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Living with Overweight: Listening to Teens

by

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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies for acceptance, a thesis entitled "Living with Overweight: Listening to Teens" submitted by Sandra Eileen Pyra in partial fulfilment of the requirements for the degree of Master of Nursing.

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Abstract

Overweight is a significant health risk factor and the prevalence in adolescents is escalating. The intent of this study was to explore the experiences of adolescents living with overweight. In distinguishing the voice of youth related to societal influences, further understanding was sought that could support teens in moving towards healthier lifestyle behaviors. Guided by the hermeneutic philosophy of Gadamer (1989), interviews were conducted with 2 female and 2 male participants, purposively chosen for their having overweight. The conversations were transcribed and resulting texts interpreted. Teens were surrounded by influences from family and friends, and concerned with current life situations rather than long-term health issues. Teens wanted to be in control and be involved in decision-making; were seeking support and affirmation for their efforts; and were living with beliefs that impacted changing behaviors. Inviting teens to share their unique perspectives contributes to understanding and sustaining youth living with overweight.

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Dedication

This manuscript is dedicated to my heavenly Father and to my family. God has given me the strength and determination to attempt this project, to grow from the experience and to persist until it was completed.

My family has sustained me throughout the 4 years that the Master's program has been a part of our lives. I have looked forward with anticipation to create this page and tell you all how much I love you and how important each of you has been in shaping who I am. My being is because of you: Harvey, my husband and our daughters, Shannon, Kim, and Krista; my siblings, my friends, Anita, Rick and Leanne, Janice and Bruce, David and Kelly, Diane, Percy and Ann, and Jerry and Susie; and my parents, Doris and Richard.

I would like to make a special dedication to my Mom, who is my soul mate and to my Dad who is my inspiration. Thank you both, for your love, your friendship, your understanding and your never ending support that you have offered, always.

> "Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around."
>
> Leo Buscaglia

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CHAPTER 1

INTRODUCTION

Purpose

The guiding research question for this qualitative interpretive study is "What are the experiences of adolescents with overweight?" The phenomenon of interest is the social context for healthy lifestyle behaviors from the perspective of the adolescent who has overweight.[1] This study is based on the assumption that we do not clearly understand the role that contextual factors play in choices made by the adolescent in relation to eating and physical activity practices.

This study is a beginning inquiry into the understanding of societal influences on lifestyle practices of the adolescent that could assist with development of health promotion and early intervention strategies for obesity prevention and weight management for this age group. The findings from this study are relevant to health care providers who interact with adolescents in relation to their lifestyle practices, prevention of overweight and weight management, insulin resistant type 2 diabetes prevention and management, or cardiovascular risk reduction. These findings are also of significance to the public, in particular parents and school personnel, who are interested in information related to adolescents and healthy lifestyle behaviors.

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[1] For the purposes of this document, the term overweight is used instead of the term obese in accordance with the latest Centers for Disease Control and Prevention (2006) definition that states that youth who have a BMI equal to or greater than the 95th percentile for age and gender are considered to have overweight.

Significance

Excessive body weight is significant as a health risk factor for individuals and it contributes to the escalating cost of health care. Having extra weight is associated with type 2 diabetes, cardiovascular disease, hypertension, stroke, sleep apnea, some cancers, osteoarthritis, and some psychological disorders related to disordered eating and depression (Torrance, Hooper, & Reeder, 2002). Estimated costs associated with overweight in Canada in 2001 were $4.3 billion of which $1.6 billion was direct health care expenditures. $2.7 billion resulted from indirect costs, which included losses in economic output because of illness, injury or premature death related to overweight. The economic burden of overweight represents 2.2% of the total health care costs for all diseases in Canada (Katzmarzyk & Janssen, 2004).

The prevalence of overweight in adolescents is rising in most developed countries in the world as determined by increasing Body Mass Index (BMI) scores in this age group. BMI is derived from the computation of weight, in kilograms, divided by height in meters squared, to determine weight status. When compared to the standardized percentile charts for 2 to 20 year olds developed by the Centers for Disease Control and Prevention (CDC) "At Risk of Overweight" is determined when the BMI is equal to or greater than the 85th percentile for age and gender. As well, "Overweight" is distinguished when the BMI is equal to or greater than the 95th percentile for age and gender (CDC, 2006). BMI as an indicator of overweight has been demonstrated to have high specificity (able to identify those not overweight) and sensitivity (able to identify those at risk of being overweight or overweight) in adolescents (Malina & Katzmarzyk, 1999).

According to the latest reported Canadian Community Health Survey (CCHS), conducted in 2004, the incidence of at risk for overweight adolescents aged 12 to 17 years more than doubled from 14% to 29%, while the overweight rate alone tripled from 3% to 9% as compared to results of the 1979/80 survey (Shields, 2005). This escalation in excessive weight among adolescents is of particular concern because overweight conditions in adolescence often persist into adulthood. Gordon-Larsen, Adair, Nelson, and Popkin (2004) found in a 5-year study that 98% of overweight adolescents continued to be overweight as young adults. The rate of overweight and related illnesses and associated health care costs may escalate over the coming years unless current trends abate.

Excessive weight can be addressed on two fronts: energy intake and energy expenditure. A premise of weight maintenance is that the calories ingested when nutrients are taken into the body have to be balanced with the energy utilized to maintain body function and support physical activity. Weight management, therefore may involve an increase in energy expenditure or a decrease in energy intake or a combination of both.

In the most recently published Canadian statistics from the 2001 CCHS, physical inactivity was described in 26% of girls, age 12 to 14 years and 36% of 15 to 17 year old females were designated as inactive. For boys aged 12 to 14 years, 17% were reported as inactive and 21% of male 15 to 17 year olds were categorized as physically inactive (Tremblay, Dahinten, & Kohen, 2003). To determine the classification of physical inactivity an index was calculated based on the sum of average daily energy expenditures, measured in kilocalories of energy, of all activities reported over the past 3 months. Categories referring to levels of physical activity and inactivity were then established

(Statistics Canada, 2003). The 2004 CCHS survey found that among children aged 6 to 17 years, the likelihood of being at risk for overweight or overweight tended to rise with time spent watching TV, playing video games or using the computer (Shields, 2005). With the existing levels of physical inactivity present in 12 to 17 year olds, this is a concern considering the trend for having extra weight in this age group.

According to the 2004 CCHS data, youth who reported eating fruits and vegetables five or more times a day were significantly less likely to be at risk for overweight or overweight than those who consumed them less frequently. Only 41% of youth surveyed reported that they ate fruit and vegetables five times a day or more (Shields, 2005). As well, French, Story, Neumark-Sztainer, Fulkerson and Hannan (2001) described finding an inverse association between fast food consumption and daily intake of fruit, vegetables and milk in adolescents. This is concerning when approximately 30% of 4 to 19 years olds in the U.S. report consuming fast food on a typical day as found in the national Continuing Survey of Food Intake by Individuals conducted from 1994 to 1998 (Bowman, Gortmaker, Ebbeling, Pereira, & Ludwig, 2004). As physical activity levels and food ingestion are related to weight management, it is important to explore what influences contribute to the significant prevalence of physical inactivity in youth and to the choices and quantities of foods eaten by adolescents.

What contributes to how teens make choices around eating and physical activity practices? What experiences have come to shape the behaviors that define the daily routines of youth who have overweight? These questions have emerged within my clinical practice as a nurse clinician in a pediatric endocrine clinic. As the numbers of referrals to the clinic concerning teens with extra weight continue to escalate and the

outcomes of existing interventions continue to be dismally ineffective related to modifying lifestyle choices, I believed it was vital to explore the phenomenon of the social context of healthy lifestyle behaviors from the perspective of adolescents with overweight. Through discussion of their experiences around eating and physical activity practices, I intended to broaden understanding that may offer insight, and that opens consideration of strategies that may be supportive for adolescents in making healthier lifestyle choices. The dialogue that will be shared explores the social context within which the teen with overweight experiences life including the environments of home, school and community.

Assumptions

In my current clinical practice, I am aware of assumptions or pre-understandings (Gadamer, 1989) that I have related to teens with excess weight and their lifestyle choices. These pre-understandings, as discussed by Gadamer (1989), exist because of my life experiences, tradition, culture, and history. Humans come to understand through the lens of their unique prejudices and we cannot consciously separate ourselves from them, we may not even be aware of some of them. It is important to explore our pre-understandings and their influence on our perceptions and interactions with others. Pre-understandings about social factors that I consider may influence the adolescent's choices related to eating and physical activity practices include the following.

Availability of healthy food and nutritious meals, family rituals and beliefs associated with eating, and celebrations involving food are examples of influences within the home environment. Family leisure activities and parental values related to time invested in sedentary activities of watching TV and playing computer and video games

comprise other possibilities affecting youth at home. Unattended time alone while parents are working is another consideration.

Vending machine offerings and school cafeteria menus as well as easily accessible convenience stores are part of the school milieu of the adolescent that may contribute to ingestion of calorie dense foods. In addition, curriculum policies that affect availability of Physical Education (PE) classes and opportunities for organized sports and physical activities for students with various skills and abilities can have an affect on activity levels during school hours. Distances from home to school and neighborhood safety can necessitate motorized conveyance as opposed to walking or biking as a mode of transportation to and from schools.

Community commitment to safe play areas, affordable organized sports, and activity opportunities for youth with a variety of abilities, affects availability of non-sedentary options for adolescent's leisure time. The appeal of malls and fast food franchises as social gathering places for teens is another example of community environmental influence.

Do these social environmental factors influence the adolescent's preferences that ultimately become their lifestyle practices? Do these aspects show up in the adolescent's descriptions of their life experiences or are there other elements at play? In beginning to understand these influences and experiences in a different way, through the perspective of the teen, the health care provider may be more able to support and guide youth related to their choices around eating and physical activity practices. Currently when I interact with adolescents who have overweight, it is to discuss healthy lifestyle behaviors and

assist teens in developing strategies that they might try in order to progress towards healthier ways of being. These interactions have resulted in a variety of scenarios.

Some teens appear keen and interested; they have questions and situations that they want to explore. They talk about the latest "fad diet" or some "lose weight in a few weeks" program that they heard about on TV. They may want to consider the pros and cons of becoming a vegetarian. Perhaps they perceive the health care provider as having knowledge that can help them. Perhaps they are looking for confirmation that what they want to do is achievable or healthy for them.

Some teens quickly become bored and begin to squirm and yawn and frequently check their watches and look at the door. Perhaps they feel that they have no control over what they eat so they do not want to waste time hearing about choices. Perhaps there is no support at home to let them join a community sports team and walking does not seem like an appealing alternative for physical activity.

Some teens openly state they do not want to be involved in a discussion and are only there because a parent made them come. Perhaps they do not view healthy eating and physical activity as important to their health. Perhaps the rest of the family members have overweight and the teen does not appreciate the health implications of having extra weight.

Some teens make little eye contact and it is hard to engage them in the conversation, they appear embarrassed and uncomfortable. Perhaps they have been teased about their weight by family members at home or by teachers or students at school. Perhaps they feel that it is their fault and they are not sure what they did wrong that has led to their having overweight.

Some teens dissolve into tears and are frustrated and angry. Perhaps they are struggling with other issues in their life and eating and physical activity practices do not seem a priority right now. Perhaps their friends are preoccupied with being thin or are suffering from an eating disorder and they are not sure that they want to be concerned about what they themselves are eating.

What makes the difference in how these youth perceive and respond to coming to a health care setting? Do teens view health care providers as another adult telling them what they should be doing? What would the adolescent sense as helpful or supportive for them? How can the health care provider better sustain adolescents who are experiencing overweight? Am I taking for granted the insights that I have about adolescents related to how they need to proceed to live a healthier lifestyle? These questions have led me to searching for different ways of understanding the teen's experience of overweight. Perhaps my pre-understandings about social influences for adolescents who have overweight have been helpful in appreciating their situation, or perhaps my assumptions have been standing in the way of understanding the adolescent's experiences in different ways that could offer considerations that might be more supportive for them or supportive in other ways. I was compelled to find out more, more about the teens with overweight and more about my beliefs and assumptions.

CHAPTER 2

METHOD

Design

Qualitative inquiry is an accepted, meaningful, and significant paradigm of methodological approaches and is fundamental to the development of a substantive body of nursing knowledge (Streubert Speziale & Rinaldi Carpenter, 2003). Within qualitative research, one depicts unique personal experiences within particular environments that enhance insight into the meanings of those experiences for the individual (Lopez & Willis, 2004). In fully exploring and describing the subtleties and complexities of human experience, which participants have shared through their conversations, it extends understanding that can shape health care practices to lessen suffering and promote wellness for others.

