widely in the length of time in which they had been engaged in the non-dieting process could conceivably be related to the varying degrees of change that participants experienced. Again, giving up dieting appears to be a dynamic process that varies across individuals, although there are the common threads of re-visioning, relying on self-knowledge, and experiencing freedom.

In the following results, I have cited various non-dieting literature to provide a framework from which to understand participants' experiences of giving up dieting (Brown, 1985; Hirschmann & Munter, 1988; Orbach, 1978; Polivy & Herman, 1983; Roth, 1982, 1984). Through their experiences of working with dieters, these authors have created techniques to help people stop dieting. The techniques which were utilized by the participants in this study will be noted in the following results. Interestingly, although some participants were more well-read on the topic of giving up dieting than others, all began to enlist many of the strategies found in the non-dieting literature. So while it may seem circular to use the same literature that some participants have read in order to conceptualize the results, it is important to note

that those who did not read these non-dieting books fit within the framework as well.

Finally, I will review literature that describes the process of finding one's internal voice. Participants in this study came to rely on self-knowledge while working through problems with body and food. This process of becoming more internally defined will be explained in context of existing literature on women's ways of knowing.

Language

Before explaining the results, it is important to clarify two terms that will be used frequently in this section. First, to participate in this study, volunteers identified themselves as persons who had given up dieting or who were in the process of giving up dieting. Therefore, it is important to characterize how participants defined "giving up dieting." Another term often used by participants was "compulsive eating." Again, an explicit definition will be helpful. Below, these two terms are explained as defined by the participants.

The definition of what it meant to give up dieting varied among those interviewed. For most, giving up dieting meant giving up any form of diet or restriction. No foods were considered "illegal" or "bad." A variety of foods were eaten, including favorite foods that were once considered forbidden. Although most participants did not restrict what they ate, many made a conscious effort to

include foods in their intakes that they deemed healthy. Some focused on making "healthier choices," in other words, choosing a lower fat food rather than a high fat food (unless they had a craving for a particular higher fat food).

For two other participants in this study, giving up dieting meant letting go of formal diets, but some food restrictions still applied. For example, one participant who is very immersed in the principles of Overeater's Anonymous, has not eaten cakes, candies, cookies, ice cream, or doughnuts in 10 years. This participant avoids all foods with sugar as a major ingredient. Another participant, who was struggling with bulimia nervosa, decided to give up dieting and adopt a healthy intake in an effort to to heal her escalating eating disorder. At first, she became a vegetarian but also eliminated sweets from her diet. Today she remains a vegetarian and is more inclusive of other foods. What is evident for all participants is that they have made a conscious decision to eschew any type of temporary diet to lose weight. Rather than dieting, they have adopted a way of eating which they are able to live with on a daily basis.

When discussing giving up dieting, every participant described situations in which she or he ate for reasons other than hunger. Most deemed this type of eating as maladaptive and referred to eating for non-hunger reasons as "compulsive eating." Participants described themselves

as feeling driven when eating compulsively. Unlike choosing to eat a piece of pie when not hungry in a social situation, for example, compulsive eating felt more urgent and out of control. Choice seemed to be eliminated. When eating compulsively, interviewees stated that they often felt compelled to eat to allay underlying and uncomfortable feelings. As will be explained later, participants experienced a decrease in episodes of compulsive eating after giving up dieting.

Participants' Autobiographies

Two men and 11 women, all European Americans, consented to be interviewed. Participants' ages ranged from 20 to 48. All were well-educated (two were enrolled in college, six had bachelors degrees, and five had masters degrees). The occupational fields of business, mental health, and medicine were represented. The relationship status of participants included four married, two divorced, and seven never married. Two participants identified themselves as lesbians. Participants identified their spirituality as follows: three Catholic, three "Recovering Catholic," one Baptist, one Christian, and five eclectic spirituality. Participants also varied in the length of time that had elapsed since giving up dieting from a few weeks to 9 years. Although no question was asked about weight, participants volunteered that their perceived amount of "overweight" when giving up dieting ranged from 15 pounds underweight to 125 pounds overweight.

Following is a brief description of each participant. These short self-reported biographies will provide the reader a more holistic conceptualization of the participants and their reflections on the processes of giving up dieting.

Melissa

Melissa, a lesbian in her 30s, gave up dieting 5 months prior to our interview. A self-identified feminist, Melissa has been active in women's issues for several years and is employed as a rape-crisis counselor. Although not a frequent dieter, Melissa suffered from poor body image as well as compulsive thoughts about dieting and food since pre-adolescence. She attributed her development of compulsive eating, in part, to being an incest survivor. Eating served as a method of coping with painful feelings while growing up. Today, as a result of her exposure to feminism, Melissa has reappraised her beauty and body ideals and now accepts and appreciates her 200 pound body. As a result of this acceptance, Melissa states that she no longer compulsively eats as she used to. Ultimately, Melissa found the answers to her body image and food problems in feminist theory and through self-exploration. As a result, Melissa has made peace with food and her body.

Mary

Mary, a divorced accountant in her 40s, dieted on and off for over 30 years. She reported that cycles of dieting

and the resultant binge eating and weight gains damaged her self-concept and lead to her decision 5 years ago to stop dieting. Throughout her dieting years, Mary's weight fluctuated within an 80 pound range. Today, her weight has stabilized within a 10 pound range. In the midst of her dieting years, she engaged in purging behavior several times but did not develop bulimia nervosa. Mary stated that as a result of giving up dieting, she hasn't had an episode of binge eating in over 2 years. Instrumental to her process was her involvement in a non-dieting support group for people with disordered eating. Today, Mary strives to eat in accordance with her hunger and satiety signals and to examine the feelings behind the urge to eat when not hungry. She no longer has a weight-loss goal but wants to incorporate exercise into her life for improved health and will accept whatever weight loss may occur as a result of an active lifestyle. Most importantly, Mary reports that she has made qualitative changes in her relationship with self and others and is better able to meet her own needs. Giving up dieting has left her free to pursue her interests and other avenues of self-expression.

Liz

Liz, a single 33-year-old financial consultant, made the decision to stop dieting just 2 months prior to our interview. At that time, she recognized that there are more important aspects of her identity than how much she

weighs. Important to her process was reading literature on setpoint theory and a feminist critique of dieting and body image. Presently, Liz is learning to identify her signals of hunger and satiety. She is also asserting her right to eat guilt-free and has made efforts to eat formerly "forbidden" foods in public. She is currently struggling to assimilate the sometimes conflicting information on non-dieting she has received from doctors, non-dieting workshops, reading, and from years of absorbed cultural beliefs about weight loss, dieting, and exercise. As a result of her new experiences, Liz has revised her weight-loss goals to be less driven by appearance and more by pursuit of health. She has put away her scale and is working on body acceptance. One of her goals is to stop allowing her feelings about her body prevent her from doing what she really enjoys.

Meg

Meg, a married 27-year-old counselor for sexual abuse survivors, stopped dieting 9 years ago. She began dieting at age 13. By the time she entered high school, she was taking Dexatrim and amphetamine to lose 2 to 7 pounds. For a brief period of time she experimented with purging. Meg said that as a result of the dieting, she began to binge eat and eventually gained 35 pounds. The dieting and binge eating was taking a toll on Meg's self-concept so she stopped dieting and began to eat in accordance with hunger

and satiety. She also put away her scale. Meg took a job as a landscaper for one summer. As a result of the physical labor and eating only when hungry, she lost the 35 pounds. Meg has not dieted or gained weight since. Today, Meg is critical of the pressure that society places on young women to meet unrealistic thinness ideals. She is outspoken in her feminist beliefs that women should be deemed beautiful as they are naturally.

Greg

Greg, an unmarried 30-year-old business consultant, began the process of giving up dieting 6 years ago. Although he once weighed 335 pounds, Greg joined Overeater's Anonymous (OA), gave up dieting and lost 100 pounds. He now maintains his weight within a 10 pound range. Although he doesn't consider his food plan dieting, Greg does not eat foods that contain sugar as the first or second ingredient listed on the packaging. Greg found OA to be instrumental to his process because of the following: 1) OA provided a sense of community and helped to break down the feelings of isolation, 2) OA taught him to view compulsive eating as a living problem rather than a food or weight problem, and 3) OA offered a spiritual solution to compulsive eating. As a result of having given up dieting, Greg states that he experiences fewer feelings of shame and guilt and has made significant gains toward accepting his body. Ultimately, Greg believes that eating compulsively

is a symptom of uncomfortable or unresolved feelings, and therefore, dieting cannot work because it does not address the actual problem.

Leslie

Leslie, a psychiatric social worker in her 30s, gave up dieting after being introduced to the non-diet literature of Geneen Roth. In the sixth grade Leslie and her mother joined a formal weight-loss group, an experience which she found embarrassing and humiliating. Throughout the next 14 years, Leslie found that diets not only didn't produce permanent results, but the formal diet organizations and OA further exacerbated her embarrassment and violated her privacy. After reading the Geneen Roth books, Leslie incorporated the non-dieting guidelines into her lifestyle and experienced a 2 year period of nutritionally sound eating, freedom to enjoy all types of food, weight loss, and a "real sense of peace." However, of late Leslie has again been struggling with compulsive eating. Within the past year, Leslie made a major lifestyle change that resulted in extreme emotional upheaval. Currently she is endeavoring to again make peace with food but finds the effects of the lifestyle change to be overwhelming. Although she is currently unhappy with the weight gain from the compulsive eating, she is still eating less compulsively than when she was dieting. Leslie is adamant that she will not diet again.

Anna

Anna, a 40-year-old mother with one child, is using her knowledge from her business degree to run a kennel and show dogs. In her efforts to lose weight, Anna focused less on dieting and more on ways to combat the calorie intake of the foods she actually ate. Her primary method was strenuous exercise, although she also used purging, diuretics and laxatives. Anna worked out very vigorously, running triatholons and using Nautilus equipment. She was also an avid reader about nutrition and used a very technical computer program to analyze the nutritional value and caloric content of her daily intake. Before she gave up dieting 6 months ago, Anna stated that she was extremely depressed and felt desperate. At that time she decided to give up the "behaviors of the obsession." She stopped using her computer program, exercising "hysterically," weighing herself, and reading diet and nutrition books. She also started psychotherapy because she felt her problems with food were symptomatic of deeper unresolved problems. Today Anna is experiencing a sense of freedom from having given up dieting and the related weight-loss behaviors. Her self-esteem is reportedly better although she is still striving for greater body acceptance. She also reports that she is eating less compulsively than before giving up dieting.

Kate

Kate, an unmarried 40-year-old hospice counselor, dieted from ages 12 to 33. She gave up dieting after attending a Thin Within workshop by Judy Wardell 7 years ago. As a result, Kate has found that she has become more aware of her physical, emotional, and spiritual needs and is better able to meet those needs. She also reports that she has achieved a greater level of body acceptance. Today, Kate struggles with striking a balance between discipline and freedom with both food and exercise. Kate's stated ideal is to be aware of and attend to her needs without being overly critical. Maintaining her health is of utmost importance to Kate, and she sometimes wrestles with defining the "line" between diet and deprivation and eating for good health. At present, she would like to lose 10 pounds and begin to exercise again but finds a lack of support resources for non-dieting other than the 12-step addictive models which she finds problematic. Ultimately, Kate's philosophy lies in maintaining an awareness of how different foods make her feel and eating accordingly.

Ellen

Ellen, a single 34-year-old domestic violence advocate, dieted from high school until her early 30s. Her process of giving up dieting began with psychotherapy and Geneen Roth's books on non-dieting. While dieting, Ellen alternated between restricting her intake and binge eating.

Today Ellen has made peace with food and no longer binges. She is aware of hunger, satiety, and how different foods affect her; and she eats accordingly. The changes she has made with food have permeated into other areas of her life and she states that she is "a more centered person." Although Ellen is slender, she had to make peace with the shape of her body. Ellen feels that compulsive dieting has become an accepted part of American society and has detrimental and far-reaching consequences in people's lives.

Jill

Jill, a 48-year-old married mother of two children, is a medical clinic director. She gave up dieting 7 months before our interview. Jill's lifelong cycle of dieting and gaining weight began in high school. After high school, Jill used amphetamines prescribed by a doctor to help her lose weight. Her biggest weight loss was 90 pounds, but she eventually regained the weight. Today Jill states she is at her heaviest. She has stopped dieting and is now focusing on the reasons behind her urge to eat when not hungry. She is also more aware of her sensations of hunger and her food choices. Jill reevaluated her previous weight-loss goals and wants to accept her body no matter what she weighs. Jill's most immediate goal is to develop a healthy eating pattern and adopt a moderate exercise program, both to improve her health. In giving up the

rigidity and compulsiveness of dieting and becoming more aware of the feelings behind the drive to eat, she believes that she will ultimately lose enough weight to feel healthy and comfortable.

Chris

Chris, a 21-year-old college student majoring in nursing, gave up dieting when she was 16. Chris started dieting at 14 and her weight fluctuated within a 5 pound range. The following year she began purging and lost 10 pounds. The obsessive thoughts about weight and food consumed most of her day. The turning point for Chris was stepping on a scale and weighing under 100 pounds. At that point she gave up dieting and became a vegetarian. She also eliminated sweets from her diet and started exercising regularly. Chris regained the lost weight and found a food plan which was health-supporting. Today Chris has become more relaxed about her intake and includes a larger variety of foods. Chris remains a vegetarian as this is an important part of her identity. She no longer is preoccupied with thoughts about food and simply eats whatever she wants when she's hungry. She continues to exercise regularly, and her weight has remained stable. Having given up dieting and purging, Chris feels more energetic and happier. She doesn't judge herself according to what she eats or how much she weighs. She now has the time and energy to pursue other interests, particularly her college coursework.

Carol

Carol, a 30-year-old physician's assistant and married mother of two children, suffered from anorexia nervosa from ages 13 to 26. During that time she used laxatives and purging to remain thin. Carol never weighed over 89 pounds until she was pregnant with her first child. The turning point for Carol was being admitted to an eating disorders unit for 45 days by her psychotherapist. As a result of her hospital stay, Carol learned to include a variety of foods in her intake, avoid eating rituals, and become more attuned to hunger and satiety. She has since given up exercising and her excessive concerns about her appearance. She recently stepped on a scale and for the first time topped 100 pounds but did not panic as she once would have. Today, Carol states that she is more assertive, happier and stronger. She now facilitates a group for people with eating disorders and counsels patients with anorexia nervosa.

John

John, a 20-year-old biology major, went on his one and only diet after gaining 25 pounds while a freshman in college. John was actually unaware of his weight gain until his girlfriend suggested that he go on the Slim Fast diet with her. After adhering to the diet for 2 months, John lost the weight but was feeling irritable and very tired. At the time of our interview, John had regained 5

or 10 pounds in 8 months. John found that dieting left him ravenously hungry, and he changed his behaviors to avoid the discomfort. For example, he began eating dinner much later and going to bed earlier to avoid feeling the hunger. He also found that he would eat "everything in sight" for his one meal a day. John states that he is now more body and food focused than before he dieted. John, who didn't weigh himself before dieting, now feels his scale use is excessive. Today John focuses on eating when hungry and makes a point to include a variety of healthy foods in his diet. He also attempts to distract himself when the urge to eat strikes and he's not hungry. John feels contentment and freedom in giving up dieting. His food choices are now based on choice rather than following the rules of a diet.

Thematic Results: Body

Cognitive Re-Visions

When describing giving up dieting, participants detailed a process in which attitudes about body and dieting were cognitively reframed. Interviewees spoke of six different areas in which a re-vision took place: 1) a recognition that dieting can lead to weight cycling and weight gain; 2) a realization that giving up dieting would not necessitate weight gain and could even result in weight loss; 3) an awareness that a thin body does not necessarily equate with psychological well-being; 4) a questioning of

the current cultural ideals of beauty, health, and thinness; 5) a cognitive reappraisal of one's current body shape associated with greater body acceptance; and for some, 6) the development of a theoretical framework from which to understand the meaning of body size for women.

Dieting promotes weight cycling. "I just keep gaining weight when I diet. Diets don't work."

As mentioned earlier, dieting promotes weight loss which is often followed by episodes of weight gain. These repeated weight fluctuations are referred to as weight cycling or "yo-yo" dieting (Lissner et al., 1991). In discussing the decision to give up dieting, several participants pointed to the weight gain which often accompanied dieting as key to their re-visioning. The recognition that diets did not keep them thin was an important factor in the decision to stop dieting for over half of those interviewed. Mary, the accountant who dieted for over 30 years, explained how this realization influenced her decision to stop dieting:

> I saw every place, everybody selling diet books and yet I see the populous, especially women, getting larger and larger. It's not working. I started dieting when I was 13 and always lost weight dieting, always gained it back plus more. I just keep gaining weight when I diet and I don't care to do that anymore...Diets don't work.

Kate, the hospice counselor in her 40s, also found dieting to be counter-productive:

> Of course, I've gone through the yo-yo weight loss, weight gain, where you gain the weight back more quickly...I think for awhile I've known that dieting or restricting a whole lot doesn't really work.

Giving up dieting does not necessitate weight gain.

"Whatever weight I would gain would only be temporary."

When considering the decision to give up dieting, many people fear that their appetites and thus their weight may rage out of control (Roth, 1984). This idea that the body is untrustworthy and incapable of appetite regulation is at the core of the popular culture's diet mentality (Roth, 1984). The recognition that giving up dieting would not necessitate weight gain was an important factor in the decision to stop dieting for most of those interviewed.

Liz, who had just started the non-dieting process, voiced fears similar to those voiced by novice non-dieters in Geneen Roth's workshops (Roth, 1984) when she said, "If I sat around all day and did what I really wanted, I would turn into a house." However, as participants began to listen to and trust their body's signals, they became more confident that the body's messages are trustworthy and listening to those messages would not result in permanent

weight gain. Ellen, the domestic violence advocate who gave up dieting after reading Geneen Roth's books, explained:

> At first, I was a little resistant to the idea of [giving up dieting]. And Geneen [Roth] addresses that, that people think, "I'll probably balloon to 100 pounds more than I weigh now." And I was concerned about that, but everything made so much sense. It was in the middle of [Breaking Free From Compulsive Eating by Geneen Roth (1984)] that I knew this was going to be okay, and that whatever weight I would gain would only be temporary, because if I really listened to my body and ate when I was hungry and only ate as much as I wanted or needed at that time, and ate things I truly liked to eat, that my body would probably balance itself out. Fortunately, I didn't gain any weight.