Hermeneutic-phenomenology is one of three major approaches to qualitative research that have emerged over the past two decades (Cresswell, 1998). This methodology is not aligned with a rigid mechanistic set of procedures or techniques to guide the research process (van Manen, 1997). Rather, the methodology of hermeneutic-phenomenology embraces the tradition, theory and practice of understanding through interpretation of meaning that comes from exploring the experience of others (Johnson, 2000). As defined in the New Webster Encyclopedic Dictionary, to interpret means to "explain the meaning of; to translate from an unknown to a known language, or into intelligible or familiar words; to free from mystery or obscurity; to make clear; to unravel" (Thatcher & McQueen, 1984, p. 451). Interpretation can result in providing meaning and understanding in a way that has not been there before. Within my area of

clinical interest with adolescents experiencing overweight I wanted to explore the nature of the teen's experiences, as well as my own understandings, related to overweight and lifestyle practices to create opportunity for making sense of the pervasiveness of this health risk. To do this inquiry I was guided by the hermeneutic philosophy of H. G. Gadamer (1989).

While we can never fully experience the life of the other, we can come to an understanding of what it might be like. As offered by Gadamer, (1985)

> In all those places where something is experienced, where unfamiliarity is overcome and what occurs is the shedding of light, the coming of insight, and appropriation, what takes place is the hermeneutic process of translation into the word and into the common consciousness. (p. 181)

Hermeneutic philosophy informs a method of inquiry that allows for the art of understanding and for making things understandable to others through interpretation of the experiences of others in a particular context. The expression of this understanding takes place through the medium of language that occurs in conversation and in the written word (Johnson, 2000). Philosophical constructs offered by Gadamer as metaphors for understanding interpretive work include the hermeneutic circle, dialogue, and the fusion of horizons (Koch, 1996).

Gadamer (1985) described the hermeneutic circle as recognizing that our understanding is conditioned by a pre-understanding. We have to have some understanding of something in order to be open to something being new or different or the same (Johnson, 2000). As our understanding changes, that now becomes the pre-understanding that we have when we anticipate the meaning of the next experience that

comes to meet us. Understanding is circular in that it never becomes final, we are invited continually to reinterpretation as we and others continue to evolve.

The hermeneutic circle represents the interaction that occurs between the researcher, the participant and the text. The researcher comes to the situation with a history of experiences and understandings, as does the participant. In the back and forth of the ensuing dialogue, both the researcher and the participant shape each other's realizations and both can come to understand differently. Once conversations have been transcribed into text, the researcher begins the iterative process of interfacing with the printed word and with other writings and thus different awareness and understandings of the phenomenon of interest evolve. Within the philosophical stance put forward by Gadamer, the pre-understandings of the researcher are recognized as being an integral part of the interaction with the participant and actually necessary for awareness of that which is different (Annells, 1996).

Through dialogue, different understandings of everyday occurrences and practices can become more visible when we do not assume we know the answers and we pay attention to what comes forward in conversation (Johnson, 2000). Dialogue is not just language; it represents the interaction itself and the understanding of oneself and the other that comes out of interpreting meaning of experiences shared in the discourse (Annels, 1996). Gadamer (1985) suggested that language is the medium in which humans live, where interpretation takes place, and where understanding becomes possible. Language is not simply words themselves or an instrument made up of specific parts, but more so, is a way of communicating to allow for sharing of meaning. For language to be effective there has to be an understanding that evolves from the interchange of speech

that occurs in a dialogue. Those involved in the conversation not only share their own understanding but each can listen to and interpret the position of the other.

Gadamer offered that conversations are to be open and non-directive so that participants are able to tell their story, to describe their experiences; "set" questions are not used but rather "genuine" questions that establish a focus but allow the conversation to unfold are proffered to guide the interchange (Koch, 1996). As I conversed with the youth in this study, their beliefs and perceptions came forth through the telling of their story. I was able to share the meaning of their experiences as they talked about situations and circumstances that were important to them. It was not necessarily a knowing of each individual adolescent but more a knowing of what life was like for these teens living with overweight (Geanellos, 1999).

Gadamer referred to horizons as the perspective or field of vision unique to each individual, shaped by experiences and relationships and continually changing (Fleming, Gaidys, & Robb, 2003). In attempting to understand another it is not possible to put ourselves in another's position as we all have our own horizons from which we cannot separate from, and that influence how we view the other. Through dialogue, the perspectives of each other however, are brought forward and considered. When horizons of understanding fuse, partakers in the conversation come to a different knowing of the topic than they might have had before (Tapp, 2004). Understanding is thus extended when horizons or vantage points of knowing are shared or fused (Johnson, 2000). Through conversations with adolescents who have overweight, my horizon of understanding has changed as my awareness of the meaning of overweight and social influences on lifestyle practices for these teens is now part of my knowing and being. In

the telling of their story, they too may have come to understand differently their having overweight and their choices around physical activities and eating.

Prior to the present study, I shared a conversation with an adolescent who had in excess of 100 pounds of extra weight, a pivotal experience that has led me to this particular area of inquiry. In reflecting on that interaction, I am aware that I had a pre-understanding that having overweight for an adolescent girl could be very difficult, considering contemporary societal expectations emphasizing thinness as a prerequisite for beauty and popularity. Following our discussion, I found myself surprised at the self-confidence that was pervasive in her manner and her words. I was not expecting what I found because of my pre-understanding that led me to assume that she would have low self-esteem, which might interfere with her ability to change her lifestyle practices. Instead, she was self-assured and was simply not convinced that altering her eating and physical activity behaviors would improve her life. My interpretation of this experience changed my understanding and I was more open to allowing confidence to show up when conversing with the teens in the current inquiry. I also anticipated that other aspects might show up in the conversations, things that I had taken-for-granted, perhaps forgotten, or maybe not even known, meanings that would expand the possibilities of understanding adolescents, with overweight, in different ways.

Through interpretation, we gain understanding and find meaning for ourselves and for the other that is essential to the science, art and practice of nursing. As stated by Gadamer, "What is important is to recognize the other in their otherness....Only by means of such recognition can we hope to provide genuine guidance which helps the other to find their own, independent way" (Johnson, 2000, p. 75). The concern of this

hermeneutic-phenomenological inquiry is to understand the experience of overweight for teens in relation to social influences that affect their choices around eating and physical activity. In seeking the perspective of youth, I wanted to bring forth their voice, a voice that may offer insights and different awareness of the experience of being an adolescent who has overweight and so extend the understanding of the participant, myself and the world as each continues to change (Benner, 1994).

Interviewing Process

Hermeneutic-phenomenology relies on interviewing as the method for data generation. Meaning is interpreted from the descriptions of the participant's experiences that they share through their stories, rich with detail and context (Sorrell & Redmond, 1995). The current inquiry included two audiotaped interviews with each participant. Upon completion of the informed consent, the adolescent and I met for our first conversation. This initial discussion provided an opportunity to establish a beginning relationship of trust and rapport between the teen and myself. To prepare for the next meeting, I reviewed the text of the first dialogue to reflect on areas in the conversation that I may have avoided or where I may have redirected the discussion, looking for areas that could be explored further with the teen (Benner, 1994). On reflection of my decision to include a second interview, I believe that it added depth to the data collected. I perceived that the teens were more relaxed and comfortable in our conversations during the second meeting, as was I. The subsequent encounter allowed for further dialogue and elaboration on information that came forward in the first interview. As well, it provided the opportunity to extend discussion around areas that had not shown up in the initial dialogue but had came forward in conversations with the other participants. In concluding

the second interview, each teen was asked to take a moment to consider if there were other areas that they had hoped to discuss related to this topic. All four voiced that they believed there was nothing further that they wished to share. An underlying assumption in hermeneutic-phenomenology is that no one precise story exists, but rather there are multiple story possibilities that are created by the particular interaction between the participant and the researcher (Benner, 1994).

In qualitative interviewing, the format is unstructured in that there is not a set question base with limited response choices (Streubert Speziale & Rinaldi Carpenter, 2003). The researcher shapes the interview while the participant's narratives guide the direction of the discussion through their unique perspective of the experiences (Sorrell & Redman, 1995). When obtaining the consent, the intent of the study was portrayed so the teen was aware that the conversations would be about life experiences for adolescents who have overweight. General open-ended questions related to eating and physical activity practices within the environments of home, school, and community, provided focus to the conversations. Probing questions such as "What does that mean for you?" or "How did you decide to do that?" helped participants reflect on their particular experiences.

I believed that it was important to discuss the interview process with the participant prior to entering into the conversation. I wanted to assure the adolescent that they were not going to be judged or tested, that the discussion was to be about their experiences and understandings, not what they might have perceived to be more socially acceptable comments or viewpoints (Brink & Wood, 2001). I also confirmed with the teens that the conversations would be confidential and their privacy would be maintained.

The interviews were audiotaped and later transcribed verbatim and I then compared the transcripts with the tapes to ensure integrity with the narratives (Crist & Tanner, 2003). As well, references to information such as names of friends, family members, or schools or any unique details that could identify the participant were removed from the transcripts.

These conversations occurred at a time and place that was mutually convenient and agreeable and in a private setting that was comfortable for the participant (Benner, 1994). Three of the teens preferred to meet in their homes as this did not involve arranging transportation and it was more convenient for them and their families. One of the adolescents chose to meet at the Alberta Children's Hospital, stating that it was more private. The home environment offered a place that was familiar for three of the participants but the fourth teen preferred a venue where parents and siblings were not close by. The privacy of the adolescent was protected in all settings by allowing only the participant and me to be present for the discussion. This provided an opportunity for the teen to speak freely and openly without concern that others were listening. A goal of hermeneutic-phenomenology methodology is to empower participants to tell their story in their own words (Benner, 1994). The teen needed to feel safe and respected in order to communicate openly in the interaction. To encourage and support adolescents in sharing their story, the researcher listens actively and conveys genuine interest in the teen and the evolving discourse (Benner, 1994). As well, maintaining eye contact, non-verbal nodding and leaning toward the adolescent are other ways that I demonstrated my attentiveness and interest in the dialogue (Sorrell & Redmond, 1995).

In addition to the conversations, I also captured my observations of the interview process as "field notes" (Crist & Tanner, 2003). These notes included information that occurred during the interview, which was not audible, such as a sense of anxiousness or discomfort. There was also discussion that took place once the tape recorder had been stopped. Summaries of this information were included in these notes and this content was added to the data analyzed.

Sample and Recruitment of Participants

Four teens participated in this study. For the purposes of the current inquiry, adolescent was defined as a 15 to 17 year old male or female. It was expected that youth of this age would be able to recall and relate stories about their daily behaviors and routines, and reflect on experiences related to eating and physical activity practices, within their social context. I was successful at recruiting 2 male and 2 female participants as I wanted to explore if there might be a difference between genders or perhaps not. All four adolescents had BMI scores that were greater than the 95^{th} percentile for age and gender and they had all participated in a weight management intervention. The participants could speak English fluently and they took part in two interviews of 45 to 90 minutes duration each. The purpose of the second interview was to discuss experiences that may not have been explored fully during the initial dialogue.

The participants for this study were selected based on their gender and their having overweight. This is an example of purposive sampling (Struebert Speziale & Rinaldi Carpenter, 2003), which is commonly used in interpretive qualitative research. The participants are representative in that they have the experience of the phenomenon of interest, which is the social context of healthy lifestyle behaviors from the perspective of

the adolescent who has overweight. The study was open to both genders as there may or may not be differences between male and female experiences related to eating and physical activity practices. A sample size of 4 was determined in order to allow in-depth exploration of the experiences and situations conveyed in the conversations that took place with the participants. To interpret the meaning of experiences, the sample size must be small enough to allow for expansive examination of the phenomenon while large enough to allow substantive understanding of the occurrence (Sandelowski, 1995). After meeting with the fourth participant, I did not believe that further recruitment would be of significant benefit as the quantity and the quality of the data from the eight conversations was substantial.

Participants were recruited from the "Teen Leap" program for youth with overweight offered through the Faculty of Kinesiology at the University of Calgary. The coordinator of this program approached families, whose 15 to 17 year olds had a BMI score greater than the 95th percentile for age and gender, to ensure that they agreed to receive information about this study. Names and contact phone numbers of those interested families were then provided and at that point, I called the parents and asked if I could discuss the details of the study or mail them the letter of invitation. All families agreed that a phone discussion was acceptable. Following communication with the parents and obtaining their verbal consent, I then spoke with each of the teens, obtained their verbal consent, and arranged a time for the first meeting. At the initial encounter, I reviewed the written consent form, as well as provided the information letters for the teen and the parent respectively. The conversations took place once the consent form had been signed. A copy of all written material was left with each family. These documents are

situated in Appendix A, C, and D. Basic demographic information was collected using the Enrollment Log situated in Appendix B, to record contact information, date of birth, height, and weight.