In fact, the non-dieting literature suggests that non-dieters often lose weight as they become more aware of the body's internal hunger signals and eat accordingly (Hirschmann & Munter, 1988; Roth, 1984). Although the 13 people interviewed for this study were not asked about weight loss, 4 participants volunteered that they lost weight after giving up dieting.

Questioning that thinness equals happiness. It's a misconception that if you're thin, your life is wonderful.

Another aspect of the re-visioning process was the recognition for some participants that a thin body does not guarantee psychological well-being. Indeed, losing weight rarely solves life problems (Polivy & Herman, 1983). The expectation that thinness can transform one's life is unrealistic (Kano, 1989). This realization that weight was not the sole source of dissatisfaction led to a more holistic perspective of the role of body weight and happiness. Greg, the 30-year-old business consultant, and Leslie, the psychiatric social worker, commented:

> It's very difficult to give up that, "I need to lose that 10 pounds so I can make sure I get into a certain size and all my problems will be solved."...It's a myth...When I was 25 pounds less than I am now, if I get real honest and ask myself, "How happy was I?" Not very happy and not very content. And therein is a very important lesson that it wasn't all the weight.

> The other thing I hate about dieting, [is] that whole misconception that if you're thin, your life is wonderful. Well, I certainly found out my life was wonderful for 6 months, but then it got real again.

In fact, two participants described a realization that having a larger body may serve as an important protective mechanism. Orbach (1978) writes that when one acknowledges the positive aspects of being fat (for example, sexual protection) then he or she begins to develop a new self-image. Fat is no longer viewed as solely negative, and as a result, the person can become more accepting of his or her body and eating (Orbach, 1978). Melissa, the rape-crisis counselor and incest survivor, stated, "Part of me doesn't want to lose weight. Part of it might be because of the sexual abuse issues and I feel safer when I'm larger." Liz, the 33-year-old financial consultant, also spoke of reappraising her body size:

> I think I'm afraid to lose weight...It seems more beneficial for me to stay overweight than not... When I was thin a lot of men were coming on to me. Women didn't like me, it was very competitive. At the time I liked it, now I look back and I think it was kind of traumatic. I was this sex object and didn't even know it.

<u>Opening oneself to alternative models of health and beauty.</u> "It's society's criterion of beauty."

In the process of giving up dieting, several participants began to challenge the current cultural ideal which equates thinness with beauty and health. Kano (1989)

writes that in order to make peace with body and food, one must broaden his or her view of the ideal, healthy body. As part of this process, interviewees described being influenced by alternative information and images which promoted self-acceptance, for example feminism, lesbian culture, and alternative media. Melissa, a feminist, explained how her ideals of health and beauty began to shift away from society's as a result of her exposure to feminism:

> I guess a lot of it has to do with feminism and understanding sexist oppression. I really wouldn't be surprised if the medical establishment discovers that women are not supposed to be the sizes and weights that insurance companies say that you're supposed to be. I think that women can be larger in a healthy way.

She continued:

> Being in a lesbian culture helps a lot. There is a lot of acceptance for women's bodies as they really are...I've gradually gotten to the point where that [Glamour magazine ideal] really isn't my criterion of beauty, it's society's criterion of beauty...The seeds for that kind of thought were planted in my head from going to women's music festivals where all types of bodies are

> appreciated and there were networking meetings for larger women who were not into dieting but were just into being proud and liking their body. [That] was very validating for me.

Leslie, the psychiatric social worker, explained how undergoing psychotherapy and being exposed to a magazine featuring large-size models was helpful to her:

> When I was in therapy, body image was one of the things I worked on, being comfortable with myself where I was at. And I started subscribing to [the magazine] Big Beautiful Women and seeing all these positive images of larger-sized women.

Liz, the financial consultant who just recently made the decision to stop dieting, began to revise her thoughts about weight and health after being introduced to information about setpoint theory:

> I did some reading about setpoints and how hard it is to lose fat and how women carry more fat anyway, and I thought "God, this isn't my fault." Maybe I don't need to carry all the weight that I am carrying, but part of this is just natural, and I'm fighting nature...I guess the information was always out there, but I had tuned it out because I

> was so locked into what the media was showing me and telling me.

Reappraising and accepting one's own body. "I'm not ashamed to be a large woman."

In their book Overcoming Overeating, Hirschmann and Munter (1988) point to the importance of self-acceptance when giving up dieting. Given the inherent variability in body size, internalizing the popular body ideal leads to frustration and self-contempt. The reappraisal and shift toward accepting one's body became evident in this study, as participants delineated what was sometimes a slow process of gaining body acceptance. Greg, the business consultant and OA member, explained how this process of self-acceptance has evolved for him:

> I'm still working through a lot of issues of just being okay with the size that I am...And that means dressing becomingly at the weight that I am, not comparing myself to other people, and realizing that I am not what I weigh. That number [on the scale] doesn't define everything about my character and my personality and the gifts that I have.

Hirschmann and Munter (1988) suggest that those who are giving up dieting acknowledge the realistic size and shape of their bodies while withholding judgement about their bodies. Kate, the hospice counselor, explained how a realistic appraisal of her body shape helped her to become more accepting of her body:

> I'm more accepting of my body. I can remember being in my twenties and thinking, "God, I've got to change the shape of my thighs." And just through educating myself, and coming up with the reality that the shape of my thighs didn't change all that much, they might have gotten larger but in terms of the general shape of them, no, they're not going to change. So, I think in general just being more accepting of my body and what my physical limits are.

Similarly, Ellen, the domestic violence advocate, described how she has come to accept her body as it is at present:

> I'm really starting to make peace with what my body looks like, that this is basically the package today...There are certain things about my body, the way it's shaped that are never going to change. I'm never going to have longer legs, I'm never going to have skinny

> ankles, but because I feel good on the inside, I'm able to look at the outside and say, "It's really okay, it looks all right and this is the best it's going to be today."

Following, Jill, the medical clinic director, described her process of self-acceptance which involved a realistic appraisal of her own body, as well as an awareness that she is well-liked despite not being at her goal weight.

> I'm getting better at looking in the mirror and going, "Well this is just the way it is," and "thank God for Fashion Bug Plus and Added Dimensions."...I think part of it is maturity, part of it is the fact that I look around and most people don't have the ideal body...It's just finally realizing that this is just how you are, and it's not going to be the end of the world. People still like you even if you're fat.

As did others in the study, Melissa began to serve as a new model of acceptance for others:

> One of my friends credited me with her learning to like her body. I don't think I'm the major credit. I just initially planted the idea in her

> head that it's okay to stay just the way she is if she feels healthy. And I started her reading books on fat oppression. It's a networking thing. It's a connectedness too. I think it would be really neat if more women could just be exposed to the whole idea of just liking themselves as they are. And being able to recognize sexist oppression when it happens. And naming it that way. I think that's a big key.

It is important to note that the process of body acceptance was not uniform across all participants. Although a few participants have reached a level of complete body acceptance, most continue to struggle finding the process to be slow and difficult. Melissa, who has done much work on body image, summed up her feelings about her new found body acceptance:

> I'm not ashamed to be a large woman. And if somebody says some comment that I'd look better if I lost 30 pounds or whatever, I could say it to anybody really, "Well, I'm comfortable the way I am," and I could even make some comment like, "I think I look like a goddess."

Adopting a feminist framework. "When you're reduced to your size, it's like you can't do anything else or think about anything else."

Not only did interviewees describe striving toward body acceptance, but 4 of 13 participants went on to provide a feminist framework from which to understand the meaning and role of body size for women. The theme that women's bodies are viewed as objects and inherently in need of change and improvement (Brownmiller, 1984; Orbach, 1978) emerged clearly from these interviews. Adopting a feminist perspective provided a means for some participants to understand and break free from the cultural imposition of the thinness equals beauty, health, and femininity ideal because this ideal results in the subordination of women. Melissa discussed how feminism helped her to reframe the role of body size and appetite for women:

> I think sexist attitudes sort of demand that women stay small and don't take up space... It's just another way of controlling our bodies, just like we're supposed to wear heels and underwire bras and girdles. My own development in that area enabled me to give myself permission to be expansive, to take up space, to not have to sit like a lady with my legs crossed and to just be able to claim my space.

She continued:

> Feminism certainly was the thing that saved me from that. There was just something in me that drew me to women's issues for a long time. As I became involved in victimization issues and pornography, how our bodies are objects and what they're supposed to look like, and just having a thorough feminist critique of that, enabled me to let it go pretty easily.

Liz described how she became enlightened by feminist vision:

> I read Fat is a Feminist Issue [Orbach, (1978)] a long time ago and that was probably the biggest eye opener to me. It really pissed me off because again, it made me feel like that's all we're reduced to. I have a real problem with that. If you've read Susan Faludi's Backlash [1991], you pick it up and read two pages and just want to go out there and machete all the men in the world. They talk about when you're reduced to your size, it's like you can't do anything else or think about anything else.

It is important to note that the two male participants felt that women are not the only victims of the cultural

imposition of thinness. Indeed, the current body ideals are often unrealistic for men as well as women, although research suggests that women's self-esteem is more closely linked with appearance than men's (Freedman, 1986).

Ultimately, problems with body image and eating occur overwhelmingly among women (Brown, 1985). Therefore, it is important to conduct a thorough feminist critique of our culture where women are "devalued and disempowered" (Brown, 1985, p. 63). Breaking free from the externally imposed cultural rules which define women as being unhealthy and ugly when eating with pleasure or being larger than the ideal, may provide a solution to these problems with food and body image (Brown, 1985).

Self-Knowledge

As mentioned in the previous section, participants began to re-think the concepts of weight loss and dieting. Part of this re-vision entailed questioning society's body ideals and reappraising and accepting one's own body. Along with this re-visioning, participants began to develop their own definitions of body self-worth. The process of becoming more internally defined became apparent in two different areas: 1) an increased reliance on one's own definition of a healthy body and a decreased reliance on external measures of body self-worth such as height/weight standards and the scale, and 2) a new focus on exercise for health and pleasure versus thinness.

Discovering one's own definition of a healthy body.

"People...should find what works for them."

The popular non-dieting literature encourages readers to reduce their reliance on external measures of body self-worth such as current height/weight standards, the scale, and media (Hirschmann & Munter, 1988; Kano, 1989; Roth, 1984). In doing so, non-dieters must then begin to discover their own definitions of body self-worth (Hirschmann & Munter, 1988; Kano, 1989; Roth, 1984). As participants in this study relied less on external measures, they became their own experts and articulated new goals based on self-knowledge.

As mentioned in the literature review, Polivy and Herman (1983) utilized the concept of "natural weight" to refer to the body's setpoint weight range. They suggest that height and weight standards tell us little about a particular individual's natural healthy weight range. Often there may be discrepancies between one's natural weight and the "ideal" weights touted by society and current height/weight standards (Polivy & Herman, 1983).

In this study, participants described letting go of externally imposed goal weights and allowing the body to settle in to a comfortable, individual body size that **feels** healthy. Brown (1985) refers to this process of becoming one's own authority on his or her body as "body wisdom" (p. 68). Brown writes, "The standard here is one of comfort and pleasure; how does this particular woman feel in her

body? How well satisfied is she by her energy level and mobility?" (p. 68). For example, Jill, the medical clinic director, does not feel she has reached her natural weight but no longer relies on externally defined weight goals and is focusing more on how her body feels:

> I think weight will just fit in wherever it does. If it comes off fine, and if it doesn't I think that's probably going to be okay too... I will never get down to 150. I'd be real happy if I got down to 170. I just want to feel good. I want the body I feel best in. I don't feel best in this one, [but] I didn't feel best at 150 pounds [either]. I was panicky the whole time that I would gain weight. I'm never going to be skinny, but I'm going to feel better than I do now. I don't want to feel this tired or this short of breath or this pooped walking upstairs. So when I get to the point where I'm comfortable with all that, then that's where I'll stay.

Kate, the hospice counselor, similarly focuses on how she feels rather than being at a specific goal:

> And not for you to be hung up on specific numbers, but I guess taking a look at more how I feel, that health aspect of it...I

> think I've learned not to put so much stock in what a number says...The issue is paying attention to your health and overall well-being...That you be the best that you can be whatever that is. And for some people that may be being at 150 pounds or it may being 130 or in terms of being a certain size, whatever their natural body size might be. That's going to be different for everybody and to be satisfied with that. I think each one of us has a sense of whether or not we are being our best and attending to ourselves.

On the topic of "goal weights," Susan Kano (1989) writes that there is an important difference between choosing a goal weight and then changing one's lifestyle to achieve that weight, and choosing a lifestyle and then accepting the resultant weight. Mary, the accountant, gave up the notion of reaching a "desirable" weight but has chosen a lifestyle which she feels to be health-supporting. Mary's internal sense of well-being was evident as she spoke, "I feel contentment in myself no matter what weight I'm at. I'm just going to basically see what exercise leads me to and then just accept that weight whatever it is."

Not only did participants rely less on height/weight standards, they also decreased their scale use. **Every** participant interviewed stressed the importance of decreasing his or her reliance on the scale. Hirschmann and Munter (1988) state that the scale is "the most powerful symbol of nonacceptance" (p. 76) in the dieter's life. The person who wakes up feeling good about him or herself only to become depressed after weighing in demonstrates how the scale can effect one's general outlook (Hirschmann & Munter, 1988). As Mary said, "You could be elated or down in the depths of despair because of the damn scale."

When a person gives up the scale, he or she can begin to make internal judgements about how he or she feels and looks (Hirschmann & Munter, 1988). As Hirschmann and Munter (1988) suggest, participants in this study began to notice new ways of defining body image. Mary commented about giving up the scale, "I find it much better when I do exercises to feel my clothes getting looser and little flabby parts gone or I can bend over easier."

Carol, the physician's assistant who suffered from anorexia nervosa for 13 years, explained how she now trusts her own feelings about herself rather than the number on the scale:

> I used to weigh myself everyday...[Now] I weigh myself if I get sick because it seems like when I'm sick I drop weight, and I want

> to know if I hit a crucial point because I don't want to go back into the hospital...I don't go much for the weight now. We went somewhere the other day, and I got on the scale and I finally hit the three digits, and normally it would have freaked me out, and it's like, "Oh well, I don't look any different." My husband looked real concerned [that I would be upset] and it's like, "I don't care, I don't look different."

Hirschmann and Munter (1988) suggest that most people who have struggled with issues of food and weight generally have a sense of how much they weigh. Ellen, the domestic violence advocate, was introduced to this idea in a non-dieting workshop conducted by Martha Adcock Zinger. Ellen stated that in the past she would weigh herself at least once a day. She commented:

> I remember in the workshop the facilitator said that one way to start getting rid of the scale and not relying on it is that you probably already know how much you weigh. So think about how much you weigh and then get on the scale and see how close you are. And that's really true...I needed to hear that you don't have to have a scale. I'm

not quite ready to let go of it, even though I don't get on it all the time anymore.

Similarly, Melissa, the rape-crisis counselor, spoke of having an internal sense of how much she weighs and therefore relies on that idea rather than the scale. Notice also how Melissa's beliefs about the number on the scale have changed:

I just said, "I'm not weighing myself anymore." And now I have a scale that's in the closet. I could weigh myself if I wanted to I suppose, but I haven't. I think I know how much I weigh approximately. I think I weigh about 200 pounds, but if I found out I weighed 240, it wouldn't feel like the end of the world to me.

Along with height/weight standards and the scale, participants also relied less on the external ideals promoted in media and on other's opinions. Chris commented on internalizing media ideals, "People shouldn't think of the perfect body as a model on the cover of a magazine. They should find what works for them." Melissa told how she was able to let go of internalizing other people's opinions about thinness:

There were people in my life that had their own ideas that people should be thin. And so I was

> sort of fighting that because I knew that my lover had those ideas. But I just maintained it and practiced saying it to people. Now there's nobody in my life that would challenge it because they know it would be pointless.

Ultimately, with a decreased reliance on the external, participants began to look inward. Melissa described how she feels now that she has given up external measures:

> I don't see any point to dieting. I see a point to eating healthier foods. I might become a vegetarian sometime, or I might exercise to make my muscles strong, but it's not really a goal of mine to have a certain inch waist and to get down to a size 10... I can feel comfortable, attractive and strong the way I am...I just want to be healthy. I feel comfortable. I don't feel like my body hurts when I'm this size, and I feel kind of substantial. I don't want to be a bony person. I don't really find bony people attractive and so I don't have that image anymore.

Exercising for health and pleasure. "It makes me feel better about myself."

The problem with many exercise programs is the focus on weight loss and appearance. These programs often promote body, weight, and dieting preoccupation (Kano, 1989). In the process of giving up dieting, Kano (1989) suggests that non-dieters develop an instrumental view of exercise to replace the ornamental view. This can be achieved by focusing on enjoyment, endurance, and coordination rather than calories burned and changes in appearance. Indeed, 7 of the 13 participants in this study spoke about physical activity and described a shift to a more instrumental view of exercise. They often asked themselves the question, "How does exercise make me feel?" versus "How does exercise make me look?". Melissa commented:

> The next thing that I would like to see happen is that I increasingly take care of my body by quitting smoking, eating better, and exercising. I've pretty much accepted the fact that I'm not going to be at the spa everyday, but I would like to find something that's fun like bike riding. I do enjoy lifting weights when I do it. I want to feel physically strong. I like lifting heavy boxes. And if I stay the same weight that's okay.

Jill commented about her more instrumental view of exercise:

> I'd like to give up dieting and develop a normal, healthy eating pattern, and a moderate exercise pattern. I don't want anything strenuous. I don't want to run marathons. That's not me. But I don't like being sedentary either. Which is pretty much where I am right now. I just want to walk and get out and play with the children and maybe run around the yard a little bit, or get in the pool and play with them and do laps. I want to be able to do those kinds of things and be comfortable with it.

Likewise, Chris the nursing student who once struggled with bulimia nervosa, discovered the benefits of exercise other than weight loss:

> Exercise has become not a big part of my life but a daily part of my life. It makes me feel better about myself. I feel like I have more energy, I feel like I'm a happier person, and I think being a vegetarian and exercising are the big parts to do with it. I swim a lot. And I try to vary it with walking and aerobics every once in awhile.

Freedom

Participants in this study described characteristics of themselves prior to giving up dieting: poor body image, internalization of societal beauty and body ideals, dependence on the scale as a measure of self-esteem, and a preoccupation with body size which hindered personal growth. In giving up dieting, participants made cognitive reappraisals in these areas and in the process became more internally defined. Participants also described feeling a new found sense of freedom. The theme of freedom specifically as it related to body issues, emerged in several distinct areas: 1) freedom from self-deprecation, 2) freedom from externally imposed beauty and body ideals, 3) freedom from the scale, and 4) freedom from body preoccupation leading to expansion and growth.

Freedom from self-deprecation. "I can feel attractive and strong and can appreciate the size that I am."

In Feeding the Hungry Heart, author Geneen Roth (1982) describes the process of breaking free from compulsive behaviors revolving around food and body. Part of this process involves body acceptance and appreciation. As participants achieved greater body acceptance, they spoke of feeling a sense of relief and liberation from the confines of body image obsession and from overwhelming feelings of dislike for one's body. Meg, the 27-year-old counselor for sexual abuse survivors, verbalized how she

feels now that she has accepted her body and is no longer preoccupied with weight and dieting:

> I don't miss for one minute being focused on my weight, or trying to fit into some sort of mold that I never really accomplished. I did for a few days maybe, I was this thin Oprah Winfrey for a few days, but it really wasn't worth it...[Not being focused on my weight and dieting is] just total and complete freedom. It's making peace with yourself.

Melissa, the rape crisis counselor, described how accepting her body has freed her from feelings of self-abasement which were prevalent in previous years:

> I can feel comfortable and attractive the way I am. The relationship that I am in now is with someone who really appreciates my body and I can allow that to happen now. I don't know if I could have done that five years ago without making self-depreciating comments every five minutes when I get compliments [laughs]. I can feel attractive and strong and can appreciate the size that I am so that's good.

Freedom from externally imposed beauty and body ideals.

"I'm not restricted by what society thinks of me."

As mentioned earlier, the process of giving up dieting entails a re-visioning of one's criterion of beauty. Letting go of other people's opinions and judgements about one's own body promotes freedom (Roth, 1982). In the process of re-visioning one's beauty and body ideals and developing one's own internal definition of beauty, participants in this study often experienced a sense of release from the pressure to conform to other's ideals. Melissa explained how she experienced this sense of freedom:

> I guess it sort of crystallized for me when I broke up with my last partner who was a size 6 and in the medical profession so she had all these things about being thin is best. She would get kind of mad when I said being thin wasn't a priority for me anymore. But after that it was real freeing. Then there was nothing that made me think I should lose weight. I don't have any health problems because of weight. I had to try on those beliefs for awhile before they felt solid, and now they feel pretty solid... And also the fact that I am attracted to that goddess mother image sort of body and I've always liked Rubenesque women, I wasn't allowed

> to think that that was okay before somehow, but now I am.

She continued:

> It feels expansive. It feels like I was in a box before and at first the box had to get bigger, but now there's no need for even having a box. And so it feels free and expansive. I don't feel like I'm restricted by what I used to be worried that society was going to think about me, or my friends or parents were going to think of me. I can feel comfortable where I am and so that's very freeing.

Carol, the physician's assistant who once had anorexia nervosa, explained how she has freed herself from preoccupation with appearance:

> I don't go more on the looks now. I used to always have to have my hair done, but no, not now. I used to exercise, I don't now. It's not as important as it used to be.

Freedom from the scale. "The scale was a tyrant!"

As mentioned earlier, every participant interviewed stressed the importance of decreasing his or her reliance on the scale. Consequently, interviewees spoke of greater

freedom in both time and thought as scale use decreased. Mary, who referred to the scale as a "tyrant," stated that she thoroughly enjoyed giving up the scale because she no longer had that symbol of nonacceptance "hanging over my head all the time." Following, three participants described the role of the scale in their lives both before and after giving up dieting. Anna, the woman in her early 40s who shows dogs, described how she significantly reduced her scale use:

> [The scale] has always been very important. I lived in South Africa for 2 years and I was so mixed up because they are on kilograms. I was hysterical because I couldn't figure out exactly to the pound what I weighed...At the most I was weighing four or five times a day. I remember doing triatholons and weighing before breakfast, before leaving home, when I got home, after I drank and replenished my body with water and food, and before I went to bed. This wasn't something I took lightly...[Then] I realized I can't weigh myself three times a day, that something's got to change. Now I try very hard to weigh once a week. It would be nice if I didn't weigh at all, but it's a lot better than weighing three times a day.

Meg described how she relied on the scale while dieting:

> I couldn't be in a house without a scale. If I was at a hotel, I'd seek out a scale. If I was at a friend's house, I'd want to know where the scale was. I was weighing myself at least three times a day...I was upstairs weighing myself constantly. The scale had to be on zero, it was an old scale, I couldn't get it right, the bathroom floor was slanted, [I'd think] "Oh my God, it's not going to weigh accurately."

Meg also described a recent experience with the scale:

> [Years ago] when I lost all that weight, I made a conscious decision not to get on the scale anymore. Because for all the weight I had to lose I wasn't going to have this emotional thing going on while I was trying to do it... I [recently] weighed myself at the bank because I wanted to weigh my son. So I got on the scale and looked at my weight and then picked up my son and held him. [How did you feel?] I said my son weighs 31 pounds. [Laughs]. "You're getting to be a big boy." That was it. And there was a whole huge line at the bank [who might see] and I didn't even think twice about it.

Chris, the nursing student, also described how she became less influenced by the scale after giving up dieting:

> It wasn't a good life [while I was dieting]. It was always the scales and everything...It wasn't a happy time because you were always thinking about what you were eating and how much you weighed...After I became a vegetarian, our scale broke and we never got it fixed, so I never really thought about it. And then when I came to school, my roommate had a scale and she was really into dieting and everything. I'd get on it every once in awhile, but my weight doesn't usually change that much anymore, so it's not usually a surprise or anything. I just kind of take it in...I feel better about myself. I don't judge myself according to how much I weigh.

Freedom from body preoccupation leading to personal growth.

"Body shame is a kind of barrier."

It is the nature of preoccupation and obsession to block personal growth. For example, Chernin (1981) writes that body and dieting obsessions prevent women from exploring their emotional lives, meeting their true needs, and developing female power. Brownmiller (1984) writes that when a woman is forced to "concentrate on the minutiae of her bodily parts," she experiences the "ultimate

restriction on freedom of mind" (p. 51). As male and female participants in this study moved beyond body preoccupation and dislike, they began to discover important aspects of self which had previously been overlooked. Melissa explained:

> I can't really examine my feelings effectively if I don't like my body. That's the container I'm in, that's what I see when I look in the mirror, that's who I am. And if I feel shame about my body, that's going to serve as a barrier for me to look at why I'm overeating. Once I was able to say, "This is my body; I like it; there are women in this world who think this kind of body is very beautiful," then I don't have that barrier of shame that stops me from asking, "Okay, what are you feeling that makes you want to eat five things tonight?" Now I can just say that I'm feeling sad or bored or scared or whatever. Body shame is a kind of barrier.

Mary explained how giving up the popular ideal left her free to start liking herself:

> I decided I needed to start liking myself instead of trying to be what the American view of womanhood should be, some thin Barbie doll.

Meg not only described being free from the societal beauty ideals mentioned earlier, but also went on to explain how this left her free to discover other valuable aspects of herself:

> It's taken me years to value myself in ways other than physical appearance. And right now I'm at the total opposite end of the continuum where I really don't care about my appearance at all, and that's very liberating. I'm funny, I have brains, I'm good at this, that and the other, and just going through life finding out all the things that are valuable about myself besides am I going to fit into my jeans this week.

She continued to describe how freedom from weight and body concerns have left her free to explore more aspects of self:

> I just feel more like a natural person. I was very happy that I didn't have to worry about this anymore. I could get on with something else. I was okay with it, didn't brag about it, didn't say, "Well, if you'd get your mind off your weight it would go away," cause I knew that probably wasn't true for everybody. But I was okay. I could sit in a chair and be by

myself and look at myself and say, "Well, you're okay now, I can deal with some of the other problems and I don't have to worry about this anymore.

Thematic Results: Food

Cognitive Re-Visions

As participants described the decision to stop dieting, three themes emerged which related to new cognitions about diets, food, and eating. These themes are: 1) diets are too restrictive and artificial; 2) diets lead to food preoccupation and binge eating; and 3) dieting isn't effective because non-hunger eating is symptomatic of uncomfortable or unresolved feelings.

Dieting is too restrictive and artificial. "You would feel guilty about every bite that you'd put in your mouth if it was something that was 'illegal.'"

In making the decision to become non-dieters, participants often spoke of feeling frustrated with dieting because it was too artificial. The rules of the diet were too restrictive and thus difficult to implement into daily life. Hirschmann and Munter (1988) write that diets, with all the rules and regulations, are essentially "confinements much like prisons" (p. 26). Anna, the woman who shows dogs, explained how such restriction is unreasonable:

> OA really pushes an eating plan. Well to me an eating plan is a diet. It's restricting. I can't plan my day, I can't say that nothing's going to pop up, or nobody's going to call at four o'clock and say, "Hey, do you want to meet me here?" Well, that would just screw me up. I'd say, "Oh no, I have to have my breast of chicken." It's not the way we live. If everybody lived in a vacuum and did everything on a time table, then that would be feasible, but I don't live that way, and I know very few people that live that way.

Counting calories, writing down meal plans, restricting certain types of foods, and weighing and measuring foods were other aspects of dieting which were criticized by participants. Mary, the accountant, spoke about calorie-counting and "forbidden" foods:

> I was tired of feeling bad about what I ate. I hated counting calories. You would feel guilty about every bite that you'd put in your mouth if it was something that was "illegal." It just didn't make sense anymore.

Jill, the medical clinic director, found dieting to be too restrictive and artificial in many ways:

> That was the other thing that used to drive me crazy. You weighed everything. You couldn't just take it out of the pan and put it on your plate. You were different from everybody else because you had to stop and weigh everything... [Another] problem I have with a lot of diets is they tell you you have to write down everything you eat. I have other things I have to do. I have enough to write in my classes. Don't make me sit down and write that I had a quarter cup of this.

Jill also found meal planning and restricting certain types of foods to be unrealistic:

> It takes a lot of time to sit down and plan out exactly what you're going to eat all week. I'm not that rigid of an individual. [Also] I think the [concept of] legal and non-legal foods is pretty punitive when it comes to something that you have to have to live. And when it's some diet company telling you that it's legal or illegal. I know what I should eat, I'm [in the medical profession]. A lot of those things I like to eat, a lot of them I don't like.

Leslie, the psychiatric social worker, told how attending Overeater's Anonymous, an organization aimed at ending compulsive behaviors around food, did not fit into her normal lifestyle:

> When I was 26, I had gone to Overeater's Anonymous, the OA where they don't do any white flour or sugar. And if white flour or sugar was in the first five ingredients of a food, then you couldn't buy that. And you had to call your sponsor every morning and tell them what you planned to eat for every meal that day. It was just an obscene concept.

Dieting leads to food preoccupation and binge eating.

"Denying myself something backfires big time."

As mentioned in the literature review, dieting can lead to a heightened responsiveness to external cues to eat rather than the internal cues of hunger and satiety (Polivy & Herman, 1985). This shift to a cognitive level of dietary restraint is often associated with food preoccupation and binge eating (Polivy & Herman, 1985). As discussed in the literature review, there are physiological factors which predispose dieters to overeating as well. Several participants in this study decided to stop dieting after recognizing that diets made them preoccupied with food and often promoted binge eating. Mary, the

accountant, discussed how she was preoccupied with dieting and thoughts of food:

> I was spending so much of my energy and time either thinking about food or a diet and I was just not willing to live my life that way anymore. When I was on a diet I felt deprived...Denying myself something backfires big time. I have a tendency to go on a binge because I just want more of it.

John, the biology student who has only been on one diet, described how preoccupied he became while on the Slim Fast diet for 2 months:

> I'd eat this Slim Fast shake for breakfast and lunch, and it just got on my nerves because I kept feeling I'd never get to eat what I wanted to again...I loaded down for dinner so I wouldn't get hungry again. I also put dinner off as long as I could so I could keep the hunger from coming back before I went to sleep. I went to bed earlier, cause I knew late night I'd get hungry. And I'd chew gum a lot...When I'd eat dinner, I would eat almost everything in sight...I'd eat a plateful of [my regular dinner] and another sandwich, and maybe a bowl of cereal...All

> the time I was thinking about what I should eat next and what I shouldn't eat.

Finally, Greg, the business consultant, explained how his decision to give up dieting came about:

> I often say that I reached a point where I couldn't diet more than 30 minutes. And by that I mean, I would wake up in the mornings and say, "By God, I'm going to diet today," so I would have a grapefruit, an egg, and one piece of dry whole wheat, and then thirty minutes later eating ten doughnuts.

Dieting doesn't address the underlying problem of compulsive eating. "I developed overeating as a way of coping with my feelings."

Compulsive eating has little to do with physiological hunger but rather serves to temporarily relieve discomfort (Hirschmann & Munter, 1988). The actual source of discomfort often goes undiscovered because it gets translated into a food or weight problem. The compulsive eater does not identify the actual problem but rather focuses on food, dieting, and body concerns (Hirschmann & Munter, 1988). Although no specific question was asked about food and dieting as a symptom of unresolved feelings, 11 of 13 participants spoke at length on this topic. They

volunteered that dieting and eating served as a coping mechanism to subdue underlying feelings. Ellen, the domestic violence advocate, described her first awareness of eating for emotional reasons:

> One day a friend of mine called and told me something, and I was in the middle of eating lunch. I went back and sat down and all of a sudden I realized I was chomping on carrots. What it was saying to me was, "You're really angry, but you're eating to mask that anger." So I started counseling and I really didn't address the problem of bingeing or dieting, there were a lot of other things I needed to work on first. I would say at that point I really had started to give up on the idea of dieting ever again.

Greg, a member of Overeater's Anonymous, commented:

> I feel so incredibly strong about how destructive dieting is. What I've come to believe is that food, and my abuse of food, was but a symptom of larger issues in my life...Food for me was a way to escape and run and hide from a lot of pain and from just being able to go out there and live life. That's why I just feel so strongly that dieting is too narrow and so destructive...The

> thing about Overeater's Anonymous is that there is the recognition that this is more of a living as opposed to a food and weight problem.

Melissa, the rape crisis counselor, also spoke of compulsive eating as defending against painful feelings:

> Another part of the process for me was looking at my addictions and my psychology and knowing that I could eat compulsively as a way to numb my feelings or try to manage things...I developed overeating as a way of coping with my feelings when I was growing up. I was an incest survivor and so that was one way I think I attempted to control my body. It's my body and I can control what comes in it and what doesn't. And just being able to stuff my feelings.

Leslie explained how discomfort gets translated as weight and eating problems:

> Of course when I was eating for emotional issues, I focused on how fat I was...You can't restrict what you eat on an organized diet, a temporary measure for you to lose weight, and then go back to regular life without dealing with whatever issues are going on.

Finally, Greg's awareness changed about translating life problems into food or weight problems:

> The reality that came to me is that my weight gain is not something to deny or rationalize away. But the solution or the energy doesn't need to be put in dieting, it needs to be put into, "Okay, what's going on in my life, and what am I not dealing with?"

Self-Knowledge

As mentioned in the last section, participants came to re-vise their thoughts about dieting. In the process, they began to look inward and create new ways of eating based on self-knowledge. The shift from an external frame of reference to becoming more internally defined became evident as five themes emerged from the data: 1) a decreasing reliance on external authorities; 2) achieving a greater awareness of the internal cues of hunger and satiety; 3) gaining a heightened awareness of the body's food cravings; 4) looking inward and identifying the emotions and discomfort underlying compulsive eating; and 5) claiming an internal sense of power.

Decreasing reliance on external authorities. "When you're dieting, it's like you're giving it up to someone else."

Key to giving up dieting is a decreased reliance on external authorities and a greater reliance on one's ability to meet one's own food needs. Indeed, the non-dieting literature suggests that dieters throw out their diets and become their own experts on when and what they want to eat (Hirschmann & Munter, 1988; Roth, 1984). As they did with measures of body self-worth such as the scale and height/weight standards, participants also began to let go of the diet "authorities." In the process, they started listening to, and trusting their internal knowledge. Leslie, the psychiatric social worker, explained how she needed to distance herself from Overeater's Anonymous:

> When you're dieting, it's like you're giving it up to someone else in a lot of ways. If you're on OA and going to this group, you're still following some kind of plan. You're still having a piece of paper, a book, whatever, dictate to you what you should and shouldn't eat. Giving up dieting gives you a different sense about yourself...I've basically eaten what I've wanted to, and there have been times when I have felt very good and very successful and times when it feels very hard and very detrimental, but still, I'm doing it. I'm the

> one who is responsible, and if my weight is up or down, it isn't because of following what a book is saying.

Anna, whose heavy reliance on external authorities such as diet books, the scale, and her detailed computer program, referred to these authorities as her "obsession." As part of her process, she began to break free from this obsession by decreasing her reliance on these external measures and becoming more in tune with her own internal signals:

> If I don't feel like I'm even capable of making decisions [about food], and I have to go consult a book, then where does that put me? If I have to go consult a book then I'm saying that I'm not smart enough to be able to make that decision on my own, therefore, my self-esteem isn't very high...I had to take responsibility and get hold of myself and change the behavior of the obsession. So that's when I set down some specific rules like, I will only weigh once a week, I won't use my computer program, and I'm not going to read anymore diet books...Reading diet books morning, noon, and night was feeding my obsession...[Likewise] going to OA was almost a feeding of my obsession because I went and talked about food. Then I decided to go to one a week...I figured I

could put some rules down and I got psychological help.