Informed Consent and Assent

While there is a structured consent form that requires signatures, the consent process started with the first contact with the participants when they agreed to hearing about this project. From that point onward, I was obligated to ensure that the teens were in agreement with what was occurring, that they were willing to proceed, and that they had the right not to proceed at any time without repercussion.

A requirement of the Office of Medical Bioethics is that an information sheet, for children age 7 to 17 years, be presented as part of the consent form. This is to provide a simply written, age-appropriate description of the study (Conjoint Health Research Ethics Board, 2002). The information sheet for the current inquiry is situated in Appendix C and the consent form is in Appendix D.

After providing an opportunity to read the consent form, any questions or concerns were clarified to enhance comprehension. As well as giving assent, the adolescents were asked to sign the consent, in recognition of their right to self-determination (Polit & Beck, 2004). As the participants were under 18 years, which is the age of majority in Alberta, a parent also signed the consent. A copy of the consent, which I also signed, was provided to the family. It included my name and phone number as well as that of Dr. L. Watson, principle investigator, for future communication as required. To facilitate free choice, the teens were informed that they could withdraw at any time with no negative consequence. At this point, the adolescents were informed that once the

second interview has been completed, I would present them with a $20.00 movie pass in appreciation for their time, effort and contribution to this study.

Analysis and Interpretation of Data

Once the audiotapes were transcribed, I searched the text for emerging themes and divergent areas associated with the experiences these adolescents shared about how having extra weight had or had not shown up in their everyday lives. As well, their day-to-day experiences revealed meanings and patterns that shed insight into the impact of the social environment on the eating and physical activity practices of these teens living with overweight. These understandings unfolded through the reading and re-reading of the text from each interview. I also had the opportunity to reflect on initial realizations with the participants during the second interview and so explore meanings further. I interacted with mentors, Dr. L. Watson and Dr. D. Tapp, who have expertise in data analysis and interpretation related to qualitative inquiry and in particular, hermeneutic-phenomenology. Sandelowski (1998) described the role of "outside-expert" as that of advising and guiding the researcher and thus assisting in the shaping of a final depiction of an interpretation of the findings.

In the process of coming to understand another's experience, one is transformed and has new insights. In unfolding one's interpretation of a particular human phenomenon, such as the adolescent living with overweight, a written description is presented about the researcher's perceptions of the lived experiences of the participants. This is the intention of hermeneutic-phenomenology, to open up awareness of some facet of our existence in "reflectively understandable and intelligible language" (van Manen, 1997, p. 27).

While validity, reliability and generalizability provide measures for assessing quantitative research, alternative criteria are considered for qualitative inquiry (Polit & Beck, 2004). I have been mindful of establishing "trustworthiness" in the current study through awareness of the desire for standards of credibility, dependability, confirmability and transferability (Polit & Beck, 2004). Credibility refers to the "truth" of the findings and the interpretations. In shaping my insights into text, I have endeavored to use language that reflects the voice of the adolescents and their stories to portray the meaning of their experiences (Watson & Girard, 2004). As well, I repeatedly went back to the transcripts to verify that my understandings were congruent with what the teens had discussed.

Dependability is concerned with the stability of the data over time and is supported though documentation of how the researcher interacted with the findings in order to articulate the interpretations (Polit & Beck, 2004). With each reading of the evolving text, I traced my emerging understandings as interpretive memos (Tapp, 2004). These memos provided the basis for another level of analysis and writing that along with ongoing collaboration with my advisors allowed for examination, articulation and re-interpretation of the findings (van Manen, 1997).

Confirmability is related to assuring that the findings are grounded in the data (Lincoln & Guba, 1985). For the purposes of the current study, the transcriptions of the eight interviews, along with the field notes that I described following each conversation and the interpretive memos comprise the "audit trail". As well, the audiotapes are available to confirm the authenticity of the transcriptions.

In considering transferability, it is acknowledged that the intent of qualitative inquiry is not to generalize the interpretations to all youth experiencing excessive weight; the information is however, representative of these particular teens who have overweight and could relate to others in similar situations (Sandelowski, 1995). With recognition and understanding of the experiences of the youth in the current study, it may open options for health care providers to consider in their interactions with adolescents living with extra weight.

Through this process of analysis of the text, and the reiterations of my understandings, the interpretation of the participant's descriptions evolved into a comprehension of the experiences that may be facilitating or constraining these adolescents in choosing healthy lifestyle practices. While I have presented the shared experiences that are particular to this group of teens, it is the perception of what it might be like for youth living with overweight within our current society that is paramount. Through dissemination of these understandings to others, it can invite reflection on the way we think about promoting healthy lifestyle behaviors for youth and can entreat us to explore current assumptions and practices related to overweight in adolescence and thus allow possibilities for practicing differently.

Ethical Considerations

A basic premise of ethics is that we do good and avoid harm in our interactions with others (Streubert Speziale & Rinaldi Carpenter, 2003). While the interview may not benefit the participants, it is important that the process is not harmful for them either. I requested that parents discuss with their teen the option of participating and I did not approach the youth directly, as I believed they needed the opportunity to make an

unencumbered decision to take part or not. There was no perceived physical risk to participating in this study. Adolescents, however, are considered a vulnerable group and care needed to be taken related to psychological and spiritual well being.

Choice of wording was a consideration as it could contribute to stigmatization so I had chosen to use the term overweight as a reference as opposed to terminology such as obese or fat. As well, as the conversations proceeded, several of the participants discussed experiences of difficult situations such as teasing from their peers, related to weight. I strived to be sensitive and allowed the adolescents to have control over what and how much personal information they shared so as not to cause them discomfort or unease. I have expertise in interacting and communicating with youth through my clinical practice at the Alberta Children's Hospital where I have worked for over 25 years. While I could not become a counselor or caregiver in this research relationship, I was prepared to offer appropriate resources if the well-being of the participant warranted intervention. This was not required with the 4 teens that I encountered.

I have protected the confidentiality and anonymity of the adolescents during the collection, analysis and interpretation of the data and in reporting the findings. An experienced transcriptionist transcribed the audiotapes and uniquely identifying personal information was not included in the participant's transcript. The transcriptionist agreed to an oath of confidentiality and she deleted her computer files of the text once it was downloaded to computer discs. These discs and the original audiotapes have been returned to me. I used my personal laptop, with secure password, to store computer files of the transcripts and to generate documentation of analysis and interpretation. The transcribed data was shared with mentors, Dr. L. Watson and Dr. D. Tapp, for purposes

of exploration and interpretation of the findings. A distinct study number identified each participant's data. An enrollment log containing study number and corresponding demographics was maintained and accessed only by myself. The log was secured with the consent forms and this personal information was stored in a locked drawer, separately from the raw data. An example of the log is situated in Appendix B. The audiotapes, printed materials, and computer discs, were stored in a locked, portable box located in a secure place with access limited to myself. These materials will be destroyed five years after completion of the project.

As the findings are presented, the participant may recognize themselves in the writings but their privacy has been maintained. Any information that could potentially reveal the identity of the individuals or their family has been removed. Finally, this proposal was submitted for ethical review to the University of Calgary Conjoint Health Research Ethics Board for approval prior to proceeding with the inquiry.

CHAPTER 3

MEETING THE TEENS

I had the honor and privilege of meeting with 4 teens who shared their experiences and personal understandings about their life related to food choices, physical activities and insights into living with overweight. It is my pleasure to introduce the youth to whom I am grateful for sharing their stories and for allowing me to convey my impressions and perceptions of their experiences.

Of the four, two were female and two were male. One of the girls and one of the boys was 17 years old and in Grade 12. One of the girls was 16 years old and in Grade 11 and one of the boys was 15 years old and in Grade 10. All attended different high schools in Calgary, three at large public schools and one in a smaller private school. One of these teens lived within walking distance to school and three did not, all relied on family vehicles or city transit for transportation. PE was compulsory in Grade 10 at all of their schools. Of the three teens that had a choice to take PE only the boy in Grade 12 had done so, the two girls had chosen other options.

All 4 teens lived at home with their parents. In all families, both parents had professions they pursued outside the home. Three of the teens were the youngest of the children with at least one older sibling. One teen was the oldest of the children and had two younger siblings. Three of the teens had taken all of their schooling in Calgary, while one of the teens had moved to Calgary three years ago from another country. All teens described having close friends throughout their school years.

All had attended the healthy lifestyle program "Teen Leap" at the University of Calgary. The girls had also attended private, community based weight management

programs. All had a basic understanding of elements that would contribute to healthy lifestyle choices around food and physical activities. They were aware that calorie dense foods such as regular pop, fries and candy were less healthy and fruits and vegetables were healthier food choices. They also had awareness of the importance of physical activities in contributing to one's health and feeling better.

Maximum expected BMI scores, according to CDC charts, for the age and gender for the teens in this study would be in the 24 to 26 range (CDC, 2006). These teen's BMI scores ranged from 30 to 40, indicating that they all had overweight. In three of the four families, at least one other family member had extra weight. In all families, the teens described their parents as being the most concerned about their weight because of the associated health risks.

All 4 teens were Caucasian and had no health issues that interfered with regular food consumption or physical activity. They all had appropriate amounts of healthy foods available in their homes. All the teens had some experience using kitchen equipment and were capable of preparing food, occasionally organizing the family meal. Three of the 4 teens ate breakfast before going to school. One teen did not get up in time to have breakfast so lunch was the first meal of the day. These youth described their parents as supportive and willing to provide transportation to programs and events that involved physical activity. The two girls were involved in regular physical activities outside of school, currently the boys were not.

All teens took their lunch to school. Usually their mother prepared this at home the night before or that morning and occasionally, they made their own lunch. None of these teens ate at the school cafeteria. They described the quality and variety of food as

not appealing. As well, their friends did not use the cafeteria. None of these teens frequented the vending machines or snack shop in their schools. They perceived the vending machines to be too expensive and not offering anything that they wanted.

All 4 teens had personal computers at home. The boys described spending many hours everyday on their computers, the girls not as much. All families had at least one television and most teens described favorite shows that they regularly watched. As well, attendance at movie theatres was a venue for socializing with friends.

In order to protect their privacy, I have assigned fictitious names for each of the teens in this study. The chosen names have no resemblance to their real names and were selected based on alphabetical order. The following perceptions have evolved from the conversations shared with Andrew, Ben, Cassie, and Deanne.

CHAPTER 4

THE VOICE OF THE TEENS

Through the conversations with the teens in this study, and in exploring the transcribed text from these dialogues, the following impressions took shape. In considering these themes, I will discuss the experiences and insights related to physical activity and eating practices and living with overweight that I understood from the perspective of these adolescents.

I Will Do It Later

The teens in the current study may have been concerned about their health as they alluded to the perception that if one is healthier then one lives longer. Where the struggle appeared was that it was hard to make changes now, now when there are other things that take on more importance. Each day was full from demands of school, a desire to be with friends and the dynamics of family life. Even though these teens could describe healthier ways of living, it was just "easier not to right now". Cassie expressed it as "I didn't care if I was eating all that stuff, I didn't want to change anything about my lifestyle....I wanted to be like you know back to my old shape and back to doing that stuff [activities] but I didn't want to have to take the steps to do it". There was a sense that being physically active and choosing healthy foods was significant but it could wait until later when they were older. Ben did not share his parent's current apprehension that his extra weight may lead to heart disease. He said he would be concerned "probably in 10 years or so but not right now, like it doesn't really matter....I haven't even thought about what I am going to do next year after school so 10 years is a long way [away] to think about something like that".

It is Hard to Make it Happen

Even when there was a desire to make healthier choices, it was often "hard to follow through" for the teens in this study and some described having feelings of guilt that they were not trying hard enough. Andrew conveyed that he really wanted to do activities but he just did not make it happen. "I feel bad because I am not trying and I know from past experience I am willing but I am just not about trying, so it is hard. I am willing but the other part of me ain't". Cassie believed that she had a good understanding about healthy choices for physical activities and foods but she did not "always put it into practice". She found that being accountable to others for her actions helped her to be more committed to following through. For example when she was exhausted from the day's events and facing substantial amounts of homework the expectations of her teammates spurred her to go to soccer training.

Having self-awareness of their personal responses to situations may have contributed to the effectiveness of their willpower for the adolescents in this study. Deanne understood that if she were upset, that was a trigger for her to seek food. In order to counter balance this tendency she would go for a walk and take herself away from the temptation of eating and so strengthen her resolve rather than have it undermined when she was distressed. As well, Deanne recognized her reaction to being told what to do. She would rebel against anyone pushing her in a certain direction; she would do the opposite. The focus of her willpower at these times was to maintain control of the situation, not necessarily the attainment of a specific behavior. Cassie also identified with this response. If she were told not to eat something, she would deliberately eat it. She wanted

to regain her former shape and activity level but her determination to be in control overpowered her will to eat healthier.

All the teens in this study shared insights related to the tension between knowing healthier ways of being physically active and eating and the effort required to make that happen. Andrew captured the essence of this when he said "Your will to do something has to come from inside you otherwise it is just going to fall apart. It has to come from inside you and I still have to discover that for myself".

What's in it for Me?

What makes someone want to do something? For these youth, a part of motivation involved having a purpose that was meaningful for them. It was hard to be motivated by the threat or concern of heart disease that may occur 10 to 20 or more years later, when they were not even sure what next year might bring. A significant reason for Deanne to become more active was an upcoming family trip to a beach "so here comes the bathing suit ok, so on the elliptical I go right". Cassie was looking forward to her graduation and was collecting pictures of dresses that appealed to her. She recognized that she needed to have objectives to work towards and she had started a bulletin board where she was capturing her dreams in a collage where she could visualize her aspirations. Cassie also found that making individual little goals helped to keep her focused and reinforced her desire to reach her ultimate bigger goals. In her view, it also made it less likely to fail because if she had one overall goal then it was "way too easy to slip up". Deanne realistically stated, "If there is something in it for you, you will do it". The challenge is finding the something that is sufficiently meaningful to support the effort needed to make a change in one's behavior and to then sustain the change. For Deanne, if she had a

reason to start an endeavor then she found it easier to continue and "once you like start you feel so much better you want to keep going". Cassie acknowledged, "I think that everyone has to figure it out for themselves and I think that kind of is the hard part, is it takes a few times before you figure it out right".

Being Bigger

A pervasive societal expectation is that in order for females to be considered beautiful or successful they need to be thin. For males, societal expectations portray a muscular body that accompanies athletic prowess. These suggestions come forward through the media in magazines, movies, television shows and advertisements and from people such as parents, siblings and friends (McCabe, Ricciardelli & Ridge, 2006). In a social culture that exudes these messages, what is it like for youth who are living with extra weight? The candid comments shared by the teens in this study through our conversations described their perspectives from feeling self-conscious to feeling empowered and advantaged.

Cassie talked about not feeling comfortable with herself, which limited her from taking friends to the gym, or going in a group to shop where she might have to try clothes on in front of others. "I just wasn't happy with myself and I wasn't happy with what I was doing and how I was feeling". Even though she could not think of a time when she had experienced teasing about her weight, she felt that others were thinking about her in relation to her extra weight. "I know when certain comments come up [about weight] like in a conversation and I am kind of oh my goodness me they are thinking of me…you are so like self-conscious and always thinking that everything is about you. You feel like you are so different from every one else". Strauss and Pollock (2003) described data from the

1994 National Longitudinal Study of Adolescent Health that collected responses from over 90,000 teens related to "friendship nominations" from other youth. They summarized that adolescents with overweight were more isolated and less likely to be selected as friends compared to normal-weight teens. As well, the significance of social marginalization for the youth with overweight increased as their BMI score increased.

Cassie also described that having extra weight made it hard to do some activities and even sports that she used to love were at one time too difficult to pursue because of her weight. "You get to a point where you have so much extra weight that it is hard to run...you know your legs hurt and everything hurts and it is just not fun". Cassie was limited by her weight both in terms of feeling comfortable and confident enough to do activities in public and by her physical ability to try out for teams and participate in the sport.

At an early age, Deanne learned how to handle peers who made rude comments about her weight. She stood up for herself and told them to leave her alone. "So I learned that strategy in about grade 4 and everyone stayed clear from me. I just told them that they were superficial and get a life". As well, in grade 6 and in junior high, Deanne was hassled about her extra weight. She was able to secure the assistance of teachers and she perceived her friends were supportive so although these situations were hurtful, Deanne became aware that she was not shy and was able to deal with adversity. From these experiences, Deanne believed that those who make derogatory comments are "usually the most judgmental people and say something once and they are scared of you because they have their own issues that they are trying to hide, I find".

While the youth I conversed with were concerned with what others were thinking and saying about them, they were also aware of themselves in comparison to others. As their awareness of their individuality and uniqueness emerged, there was anxiety about being different in an unacceptable way, such as having extra weight. Part of their self-awareness included the concept of body image. They spoke of their siblings who had normal weight or some of their friends who were "thin as sticks". The females in the present study both talked about a mental picture they had of what they should look like in their graduation dress or bathing suit and they perceived that they had to work towards that vision. While this can be motivating to take on healthier ways of eating and being active, there needs to be caution in that the current societal image of a thin body for females is often not healthy, it can be at the opposite extreme to being heavier and that is a health risk as well.

McCabe and Ricciardelli (2001) surveyed over 1200 adolescents and reported that media provided the greatest socio-cultural influence related to adolescent girl's perception of satisfaction with their bodies. They described respondents with higher BMI scores, indicating overweight, demonstrated the most dissatisfaction with their body shape and were more likely to engage in extreme weight loss strategies. These findings are consistent with other studies that reported media, in particular magazines, exerted the strongest pressure on adolescent girls to be thin (Tiggemann, Gardiner, & Slater, 2000; Wertheim, Paxton, Schultz, & Muir, 1997). As well, Steen, Wadden, Foster and Anderson (1996) found that 70 % of normal weight adolescent girls in one high school reported trying to lose weight during the past year. Female teens are particularly susceptible to messages from the media that portray a societal expectation of a body

image that is often one of underweight. This requirement for thinness is not only unhealthy; it extends an unrealistic aspiration especially for teens that have extra weight.

Andrew has been the recipient of teasing related to his extra weight throughout junior high and now in Grade 10. He said it happens often and usually from one or two individuals at school and he uses his intelligence to come up with retorts. "If I have enough effort I tend to mock them or sarcastically make my own comment. But usually it is just, I have other and better things to do than talk to someone who is going to fix my car later in life". Andrew has learned to place these comments into a perspective that allows him to consider that the comments are coming from others he perceives to be less clever and have nothing better to do than comment on his appearance. Andrew is tall and has broad shoulders, which makes him feel powerful; his belief is that tall is intimidating, especially on initial impression.

Some teens, like Andrew and Deanne in the present study, may have experienced stigmatization related to their weight and appearance. Neumark-Sztainer, Falkner, Story, Perry, Hannan and Mulert (2002) assessed the prevalence of weight teasing in 4746 youth, the majority of whom were in Grades 10 to 12 and who were equally divided by gender. For the adolescents with higher BMI scores, similar to the teens participating in the current study, the data indicated that 63% of the girls and 58% of the boys responded that their peers teased them. Results from the Canadian data of the Health Behavior in School-Aged Children Survey conducted by the World Health Organization in 2001 to 2002 reported that youth with overweight, were more often victims of bullying behaviors as compared to their normal-weight peers. As well, the incidence of victimization escalated as the BMI increased (Janssen, Craig, Boyce, & Pickett, 2004). As self-worth

can be influenced by approval and acceptance from peers, the effect of weight-based teasing is a concern when considering the psychosocial well-being of the adolescent living with overweight. Eisenberg, Neumark-Sztainer, and Story (2003) found that at least 25% of adolescents in the "Project EAT (Eating Among Teens)" study were teased about body weight and these negative comments were "consistently associated with low body satisfaction, low self-esteem, high depressive symptoms, and thinking about and attempting suicide" (p.735).

In comparison, Ben shared his belief that he had no limitations from having extra weight and favorite activities included mountain biking, racquet sports and physical education classes. He and three of his friends are similar in size and there have been no situations where Ben has experienced negative comments from others about his weight. He would like to have a healthier weight later in life but that is not something that currently concerns him. He believes that being bigger might actually have some advantages. "Like no one really bugs me so that is kind of a good thing, like I don't get picked on or anything so I guess [being bigger] is kind of good in that way".

What about the influence of the expectations related to body size and shape for males in our society? Steen, Wadden, Foster, and Anderson (1996) reported findings from their study of over 800 students in a high school. While almost 90% of adolescent females with overweight had attempted to decrease their weight over the past year, only 49% of adolescent males with extra weight indicated trying to lose weight in the same time frame. As well, the boys perceived themselves to be significantly less overweight than the girls even though their BMI scores were similar. What might contribute to how male youth understand the appearance of their body? McCabe, Ricciardelli and Ridge

(2006) interviewed 80 teens who attended high school. The researchers reported that most girls in their study engaged in social comparison, primarily with their female friends, related to weight and appearance. In contrast, the boys within their study focused on muscle development and performance when they compared themselves to others. The two boys, with whom I conversed, perceived that being bigger had its advantages; they believed that others viewed them as strong and intimidating and these boys concluded that having extra weight was maybe okay. It would seem that social influences are dissimilar for adolescent boys than for girls. Perceptions of body image and gender differences could contribute to how youth view their weight and thus shape choices related to physical activity and eating practices.

But No One Else is Doing That

Friends provided vital relationships and a compelling influence for the adolescents who shared their stories in the current study. Friends could determine what these youth did for activities, where time was spent and with whom, how they viewed situations and self and when to make healthy choices, or not. Whether it was getting together to go mountain bike riding on the weekend or going to a movie, the teens in this study were clear that friends shaped what they participated in when they were not in the classroom. As individuals, the youth I spoke with believed that they had personal preferences for activities but if they had to do them on their own, it could be boring and they definitely had more fun if they could be with friends. For these adolescents, friends provided a compelling influence that for many at this age and stage of development overrides any other. Hartup and Stevens (1997) discussed that time spent with friends is greatest during adolescence with teens spending 29% of their time awake with friends as

compared to middle-aged adults who expend the least time, spending 7% interacting with friends. As Ben described "Most of the things are run by friends and if your friends don't want to do it so then you are pretty much by yourself...if the friends don't want to do it then it is not getting done". Andrew just liked to hang around with his friends and he was willing to do what they were doing. Similarly, Deanne passed up organized activities and clubs that took place at school, in order to have time to hang out with friends, talking and interacting.

In the present study, it was apparent that if friends participated in physical activities then these teens were more likely to as well because it was boring and isolating to do these things without the group. These youth were willing to partake in an event, or not, depending on what their companions preferred to do. Of interest, for practices that involved interacting with a computer game, eating snacks, or watching TV the youth in the current study spent hours engaged in these behaviors on their own. Sedentary endeavors that utilized very little energy and were easily accessible in most homes were also the activities where youth did not seek or require companionship.

Cassie found that most interactions with her friends involved snacking or eating for example, at the movies, going for dinner or getting coffee after school. She found it hard to think of other things that she could do with her friends that they could do as a group and that they would find interesting or possible to do that did not include food. Andrew found himself going to fast food places even though he did not like the taste or quality of the food. "Like usually when I am out with my friends I usually go to junk food places because well, yea that is just what happens". These franchises provided a locale to be away from home, and a meeting place to be with his friends.

Peer pressure to eat less healthy food showed up for the teens in the present study when they were with their friends. This was either overt, through direct comments about their choice of food or covert, when the teens did not want to eat differently than their peers. Cassie spoke of the struggle between choosing healthier food or not. "Like my parents are saying well you could of just got a salad or something. Like yea but no one else is doing that, why would I want to do that? First of all I am craving having a burger and fries and second of all people are going to make fun of me you know". Even though the teens in the present study had awareness that there were healthier food choices, such as salads on most menus, they perceived that friends would make fun of them or think they were "weird" if they did not order the burger and fries like the rest of the group. This situation reflects peer group influence as the teen's behavior is shaped by their belief that there is an expectation to conform to similar eating practices displayed by others within the group. As well, there was a sense that by ordering a salad that could draw attention that would lead others to consider if this food choice related to the youth having extra weight, another divergence from a group expectation, related to the societal messages that females should be thin and males should be muscular and fit, but not have extra weight.