Similarly, Ellen, the domestic violence advocate, expressed how she needed to read less and trust herself more. She also mentioned that it was important that she not take the non-dieting literature as absolute authority as well:

> I wasn't on any kind of normal eating schedule or diet, but I read every book I could get my hands on...Looking back, I would say I was pretty obsessed about it. I wrote everything down and got into the calorie and diet books and it just sort of perpetuated at that point. I had to be careful about reading [Geneen Roth's books] and having to follow all these guidelines exactly because that would really be putting me back to where I was. Just in a different way. So I pretty much just listened to myself.

Eating in accordance with hunger and satiety. "Am I really hungry?"

As explained in the literature review, dieters often learn to ignore the internal signals of hunger and satiety in order to adhere to the external rules of the diet

(Polivy & Herman, 1983). As a result, dieters may temporarily lose the ability to eat naturally and in accordance with internal cues, and begin to eat for numerous external reasons (Polivy & Herman, 1983). Therefore, one of the first steps in giving up dieting is becoming reacquainted with the sensations of hunger and satiety, and beginning to eat harmoniously with those signals. Liz, the financial consultant who just recently gave up dieting, spoke about the difficulties and newness of learning to eat with hunger:

> I have no sensation for what hunger is [laughs]. I eat on the clock...After class I was driving to a meeting and I was thinking I could go to a drive-thru and I could get something to eat, and it was like this internal battle because I thought, "You're not starving, you're a little bit hungry, you don't want to eat this late." It's all very new to me. I was a little bit hungry by the time I got home, but I didn't go home at 11:00 and go, "Oh my God, I have to eat." I just felt like I'd be okay, I can eat tomorrow.

Anna, who said she now eats with hunger about 50 percent of the time, spoke about hunger eating:

> Do you know when you're hungry? Do you know how many people don't know when they're

> hungry? So I stop and think, "Am I really hungry, or am I thirsty or tired?" That will give you an answer. I picked this up from Judy Wardell [author of Thin Within (1985)], to think about if you're really, really hungry.

Jill, the medical clinic director, described how she is striving to eat with hunger rather than for external reasons:

> I'll sit here and think, "Oh, it's noontime, I should go down and get something to eat," and then I say, "No, let's just wait until you start to get hungry." Then the next thing you know, it's two o'clock, and I'll be hungry. I'm still not saying that the choices I make are right, but at least I'm starting to get out of the habit of eating by the clock and [instead] eating when I'm hungry. And sometimes I'm hungry in three hours, and sometimes I may not be hungry all day.

Similarly, Ellen described learning to eat when hungry:

> I'm pretty much just listening to my body. [Geneen Roth] talks about eating when you're hungry, and right now I'd say I'm hungry, but

> normally I don't take lunch until 12:00. And that's okay, I don't mind being a little bit hungry in the morning. And I don't feel like I'm depriving myself because I know I'll eat a good, balanced, healthy lunch. And the same way in the afternoon. But if I get home from work, and I feel like having something to eat, I do. I don't feel like I have to wait until dinnertime anymore. I just find that food doesn't have the priority in my life that it used to.

Finally, John, the biology student, talked about learning to recognize the signals of satiety:

> I just eat enough to feel like I'm satisfied but not completely stuffed...I realize that I don't need all that food that stuffs me...So I just try to eat and not stuff myself. I'm satisfied when I'm finished. I mean, I could eat more, but it wouldn't be out of hunger.

<u>Becoming aware of food cravings.</u> "My body's telling me what I need."

In addition to becoming more aware of hunger and satiety signals, another step in the process of non-dieting is learning to recognize the body's food cravings

(Hirschmann & Munter, 1988). When eating in accordance with external rules or food traditions ("breakfast foods" for breakfast for example), dieters often end up eating what they are "supposed" to eat for a given meal and then continue to eat whatever food they initially wanted. This often leads to overeating (Hirschmann & Munter, 1988). Anna explained how she was able to meet her nutritional needs while listening to her body:

> It's strange how your body takes care of itself. You have these cravings, who gets a craving for a banana, but this morning I ate a banana and I don't know why. And it isn't because the chart told me I needed one or because my book told me I needed one. My body told me I needed one. I quit doing all these charts, and I'm still okay, I'm still healthy. And my body's telling me what I need.

Mary, the accountant, explained how she has fine-tuned her eating to her body's signals over time:

> I'm finding that I eat less red meat. I just want some vegetables or fruits. I don't have a diet plan. I do try to eat whole grains, and I make sure I get some vitamins, something green everyday, but I am not following a diet. I don't eat as many hamburgers. I don't like them

> anymore. And I seldom eat french fries anymore. I'm more particular about what I eat now than before. I'm also starting to notice some of the things that I can't eat like milk. Milk causes a lot of sinus problems for me...Now if I order something at a restaurant and I'm not too wild about it, I don't feel like I have to eat it all. Or I make them take it back. I don't think of it now.

Similarly, Ellen found her food cravings to be health-supporting:

> I have learned a lot about nutrition and I've really grown to like nutritious foods. I love vegetables and whole grains...I don't consider those foods diet foods anymore, it's just what makes my body feel good.

<u>Identifying emotions underlying compulsive eating.</u> "I've started realizing that by going to food for comfort, I'm not really grappling with what's going on."

As mentioned in the previous section on cognitive re-visions, non-hunger eating can serve as a coping mechanism to defend against feeling discomfort. The actual source of discomfort is often not identified because it gets translated into a food or weight problem by the dieter

(Hirschmann & Munter, 1988). Participants in this study reported a raised awareness that eating can serve as a method of coping. As part of the process of becoming more internally defined, interviewees began to look inward and identify the source of their emotions and discomfort. Jill, the medical clinic director, discussed how she is becoming aware of the reasons behind her urge to eat when not hungry:

> I think the biggest difficulty is the awareness piece...When I find myself eating for no reason I'll start thinking, "Okay now, am I this, am I that? What am I mad about?" Sometimes I still don't know. Am I doing this out of habit? Am I doing this because there's something bothering me, and am I frustrated about something? Am I pissed at my husband for something? What's going on here that I have to do this? When I'm upset and I'm going to get something to eat, I'll at least identify that I'm upset, that's why I'm doing this. Before, I wouldn't have done that. It doesn't seem to stop it, but at least it's a conscious thought now as opposed to being blocked.

Mary, also described working on an awareness of what underlies the drive to eat when not hungry:

> I still have a problem of when I am over-stressed of going to food for comfort...But I've started realizing that by doing that, I'm not really grappling with what's going on and finding out what I need to help myself. I'm still working on that though. Part of it is identifying what's going on, acknowledging it and then choosing what direction you want to take instead of just eating and forgetting about it.

Lastly, Ellen describes what was behind her urge to compulsively eat:

> It just took me awhile to really understand what it was that I was feeling...I think that's one of the things in Geneen [Roth]'s book <u>When Food is Love</u> [1991] that really spoke out to me. [The reason] why I would turn to food is because I really wanted some kind of companionship or security or love, and I wasn't getting it either in or out of a relationship so I would use food.

Claiming an internal sense of power. "Now I have a tendency to stand up for myself."

When posed the question, "Could you tell me some of the effects that giving up dieting has had on your life?" participants responded with a variety of answers. The theme of assertiveness and power emerged from over half of the interviews. These experiences of emerging power can be explained in terms of becoming more internally defined and congruent. Brown (1985) states that our misogynist culture disempowers women through the internalization of externally imposed rules. For example, beautiful women are supposed to be thin and feminine; they must also deny themselves the pleasure of self-feeding without guilt; and furthermore, women are to avoid being powerful and must minimize their impact on self and others. When women give up dieting and feed themselves with pleasure, they break external cultural rules and begin to get in touch with their internal sense of power. This theme of power and assertiveness became evident in the data. For example, Carol, the physician's assistant who once was hospitalized for anorexia nervosa, stated:

> Mine was related to my mom, and I'm more equal with her now. Where before, if she said something, I would have enclosed myself, but now I stand right up to her. And my kids are in sports, and we live in a real yuppie neighborhood, and I always tried to compete with them. I don't now...

> So I'm healthier, happier, I'm not as timid...I'm also getting to where I don't care what people think [about my body or how much I eat].

Mary responded:

> I think I'm more honest and open with people and letting them know where my boundaries are. And if something I'm not happy with comes up, I let them know about it, whereas before I just hid it. I stuffed it like I used food to stuff...I'm kinder to myself and seem to be able to take care of my needs more rather than being in a punishing, denying mode so much of the time. Before, if somebody said something that would hurt my feelings, I would have a tendency to hide it and not say anything. Now I have a tendency to stand up for myself and not let them get away with it. I feel a lot better about that.

Freedom

Before giving up dieting, participants reported that they had been preoccupied with food and dieting, eating compulsively, feeling guilty about eating foods not on their diets, and two had bulimia nervosa and one anorexia nervosa. In giving up dieting, participants made cognitive re-visions about eating and dieting. In the process, they

became more internally defined and began to eat according to their own rules and self-knowledge. As a result, **every** participant described feeling some degree of freedom from the confines of diet obsession. The theme of freedom was evident in the following areas: 1) freedom to enjoy food and eating; 2) greater freedom from compulsive eating; and 3) freedom from dieting and food preoccupation leading to qualitative changes in the non-dieters' lives.

Freedom to eat with enjoyment. "I thoroughly enjoy eating a good meal."

Dieting requires that the amounts and types of foods eaten be limited, sometimes severely limited. As a result, dieters often become preoccupied with what foods are "legal" and which foods are "forbidden." When the dieter rebels against the restriction and eats these forbidden foods or forbidden quantities of foods, guilt ensues (Orbach, 1978). Because of this guilt, when "forbidden" foods are eaten, they are rarely enjoyed (Brown, 1985). Furthermore, dieting does not allow room for the enjoyment of eating for self-nurturance, an important part of non-dieting (Brown, 1985). Melissa described how current attitudes promote the concept that food is not to be enjoyed:

> I think sexist attitudes demand that...to be feminine you're supposed to eat like a bird and not really be able to fully partake

> in the joy of living which includes enjoying a good meal.

As most former dieters in this study stopped dieting and made all foods "legal," they recaptured the joy of eating these formerly forbidden foods. Mary spoke about how since giving up dieting she has come to truly enjoy food:

> I don't seem to be hungry as much and when I am hungry, I thoroughly enjoy eating a good meal. [And before you didn't feel that enjoyment?]. No, because you were always wondering what the calories were, or how much you're going to have to give up the next day, and so I didn't enjoy it that much. Now, I just thoroughly do find satisfaction with it.

The non-dieting literature suggests that all foods should be legalized to eliminate deprivation which often promotes binge eating (Hirschmann & Munter, 1988). Of the 13 participants in this study, 10 reported that they had made all foods legal and experienced a sense of freedom as a result of this legalization. Leslie, the psychiatric social worker, commented about her most memorable eating experience after reading the Geneen Roth books:

> I remember how freeing that felt to sit down at my kitchen table and eat an apple with peanut butter. I was just in heaven. And I didn't eat at a certain time, and I didn't plan ahead to eat it, and I'll just never forget sitting at my kitchen table and eating this apple with peanut butter. It was just this wonderful experience, and this was part of this Geneen Roth thing, that you eat what you want.

Ellen, who also read the Geneen Roth books, described her experiences of eating with enjoyment:

> The word about letting go of it is definitely freeing. I just feel so much more free to eat things that I really enjoy and enjoy eating the things that I eat.

Liz, the financial consultant who only recently gave up dieting, talked of her recent attempt to legalize foods which she once considered forbidden. Liz began to revise her thoughts about eating forbidden foods (particularly in public), listened to her internal voice, and asserted her right to eat ice cream in public. The process that Liz described is similar to other participant's early experiences on their journey to freedom. Liz commented:

> When I was in the mall this weekend, I walked by Ben and Jerry's and I thought, "Boy, I'd like to have an ice cream cone," and then I immediately thought, "No way, you don't want anyone seeing you eating that, and you're going to be this single woman alone in the mall eating this ice cream cone." And then I thought, "Oh this is bullshit." And then I walked in and got an ice cream cone, and I just made myself do it...and it was okay. I was overly conscious of people looking at me, and of course nobody did, and it wasn't a big thing...And thinking too, that I would run into people, and I thought, "Oh, how are you going to explain this?" like I'm holding a gun. I'm not holding a gun, I'm holding an ice cream cone.

Melissa and Kate, more experienced non-dieters, spoke of their new concepts of forbidden foods:

> The only thing I would restrict is something that I really don't like. I'd never turn down a piece of pie because of my weight.

> I think in giving up dieting, I've also been able to appreciate the benefits of "diet foods." Not just seeing them as diet foods,

> but being able to see them as healthier choices. The forbidden foods that I have are [things] like Nutra-Sweet, because I'm allergic to that, or things like salt or MSG, or other things that I know aren't good for me.

Participants also described sometimes eating even when not hungry as a form a self-nurturance. There was a recognition that they were eating for non-hunger reasons, but gave themselves permission to eat to get through the moment. Brown (1985) stresses the importance of allowing oneself to continue to use self-feeding as a method of coping as long as it is not the sole source of self-nurturance. Afterall, food is a "legal, non-life-threatening, inexpensive and easily available form of self-nurturance" (p. 68). Brown is critical of the non-diet literature which suggests that eating is appropriate only when hungry because that is yet another rule for women to feel guilty about. She states that it is fat-oppressive thoughts and attitudes which lead us to believe that non-hunger eating is inappropriate. Several of the participants in this study reported that they sometimes allow themselves to eat for non-hunger reasons and yet feel much less guilt than when they were dieting. Ellen described how she sometimes eats even when not hungry as a way of coping:

> I'll admit that I sometimes still eat for emotional reasons, but I'm certainly more aware of it, and I just allow myself something to get past that moment. Sometimes I give into it, and it's okay, and I don't beat myself up about it because I know exactly why I'm doing it. And for that reason, I think then I don't let it go out of hand.

Mary, who continues to work on developing an awareness of what underlies the drive to eat when not hungry, admitted that she still eats when not physically hungry but also reported that she does so without guilt:

> On occasion, I'll decide that yes, this has been rough. I know what's going on, and I'm not willing to deal with it right now, and I'll go eat something. But I don't know when it's been, the last time that I really binged. Probably 2 years.

Greater freedom from compulsive eating. "I don't eat compulsively like I used to."

As mentioned earlier, dieting and depriving oneself of forbidden foods often leads to binge eating. Conversely, learning to eat with one's natural hunger signals and

cravings results in a reduction in binge eating (Polivy & Herman, 1983). All 13 participants in this study responded that they began to eat less compulsively (however to varying degrees) after giving up dieting. Consider Melissa's comments:

> I don't eat compulsively like I used to. In fact, I don't do that very often at all anymore. I still like to have a midnight snack sometimes, but it's not like it used to be where first I'll have some ice cream, then I'll have some nachos, and then I'll have [whatever]. I don't do that. I stop eating when I'm full. The neat thing about it is it doesn't feel like it's a matter of willpower anymore. It's not this big struggle to stop eating when I'm full...I used to crave Snicker's bars all the time and I don't anymore. I've had cookies in my house for 4 weeks. It's a freaky kind of thing...[Before], they would maybe have lasted 3 days, but a whole big package of cookies would not have lasted 4 weeks.

Ellen described how "legalizing" sweets reduced her urge to eat them compulsively:

> I love sweet things, and I would feel so terribly guilty if I would eat anything sweet,

> and now I feel like I can eat something and it's okay. When I would deprive myself of the sweets, and I would have one sweet thing, I would just go crazy. I'd go off on a binge. Now if I don't have a sweet for a week, because I don't look at it as depriving myself, then it doesn't set me off to want to just keep going and going. So I've been able to control my sweets and enjoy them and not feel guilty about them.

Although all respondents said they are eating less compulsively after giving up dieting, two participants reported having greater difficulties and struggles with compulsive eating. Leslie stated that she is currently struggling with compulsive eating as a result of a major lifestyle change and serious familial conflict; however, she is aware of the reasons underlying her urge to eat. Leslie has in the past experienced many benefits of giving up dieting (weight loss, nutritionally sound eating, reduced cravings, reduced sugar consumption, and spontaneous eating). Despite her present struggles, she is still eating less compulsively than when she was dieting and is adamant that she will not attempt to diet again because dieting doesn't work.

Greg, a member of Overeater's Anonymous, abstains from foods on which he tends to binge. This technique is

at odds with most of the non-dieting literature in that avoidance often promotes binge eating. Again, it is important to note that progress across participants was not consistent. Greg reported that at the time of our interview he was eating less compulsively than when he was dieting. He also was experiencing less guilt and enjoyed "sitting down to a good meal." Greg also continued to work on becoming aware of his feelings underneath his urge to eat compulsively. However, Greg continued to abstain from problem foods in accordance with the OA addictive philosophy. So although he experienced greater food enjoyment and less compulsive eating, Greg continued to struggle with food restriction and binge eating. Contrast Greg's words with other participant's words who have legalized foods:

> I discovered there are certain foods that once I start, there is this craving effect and I have trouble stopping. For want of a better term, I'll use the term binge foods. So I try not to take the first bite of those foods. Unfortunately, I'm finding more and more foods that create that, although if I am not in touch with my feelings in facing the difficulties and pains and joys of living my life, any food can be a binge food. I've compulsively eaten carrot sticks, salad, and fruit. But for instance, I ate a lot of cakes

> and candy bars, and again, OA does not promote a particular diet plan, but I did find that refined sugar set me off so I just don't eat things with refined sugar that are real high up on the [ingredient] list. It's not like I'm fanatical about it, but I have not had a candy bar, cake, cookie, ice cream, doughnut since January 1, 1984...Lately, I'm just becoming more aware of foods that set me off... the realization that french fries can now be just as much a binge food as a candy bar was, and sort of an, "Aw, shit." There is still this, "I don't want to give it up damn it." Kind of an anger and resentment, and some sadness with the realization that there are just some foods that I can't eat.