Choosing healthier foods was particularly difficult when friends did not have extra weight or perhaps were under weight. It was disheartening when friends appeared to be able to eat whatever they wanted and still did not gain weight; it was perceived as unjust. Cassie referred to her best friend as "super skinny, like a stick" and yet:

> She does nothing for activity like seriously nothing. Her favorite food in the world is ice cream. When we go out to Wendy's she can eat a burger and fries

and she gets an ice cap and like all of a sudden I am just saying, are you kidding me. If I ate that and did nothing I would be 500 pounds like you know. While they acknowledged that these friends might not be making healthy choices, the teens I spoke with believed that it seemed unfair that some could "eat anything" and this weakened their resolve to make healthier food choices for themselves particularly when they were with these friends when they were ordering calorie dense foods.

Even though friends provided essential relationships for these teens, they were not a resource when it came to discussing weight or healthy activity and food choices. Cassie said that her friends did not know that she was trying to lose weight. She currently did not want to discuss it with her friends but hoped to one day when she had lost weight and then could tell them what she had been going through. Deanne agreed that weight and lifestyle behaviors were not something to talk about with friends and she was adamant that "friends are to have fun with".

Teens in the current study talked about meeting friends at the movies and fast food places. These were social outings and it was pleasant to share something to eat while interacting with others, there was no reference to requiring food to satisfy hunger, it was just part of the outing. As well, Deanne would stop for a specialty coffee once a week; this was her routine on the way to her sewing class. Could the ingestion of food have become strongly associated with behaviors such as attending a class or congregating with friends, and thus stimulated the desire to eat in these reoccurring situations. Perhaps these coinciding experiences could be viewed in terms of "habit strength". Kremers, van der Horst, and Brug (2007) investigated the significance of habit strength in the practices of screen-viewing and sweetened beverage consumption in adolescents. They found the

habit strength of both behaviors as strongly related suggesting the "existence of automatically triggered consumption behaviors when habitually engaging in screen-viewing behavior" (p. 349). It is important to be aware of potential associations of behaviors and how habits might be formed, habits that shape choices related to physical activity and eating practices. Discussing daily activities with teens may illuminate situations where consuming energy dense foods have become a part of an event. Adolescents may be unaware of the impact this is having on the total amount of calories they are ingesting, as the food intake is secondary to the occasion.

Teens in the present study that had long-term relationships with their acquaintances described the support, mutual trust and understanding that came with that friendship. They talked about being sheltered from teasing from others and about being accepted for whom they were as human beings, without stigma of the extra weight entering into the interface. All participants described having at least a few close friends, and most had a group with which they identified. Some of the friendships had been maintained from elementary school, so for over 10 years. These relationships appeared to be the strongest and supportive to these teens. It was these friends that they believed protected them from others making comments about their weight or that came to their support if comments were made. When the teens in the present study "belonged to a group", it allowed them to have confidence as they were not alone. For Andrew, who had moved away from his friends or for Deanne, whose best friend had relocated, the interactions within the less established associations were more tentative, at least initially.

That is Just How We Grew Up

Families influenced the teens in the current study as family members were role models and they determined the daily routines and structure of family life in the home. As well, family members shaped the experiences of childhood that formed traditions and expectations, and contributed to the choices that the teens made. The immediate families for the youth in the current study had similarities in that both parents lived in the home and both parents had professions outside of the home. As well, all participants had siblings.

The teens in this study described experiences where family members shaped their choices around physical activities. Deanne's parents enjoyed outdoor activities and the whole family would spend weekends at their cabin located where they could ride horses. Cassie's parents were physically active and invited her to join them in activities such as swimming, biking, running and lifting weights. Ben found that he liked to play golf after his initial attempts with his mom and grandpa on summer holidays. He was also introduced to his current passion of mountain biking when he joined his cousins on their excursions one summer. Andrew's family liked to do day trips and explore local hiking trails. When families participated in activities, it allowed the youth opportunities to discover their enjoyment and abilities in these areas. In addition, if family interests included pursuits in live theatre, creative sewing, and computers, teens developed an appreciation for these leisure time endeavors. When parents encourage, support and become involved with their children's activities they are able to positively influence physical activity levels in youth (Ritchie, Welk, Styne, Gerstein & Crawford, 2005).

Families as well influenced the teens in the present study in relation to the choices of food that were available in their homes and the routines and expectations around eating. All the teens described their parents as providers of a variety of healthy foods and nutritious meals and mothers were identified as the ones who usually prepared their school lunch. Food availability is often taken for granted in most North American environments. As opposed to situations of starvation that face many of the underdeveloped nations, people in the U.S. and Canada are suffering the effects of opportunities for consuming large quantities of energy dense, highly palatable foods that are relatively inexpensive (Hill & Peters, 1998). None of the teens that I conversed with, discussed experiences of not having adequate provisions; rather they talked about being provided with nutritious fare at home and abundant possibilities for commercially prepared fast food and restaurant offerings. As well, these adolescents described choosing certain fast foods because of the bigger portions for less cost when compared to healthier options.

Beliefs and values of the family around food and mealtimes showed up in the conversations I shared with these teens. While the frequency of family meals was not specifically identified, I did have the sense that these youth shared breakfast or evening meals with family members most days of the week and on occasion assisted in the planning and preparation of the food. Eisenberg, Olson, Neumark-Sztainer, Story and Bearinger (2004) suggest that family meals, as opposed to teens eating with friends, can allow for better nutritional intake and the modeling of good eating habits. From the "Project EAT" study involving 3074 high school students, almost one third of the youth reported eating family meals only one to two times per week or never (Eisenberg et al.).

Through focus group discussions with adolescents, the most frequently mentioned reasons for not participating in family meals was busy or conflicting schedules related to work timeframes and teen activities (Neumark-Sztainer, Story, Ackard, Moe & Perry, 2000). As well, many of the teens in the focus groups indicated that they believed that eating more often with their families would result in their making more healthful food choices (Neumark-Sztainer, et al.). Cassie commented on her Dad's belief that breakfast was the important meal of the day so her family had always had to eat breakfast. Now that they are older and on their own some mornings, the children have breakfast even if the parents have already left for work. Andrew attributed his preferences for non-sugared drinks to his parents. "[Friends] habitually go for the full sugar drinks and I habitually go for the diet. That is just how we grew up".

As intentional as their parents were to provide appropriate foods and model healthy behaviors, the teens in the current study had not always chosen to follow these ways. Ben was impressed that his Dad had become more physically fit by starting a running program and by choosing more fruits and vegetables rather than breads and other carbohydrates in his diet. While he was aware that this was positive for his Dad, he said, "I am not a vegetable person. I have meat and potatoes, that is it....No, I wouldn't run. I am not a running person". Even though teens may not have embraced their parent's ways of doing things, the parent's influence was present. As Cassie shared, she felt accountable to her dad and she did not want to disappoint him, she wanted to meet his expectations for her to be more active. "I think that everyone has to figure it out for themselves and I think that kind of is the hard part, is it takes a few times before you figure it out right".

Even though Cassie was struggling with how to increase her physical activities, her Dad's influence was shaping her desire to become more active.

Through our conversations, the teens shared that family traditions and celebrations were times of gathering with family members and having special foods and treats, a time to "splurge and enjoy". All 4 adolescents described these events as occasions to partake in amounts and types of foods that they would not normally have. Deanne recalled that "ice cream cake has been [a tradition] since we were one, our first birthdays". Andrew's mom would create a different cultural theme for the food for each Christmas. He believed that because his mom enjoyed cooking and trying different foods that the family really enjoyed it too. Cassie described her grandma as an "awesome cook". Traditions and rituals around celebrations of birthdays, Christmas and other special family holidays showed up in the dialogue with the teens in this study. Family rituals can be categorized as secular, religious, transitional and healing rituals (Fomby, 2004). From the perspective of the teens in the current study, they described the secular aspects of Christmas and birthdays where family members joined in a ceremony to celebrate the occasion. Whether it was ice-cream cake for birthdays or cinnamon buns at Christmas, each adolescent easily identified and described special foods that were associated with family festivities. These were not everyday fare and the prospect of the expected cuisine added to the anticipation of the event.

Other situations found within these families may have contributed to less healthy ways. Andrew remembered going to his Granny's house after school everyday when he was younger. He spoke fondly of the wonderful time that he spent with her and the tasty

treats that she prepared for him. Even though he loved those occasions, he believed that is when he initially became heavier.

Ben talked about the time when his Mom got a new job and she was not at home as much. He was on his own more after school and he remembered eating larger amounts of snacks and less healthy foods. Andrew also believed that he snacked more when his parents were not at home, as they acted "like a barrier" and he was more aware of his choices when they were there.

Siblings may have contributed to shaping behaviors as well. Cassie's two younger siblings have normal weight. When the family dined out, Cassie found it difficult to choose healthier foods when her siblings were ordering burgers and fries. Andrew as well realized that his intake of crisps, or potato chips, reduced when his older brother left home. "He basically would give me the money and I would get on my bike and go to Mac's down the street and bring it back to him and he would share some with me. Since he is gone I have cut out the crisps".

Both Cassie and Deanne described situations where they felt like rebelling if there was too much focus and emphasis on choosing healthy behaviors. They verbalized that they knew their parents were well meaning and trying to help them but as Deanne summarized, "Yeah, I have actually gotten this really bad mechanism, if someone tells me to do blah, blah, blah my brain shuts off and I am like what did they say, will someone paraphrase for me". They wanted their parents support but they did not want to feel pushed or they would tune out or perhaps even do the opposite.

When discussing aspects related to their parents, the youth in the current study appreciated the support that they sensed within their families. They believed that their

parents provided routine and structure in the home. There were nutritious foods available and meals provided, moms usually made the school lunches, and one dad regularly planned weekly menus and assisted in purchasing the groceries. As well, these teens perceived that their parents were concerned about the wellbeing of their children and were willing to assist in ways that would sustain healthy choices for physical activity and eating behaviors. Mellin, Neumark-Sztainer, Story, Ireland and Resnick (2002) described "family connectedness" as the most compelling protective aspect for health-related behaviors in adolescents with overweight. Teens who reported that their parents cared about them and listened to their concerns were more likely to participate in healthy behaviors (Mellin et al.). As well, parents and siblings form the foundation for shaping a positive self-image and providing an environment where thoughts, feelings and concerns can be shared, there is support through trying times, outside resources or alternatives are sought when needed, and family members are able to make decisions (James & Flores, 2004). All of the youth with whom I interacted discussed experiences where they perceived their parents caring, attention, and support related to health. For example, all these teens had attended programs that provided educational sessions and opportunities to participate in activities related to healthy lifestyle practices.

The parents of the teens in the current study demonstrated awareness that physical activity and wholesome foods were requirements for healthy living, and they shared these beliefs with their children. Neumark-Sztainer (2005) described four cornerstone family-based behaviors for promoting positive body image and healthy weight in adolescents. These included modeling healthful behaviors for children, providing surroundings that make healthful choices easy, focusing less on weight and more on behaviors and overall

health, and offering a supportive environment with lots of talking and even more listening (p. S138).

A World of Conflicts

Planning provided a framework to the day for the teens in the present study, allotting time for doing what needed to be done and giving guidance for knowing what to do at certain times. All 4 teens described a desire to having structure to their day, as it was supportive to their daily achievements and their sense of accomplishment. With a plan, they had awareness of whether they were on track or not. Ben conveyed, "What probably works best is structured routine, so if you are doing the same thing then you get used to it eventually and then you just keep doing it, but, as soon as you kind of stop and then...it is really hard to start again". Cassie talked about having "slip ups" when she would not follow her plan and then she would start to feel "gross" and realize that she needed to get back into her routine. "It is really hard and you have to make sure you get back into it because it is easy not to right". By having a plan, these teens had an awareness of what they expected from themselves and where to start again if they were off track.

Deanne valued planning in that it provided an opportunity to consider alternatives to less healthy behaviors. She described herself as an "emotional eater" following her experience as a young child when her best friend's departure left her feeling lonely and isolated. Food was her comfort then and continues to be today when she feels lonesome or upset. Nguyen-Michel, Unger and Spriojt-Metz (2007) reported that adolescents characterized as emotional eaters were more likely to ingest sweet or salty high energy-dense foods and pop more frequently than peers who were not rated as emotional eaters.

These food preferences contributed to having extra weight and took the place of more healthy choices of intake such as fruits and vegetables (Nguyen-Michel et al.). As Deanne did not want to turn to unhealthy foods when she was upset, she arranged to go for a walk when she was feeling stressed and removed herself from the temptation to eat.

Deanne also understood that when she was bored she found herself looking for food and she organized herself to prevent this. "I just have to be like no let's do something else [than eating]. That is why I am always trying to keep my hands occupied". In addition, Deanne anticipated situations where it might be difficult to make healthy food choices. When she was babysitting for neighbors, she would take her own snacks so she would not be enticed by less healthy foods when she was hungry. She also prepared food the night before for breakfast and school lunches if she perceived that the next morning was going to be rushed. Planning for healthy eating was also important to Cassie and her Dad. They would organize a menu and groceries for the week on Sundays and they found that the family ate less fast food meals during the week when evenings were hectic. Cassie believed "it is good to plan...if you have thought about it then you are more likely to make that decision".

While plans and planning provided structure and direction to what the adolescents in this study did, it was not always easy to follow through with their intentions. Andrew liked knowing what he had to do next but he also found that if something else came up he recognized that he was easily swayed to following the new influence and "bye, bye plan". He could see the value in planning but acknowledged, "I have had quite great difficulty adhering to plans...a world of conflicts".

Gaining Weight

All the teens in this study could recall the age at which they started to become heavier. All 4 participants described situations where they were eating more calorie dense foods and for two of them there was a decrease in physical activity levels as well. Ben noticed his weight increasing when he commenced Junior High School. His Mom had embarked on a new job and Ben found that when he got home from school and was starving, he was on his own. He tended to choose foods that were quick to prepare but had a high fat content. Then when he was working in a kitchen, as a part time job in High School, the availability of a limitless amount of free food resulted in further weight gain. As well, Ben noted that when he had money he would go with his friends to eat at fast food places. As long as the money was there, he would buy something everyday, if there was no money then "you pretty much don't get anything".

Cassie spoke about becoming heavier when she stopped her once hectic physical activity commitments but had the same appetite. She gained 70 pounds over 2 years. This was also the timeframe when Cassie recognized that she was spending more time with friends and not making healthy food choices. She believed that she was not eating the right foods because it was her decision to make and "parents [were] not there with you all the time telling you". Then when the family home underwent a renovation, they ate in restaurants a lot and watched more TV as they had access to cable in their temporary residence. Cassie gained another 50 pounds in 4 months. As well, having a snack while watching TV is likely a behavior that Cassie learned rather than an action determined by her body's requirement for nourishment. Wiecha, Peterson, Ludwig, Kim, Sobol and Gortmaker (2006) presented results from a study involving adolescents that assessed

whether television viewing was associated with increased energy intake. They found that for each hour of watching TV an additional 167 kilocalories were ingested per day. Their inquiry also explored whether ingestion of foods commonly advertised on television was correlated with viewing time. Interestingly, with each hour of screen time there was a significant association with consumption of baked sweet snacks, candy, fast food-type main courses, fried potatoes, salty snacks and sugar-sweetened beverages (Wieca, et al., 2006).

During elementary school was when Andrew realized that he was bigger than his classmates were. He spent enjoyable afternoons after school with his Granny and she would have "wonderful food for tea everyday". As he progressed through Junior High, Andrew was not tempted by traditional junk food but he acknowledged that he ate quite large portions of snacks. "I think that is definitely one of the things that have brought me to myself of my current state…I just overdo things when I am hungry". He described his after school snack as more like a small meal.

At the young age of six, Deanne experienced a challenging year when her best friend moved away. She remembered turning to food for comfort at that difficult time, something that she has continued to do when faced with stressful situations. Currently in high school, she reflected on her many attempts to have a healthier weight. "I get to a plateau and then I just usually give up because I can't get passed the plateau…it is like this sucks and it is frustrating and then I usually go off of that [plan or program]".

What is There to Do?

All 4 adolescents in this study talked about snacking when they were bored and had nothing particular to do. Deanne believed that she had to pursue an activity in order

to resist the temptation of eating. She seldom let herself just sit and watch TV; she usually kept busy with designing or creating a sewing project in order to occupy her hands and avoid the desire to snack. Ben, also, recalled that when he was younger he was home alone after school and he developed the habit of eating less healthy foods that were easy to prepare. Now that he is older, he "hangs out with his friends more after school" and recognized that he was not snacking as much. Cassie, as well, liked to nibble on food when she was watching TV before going to bed, she did not feel hungry; it was just something to be doing while she sat and relaxed.

Andrew described how he would go through the motions of searching the kitchen cupboards for something to eat when he had a lot of time on his hands. If he did not find any food, he would carry on and do something else, forgetting about eating anything. "I actually do find myself a lot of the time just opening doors and closing them...sometimes I don't even bother looking I just open and close them. It is a bit like a habit really". If he does find something appetizing to eat he will have a snack but he was not actually hungry, he was more looking for something to do. As well, several of the other teens I conversed with described looking for food because they were bored. When these youth had nothing to do that interested them, they went to the kitchen looking for something. They were often alone at these times and if they found food that was appealing, they would consume it, even though they said they really were not feeling hungry. Episodes of eating in the absence of hunger can contribute to overweight.

At School

Attending school occupies a significant portion of the teen's time and energy. As well as the structured curriculum, the intervals spent outside of class time offer

opportunity for experiences involving eating and physical activity practices. Parents are not available and youth face making choices and decisions for their behaviors on their own. The high schools for the teens in this study were located within walking distance to malls or convenience stores.

As 35-40% of calories are consumed at school, there is significant potential for this environment to influence the eating practices of adolescents (Neumark-Sztainer, French, Hannan, Story, & Fulkerson, 2005). The youth with whom I conversed did not find their school cafeterias appealing, in terms of the atmosphere or the quality of food offered. They avoided these venues whenever possible by bringing lunches from home or by going to nearby malls or fast food places. Several of the teens in the current study acknowledged that their "eating out" had in the past, escalated to a daily event until the expense finally became a deterrent but friends were always "going for food" if they wanted to join them. Data, from the U.S. Department of Agriculture's Continuing Survey of Food Intakes by Individuals, collected from 1994 to 1996, indicated that on a typical day approximately 30% of youth consumed fast food (Bowman et al., 2004). According to French et al. (2001), adolescents who reported three or more fast food meals during the past week took in 40% more energy for males and 37% higher energy intake for females than those youth who did not eat fast food during that timeframe. Higher intakes of fast foods were also associated with significantly reduced intake of fruit, vegetables, grains and milk servings suggesting a poorer nutritional quality of food ingested as well as the higher caloric intake for these teens.

As well, the teens in the present study, described having vending machines in their schools or a tuck shop that sold a variety of snacks including candy, potato chips,

juice, milk and pop to raise funds for school activities. All of the adolescents said they accessed these offerings infrequently as they believed they were expensive and provided limited choices. They resented having to pay more for bottled water than for pop. These teen's behavior in this area was different than I expected, as I believed that vending machines would provide temptation due to location at school and easy access. In a study of 1088 high school students, Neumark-Sztainer et al. (2005) found that youth purchased snacks from vending machines nearly once per week and over 60% of students reported purchasing soft drinks at least one day each week.

The break at noon between the morning and afternoon classes comprised a significant amount of "free" time in the school day, time that the teens could determine how, where and with whom it was expended. The youth in this study believed that there were not many options available for utilization of this interlude. Andrew passed his noon break in the computer room and was pleased that it was open for students to use at noon. Ben walked to the convenience store at noon, he did not buy anything, as he had no money, but it was just something to do. "Yea, [I] just walk down there and then walk back to school and kill some time". Deanne described her noontime, "yea, you just kind of saunter around with no purpose" which she believed was fine because she wanted a break from the structure and demands of class time. She wanted to be with her friends and enjoy the freedom to relax. Gymnasiums proffered events like basketball and volleyball games and when the weather and outdoor conditions allowed, sports such as football and soccer were available. The teens in this study did not participate in these proceedings. They described the gyms as crowded and outdoor sports were limited to those who had the interest and abilities to partake in the selective activities. They

acknowledged that the school environment offered little that was inviting to them to be physically active during the noon break and they preferred to walk to nearby convenience stores or pass the time quietly in the computer lab or chatting with friends.

The school curriculum provided PE classes that were mandatory for Grade 10 students and offered for 1 semester or 5 months of the school year. Upon entering Grade 11 or 12, PE became an option. Data from the U.S. national Youth Risk Behavior Survey established that in 2003 only 5.8% of senior high schools required daily PE for the all grades for the entire school year. As well, the prevalence of high school students attending PE class declined from 41.6% in 1991 to 28.4% in 2003 (MMWR, 2004). The teens in the current study that did not choose to take PE explained that it was due to scheduling conflicts with required "core subjects" or more preferred options such as fashion and sewing. The one youth who participated in PE throughout his high school years expressed that he enjoyed the exposure to different sports presented in these classes such as tennis, bowling and soccer, activities that he may not have had the chance to do otherwise. The classes were 80 minutes each day and provided an opportunity to be active, interact with others and develop new skills. Factors influencing the teen's decision to participate in PE could include student-teacher ratios, educator's priorities for increasing availability of more class time options, curriculum content and class structure (Stelzer, Ernest, Fenster, & Langford, 2004). Coeducational classes may be a deterrent, especially for youth who have overweight if they are self-conscious about their abilities or their appearance. Having gender specific classes as an option would also allow for activities that might be more appealing to males or females, for example football versus dance.

I'm Hungry, is There Anything Good to Eat?

Was it taste or hunger that motivated these adolescents to eat or was it perhaps a combination of both? Could it have been hunger that initiated the desire to eat and the taste of the food that determined how much was consumed? The youth in this study had their favorite foods that originated with taste. Andrew savored curry dishes, Ben relished pan-roasted potatoes, Cassie craved burgers, fries, and her mom's cinnamon buns and Deanne took pleasure in turkey, stuffing, real butter and candy at Halloween. Many of these foods were associated with special occasions and the teens considered them treats, not everyday fare and their flavor made them special. In addition, their taste made these foods, and many others, hard to resist. During part of a summer vacation, Cassie and her Dad eliminated unhealthy foods from the house. Cassie acknowledged "it is amazing how much easier it is [to eat healthy] when there is nothing to tempt you...I wasn't craving anything, I was eating good food and liking it you know".

As well as taste, hunger was also identified as a reason for these teens to eat, particularly after school. Andrew did not care for junk food but he found that he consumed large quantities of whatever he could find in the cupboards each day when he returned home from school. He responded, "I just overdo things when I am hungry". Cassie described that she was so hungry after school that she would eat anything whether it was good for her or not and "most of the time you want something that is not healthy because you are really hungry and that [less healthy food] seems to satisfy that". After school was also a time when Ben would ingest foods with a high fat content, as they were quick and easy and satisfied his need to eat.

Satisfaction by means of eating could be an elusive accomplishment. With the expectation that consuming food would result in gratification of hunger the adolescents discovered that when the sensation of hunger was no longer present, they might still not feel satisfied. In the desire for satiation, they would continue to ingest more, searching for that combination of tastes that would slake their cravings. Cassie shared her insights around this. "You try something, even if it doesn't give the satisfaction that you think it will you want more....You are like oh but that was kind of good and I remember that I felt kind of good when I first tasted it so maybe I will just have a little bit more". The outcome was that they usually felt unwell and certainly disappointed, in the experience and in themselves related to the overindulgence. An area of research inquiry related to understanding appetite focused on the importance of taste, smell, texture and visual appearance of foods. These sensations were found to contribute to the "pleasantness" of eating and may provide the incentive for consumption, independent of physiological signals of hunger or satiety (Rolls, 2005).

In conversing with the youth in the current study, about their desire for food, they described certain cravings. Some loved sweet tastes such as cinnamon buns and candy while others yearned for salty foods like burgers and fries. Particular spices like curry were also portrayed as a "weakness and hard to resist". Cassie shared that she would continue to ingest different foods in search for the right combination that would provide the elusive contentment she longed for, leaving her feeling unwell and dissatisfied despite her efforts.

Through the conversations, that I shared with the teens and in exploring the text from those dialogues, I have come to my current understanding of what adolescents

might be experiencing when they have overweight. From this understanding, I will explore what seemed to be meaningful for these youth and discuss how that awareness could possibly influence my clinical practice.

CHAPTER 5

LISTENING TO TEENS

The purpose of this study was to explore the experiences of adolescents living with overweight. As well, in communicating the awareness of these experiences, I wanted to distinguish the voice of youth as they portrayed how social influences shaped their choices related to physical activity and eating practices. Gadamer (1985) offered that to be able to articulate one's thoughts and feelings is to be able to interpret them in such a way as to differentiate their meaningfulness within one's own consciousness and to share that meaning with others. While we can never fully experience the life of the other, we can come to an understanding of what it might be like and it is that understanding, of youth living with overweight that I wish to convey. I will share my interpretations through the perspective of the teens in the current study in the following areas: having center stage, living in the now, becoming responsible, being accountable, and changing behavior. I will then discuss how this knowing might shape my clinical practice and open possibilities for me to sustain youth living with overweight, in the section entitled: Taking Their Voice to Practice. As well, I will describe possibilities for future research directions. Lastly, I will present several conclusions that I invite practitioners to consider when interacting with teens living with overweight.