And finally, Meg, who described her compulsive eating as follows, "I sat in class thinking about my next meal, how miserable I was, what I was going to do, cook, and get hold of to make myself feel better," described how she eats today:

> I think my metabolism is normal now. I can eat three meals a day and not worry about it, or I can skip two meals if I'm busy and not have to come home and binge to make up for it. I eat to survive. It's a basic need.

Freedom from diet and food preoccupation leading to personal growth. "I feel more free to do other things."

Geneen Roth (1982) explains that breaking free from compulsive eating can have far-reaching and positive effects which extend beyond the realm of compulsive eating. As described earlier, participants in this study gained valuable self-knowledge as they explored their relationship to food and eating and discovered the feelings beneath the urge to eat when not hungry. They also recounted feeling a new found sense of freedom in both time and thought. As participants described freeing themselves from food and diet preoccupation, they also spoke of making qualitative changes in their lives.

Several themes emerged as participants spoke about the freedom from diet and food preoccupation. Participants spoke of having greater freedom to pursue social relationships, more freedom to pursue new avenues of personal growth, the freedom to feel good about oneself and freedom of choice. Following are the highlights from several interviews which describe these themes of freedom.

One area in which participants reported change was in relationships with other people. Several participants spoke of feeling less isolated and more social after giving up dieting. Melissa stated, "I'm not as isolated as well as I used to be so I'm spending more time with friends and going out rather than staying home and reading magazines." Similarly, Meg described being less isolated, "I'm not as

isolated as I was, I think there are different variables there, but there was a time when I wouldn't answer the door. And that's changed. I'm free. I'm more social, keeping relationships going."

Other participants spoke of the freedom to pursue new avenues of personal growth. Mary, who dieted for 30 years and spent considerable time and energy dieting, described feeling free to pursue other activities. Notice also that Mary mentions spending more time with friends as did Meg and Melissa:

> I feel more free to do other things that I probably wouldn't have done like learning how to play a dulcimer, spending more time with my friends, and going out and eating with them. Whereas before, I would have viewed that with apprehension because I would have gotten off my diet and I knew that I'd been bad. I just feel more free, less guilt-ridden...I've gotten involved in growing herbs and making tinctures and taking herb classes. I've been reading more about different spiritualities of other ethnic groups such as the North American Indian. I went to a retreat which was very interesting including sweat lodges and just exploring other avenues.

Chris, who stated that she was once bulimic and very preoccupied with food and weight, explained how she felt free to pursue her career goals after giving up dieting:

> I went to college and started studying! I can't imagine what it would be like, to still be like that here. I mean, I don't have time for that! I put [that dieting energy] into other things. It's not something that I'm always thinking about. So I have more time for other things basically.

Stopping dieting and healing her anorexia also left Carol free to pursue other things:

> I counsel a lot of people for [anorexia nervosa]. Kids that have it. The minister at the hospital knows I have it, and if he has a family that's having a hard time, he comes and gets me and tells them that there is hope. So I do that. That's good...Just finding more important things in life. I'm doing a [support] group now. I feel like if I can help anybody to not go through what I went through.

Meg also described how she spends some of her time after giving up dieting.

> Just finding more important things in life. More problem solving, more adult-appropriate behavior...Thinking about friends and relationships, relationship with my mom, my idealism, what I wish could happen in the world, politics.

Anna, who used diuretics, laxatives, purging, and compulsive exercise to stay thin, described the freedom she experienced as a result of giving up dieting. Notice also how the themes of feeling better about herself and freedom of choice become apparent:

> I suppose that freedom would be the main reason, the release. The dieting has a handle on you, and it's like you're now free to do something else. You can go on with your life. That's not holding you back anymore. You can make choices, and you feel good about yourself. [Dieting] is always heavy on your head...and then when it's gone, you have freedom... If I overeat, I don't hate myself so much. I just think, "Well, let's not do it again tomorrow." I just don't think about it I guess. Where before, I thought about it constantly. Before I'd do something about it [like running].

These themes of choice and feeling good about oneself which Anna described, were evident in other interviews as well. Chris, who stated that she was very unhappy while dieting, commented:

> I have more energy. I'm a happier person. I was always very cranky, very tired a lot. I feel better about myself, and I don't judge myself according to how much I weigh or what I eat. I feel more in control of my life. When I first did it, it was like a cure. Changing the way I ate and stopping dieting was what I needed to do at that time. Now it's more of a way of life. More of something I want to do and I like it. I like where it is right now, it changes a little, adding more foods, and that just shows me being more confident with myself, feeling better about myself.

Leslie also spoke of the effects of giving up dieting which included feeling good about herself and experiencing freedom of choice:

> Just truly feeling good about treating myself really well with food and with exercise, and making choices that make me feel good. And just a real sense of peace.

Finally, John, who stated that he was very unhappy, grouchy, and tired while dieting, also spoke on the themes of feeling better, having freedom of choice, and having time to be more productive after giving up dieting:

> [Giving up dieting] feels great. Because I'm not a grouchy person [any longer], and I feel like I'm free to do what I want to. And when I was on a diet, I felt like I was under someone's control. I was on a schedule all the time. And I couldn't do what I wanted to when I wanted to. And now I do. Then I felt like I was being ordered to do it, now I feel like it's my choice...I think it's made me a happier person...And I spend more time doing constructive things.

Ways of Knowing

In giving up dieting, participants came to rely on self-knowledge to resolve problems with food and body. The process of becoming more internally defined was an important step in giving up dieting and can be better understood in context of existing research. This process of finding one's voice was described in a qualitative study on women's assumptions about the nature of truth, knowledge, and authority (Belenky, Clinchy, Goldberger, & Tarule, 1986). The authors of this study defined the

interactive sequence of finding one's internal voice in five epistemological positions: 1) silence, 2) received knowledge, 3) subjective knowledge, 4) procedural knowledge, and 5) constructed knowledge. Following is a definition of each position and how they relate to participants' experiences of giving up dieting. (These positions can also be applicable to men's experiences).

Silence

The position of silence is characterized by an absence of voice. The silent women in Belenky et al., (1986) were often victims of abuse and feared punishment for merely using words. There was no evidence that silent women had dialogue with "the self." These women experienced words as weapons which separated people rather than connected them. Authorities were seen as all powerful and demanding of blind obedience. While silent, women failed to develop their minds and viewed themselves as powerless, thus making them very dependent on authorities (Belenky et al., 1986).

The position of silence was rarely encountered by researchers (Belenky et al., 1986). The silent perspective was not represented in this study on giving up dieting. One could hypothesize that the closest parallel to silence might be a person with a serious eating disorder. However, if this person is engaged in self-dialogue, he or she cannot be considered silent. Chernin (1981) writes of a young woman named Ellen West. She was treated by the

existential psychiatrist Ludwig Binswanger for her intense preoccupation with food and losing weight (Bingswanger, 1958). Ellen West lived during a time when women's choices were severely limited. She wished for meaningful interaction with the world but only voiced these desires in her diary:

> ...today I must again take my notebook in hand; for in me there is such a turmoil and ferment that I must open a safety valve to avoid bursting out in wild excesses. It is really sad that I must translate all this force and urge to action into unheard words instead of powerful deeds. It is a pity of my young life, a sin to waste my sound mind (Binswanger, 1958, p. 243).

The repressiveness of Ellen West's culture kept her silent. She wrote in her diary:

> I am twenty-one years old and am supposed to be silent and grin like a puppet. I am no puppet. I am a human being with red blood and a woman with a quivering heart. And I cannot breathe in this atmosphere of hypocrisy and cowardice, and I mean to do something great and must get a little closer to my ideal, my proud ideal. Will it cost tears?...It boils and pounds in me, it

> wants to burst the outer shell! Freedom! Revolution! (Binswanger, 1958, p. 243).

Eventually, her food and body obsession became so overwhelming that Ellen West committed suicide.

It is conceivable that those with eating disorders are attempting to communicate their struggles silently, through eating, abstaining, or purging. In our society, women often continue to feel powerless and are still castigated for speaking out (Steinem, 1981). Although Ellen West did not exercise her public voice, she did dialogue with herself through her diary and would not fit into the silence position (Belenky et al., 1986). It is important to recognize that the absence of a public voice is not indicative of silence. Because the position of silence is rare except in instances of abuse, there is no obvious parallel with silence and giving up dieting.

Received Knowledge

The second position is that of received knower. Women who relied on received knowledge viewed authorities as all-knowing. These women believed that one acquires knowledge through listening to others. They subordinated their own judgements and voices to those of the experts. They also demonstrated dualistic thinking in that they believed there is only one right answer and anything to the contrary must be wrong.

In this study, participants talked about their reliance on the experts to help them with their food and eating problems before they began the process of giving up dieting. Anna, the woman who operated a dog kennel, relied heavily on external authorities before giving up dieting. Following, Anna described how she depended on the experts to help her with weight loss:

> It was nothing for me to go run six miles right after I ate. That's real hard on you, but it works because your body is working very hard to digest a lot of food, and if you make it work while you're running you burn up many more calories. Plus if you don't wear very many clothes, and it's cold out, you're burning that many more calories because your body is keeping itself warm. There's so many things that if your start reading, you realize what makes the exercise worth more.

Absent from these words are Anna's beliefs and feelings about the impact of this exercise on her body. She strictly followed the advice of the "experts" and acted accordingly. Similarly, Anna relied on her husband to determine her goal weight when she said, "If I lost 15 pounds...it would put me at 121. My husband has always

said, don't go under 120." Anna's received knowledge also included the use of her detailed computer program mentioned earlier:

> You enter your input, quantities of everything you ate...and [the computer] will divide everything up into proteins, carbohydrates, calories and the three different kinds of fat... It will give you pie charts or line graphs, from this time to this time, or just today. Or all of your input. You put in all your specifics, weight and height. [And] it will give you [your calorie allotment] for a normal metabolism. Then you add for exercise...Then you can say, I want to lose ten pounds, and so it will tell you the best way to do it. I did this for months. Months!

Again, Anna relied solely on the authority of her computer program to tell her how and what to eat. Anna dared not ask herself what **she** wanted to eat. Her internal voice was absent. Eventually, however, Anna eschewed external authorities and began to heed her internal, subjective voice.

Subjective Knowledge

The shift into the subjective perspective is critical in the development of voice. This position was characterized by becoming one's own authority. Truth was now private and based on intuition. Women in this position described knowing the truth by listening to their "infallible gut" (Belenky et al., 1986, p. 54). Women's views of experts changed radically and the source of knowledge moved from the external to the internal. Thinking remained dualistic in that women still believed there were right and wrong answers, but the source of truth was now internal. In Belenky et al., (1986), movement from received knower to subjective knower often occurred after a crisis in male authority. The rejection of all things scientific was common. Ultimately, this shift lead to greater autonomy and independence and was accompanied by an increase in feelings of self-worth.

In this study, participants' views of authority changed dramatically. Dieters who once relied on diet and exercise experts began to listen to their internal voices. Many shunned the scientific formulas for diet and exercise and began to eat and exercise according to how they felt. For many, the decision to give up dieting occurred after they experienced a crisis in the diet experts' authority. Many began to view the diet industry as a money-making venture rather than a helping profession. For example, Mary talked about her new view of the diet industry, "I

have a belief that there's a heck of a lot of people making money off of people's fat, and it's not doing a damn bit of good." As participants heeded their internal voices and realized they could serve as their own authorities, feelings of self-efficacy and self-worth increased and freedom ensued. Following are the words of two participants to illustrate their shifts to subjective knowledge. Liz, the financial consultant who had just recently given up dieting, described her experience of becoming her own authority and how she came to rely on her own judgements about what she ate:

> I'm trying to hold myself in my own judgement and hold myself accountable. If I want chocolate I just go eat chocolate. Instead of instantly beating myself up I go, "Now wait a minute, you ate a candy bar, this is not horrible, you did not kill anyone, you're a good person. So I'm just trying to hold my own counsel but that's pretty recent.

Chris, the nursing student, made the decision to give up dieting after "hitting rock bottom." The decision was a subjective one in that she simply **knew** that her dieting wasn't working, and she **felt** that becoming a vegetarian would solve her problems food.

> I remember it was Thanksgiving and we just got done with dinner and I got on the scale and weighed under 100 pounds and I knew that wasn't right. I knew that wasn't healthy, and I knew that I had to change. By deciding to become a vegetarian, I just felt that I would be eating healthier, and I would be eating. And I could feel good about it. It was an idea that I knew I could feel good about and I could live with.

Later, Chris began to read about vegetarianism and enhanced her subjective knowledge with knowledge from new authority. A description of this shift to procedural knowledge follows.

Procedural Knowledge

The position of procedural knowledge differs from subjective knowledge in that it is more objective. There is greater distance from the self and the object being known. Belenky et al. (1986) refer to this developmental position as the "voice of reason" (p. 87). The source of truth is no longer viewed as entirely intuitive. In fact, procedural knowers viewed their "gut feelings" and intuitions as fallible and began to see some authority as worthy of respect. The return to trust in some authorities was contingent upon these experts being viewed as benign and knowledgeable. Truth was no longer something one "just

knows." Truth must be systematically analyzed and some truths may be truer than others. This position is depicted by the development of a new vocabulary based on new knowledge.

When describing the process of giving up dieting, several participants spoke of adopting new frameworks from which to understand their problems with food and body. For example, some participants adhered to the principles and guidelines of Geneen Roth. Others found feminist theory to be helpful. One participant followed the teachings of Overeater's Anonymous. In the early stages of giving up dieting, participants appeared to rely more heavily on these new and reasonable authorities. Following, Leslie, the psychiatric social worker, described how she came to adopt the philosophy of Geneen Roth:

> It clicked! I read her book in one day. A co-worker had it sitting on her desk and the title caught my eye. It was Breaking Free From Compulsive Eating [1984]. I remember sitting at my desk for most of the afternoon reading this book at work. And taking it home that night and reading the rest of it. Because it just clicked so much. I thought it was so wonderful. And then I got my own copy and started on my way with Geneen Roth. I felt like this woman

had written this book for me. Her experiences about food and everything just clicked. It was really something!

Similarly, Ellen, the domestic violence advocate, adopted the language of Geneen Roth in describing how she ate: "[I turned to food] because I really wanted some kind of companionship or security or love and I wasn't getting it either in or out of a relationship." Leslie and Ellen were initially attracted to Roth's philosophy because Roth encouraged readers to be their own authorities and did not dictate what people should and should not eat. Roth's philosophy was the antithesis of dieting. Both Leslie and Ellen borrowed heavily from the guidelines of Geneen Roth, however, both women eventually integrated Roth's knowledge with their own subjective knowledge. Ultimately, Ellen and Leslie felt that it was very important that they not simply replace dieting with Roth's guidelines as this would essentially be another form of dieting. A description of the integration of subjective and procedural knowledge follows.

Constructed Knowledge

This final epistemological position is characterized by the integration of self-knowledge and knowledge learned from others resulting in the creation of new knowledge. Women in this position learned to speak in unique,

authentic voices. Key was the realization that "all knowledge is constructed, and the knower is an intimate part of the known" (Belenky et al., 1986, p. 137). Constructed knowers had a strong core identity while remaining open to the expertise of others.

The constructed knowers in this study articulated a sense of balance between experts and self-knowledge. Kate, the hospice counselor, described creating her own knowledge about the process of giving up dieting. Kate had incorporated the guidelines of Roth (1984) and Wardell (1985) and balanced these with her beliefs about mental, spiritual, and physical health. At the time of our interview, Kate was working to incorporate good health practices into her daily meal-planning. Kate engaged in a formal diet program to obtain nutritional information but only loosely adhered to their guidelines. Kate continued to rely on her core internal wisdom:

> I've been leery of diet programs, and I've never really engaged in any formal ones until now. I have tried to approach it as a place to get some information. It's hard for me not to be critical of them. I guess I have been pleased with some of their approach, but I think they are too focused on weight loss. But they also have a strong emphasis on changing your lifestyle, changing your mindset about food in terms of using it as a reward system, or to basically take better care of your-

> self overall. [Speedy weight loss] can get really reinforced there, but I've really resisted that. I have a real rebellious part of me, I think we all do, but I'm aware of just resisting, not going along with everything they want you to do perfectly. They have some good advice about taking a look at fat content which is fine, I just resist the rigidity with which you would need to follow it. I'm just using their information loosely. And a place where they do say to you, what was going on for you if you gained weight that week. They get into a little of the emotional component but don't really have the skills to explore that. So it fulfills some need in terms of information about how to do some food planning differently. But I think there is a lack of resources for people in terms of alternatives to 12-step programs.

Melissa has also created her own knowledge about the process of giving up dieting. Following, Melissa described how the approach of Overeater's Anonymous is too narrow:

> I guess the struggles right now are philosophical struggles or struggles of theory. I have attended OA meetings with friends who are compulsive overeaters. What I don't hear in the OA meetings is that I'm okay the way I am. They talk about overeating as a disease and there's something missing

in that. That approach needs to be merged with an approach that is more nurturing to the self and one that acknowledges social stereotypes of what you're supposed to look like, particularly for women. It's too much of an individualistic approach.

Ultimately, the discovery of voice was an important part of the process of giving up dieting. The experiences of participants in this study related to four of the five epistemological positions outlined in Belenky's (1986) study on ways of knowing. The relevance of this will be outlined in the discussion section.

Participant Feedback

As described in the method section, the seventh and final step of Colaizzi's (1978) data analysis is to validate the results of one's research findings. This was accomplished by mailing each participant a summary of the results (see Appendix J) and asking for feedback (see Appendix I). Additionally, a copy of Figure 1 and Table 1 were sent to each participant. Of the 13 summaries that were mailed, 2 were returned due to no forwarding address. Of the remaining 11 participants, 4 responded and provided feedback. Three of four participants concurred with the thematic framework of cognitive re-visions, self-knowledge, and freedom. The other person did not comment on the framework. Participants comments follow.

Kate, the hospice counselor, wrote that she agreed with the research findings and was interested to know if my thesis would touch on "nutritional education as part of cognitive re-visions and self-knowledge." Kate, who is in her 40s, stated that as she ages, her concerns for health and "weight-management" increase. Kate wrote, "I realize that it is a tricky fine line between the dieting/ deprivation mindset and learning to make healthy choices using both internal cues and external information." Kate appeared to be describing the process of constructed knowledge in that she is striving to find a creative balance between subjective and procedural knowledge.

Anna, the woman who shows dogs, responded but did not comment on the theoretical framework of giving up dieting. She wrote, "About 4 months ago, I went to a doctor that put me on [an antidepressant]. After about 30 years of fighting myself, food and everyone else, it's the first time I'm completely at peace. I'd been at odds with doctors in the past about drugs--but finally believe they were right! I'm very happy now." Although Anna did not comment directly about the overview of the results, one might speculate that the antidepressant has elevated her mental health and allowed her to follow-through with the themes of self-knowledge and freedom which she spoke about at length in our initial interview.

Leslie, the psychiatric social worker, affirmed the results of the study. She wrote, "I feel that I have been

through the phases you describe at various times in the past 10 years or so...I'm still a firm believer that dieting is not the answer and never will be, but I still need to work on internal authority and freedom issues at this time." As mentioned in the autobiographies, Leslie is still embroiled in conflict resulting from a lifestyle change. The issues of food, body-image, and weight have been overshadowed by the need to adjust to her new lifestyle.

Meg, the counselor for victims of sexual abuse, also related to the results. Meg wrote, "I am still free of dieting and have also given up smoking as of 6 months ago and am healthier and more empowered than ever! Listening to my body and trusting myself and deciding what was best for me alone--saved me."

DISCUSSION

Review of the Results

The process of giving up dieting was described as movement from a state of restriction to one of freedom. While dieting, participants described feeling confined in both time and thought. Considerable mental and physical energy was exhausted as participants concentrated on dieting and strove for thinness. This restriction was characterized by excessive scale use, counting calories or fat grams, weighing and measuring foods, exercising solely to lose weight, poor body image, feelings of self-abasement, compulsive eating, and guilt, to name a few. In giving up dieting, participants began to reclaim the time and energy once spent on dieting. Not only were participants freed from the actual process of dieting, they also became free to experience new aspects of their identities.

The process of giving up dieting involves three interactive phases: 1) re-vising one's thoughts and beliefs about dieting, 2) relying on self-knowledge and becoming one's own internal authority, and 3) experiencing freedom. The decision to stop dieting for most participants began with cognitive re-visions. For many, the recognition that

dieting wasn't an effective means of achieving weight loss was the impetus to seek alternative information. As participants changed their cognitions, they also began to listen to their internal messages and learned to trust this form of self-knowledge. Relying on this internal voice became an instrumental part of giving up dieting. Ultimately, participants experienced a sense of freedom which extended into other areas of their lives.

It is important to reemphasize that giving up dieting is a dynamic, evolving process. The phases of giving up dieting are not linear and discreet categories. Movement can occur in any direction as was illustrated in Figure 1, and progress in one area is likely to have ramifications in another area. For example, one participant described how she began to eat less compulsively after giving up dieting, which reinforced her initial cognition that diets didn't work.

Strengths and Weaknesses of the Study

The purpose of this study was to describe empirically the phenomenological experience of giving up dieting. The 13 research participants successfully articulated their experiences and offered rich, descriptive data on the topic of non-dieting. Through a non-hierarchical interview process, participants appeared to be at ease and share their perspectives thoroughly.

As described in Appendix A, the qualitative researcher begins with broad questions and allows relevant themes to emerge. If specific questions have gone unanswered near the end of the interview, the researcher may ask for more precise information. Sometimes in qualitative studies, researchers revise their interview protocols as emerging data guide the methods. In this study, participants answered the broad questions without hesitation. When probed for more information, participants elaborated and provided examples. The interview protocol as detailed in Appendix H remained unchanged. The interview questions elicited a complete perspective on giving up dieting.

Furthermore, the broad, open-ended interview questions allowed participants to discuss a topic previously not addressed by the researcher during the development of the protocol. Although no specific question was asked about the feelings underlying the urge to eat compulsively, 11 of 13 participants discussed this topic at length. Overall, the willingness of the participants to openly share their experiences contributed to the richness and quality of the data.

Although the qualitative researcher does not imply that his or her results are generalizable to an entire population, the quality of qualitative research is enhanced through the use of theoretical sampling. By purposely increasing the diversity of participants to be interviewed, the researcher increases the potential for negative cases

(Katz, 1983) and thus improves the quality and complexity of the theory or description. In this study, participants varied in gender, age, sexual orientation, religion, relationship status, and elapsed time since giving up dieting. Areas in which there was little variation included ethnicity (all were European American), education (all participants were well-educated), and socioeconomic status (only middle and upper classes were represented). In other words, the participants in this study belong to groups in which they are afforded certain social privileges. Thus, their experiences may differ from, for example, a working class, African American, high school graduate.

Although there was a wide range of body weights represented, another important group of people who were not represented were those who would be considered "morbidly obese" by the medical community. A person who is twice the average weight for his or her height would be considered "morbidly obese" (Bennett & Gurin, 1982). Conceivably, the process of giving up dieting may be very different for those who far exceed the norms of society (S. Kano, personal communication, October, 1991). One could hypothesize that the extreme prejudice that these people face on a daily basis (Rothblum, 1992; Schoenfielder & Wieser, 1983) could make the decision to give up on dieting and the promise of thinness a painful one. Similarly, the experience of body acceptance could conceivably be more

difficult in the face of extreme intolerance by society. Finally, the experience of freedom could be less profound than that which was experienced by participants in this study. That society is not accommodating to the extremely large person is well-documented (Schoenfielder & Wieser, 1983). For example, large-sized clothing may be difficult to find and is often unattractive or extremely expensive; public seating is typically too small for the very large person (Tenzer, 1989); and there is much documented job, economic, and educational discrimination against fat people (Bennett & Gurin, 1982; Rothblum, 1992; Schoenfielder & Wieser, 1983). In light of these biases, one can imagine that the process of giving up dieting could be different for this group of people.

As mentioned previously, in an effort to increase internal variety in my sample, I included two men in this study. It is important to note that although the men experienced the processes of cognitive re-visions, self-knowledge, and freedom, their experiences of body-image and motivation for dieting seemed different from the women's experiences. In retrospect, I believe that this study would have been improved by using women's perspectives only. The literature review which provided the rationale for this study was largely founded on research of women's experiences of body, food, and dieting. Ultimately, a need exists for research on men and dieting as well.

Another aspect of this study that should be evaluated is the use of the popular and clinical non-dieting literature to conceptualize the results. This could be deemed problematic because several participants were familiar with this literature. Therefore my data analysis could appear to be circular. The most commonly cited non-dieting source by participants was Geneen Roth (1982, 1984). Therefore, in conceptualizing the results, I attempted to rely less on Roth and more on other non-dieting authors (Hirschmann & Munter, 1988; Kano, 1989; Orbach, 1978). However, the non-dieting techniques espoused by these authors are very similar to Roth in fundamental ways (for example, stressing the importance of eating when hungry).

In the analysis of qualitative research, one is cognizant of emerging themes. As I analyzed the data, I became very aware that the process of giving up dieting, as described by participants in this study, was mirrored in the non-dieting literature. The similarities both to the literature, as well as within the protocols, was striking. Significantly, all 13 volunteers for this study had similar core experiences in their processes of giving up dieting, yet only six were well-read on the topic of non-dieting. There were three participants who had not read any non-dieting information, and the remaining four fell somewhere in between. Additionally, there was evidence that participants were not dogmatically following a

particular author. Even those who were well-read relied more on self-knowledge than on external authority. As described in the results, participants turned to alternative models of acceptance, but ultimately used self-knowledge to develop their own unique process.

In closing, although there are numerous studies that indicate that those who are dieting should stop doing so, this study was meant to be descriptive rather than prescriptive. The criterion for participating in this study was being a person who had dieted in the past but who had also given up dieting. Because this study did not include those who are currently dieting, these results cannot be generalized to this population.

Theoretical and Practical Implications

Following, I will discuss the theoretical and practical implications of this study. First, I will examine the relevance of the non-dieting literature to this research. Second, I will examine the relevance of participants' emerging voices in context of research on women's ways of knowing (Belenky et al., 1986). Third, I will discuss participants' experiences of compulsive eating in context of existing literature. Finally, I will provide closing comments on the process of giving up dieting.

Non-Dieting Literature

There is much scientific evidence that supports the notion that diets don't work (Polivy & Herman, 1983). However, this literature falls short of proposing long-range solutions or alternative frameworks for those who wish to give up dieting. The clinically based non-dieting literature picks up where the scientific research ends. In the forward to Overcoming Overeating (Hirschmann & Munter, 1988), researchers Janet Polivy and Peter Herman praise the authors for providing the public with a practical plan for ending problems with food.

In this study, participants' processes of giving up dieting were mirrored in the popular non-dieting literature cited previously in the results. That interviewees' experiences are reflected in the literature may provide support for the potential clinical usefulness of these reading materials. It is important to keep in mind that these non-dieting books and articles were not developed in a vacuum. These authors have typically developed comprehensive plans after working with 1000s of women and men confessing to problems with food and body-image (Hirschmann & Munter, 1988; Kano, 1989; Orbach, 1978; Roth, 1982, 1984). These experientially based works enhance the existing scientific research, however, there remains a need for outcome studies to test these non-dieting methods.

For the therapist who is entrenched in traditional methods of weight loss, this literature could prove useful

in expanding understanding of the consequences of dieting and alternatives to conventional weight-loss methods. These works could also be of help to clients who are embroiled in problems with body-image and eating. However, as noted in the results, self-knowledge was an integral part of participants' processes, and therefore, therapists should urge caution that these books not simply replace diets as external authority.

Ways of Knowing

The discovery by participants of their emerging internal voices also has theoretical and practical implications. To review, Belenky et al. (1986) developed an empirically based theory to describe how women's ways of knowing are interconnected with their self-concepts. The authors describe, in part, the process of finding one's own internal voice in five epistemological positions: 1) silence, 2) received knowledge, 3) subjective knowledge, 4) procedural knowledge, and 5) constructed knowledge.

During the data analysis, I became aware that participants' perceptions and experiences of authority, truth, and knowledge changed throughout the process of giving up dieting. Participants who once relied heavily on diet authorities for truth now relied on their own subjective voices and knowledge. Others used procedural knowledge and adopted new vocabularies and frameworks using the voices of new and reasonable authorities. For example,

several participants selectively adopted the principles of Geneen Roth to conceptualize their processes of stopping dieting. Participants' selection of which information to adopt was based on their subjective connection to the knowledge. Finally, some participants constructed new knowledge by integrating their intuitive knowledge with knowledge from others. In this position, participants created a balance between self-knowledge and authority which fit into a subjectively validated framework. Non-dieters in this position experienced a stable core sense of self and maintained an awareness of the importance of self in the process of knowing.

Practically speaking, the emergence of voice is important in the process of giving up dieting. Therapists can be aware of the process of gaining voice and of dieters' changing perceptions of authority and the nature of truth and knowledge. With this information, therapists can encourage clients to understand and express their emerging voices.

Experiences of Compulsive Eating

As reported in the results section, most participants in this study attributed bouts of compulsive eating to unresolved or uncomfortable feelings. Many interviewees judged non-hunger eating to be symbolic of psychic disturbance, and therefore, eating when not hungry was often considered maladaptive. It is my contention that

this view may be an oversimplification of a more complex problem. To examine the problem of compulsive eating more holistically, it is important that these results be considered in context of the existing literature on the physiological and emotional effects of dieting. Certainly, compulsive eating could be used as a method for coping with painful feelings, however, this may be only one aspect of a multidimensional problem.

There is a plethora of literature that supports the notion that fatness and compulsive eating are symbolic of psychological disturbance. For example, Beach and Martin (1985) state that, "women seem to use food as a means of denying their sexuality and use food to replace love, affection, and sexual desire" (p. 59). These authors contend that obesity has a direct link to a woman's sexuality. Certainly, a woman's body-size may be related to her self-concept as a woman. Eating and gaining weight may also serve as sexual protection for some women (Orbach, 1978). As you will recall, Melissa, the rape crisis counselor, reported that she developed overeating as a way of dealing with being a victim of incest. However, it is erroneous to assume that all fat women or women who eat compulsively are denying their sexuality or suffer from serious psychological trauma. Given that women inherently are fatter than men (Bennett & Gurin, 1982), the widespread historical trends of pathologizing fatness have misogynist overtones. There are a host of factors that affect

appetite and body size (heredity, food intake, dieting, etc.), and it is important to view compulsive eating in a more holistic context.

When recalling the literature on the physiological effects of dieting, we remember that it is **dieting** that often precedes compulsive overeating (Polivy & Herman, 1983). The physiological deprivation and imbalances that result from dieting lead to intense cravings and overeating and thus weight gain (Polivy & Herman, 1983). As mentioned in the literature review, dieting may permanently increase one's preference for sweets (Polivy & Herman, 1983). Dieting also leaves one vulnerable to cognitive disinhibitors which lead to overeating. Polivy and Herman (1983) have documented a variety of influences which result in overeating for dieters. For example, anxiety, depression, anticipated overeating, and perceived overeating can all result in bouts of unleashed eating when one is on a diet.

Furthermore, there are hereditary factors that influence body fat and appetite. For example, Bennett & Gurin (1982) maintain that the body has a vested interest in how much fat it carries and any attempts to go below the body's setpoint results in unmanageable hunger and lowered metabolic activity. They also assert that hunger can accumulate. In other words, someone who has dieted for a period of time may have a ravenous appetite until the body's regulatory functions are back in balance. As you

will recall, the semi-starved subjects in Keys et al. (1950) research demonstrated ravenous hunger until they regained their lost weight. Therefore, eating that feels psychologically out of control may have a strong physical origin.

Finally, the emotional deprivation that the dieter experiences can be profound. For example, dieters often eliminate their favorite foods and feel extreme guilt when they finally give in to their cravings (Orbach, 1978)). One can see how this continual deprivation could lead to feeling out of control when eating "forbidden foods." In this study, participants who were eating least compulsively had made all foods legal and frequently ate their favorite foods. Similarly, participants who accepted their bodies and no longer concerned themselves with weight loss reported spontaneously eating less compulsively as well. One could hypothesize that the emphasis on weight loss and food prohibitions exacerbates compulsive eating.

The practical implications of treating compulsive eating as multidimensional are many. First, I urge mental health practitioners to become aware of their biases and refrain from overpathologizing fatness and compulsive eating. Clients who are dieting or who are coming off of a diet may exhibit behavioral symptoms indicative of impaired functioning. However, it is important to keep in mind how Keys et al.'s (1950) conscientious objectors suffered a deterioration in their mental health functioning. Keys'

study has not been experimentally replicated, but one could hypothesize that dieting is so commonplace today that the side-effects of starvation exhibited by Keys' participants are now normalized. The binge eating, feelings of hunger, cognitive impairment, and feelings of failure may be minimized by a culture accustomed to dieting. Therapists, however, can remain aware of the potential side-effects of dieting no matter how trivialized they may have become in our society.

Ultimately, it might be practical for the therapist to help clients recognize the potential side-effects of dieting, for example, binge-eating, cognitive impairment, depression and anxiety. It is important for the therapist to avoid overpathologizing these symptoms and instead to view them in a holistic context. Therapists could also be well advised to remain aware of society's fat-oppressive attitudes and the impact these have on clients. Fat people are stigmatized, suffer economic and educational discrimination, and are repeatedly encouraged to starve themselves in the name of self-improvement (Bennett & Gurin, 1982). The extreme stress resulting from the continual stigmatization could conceivably exacerbate compulsive eating. Again, problems with food may be indicative of severe emotional trauma and this possibility cannot be ruled out. Likewise, compulsive eating may serve as a method of silent communication, and the therapist might aid the client in exercising his or her voice

publicly. However, it is most important that therapists rid themselves of fat-oppressive attitudes and beliefs (Brown & Rothblum, 1989) and treat the client holistically.

In a similar vein, Brown (1985) advises therapists to de-emphasize the significance of abstaining from non-hunger eating. Brown believes that eating is a readily available form of self-nurturance and women should not feel guilty about eating to comfort themselves, especially if food is not the sole source of nurturance. Brown suggests that when women give themselves permission to eat, their feelings of being out-of-control with food will diminish. Both thin and fat people eat when not hungry (Bennett & Gurin, 1982). It is possible that our society has become so fat phobic that we become overly moralistic in judging when it is okay for a person to eat and when it is not.

From a physiological and emotional standpoint, it is important to recognize that rebound eating after a diet is normal. These binges may feel psychologically devastating to the client, but educating him or her about the physical and emotional effects of dieting may lessen the feelings of being out of control. Similarly, educating clients about the genetic component of body fat and working on body acceptance may be helpful. In an interview with Bennett and Gurin (1982), obesity researchers Susan and Wayne Wooley discussed their methods for helping clients who wish to lose weight. The Wooleys believe that body fat is largely a function of genetics and not a result of

overeating. Imparting this information to clients often proves to be liberating in that they can stop the cycle of yo-yo dieting and improve their self-concepts. Likewise, it may be beneficial for therapists, school counselors, and health educators to be aware that young girls typically gain 24 pounds during puberty and their body fat increases 120 percent (Unger & Crawford, 1992). Preparing young girls for this developmental fat spurt and educating them about sexual maturation may help mitigate the opposing influences of the misogynist fashion and beauty industry. As an example of addressing this issue with adult clients, Brown (1989) supports her clients and promotes body acceptance for all sizes by displaying magazines in her waiting room that feature large-size women.

In closing, compulsive eating or non-hunger eating cannot be understood using simple, linear explanations. A variety of factors influence body size and appetite. For some, dieting precedes compulsive eating, for others, compulsive eating may be an active method of dealing with life difficulties. No matter what the source of these problems with food, research indicates that dieting is rarely effective in eliminating conflicts with food and fat. Practically speaking, adopting more holistic and anti-fat-oppressive perspectives of compulsive eating may aid therapists in helping their clients.