Having Centre Stage

Adolescents with whom I conversed could seem to be self-absorbed and have the perception that the world revolved around them, "it is all about me". If they did not recognize a direct gain that was worthwhile for them, they found it hard to acknowledge the value in other's suggestions. For instance, when youth were told to increase their

activity levels, it could be hard for them to embrace these practices if they felt tired, it hurt when they ran, or they found more pleasure in doing sedentary activities like watching TV, playing computer games, or eating.

As well, surrounding the teen at center stage were their family and friends. Parents were influential related to the routines and expectations around eating and physical activities in the home environment. Parental and extended family values and beliefs influenced the variety, quality and availability of food as well as timing and structure of meals. Parent's leisure-time pursuits such as horse back riding, swimming, sewing or computer interests provided opportunities for youth to experience activities, allowing them to determine what they might enjoy doing. Parents were role models in that their practices related to eating and physical activities provided examples that their teen may or may not take up. As well, youth found support and reassurance, or not, within family relationships.

Friends also could shape behaviors and choices for these adolescents. Teens sought companionship within peer groups and altered personal preferences, for food or activities, to fit in with their group of friends. It was difficult to choose a salad when the others were ordering burgers and fries or to go play soccer at noon when the gang was headed to the local convenience store. In addition, calorie dense foods were associated with popular activities for these teens, such as going to the movies, hanging out in malls, meeting for coffee or gathering at fast food places. Friends, as well, could be supportive and validating, which contributed to a sense of confidence and self-worth for these adolescents. This appeared to be particularly significant if the youth had previous

occurrence of, or were currently experiencing, being the recipient of teasing related to their extra weight.

It is important to understand the context within which adolescents with overweight are living. Who are the people that are shaping the choices that they are making? What are the understandings that these teens have about their situation? Are there influences facilitating or constricting them in relation to taking up healthy eating and physical activity practices?

Living in the Now

The teens I spoke with were concerned about the homework that needed to be done for the next day, the graduation celebration that would take place in a few months or the family vacation planned for the summer. They were not dwelling on the potential future occurrence of heart disease or type 2 diabetes, two health issues related to overweight. As discussed by van Kooten, de Ridder, Vollebergh and van Dorsselaer (2007), risk awareness of health consequences does not decrease adolescent willingness to engage in unhealthy eating practices. The youth in the present study believed that they were currently healthy enough and nothing was going to happen to them now. There was a sense of being invincible, that there was time to become fitter in later years, but it was not of present importance.

When physical activity and eating behaviors mattered for these teens it was less about apprehension for future health and more about having the physical ability to participate in an upcoming sport or having less weight for a social event or situation where their body would be more visible as when wearing a bathing suit. The "now" for these teens was living with overweight. Some found it difficult to run, some were self-

conscious and felt different from everyone else in their group, some had experienced weight teasing, some were okay with their body appearance, and some were not. All had made an effort to learn more about healthy practices for eating and physical activity. Some were trying to be more active and eat healthier and some were not. All continued to have extra weight. All acknowledged that it was hard to make the changes that were necessary to have a healthier weight.

When discussing strategies for taking up healthier physical activity and eating practices, it is important to consider what is relevant to the individual teen. What do the teens perceive to be of importance to their current life situation? What do they view as possible to do now?

Becoming Responsible

The teens in this study desired support and appreciated some guidance from parents but most did not want to be told what to do. In fact, prohibiting adolescent's intake of calorie dense foods may not have resulted in compliance; it may have invoked the opposite response when the parent was not there to enforce the edict. Birch, Fisher and Davison (2003) reported that maternal restriction of eating in their 5 to 9 year old daughters promoted the girls eating in the absence of hunger when they had access to food. The researchers suggested that parental restrictive feeding practices might serve as a trigger for initial overeating or binge eating episodes that can shape behaviors that result in accumulation of extra weight. While I could find no studies related to adolescents and parental restrictions on food intake, perhaps teens could respond in similar ways and take in the foods withheld at home, when the opportunity presented itself.

As well, for some of the teens in the present study, a direct request may have resulted in behavior in the opposite direction as the adolescents rebelled in their attempt for autonomy in the situation. Mandating what the youth needed to do for physical activity may not have had the desired outcome as these teens talked about not listening or choosing to ignore the suggestions. The youth that I conversed with were not disbelieving of the information imparted to them, it was more how it was presented that evoked their resistant response.

It is important to value and respect the viewpoints of adolescents and work together with them to promote a relationship of balanced autonomy and ongoing connection and communication. The youth in the current study wanted to participate in making decisions around their choices for physical activity and eating practices and they wanted support and acceptance once those decisions were made. If they were not ready to consider a change in a behavior, they wanted their parents to recognize and respect that and to allow that they might be ready later. These teens had awareness of how they could take on healthier lifestyle practices and they all were conscious of their parents' concern for their well-being and long-term health related to having extra weight. They wished to be more responsible and some felt guilty that they were not yet making the changes that they knew were required but they had not yet figured out how to make this happen.

Being Accountable

The concept of accountability showed up in the discourse with the teens in the present study. Cassie described that being accountable to others was a motivator for her actions. She had made a commitment to play on a soccer team and, even when tired after a difficult day at school, she made the effort to join the team for practice and training. As

well, she wanted to follow through with her plans to be more active and make healthier food choices, because she did not want to displease her Dad. She believed that if you were accountable to someone else that it made it easier to remain faithful to your decisions because you would be disappointing others, not only yourself, if you interrupted your intentions.

Several of the teens believed that "checking in" with someone on a regular basis assisted them in "staying on track". When these youth were involved in an intervention program being accountable helped them to keep focused on making healthier food choices. When the classes were finished, the teens found that they returned to former eating behaviors, and it was too hard to continue with newly learned strategies on their own. For some they acknowledged that being accountable to their parents could be helpful as long as any "reminders and suggestions" were not construed as nagging or too directive. These youth recognized that being accountable to others reinforced their decisions related to healthy behaviors, as long as the interactions included respect and value for the teen's perspective as well.

I struggled to make sense of this concept of accountability that showed up in the conversations with each of the adolescents in the current study. On one hand, the teens were saying that they wanted to be in control and responsible for making the decisions for their actions. They did not appreciate being told when or how to be physically active or directed as to what not to eat. On the other hand, they seemed to be seeking approval or recognition from others for their efforts towards healthy behaviors. Is this tension from an evolving realization that they can make decisions about their actions but perhaps are uncertain and anxious about the outcomes of their determinations? Does this seeking

affirmation play a part in shaping teen's confidence or "self-efficacy" related to their ability to make decisions about healthy lifestyle practices? Within the Social Cognitive Theory, Bandura (1977) described that self-efficacy is a personal expectation that one can accomplish a behavior required to attain a desired outcome. In addition, Bandura (1977) conveyed that this belief in one's ability was a major aspect involved in self-regulation of behaviors. He expressed that people's perceptions about the capacity they have to make a change in their performance will guide their decisions and their efforts to act differently, or not (Bandura, 1977). Perhaps in relationships of accountability, where teens receive acknowledgement and reinforcement for their endeavors confidence and self-assuredness may be promoted. Perhaps when adolescents do not have opportunities to be accountable, they feel unsupported or unimportant or that their efforts do not really matter.

Changing Behavior

Throughout the conversations that took place with the teens in this study, I was intrigued by their discussion around aspects of modifying actions in the effort to change behaviors related to physical activity and eating practices. From a beginning awareness of needing to be ready and motivated to do things differently to recognition of the importance of establishing goals and having a plan, these teens impressed me with their insight and understandings. One way to make sense of this discourse was to relate the teen's comments to my comprehension of the "Transtheoretical Model (TTM)" of behavior change (Prochaska et al., 1994). Concepts from this model have influenced the curriculum of healthy lifestyle programs for children and teens through the Faculty of Kinesiology, U of C, "Jump Start" and "Teen Leap" sessions and as well, the Calgary Health Region "Make It Happen" initiative, programs in which I have assisted.

In the early 1980s, psychologists DiClemente and Prochaska, described the TTM that included five stages encountered by individuals in the process of altering behaviors. These identified stages are precontemplation, contemplation, preparation, action and maintenance (Prochaska et al., 1994). In the initial stage of precontemplation, this model portrays individuals as not acknowledging that a change is necessary or as being resistant to considering any possibilities for doing things differently (Prochaska et al., 1994). The TTM implies therefore, that adolescents need to "be ready" or allow that current practices require alteration because if they are not concerned or they perceive no significant benefit, they will not expend the effort required to change. Youth need reasons that are meaningful for them in order to be ready to change behaviors. The teens in this study described that they believed that extra weight was a concern for health. For several, however, that concern was for the future, not for now. They believed that they would do something about becoming more fit later, when they were older; the potential health concern in later years was not sufficient to induce them to make changes to their current practices. It was as if they understood that a healthy weight was important but as one teen summarized, incentive was unique for each individual and he had yet to figure out what was inspirational for him.

Other youth described current proceedings that provided motivation for making changes sooner. High school graduation ceremonies and an upcoming holiday at the beach were tangible events that encouraged teens to consider strategies for modifying existing physical activity and eating practices. According to the TTM, when one has decided that a change in behavior is required in the next six months but has taken no action towards making a change, the person is considered to be in the contemplation

stage (Prochaska et al., 1994). Once individuals start to plan the activities leading towards a change in behavior, the TTM suggests that they have entered the stage of preparation (Prochaska et al., 1994). With the realization that she would be holidaying at a beach in a few months, one teen planned to start working out on an elliptical training machine. All the teens in this study discussed the importance of having a plan or structured routines to follow. As well, several adolescents shared their understanding that goals needed to be small or attainable and realistic, otherwise it was too easy to fail and then they would give up. Part of their planning included defining personal objectives and steps towards achieving those outcomes.

Within the TTM, when individuals are involved in activities that support making a change but have been doing so for less than six months, they are considered to have characteristics of the action stage of the model (Prochaska et al., 1994). The teens in this study acknowledged that it was particularly helpful to have support from others to sustain these recent endeavors. This did not include nagging or directives for actions, but rather recognition for the effort expended in doing things differently and encouragement to continue. "Others" usually referred to parents or mentors within intervention programs as these teens did not discuss their objectives for healthier weights with their friends. One teen shared that visualization was a strategy she discovered that kept her focused on desired results and resisting temptation that would undermine her efforts. She had created a collage on a bulletin board that depicted her aspirations in images, a visual reminder of her ambitions.

According to the TTM, continued change in behaviors for more than six months is descriptive of the final stage, that of maintenance (Prochaska et al., 1994). As well, this

model implies that change is a process whereby individuals can experience lapses and move back to an earlier stage until they are ready to move forward again towards sustaining the new behavior (Prochaska et al., 1994). As all the teens in this study had participated in at least one intervention program directed at healthy physical activity and eating practices, they concurred that changing behaviors does not come about easily. Even with the best of intentions, they recognized that "set backs" happen. Routines could be disrupted when living through home renovations and having to eat out at restaurants, friends could be persuasive with invitations to go for lunch, employment in a kitchen could surround one with temptations of free food, or the craving for fast foods could erode one's willpower. As well, with hectic schedules and demands of homework, finding time for regular physical activity could be challenging. These adolescents described everyday life experiences that contributed to the complexity of making healthy lifestyle choices. They acknowledged that having a plan or program provided the structure for them to discern whether they were "on track" and if they needed to regroup, it gave direction for where to start again.

While I acknowledge the contribution that the TTM theory offers to the understanding of what might be relevant in supporting teens to alter eating and physical activity practices, I am aware that it is but a part. In addition to considering where teens are in the process of behavior change, it would also be important to understand how they came to be there, taking into account who or what has shaped their behaviors in the past and could be influencing them now. Being aware that youth are not ready to move toward different behaviors could open discussion around that. It could also limit conversation, however, if teens are categorized as being in a particular stage of change and assumptions

are made about what that means for individuals without exploring their particular life circumstances and unique lived experiences.