Closing Comments on Giving Up Dieting

First and foremost, therapists need to be knowledgeable about the dangers of dieting. Weight loss often falls in the realm of psychology or behavioral medicine. Given the demonstrated ineffectiveness of dieting in promoting weight loss and the potential negative repercussions, clinicians must consider the ethics of conducting traditional weight-loss counseling. Furthermore, a knowledgeable therapist can educate his or her clients about the hazards of dieting and may encourage more moderate modes of treatment. For example, participants in this study reported a variety of successes using the non-dieting techniques in the popular, clinically based, literature. For those clients who are in the diet/binge cycle, they may do well to stop dieting and start eating nutritious meals to counteract the deprivation of the diet (Bennett & Gurin, 1982).

Second, for those clients who are committed to starting a diet, the therapist could urge them to be cautious consumers. For example, the therapist could suggest that clients call the particular diet organization they are interested in and ask for long-term follow-up statistics. Ultimately, the therapist can provide information about dieting to clients and then be available to offer support and education should difficulties arise.

Finally, the value of exercise cannot be overlooked. In this study, several participants reported a shift in

their views and beliefs about exercise. No longer was it viewed solely as a means to lose weight. Interviewees spoke of enjoying exercise for the emotional and physical benefits beyond losing weight. However, most of the participants were not consistently active. Participants were not questioned about the difficulties of maintaining an active lifestyle in this study. However, Lyons (1989) and Packer (1989) suggest that society's fat-oppressive attitudes inhibit women from seeking physical activity. For example, the fear of being ridiculed by others may prevent fat women from exercising (Lyons, 1989; Packer, 1989). Therapists can understand that fat people may need additional support when pursuing an exercise program and that they may have special needs. In fact, seeking out programs developed specifically for fat people may be best (Lyons, 1989). Most importantly, attitudes must be challenged which promote exercise for weight loss rather than emotional and physical health (Lyons, 1989; Packer, 1989).

Suggestions for Future Research

Many questions arose but were not answered by this study. Five such questions are: 1) Is the process of giving up dieting the same or different for very fat people? 2) Is the process of giving up dieting the same or different for groups with less privilege? 3) Does increased body acceptance reduce the frequency and duration

of compulsive eating? 4) Does removing food prohibitions decrease compulsive eating and 5) Does giving up dieting improve psychological health?

In a personal conversation with Susan Kano (October, 1991), she suggested that I make efforts to include very large people in my study. Her contention was that giving up dieting could be a very different experience for very fat people. In my study, participants' weights varied significantly. One participant reported that she was below her perceived ideal when she gave up dieting. Another participant reported weighing over 300 pounds when he stopped dieting. Although no specific question was asked about weight or weight loss, participants did volunteer information about their current weights and pounds lost. Importantly, for the 13 participants in this study, their experiences were strikingly similar despite being at different weights.

As discussed previously, fat people do experience extreme discrimination (Bennett & Gurin, 1982; Rothblum, 1992; Schoenfielder & Wieser, 1983). Conceivably, the more visible a fat person becomes the more extreme the discrimination. Examples of oppression include, but are not limited to, the following: fat women may not get into the colleges of their choice (Canning & Mayer, 1966); they may suffer job and economic discrimination (Bennett & Gurin, 1982); they may experience difficulties in finding attractive, affordable clothes which fit (Schoenfielder &

Wieser, 1983); they may have difficulty fitting into into seats in airplanes, theaters, or restaurants (Tenzer, 1989); and they may be taunted on the streets or in public businesses for merely being visible. Presumably, the fatter one is, the greater potential for discrimination.

Because of this extreme prejudice, it would be interesting to learn about the experiences of giving up dieting for very fat people. Do their experiences vary significantly from participants' experiences in this study? Is body fat an important factor in the decision to stop dieting? It is also conceivable that in our fat-phobic culture that very thin women who simply perceive themselves as fat may have equal difficulty in giving up dieting. They could possibly perceive discrimination where none actually existed due to their fat self-image. These questions could be addressed in a qualitative study similar to this one by including very fat and very thin non-dieters.

The second question arising from this study concerns privilege. As mentioned earlier, the participants in this study were well-educated, middle and upper class, European Americans. One could question if the process of giving up dieting is the same or different for persons in groups with less privilege in terms of social class, race, ethnicity, and level of education. This question could be addressed using a qualitative interview study similar to this one.

The third question prompted by this study concerns body acceptance and the frequency and duration of compulsive eating. As participants spoke about stopping dieting, I became aware that the participants who seemed to experience the greatest level of body acceptance also appeared to be eating least compulsively. These interviewees were no longer concerned with weight loss no matter what their present weights. Conceivably, by removing the impetus to lose weight, participants could eat with less guilt and emotional intensity and would eventually eat without negative judgement. It would be interesting to ascertain if the quantities of food eaten changes or just the emotional intensity attached to the act of eating.

The fourth question to be addressed concerns the relationship between food prohibitions and compulsive eating. As mentioned in the results, one participant (in accord with the addictive philosophy of OA) abstained from foods he deemed problematic. This participant experienced greater difficulties with compulsive eating than other participants who had legalized all foods. The non-dieting literature encourages the "legalization" of all foods because prohibition often results in binge eating.

Finally, the data from this study suggest a significant relationship between giving up dieting and improved psychological health. Some of these suggested predictors of health in this study include: decreased

scale use, less compulsive eating, body acceptance, eating with sensations of hunger and satiety, and fewer self-deprecating thoughts, to name a few. Other possible improvements include decreased anxiety, depression and cognitive impairment. These results could be tested by developing a study using quantitative methods. The difficulty of conducting this type of research would be locating enough non-dieters to have a large enough sample. However, such a study would be valuable in building on the theory developed in this research project.

Ultimately, a need exists for researchers to test the methods of giving up dieting promoted in the non-dieting literature. This clinically based literature was helpful to several participants in this study, and the therapeutic relevance of such literature could be enhanced by conducting outcome studies with follow-ups.

Conclusion

In closing, all 13 participants described the decision to stop dieting as a positive one. The actual process of giving up dieting appears to be a lengthy one which continually evolves over time. Although there are difficulties in this process, participants responded that the rewards and benefits of ending diet and body preoccupation far outweighed the struggles. I will conclude this thesis by reiterating Anna's words about stopping dieting:

I suppose that freedom would be the main reason, the release. The dieting has a handle on you, and it's like you're now free to do something else. You can go on with your life. That's not holding you back anymore. You can make choices, and you can feel good about yourself. [Dieting] is always heavy on your head...and then when it's gone, you have freedom.

APPENDICES

APPENDIX A

The Qualitative Method

Taylor and Bogdan (1984) describe two major theoretical perspectives which guide social science research, positivism and phenomenology. The positivist "seeks facts or causes of social phenomena apart from the subjective states of individuals;" whereas the phenomenologist "is committed to understanding social phenomena from the actor's own perspective" (Taylor and Bogdan, 1984, pp. 1-2).

Qualitative research is grounded in phenomenology. Central to this perspective is the belief that human experience "is a legitimate and necessary content for understanding human psychology" (Colaizzi, 1978, p. 52). Colaizzi maintains that each individual's experiences color the way he or she behaves toward others and the world, and therefore experience is not merely an internal state. Thus, to deny experience in the name of scientific objectivity, "means to eliminate and deny what is really there" (p. 51).

These two approaches to social science research differ in their epistemologies (i.e., theories of knowledge which

guide research methodologies and methods). Whereas the quantitative researcher is the perceived expert gathering evidence to support his or her hypothesis, the qualitative researcher views the interviewee as the expert or knower. In fact, the participant and interviewers are sometimes referred to as co-researchers (Taylor & Bogdan, 1984).

Qualitative Methodology

Taylor and Bogdan (1984) state that because qualitative and quantitative researchers often ask different types of questions and seek different kinds of answers, their research demands different methodologies and methods. Qualitative methodology yields rich descriptive data, in the form of people's own words and observable behaviors. These data are not reduced to statistical analysis but are viewed holistically. "The qualitative researcher studies people in context of their past and the situations in which they find themselves" (Taylor & Bogdan, 1984, p. 6).

Qualitative research is inductive. "Researchers develop concepts, insights, and understanding from patterns in the data" (Taylor & Bogdan, 1984, p. 5). Initially, researchers often outline a flexible research design and begin their studies with only vaguely formulated research questions. As relevant themes begin to emerge, the researcher may then become more directive in seeking information relevant to these themes. Ultimately, the emerging data guide the method.

Whereas quantitative researchers gather data through questionnaires, inventories and coded observations, the qualitative researcher utilizes methods such as participant observation, in-depth interviewing, and field studies. This study will utilize the in-depth interview as the method for gathering data.

Qualitative Methods: The In-Depth Interview

Taylor and Bogdan (1984) describe the qualitative interview as a conversation between equals. The researcher relates to the participant on a personal level. Oakley (1981) states that the ideal interview relationship is non-hierarchical and one in which the interviewer is prepared to interact in a two-way process with the participant.

Oakley (1981) states that personal involvement is not a "dangerous bias" but instead "the condition under which people come to know each other and to admit others into their lives" (p. 58). Central to the qualitative interview is an atmosphere in which participants feel safe enough to share their perspectives on their lives and experiences. This is accomplished by dropping the pretense that the ideal state is the objective, unbiased researcher and developing an open, comfortable relationship with the interviewer.

The in-depth interview is dynamic and flexible (Taylor & Bogdan, 1984). The researcher usually begins with

vaguely formulated research questions, but is flexible and lets the data guide the method. As new themes emerge, the researcher may modify her or his research questions. Interview questions are most open-ended and least directive at the outset of an interview. Questions become more specific as the interview progresses. This allows the researcher to come to know what is most meaningful to participants. Effective probing skills provide an in-depth understanding of the participants' meanings and experiences.

Data Analysis

The analysis of qualitative data is flexible but should not be viewed as "impressionistic," "off-the-cuff," or "superficial" (Taylor & Bogdan, 1984). Colaizzi (1978) suggests a seven-step approach to assure rigor in the analysis by continuously grounding the resulting formulation in the data. Following is the framework suggested by Colaizzi (1978): 1) Read each participant's interview protocol to get a general feel for the participant's descriptions. 2) Extract the significant statements from the protocols. 3) Begin to formulate meanings from the significant statements. This step involves using creative insight to leap from what the participant says to what he or she means. The researcher must "never sever all connection with the original protocols...The researcher must go beyond what is given in

the original data and at the same time, stay with it" (p. 59). 4) Organize the formulated meanings into clusters of themes. These themes should be compared to the original protocols in order to validate them. This is accomplished by asking whether there is anything in the protocols which is not covered in the cluster of themes, and whether the clusters of themes propose anything not in the original protocols. The researcher "must refuse the temptations of ignoring data or themes which don't fit, or of prematurely generating a theory which would merely conceptually-abstractly eliminate the discordance of his [her] findings thus far" (p. 61). 5) Results are integrated into a thorough description of the subject which is being investigated. 6) Formulating a statement of identification of fundamental structure. 7) Return to each participant and share research findings and ask for feedback. Any relevant new data must be included in the research findings.

In the analysis of qualitative data, the process used is analytic induction, wherein the researcher strives to form a perfect relationship between the data and the explanation of the phenomenon being studied (Katz, 1983). As the qualitative researcher searches for emerging themes and explanations in the data, he or she also seeks out evidence which is contradictory to the current explanation. This contradictory evidence is referred to as a "negative case" (Katz, 1983). When a negative case is encountered,

the researcher must modify his or her current explanation to include the conflicting evidence. The qualitative researcher continues to seek out negative cases in order to provide a rich, comprehensive conceptualization of the phenomenon being studied to build build a description and ultimately a theory of the phenomenon (Glaser & Strauss, 1967).

Methodological Issues

Although quantitative and qualitative methodologies differ considerably, the quality of qualitative research is often mistakenly evaluated using concepts from a quantitative perspective. Using the quantitative concepts of representativeness, reactivity, reliability, and replicability, Katz (1983) addresses issues raised by quantitative researchers who are misinformed about assessing the quality of qualitative research.

Representativeness. In qualitative research, the internal variety of a study is the basis for evaluating what is called external validity or generalizability in quantitative research. The qualitative researcher systematically varies the type of people interviewed so that many perspectives are represented. The conscious selection of diverse participants who are thoroughly described in the results is referred to as theoretical sampling (Taylor & Bogdan, 1984). By increasing the diversity of participants, the researcher increases the

potential for negative cases, and thus improves the generalizability of the theory. However, the qualitative researcher does not imply that the research is "representative."

Reactivity. Because qualitative researchers do not follow a fixed research design, the potential for reactivity from participants appears to be great. However, Katz (1983) maintains that variation in researcher and participant behavior is actually a methodological strength. "Analytic field methods not only minimize the risk that members will act artificially as research subjects; it lets them shape an identity for the researcher that itself provides valuable substantive data" (Katz, 1983, p. 138). Additionally, Katz (1983) criticizes rigid research methods as making participants hypersensitive to researcher behavior, and thus intensifying reactivity.

Reliability. Although qualitative researchers do not utilize complex measures to assess inter-rater reliability, Katz (1983) states that qualitative research is not "impressionistic" (p. 140). In seeking out negative cases, the qualitative researcher modifies the current explanations to include contradictory evidence. In doing so, the researcher conducts a holistic analysis in which the propositions and data are interwoven into a complex web. This network compels the researcher toward reliability. Similarly, the researcher's commitment to his or her readers and participants constrains him or her to

make rigorous interpretations (Katz, 1983). Additionally, researchers can adjust to the needs of the participant, which improves rapport and increases the depth and veracity of the data.

Ultimately, the reader is responsible for making his or her own judgments on reliability. Katz (1983) states that biased selection or careless analysis of data will likely be detected by the reader. "The weblike character of the text means that each datum will ramify in implications throughout" (p. 142).

Replicability. Qualitative research designs emerge as the researcher gathers data and becomes aware of relevant themes and concepts. The researcher continually makes judgments about when to probe more deeply in an interview, which questions to ask, etc. Because of the dynamic nature of qualitative research, describing how to replicate a given study is difficult, if not impossible. In addition, within this paradigm, there is no need to replicate.

When a study is repeated, qualitative researchers do not simply seek to disconfirm or confirm previous findings through replication, but rather they build on the past study. The subsequent researcher not only searches for a single negative case, but also seeks new data. The new data leads to new negative cases, which expands the original theory so that the final work may be an incorporation of the two studies.

APPENDIX B

Recruitment Flyer

*Are you a person who has pursued thinness through dieting?

*Are you in the process of giving up dieting, or have you given up dieting?

If you answered yes to both of these questions, I'd like to interview you about your experiences for my research project being supervised by Dr. Mary Roberson, Department of Psychology, University of Dayton. My name is Lea Casper, and I am a graduate student in clinical psychology. If you are interested or have questions, please contact me at (812) 331-2633. Feel free to call collect.

APPENDIX C

Recruitment Handout

My name is Lea Casper and I am conducting research at the University of Dayton on the experience of giving up dieting. I am interested to learn about your personal process of giving up dieting and how that process has affected your life. The requirements for participating in my study are:

1) You are a person who has at some time pursued thinness through dieting and
2) You are in the process of giving up dieting, or you have given up dieting.

If you are interested in being interviewed for my study, please complete the attached form and deposit it in the box provided by the researcher, or you can mail the form directly to me at 508 San Juan Drive, Bloomington, IN. 47403. I will be interviewing approximately 15 people, thus, not all persons who agree to participate will actually be interviewed. Completing the attached form does not obligate you to participate in this study.

The interview will last approximately 30 to 60 minutes and all information shared will be completely confidential. I anticipate conducting these interviews in the spring of 1992. I will contact you in late January, 1992. If you

have questions, you may reach me at (812) 331-2633. Please feel free to call collect. My research is being supervised by Dr. Mary Roberson, Department of Psychology, University of Dayton.

APPENDIX D

Recruitment Sign-Up Sheet

If you are interested in being interviewed on your experiences of giving up dieting, please complete this form. Not everyone who fills out this form will be interviewed, and completing this form does not obligate you to participate in my study. You can change your mind at any time. I will contact you by mail in January, 1992. I anticipate conducting interviews in the spring of 1992. I am interested in including a variety of people in my study, so I would appreciate knowing your sex, age, and race. Thank-you.

Name: _____

Address: _____

City, state, & zip: _____

Phone number: (home) _____ (work) _____

Age: _____

Sex: _____

Race or ethnic group: _____

YES	NO	
___	___	Have you pursued thinness through dieting?
___	___	Have you given up dieting?
___	___	Are you in the process of giving up dieting?

How long have you been in the process of giving up dieting or no longer dieting? _____

Feel free to keep the attached flyer. Please complete this form and either:

1) Deposit it in the box provided by the researcher.

2) Mail the flyer to:

Lea Casper
508 San Juan Drive
Bloomington, IN. 47403
(812) 331-2633 (call collect)

APPENDIX E

Newspaper Advertisement

*Are you a person who has pursued thinness through dieting?

*Are you in the process of giving up dieting, or have you given up dieting?

If you answered yes to both of these questions, I'd like to interview you about your experiences for my research project being supervised by Dr. Mary Roberson, Department of Psychology, University of Dayton. My name is Lea Casper, and I am a graduate student in clinical psychology. If you are interested or have questions, please contact me at (606) 784-6730.

The University of Dayton

APPENDIX F

INFORMED CONSENT FORM

ON GIVING UP DIETING

The researcher, Lea C. Casper, has explained to me the purpose and requirements of this study. This research is being supervised by Dr. Mary Roberson, Department of Psychology, University of Dayton.

My participation in this study is voluntary. I am aware that I am guaranteed certain rights. If I choose to participate in this study, I understand that I may refuse to answer any questions that I find objectionable. If I have any questions, I am free to ask at any time. I am free to discontinue my participation in this study at any time.

I understand that the interview will take approximately 30 to 60 minutes and that I will be asked a series of questions about my experiences of giving up dieting. I understand that I may experience or re-experience any range of human emotions while talking about past experiences. I understand that if I am feeling anxious or uncomfortable during any part of this interview, the researcher is willing to discuss this with me at any time, and that I may choose to continue, discontinue, or take a break. While some people feel that the opportunity to discuss their experiences may be beneficial, the researcher does not guarantee any benefits from participating in this study.

I understand that the interview will be audiotaped and later transcribed into written form by the researcher. No one but those involved in the research process will listen to the tape or read the transcript. Each tape and transcript will be labelled with a code name to protect my confidentiality. The master list which matches the code name with my name will be kept in a secure place and separate from the other documents pertaining to this research. Participants will not be identified by their real names during this or any part of the research project. Quotations from the interview may be used in the written results, but my identity will not be revealed. Audiotapes will be erased when the research is concluded.

DEPARTMENT OF PSYCHOLOGY
300 College Park Dayton, Ohio 45469-1430

The University of Dayton

The researcher, Lea C. Casper, guarantees my confidentiality. In summary, she will not tell people that I have participated in this study, and she will not reveal my identity in the writing process. In addition, audiotapes and transcripts are completely confidential. The audiotapes will be erased at the conclusion of the research process. If necessary, I may contact the researcher, Lea C. Casper, at (606) 784-6730 or her faculty supervisor, Dr. Mary K. Roberson, at (513) 229-2166.

I AGREE TO PARTICIPATE IN THIS STUDY.

_____ _____

Signature of Participant Date

_____ _____

Signature of Researcher Date

DEPARTMENT OF PSYCHOLOGY
300 College Park Dayton, Ohio 45469-1430

APPENDIX G

Interview Protocol Introduction

Before we begin, I want to explain how today's interview will be conducted. I am going to ask you a series of questions about your experiences of giving up dieting. My purpose for this study is to help others who are in similar situations, and to provide information to the professional community on this topic. There are no right or wrong answers to the questions that I am going to ask you. You are the expert, and I want to learn about your experiences.

The questions that I ask you may seem somewhat broad. I have worded the questions in this manner so that you can tell me what is most important to you. If you do not understand a question, or if it seems too broad for you, I can follow up with more specific questions.

I am interested to learn about your experiences in this process of giving up dieting. When describing an experience, you may remember your thoughts, feelings, or behaviors. I would like you to answer each question with whatever comes to your mind.

Some people describe the experience of giving up dieting as a small part of a bigger process. I would like to learn about your actual process of giving up dieting as

well as other experiences in your life which you feel are related to no longer dieting. I want to thank you for your willingness to share your story with me. Do you have any questions before we begin?

APPENDIX H

Interview Protocol

1. Demographics
   a) Age
   b) Ethnic background
   c) Mother's education
   d) Mother's occupation
   e) Father's education
   f) Father's occupation
   g) Participant's education
   h) Participant's occupation
   i) Spirituality or religion
   j) Current partner relationship
   k) Children
   l) Children's ages
   m) Are there any aspects to your identity which I haven't asked you about?

2. Could you briefly describe your dieting history?

3. Could you describe how you reached the decision to stop dieting?

4. Could you describe what effects, if any, that giving up dieting has had on your life? [Probe for specific examples and memories].

5. [After the participant describes his or her experiences, follow-up with the following topics if he or she has not addressed them].
   a) relationship to food
   b) relationship to self and others
   c) relationship to scale
   d) day-to-day difficulties

6. [If the participant has expressed that he or she has devoted time and effort to dieting, then ask the following question]. What do you do with the time that you used to devote to dieting?

APPENDIX I

Letter to Participants

Dear Research Participant,

I am pleased to let you know that I have completed the data analysis of my thesis and am currently preparing for my defense. I would like to take this opportunity to share my findings with you. I would appreciate your feedback and have enclosed a self-addressed envelope for your convenience. Please read the following synopsis and send any comments to me at my Fayetteville address. I would like to incorporate your comments into my actual thesis, but to do so, I will need your responses as quickly as possible. I would like very much to receive your reply by March 8, 1994 or at your earliest convenience.

At this time I would like to thank you again for your participation. Sharing your stories has enabled me to share with others the effects of giving up dieting. Many of you expressed a desire to help others who are struggling with issues of diet, weight, and body-image. It is my hope to educate therapists and clients about the benefits of

giving up dieting. I hope to publish my findings in a professional journal and share your experiences with others. A copy of my thesis will be available in the University of Dayton library upon completion of my defense. Again, thank you.

Sincerely,

Lea Casper

APPENDIX J

Overview of the Results

The process of giving up dieting can be described as movement from a state of restriction to one of freedom. While dieting, participants described feeling confined in both time and thought. Considerable mental and physical energy was exhausted as participants concentrated on dieting and strove for thinness. This restriction was characterized by excessive scale use, counting calories, measuring foods, exercising solely to lose weight, poor body image, feelings of self-abasement, compulsive eating, and guilt, to name a few. In giving up dieting, participants began to reclaim the time and energy once spent on dieting. Not only were participants freed from the actual process of dieting, they also became free to experience new aspects of their identities. The process of giving up dieting involves three phases: 1) re-vising one's thoughts and beliefs about dieting, 2) becoming one's own internal authority, and 3) freedom. Following is an examination of these three phases.

The decision to stop dieting for most participants began with cognitive re-visions. For many, the recognition that dieting wasn't an effective means of achieving weight

loss was the impetus to seek alternative solutions. Other re-visions included the recognition that diets are too restrictive and artificial, diets lead to food preoccupation and binge eating, and diets don't address the feelings underlying the urge to eat. Along with re-thinking dieting, some participants began to question societal beauty and body ideals and achieved greater body acceptance.

Relying on one's internal voice became an instrumental part of giving up dieting. Participants began to rely on their own internal knowledge for solving problems with body and food. For example, many people let go of externally defined goal weights and discovered their own definition of a healthy body. They began to exercise for health and pleasure rather than weight loss. There was a decrease in participants' reliance on external authorities for information. Interviewees threw away their diet books and learned to eat with feelings of hunger and satiety. Many became aware of their internal food cravings and learned to eat accordingly. Most attempted to identify their emotions underlying the urge to eat when not hungry. Several were able to express themselves more assertively to others.

Finally, every participant described feeling a sense of freedom, although to varying degrees. Many described eating with joy and pleasure for the first time in many years. Those who made all foods "legal" experienced the greatest reduction in compulsive eating. Most detailed a

process in which they freed themselves from excessive scale use, self-deprecation, and adherence to unrealistic beauty and body ideals. As participants freed themselves from diet and body-preoccupation, they experienced a new found sense of freedom which permeated into other areas of their lives.

REFERENCES

Andres, R. (1980). Effect of obesity on total mortality. International Journal of Obesity, 4, 381-386.

Beach, V., & Martin, D. (1985). Obesity, sexuality, and psychological treatment for women. Women and Therapy, 4, 53-60.

Belenky, M.F., Clinchy, B.M., Goldberger, N.R., & Tarule, J.M. (1986). Women's ways of knowing: The development of self, voice, and mind. New York: Basic Books.

Bennett, W., & Gurin, J. (1982). The dieter's dilemma. New York: Basic Books.

Binswanger, L. (1958). The case of Ellen West. In R. May, E. Angel, & H.F. Ellenberger (Eds.), Existence: A new dimension in psychiatry and psychology (pp. 237-364). New York: Basic Books.

Boskind-Lodahl, M. (1976). Cinderella's stepsisters: A feminist perspective on anorexia nervosa and bulimia. Signs: Journal of Women in Culture and Society, 2, 342-356.

Brody, J.E. (1992, April 2). Panel criticizes weight-loss programs. The New York Times, p. 22.

Brown, L.S. (1985). Women, weight, and power: Feminist theoretical and therapeutic issues. Women and Therapy, 4, 61-71.

Brown, L.S. (1989). Fat-oppressive attitudes and the feminist therapist: Directions for change. Women and Therapy, 8, 19-30.

Brown, L.S., & Rothblum, E.D. (1989). Editorial statement. Women and Therapy, 8, 1-3.

Brownell, K.D. (1982). Obesity: Understanding and treating a serious, prevalent, and refractory disorder. Journal of Consulting and Clinical Psychology, 50, 820-840.

Brownmiller, S. (1984). Femininity. New York: Simon & Schuster.

Canning, H., & Mayer, J. (1966). Obesity: It's possible effect on college acceptance. New England Journal of Medicine, 275, 1172-1174.

Chernin, K. (1981). The obsession. New York: Harper & Row.

Colaizzi, P.F. (1978). Psychological research as the phenomenologist views it. In R.S. Valle & M. King (Eds.), Existential-phenomenological alternatives for psychology (pp. 48-71). New York: Oxford University Press.

Dorenkamp, A., McClymer, J., Moynihan, M., & Vadum, A. 1985). Images of women in American popular culture. San Diego: Harcourt Brace Jovanovich.

Drenick, E.J., Swedenslid, M.E., Blahd, W.H., & Tuttle, S.G. (1964). Prolonged starvation as treatment for severe obesity. Journal of the American Medical Association, 187, 100-105.

Edholm, O.G. (1970). Food intake and energy expenditure of army recruits. British Journal of Nutrition, 24, 1091-1107.

Ehrenreich, B., & English, D. (1978). For her own good: 150 years of the expert's advice to women. New York: Anchor Press/Doubleday.

Ernsberger, P., & Haskew, P. (1987). Health implications of obesity: An alternative view. The Journal of Obesity and Weight Regulation, 6, 58-137.

Faludi, S. (1991). Backlash: The undeclared war against American women. New York: Crown.

Freedman, R. (1986). Beauty bound. Lexington, Massachusetts: D.C. Heath.

Glaser, B.G., & Strauss, A.L. (1967). The discovery of grounded theory: Strategies for qualitative research. Chicago: Aldine.

Goodman, K.K. (1989). Metamorphosis. Women and Therapy, 8, 11-18.

Grunewald, K.K. (1985). Weight control in young college women: Who are the dieters? Journal of the American Dietetic Association, 85, 1445-1450.

Hayes, D. & Ross, C.E. (1987). Concern with appearance, health beliefs, and eating habits. Journal of Health and Social Behavior, 28, 120-130.

Herman, C.P., & Mack, D. (1975). Restrained and unrestrained eating. Journal of Personality, 43, 647-660.

Herman, C.P., & Polivy, J. (1975). Anxiety, restraint, and eating behavior. Journal of Abnormal Psychology, 84, 666-672.

Herman, C.P., Polivy, J., Pliner, P., Threlkeld, J., & Munic, D. (1978). Distractibility in dieters and nondieters: An alternative view of "externality." Journal of Personality and Social Psychology, 36, 536-548.

Hibscher, J.A. & Herman, C. (1977). Obesity, dieting, and the expression of obese characteristics. Journal of Comparative and Physiological Psychology, 91, 374-380.

Hirschmann, J.R., & Munter, C.H. (1988). Overcoming overeating. Reading, MA: Addison-Wesley.

Kannel, W.B. & Schatzkin, A. (1983). Risk factor analysis. Progress in Cardiovascular Diseases, 26, 309-332.

Kano, S. (1989). Making peace with food. New York: Harper & Row.

Katz, J. (1983). A theory of qualitative methodology: The system of analytic fieldwork. In R.M. Emerson (Ed.), Contemporary field research (pp. 127-148). Boston: Little Brown.

Keys, A., Brozek, J., Henschel, A., Mickelsen, O., & Taylor, H.L. (1950). The biology of human starvation (2 vols.). Minneapolis: University of Minnesota Press.

Keys, A. (1980). Overweight, obesity, coronary heart disease and mortality. Nutrition Reviews, 38, 297-307.

Klajner, F., Herman, C.P., Polivy, J., & Chhabra, R. (1981). Human obesity, dieting, and anticipatory salivation to food. Physiology and Behavior, 27, 195-98.

Lissner, L., Odell, P.M., D'Agostino, R.B., Stokes III, J., Kreger, B.E., Belanger, M.A., & Brownell, K.D. (1991). Variability of body weight and health outcomes in the Framingham population. The New England Journal of Medicine, 324, 1839-1844.

Lyons, P. (1989). Fitness, feminism, and the health of fat women. Women and Therapy, 8, 65-77.

Mazel, J. (1981). The Beverly Hills diet. New York: Macmillan.

McGee, D., & Gordon, T. (1976). The results of the Framingham study applied to four other U.S.-based epidemiological studies of cardiovascular disease. In The Framingham study: An epidemiological investigation of cardiovascular disease. (Publication #76-1083). Washington, DC: National Institute of Health.

Nisbett, R. (1972). Hunger, obesity, and the ventromedial hypothalamus. Psychological Review, 79, 433-453.

Oakley, A. (1981). Interviewing women: A contradiction in terms. In H. Roberts (Ed.), Doing feminist research (pp. 30-61). London: Routledge & Kegan Paul.

O'Neill, M. (1992, April 12). A growing movement fights diets instead of fat. The New York Times, pp. 1, 21.

Orbach, S. (1978). Fat is a feminist issue. New York: Berkley Books.

Packer, J. (1989). The role of stigmatization in fat people's avoidance of physical exercise. Women and Therapy, 8, 49-63.

Polivy, J. (1976). Perception of calories and regulation of intake in restrained and unrestrained subjects. Addictive Behaviors, 1, 237-243.

Polivy, J., & Herman, C.P. (1976a). Clinical depression and weight change: A complex relation. Journal of Abnormal Psychology, 85, 338-40.

Polivy, J., & Herman, C.P. (1976b). The effects of alcohol on eating behavior: Disinhibition or sedation? Addictive Behaviors, 1, 121-125.

Polivy, J., & Herman, C.P. (1976c). Effects of alcohol on eating behavior: Influence of mood and perceived intoxication. Journal of Abnormal Psychology, 85, 601-606.

Polivy, J., & Herman, C.P. (1983). Breaking the diet habit. New York: Basic Books.

Polivy, J., & Herman, C.P. (1985). Dieting and binging: A causal analysis. American Psychologist, 40, 193-201.

Polivy, J., Herman, C.P., & Warsh, S. (1978). Internal and external components of emotionality in restrained and unrestrained eaters. Journal of Abnormal Psychology, 87, 497-504.

Pyle, R.L., Mitchell, J.E., & Eckert, E.D. (1981). Bulimia: A report of 34 cases. Journal of Clinical Psychiatry, 42, 60-64.

Rodin, J. (1985, June 30). Yale health patterns of living study: A longitudinal study on health, stress, and coping in the elderly. Unpublished progress report. Yale University, New Haven, CT.

Rodin, J., Silberstein, L., & Striegel-Moore, R. (1984). Women and weight: A normative discontent. Nebraska symposium on motivation, 32, 267-307.

Roth, G. (1982). Feeding the hungry heart. Indianapolis: Bobbs-Merrill.

Roth, G. (1984). Breaking free from compulsive eating. New York: Bobbs Merril.

Roth, G. (1991). When food is love. New York: Dutton.

Rothblum, E.D. (1992). The stigma of women's weight: Social and economic realities. Feminism and Psychology, 2, 61-73.

Ruderman, A.J., Belzer, L.J., & Halperin, A. (1985). Restraint, anticipated consumption, and overeating. Journal of Abnormal Psychology, 94, 547-555.

Schachter, S. (1971). Some extraordinary facts about obese humans and rats. American Psychologist, 26, 129-144.

Schachter, S. & Rodin, J. (1974). Obese humans and rats. Potomac, Maryland: Lawrence Erlbaum Associates.

Schoenfielder, L., & Wieser, B. (Eds.). (1983) Shadow on a tightrope: Writings by women on fat oppression. San Francisco: Aunt Lute Books.

Sims, E.A.H. & Horton, E.S. (1968). Endocrine and metabolic adaptation to obesity and starvation. American Journal of Clinical Nutrition, 21, 1455-1470.

Smead, V.S. (1982). Other possible strategies for dealing with eating disorders. Psychological Reports, 51, 348-350.

Spencer, J.A. & Fremouw, W.J. (1979). Binge eating as a function of restraint and weight classification. Journal of Abnormal Psychology, 88, 262-267.

Spiegel, T.A. (1973). Caloric regulation of food intake in man. Journal of Comparative and Physiological Psychology, 84, 24-37.

Spitzack, C. (1990). Confessing excess: Women and the politics of body reduction. New York: State University of New York Press.

Steinem, G. (1981, May). The politics of talking in groups: How to win the game and change the rules. Ms., pp. 43-45, 84-89.

Striegel-Moore, R.H., Silberstein, L.R., & Rodin, J. (1986). Toward an understanding of risk factors for bulimia. American Psychologist, 41, 246-263.

Stunkard, A.J., Sorenson, T., Hanis, C., Teasdale, T.W., Chakraborty, R., Schull, W.J., & Schulsinger, F. (1986). An adoption study of human obesity. The New England Journal of Medicine, 314, 193-197.

Szekely, E. (1988). Never too thin. Toronto: The Women's Press.

Taylor, S.J., & Bogdan, R. (1984). Introduction to qualitative research methods: The search for meaning (2nd ed.). New York: John Wiley & Sons.

Tenzer, S. (1989). Fat acceptance therapy (F.A.T.): A non-dieting approach to physical wellness, insight, and self-acceptance. Women and Therapy, 8, 39-47.

Unger, R., & Crawford, M. (1992). Women and gender: A feminist psychology. New York: McGraw-Hill.

United States Congress (1990, September 24). House Committee on Small Business. Juvenile dieting, unsafe over-the-counter diet products, and recent enforcement efforts by the federal trade commission. 101st Congress, 2nd session. Washington, D.C.: U.S. Govt. Printing Office.

Waaler, H.T. (1984). Height, weight, and mortality: The Norwegian experience. Acta Medica Scandinavica Supplement, 679, 1-56.

Wardell, J. (1985). Thin within: How to eat and live like a thin person. New York: Harmony Books.

Warviek, P., Toft, R., & Garrow, J. (1978). Individual differences in energy expenditure. In G.A. Gray (Ed.), Recent advances in obesity research (Vol. 2). London: Newman.

Wooley, S.C., & Wooley, O.W. (1984a, February). Feeling fat in a thin society: 33,000 women tell how they feel about their bodies. Glamour, pp. 198-252.

Wooley, S.C., & Wooley, O.W. (1984b). Should obesity be treated at all? In A.J. Stunkard & E. Stellar (Eds.), Eating and its disorders (pp. 185-92). New York: Raven Press.

Wooley, O.W., & Wooley, S.C. (1982). The Beverly Hills eating disorder: The mass marketing of anorexia nervosa. International Journal of Eating Disorders, 1, 57-69.

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