Taking Their Voice to Practice

In describing the experiences that came forward in the conversations I shared with the teens, I hoped that I would be able to hear what mattered most to these adolescents living with extra weight. I will discuss some of the prevailing understandings that I will take forward into my practice and consider in my next conversations with youth who have overweight.

It could be important in practice to explore the possibility of the occurrence of weight teasing with adolescents who have extra weight. Perhaps they have had no one to talk to about this; perhaps no one was able to listen. What are the teen's experiences and how are they handling these situations? With inviting youth to discuss perceptions about their body image and other's responses, it may open awareness of what they are dealing with and, as well, could lead to exploration of strategies that have or have not worked, related to their interactions with others.

Youth are usually more concerned with what is happening in the short term, rather than what might happen in the future. In discussing possible strategies in the clinical setting with teens, about how they might make a difference in their eating or physical activity choices, ideas for making changes need to be relevant to their life situation. What is their perspective of what is important right now? My concern that weight could be a health risk for future illnesses may not provide motivation for adolescents to make healthier choices.

While teens may not appreciate direct requests related to their eating and physical activity choices, awareness of other's expectations, related to healthy practices, does provide a focus for them to consider and a measure with which to compare their current behaviors. When conversing with teens, it is important to respect their stance while sharing information and knowledge related to healthy lifestyles practices.

Being accountable to others, such as health care professionals, may afford opportunities for adolescents to receive responses related to their efforts at changing physical activity and eating behaviors. This may take the form of reinforcing alterations in practices or exploring different strategies if initial directions have not been successful. These interactions can provide occasions for offering validation and commendations to teens for their endeavors.

Changing behaviors is often not easy and may take time as well as encouragement and assistance to move towards doing something differently. In addition, new ways may not be maintained and teens may have to "regroup" and start again. Awareness of where teens may be situated in the process of making a change as well as insight into what this may mean for them as individuals, as it relates to their personal life experiences and current situations, will contribute to understanding and supporting youth with overweight.

While my understanding has been extended from the experience of participating in this study alongside these 4 adolescents with overweight, the most meaningful discernment for me has been the comprehension of the value of language. Not just in the words that were spoken, but also in the interactions that were shared. Firstly, there is the aspect of talking; discussions need to be opened up with teens that are dialogues, not monologues. I was impressed with how willing the youth in this study were to converse

with me. Why did this surprise me? What led me to expect that they would not want to talk with me? Had I limited discourse with teens in my clinical practice because I assumed that they would not want to speak to me about lifestyle practices? Secondly, there is the facet of listening; conversations need to involve paying attention with a genuine desire to hear the voice of the teen. What are they telling me? How do I understand what they are sharing? What can I offer to them, in their unique circumstances that would be supportive, affirming, or perhaps lessen any suffering?

In reflecting on my current practice, I recognize that I have been eager to help by giving teens what I believed to be the answers for them to attain a healthier weight. I now realize that what I have to offer is my caring and my desire to talk *and listen* in dialogue that allows for my sharing knowledge as well as exploring what youth perceive to be meaningful and feasible for them related to their physical activity and eating practices. Through a relationship of respect and recognition of the other, I look forward to sharing discussions with teens that allow for opening space for possibilities of understanding.

While I have discussed the phenomenon of having overweight from the perspective of the individual and how it relates to my clinical practice, I am also aware that the topic of having overweight is of the world as well. What considerations might others take up within the stance of home, school and community? In reference to the conversations with the teens in the current study, I will discuss some of the predominant thoughts that came forward.

Parents could limit the amount of calorie dense foods available at home so as not to sabotage youth's efforts to resist these foods when they are looking for a snack. Providing nutritious foods and mealtime structure might be supportive to teen's choosing

healthier foods. Being role models for desired activity and eating practices can influence the adolescent's behaviors. Teens may not want to be told or frequently reminded by parents about their choices related to physical activity and eating; they might be interested in being part of a discussion around these behaviors and they need support and affirmation for their efforts.

Schools could provide a variety of activities and venues that youth could access during non-class time to open opportunities other than frequenting fast food outlets and convenience stores when they are not in the classroom. PE curriculum that appealed to teens with a variety of interests and abilities as well as options for same gender programs might engage more youth to participate in PE. Vending machines could offer healthy snacks at reasonable prices. School personnel could anticipate occurrences of weight teasing with a no tolerance policy for bullying or teasing of any kind.

Community franchises could offer healthy foods at reasonable costs that are quick, convenient, have appropriate portion sizes, and appeal to youth. Venues for youth to gather to socialize that do not revolve around eating or that offer healthier food choices might be supported by community event planners. City wide programming for interventions related to planning for, implementing and maintaining healthier eating and physical activity behaviors could support teens in changing behaviors.

Future Directions

While my understanding has been broadened from the current study, there are directions for further inquiries involving teens with overweight who are from different social circumstances. For example, studies could include teens that may be living within a one-parent family or part of a blended family, or who have parents who are not

supportive or there is not the financial means to provide nutritional foods or attend healthy lifestyle programs and activities. As well, adolescents may be younger or older than the youth in the current study or from other cultural backgrounds, or perhaps, they may have similar circumstances but are living in a different geographical location. Further research could expand the understanding of the phenomenon of teens living with overweight.

Conclusions

Based on my understandings that have evolved from the conversations with these 4 teens, the possibilities I invite others to consider when meeting with teens that have overweight could include the following:

- Discuss the teens' experiences around eating and physical activity practices that extend understanding related to influences from family and friends.
- Explore the possibility that teens may have been or are in circumstances involving weight teasing.
- Consider that teens are more concerned about current life situations rather than long-term health issues.
- Convey information about healthy lifestyle practices while respecting the stance of the teen.
- Offer validation and commendations to teens for their efforts.
- Explore opportunities for teens to have relationships of accountability.

- Support teens in developing plans that fit for them, including their personal objectives, strategies for encouragement and reward, and awareness of potential "set backs".

By way of inviting teens to share their unique perspectives and through ongoing interpretation, one can continue to extend understanding and find meaning for self and for the other that is essential to the science, art and practice of nursing and will contribute to sustaining youth living with overweight.

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APPENDIX A

LETTER OF INVITATION

Hello.

Thank you for taking your time to read this letter. I would like to invite your teenager to be a part of a research project that will help increase understanding about what overweight means to teens and what influences teens in their choices related to eating and physical activity practices.

You have been given this letter because your child is between 15 and 17 years old and currently has extra weight. Participation is this study is voluntary and you and your child may withdraw from it at any time without repercussion.

To be in the study your teenager will meet with me at two different times for about 30 to 45 minutes each time. These meetings can take place in your home or at the Alberta Children's Hospital, whichever you and your child choose.

During the meetings, your child will be asked to describe the events and experiences that happen in a usual day, particularly those related to eating and activity. These conversations will be audiotaped and later transcribed into text.

The information will be kept private and names will not appear in any printed text. No one will see or hear your child's special information except the people who are doing this study; besides myself, there are two faculty supervisors from the University of Calgary, Dr. Lorraine Watson and Dr. Dianne Tapp and a professional transcriptionist.

When the research is finished, the report will talk about what your child and other teens believe makes a difference on how they make choices related to eating and physical activity behaviors.

If your teenager would like to participate or you have any questions, please contact me by phone at 547-7880 or by email at sepyra@ucalgary.ca.

Thank you again.

Sincerely,

Eileen Pyra,

Master of Nursing student

University of Calgary

APPENDIX B

ENROLLMENT LOG

Consent signed_____

Study ID #_____ DOB_____ (yymmdd)

Height_____cm. Weight_____kg. BMI_____kg/m2 BMI percentile_____

Address: _____

Phone Number: _____

Interview #1:_____

Interview #2:_____

Gratuity given: _____

APPENDIX C

INFORMATION SHEET

Thank you for taking your time to read this. It is your choice whether you will take part in this research.

To be in the study you will need to meet with the researcher at two different times for about 30 to 45 minutes each time. These meetings can take place in your home or at the Alberta Children's Hospital, whichever you choose. During the meetings, you will be asked to discuss examples from your everyday life that involve your eating and physical activity habits.

By taking part in this study, you will be giving information that will help in understanding what influences how you decide what you eat and what you do for physical activities. Your information will be kept private and your name will not be put on any papers or reports. No one will see or hear your special information except the people who are doing this study.

When the research is finished, the report will talk about what you and other teens believe makes a difference on how you make choices about eating and doing physical activities. If you have any questions please ask.

Thank you again.

Sincerely,

Eileen Pyra

(Flesch-Kincaid grade level 8.6)

APPENDIX D

CONSENT FORM

TITLE: The experiences of adolescents with overweight.

SPONSOR: Faculty of Nursing, University of Calgary

INVESTIGATOR: Dr. Lorraine Watson

This consent form is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your child's participation will involve. If you would like more detail about something mentioned here, or information not included here, please ask. Take the time to read this carefully and to understand any accompanying information. You will receive a copy of this form.

BACKGROUND

Eating patterns and physical activity behaviors shape the lifestyle practices of adolescents. Studies have reported that youth are eating less fruits, vegetables, and milk, and more calorie dense but less nutritious food as a daily occurrence. Recent Canadian national surveys have also described that physical activities are lessening and sedentary activities are increasing in this age group. These facets of energy intake and energy expenditure influence weight management. As overweight is increasing in this age group in most developed countries in the world, it is important to understand the perspectives and experiences of teens related to the influences that shape their choices around eating and physical activity practices.

WHAT IS THE PURPOSE OF THE STUDY?

This study will involve 15 to 17 year olds who have overweight. This research will provide information that will be used to develop an understanding of the perspectives and experiences of adolescents with overweight and how influences from the social environment may shape their eating and physical activity behaviors. In sharing these insights with others, we can extend the understanding about the way we think about weight management for adolescents and challenge current assumptions and practices related to overweight in youth and allow possibilities for practicing differently in promoting healthy lifestyle practices for teens.

WHAT WOULD MY CHILD HAVE TO DO?

Information including your child's height, weight, birth date, address and phone number will be obtained from his/her records. Your child will be asked to participate in two interviews of approximately 30 to 45 minutes each. The discussion will take place between your child and Eileen Pyra, Master of Nursing student from U of C. The choice of location will be in a private room at either the Alberta Children's Hospital or your home. The conversations will be audiotaped and then transcribed to text.

WHAT ARE THE RISKS?

There are no foreseen risks for you or your child. All information will be kept confidential and will be identified by study number only.

ARE THERE ANY BENEFITS FOR MY CHILD?

There are no direct benefits to you or your child.

DOES MY CHILD HAVE TO PARTICIPATE?

Participation in this study is voluntary and you and your child may withdraw from it at any time without penalty or loss of benefits to which you and your child are otherwise entitled.

WILL WE BE PAID FOR PARTICIPATING, OR DO WE HAVE TO PAY FOR ANYTHING?

There are no anticipated costs for you or your child related to participation in this study other than the time involved in completing the interviews. This is believed to require no more than 30 to 45 minutes on two separate occasions. If the interviews take place at the Alberta Children's Hospital, there is free parking available. At completion of your participation, a $20.00 movie pass will be offered to your child as a token of appreciation for participation.

WILL MY CHILD'S RECORDS BE KEPT PRIVATE?

Identification of your child's information will be by a study number only; all names and personal identification information will be omitted when the interviews are transcribed. Dr. L. Watson, Dr. D. Tapp and Eileen Pyra will analyze the text. The audiotapes, computer discs, transcribed documents and any printed materials will be stored in a locked, portable box that will be kept in a secure place with access limited to Eileen Pyra. Consent forms and demographic information will be kept separately in a locked filing drawer, only accessible by Eileen Pyra.

SIGNATURES

Your signature on this form indicates that you have understood to your satisfaction the information regarding your child's participation in the research project and agree to their participation as a subject. In no way does this waive your legal rights nor release the investigator, or involved institutions from their legal and professional responsibilities. You are free to withdraw your child from the study at any time without jeopardizing their health care. If you have further questions concerning matters related to this research, please contact:

Eileen Pyra, RN, BN (403) 547-7880

or

Dr. Lorraine Watson (403) 220-6618

If you have any questions concerning your child's rights as a possible participant in this research, please contact Pat Evans, Associate Director, Internal Awards, Research Services, University of Calgary, at 220-3782.

PARENT/GUARDIAN'S NAME	SIGNATURE AND DATE
CHILD'S NAME	SIGNATURE AND DATE
INVESTIGATOR/DELEGATE'S NAME	SIGNATURE AND DATE
WITNESS' NAME	SIGNATURE AND DATE

The investigator will, as appropriate, explain to your child the research and his/her involvement. She will seek your child's ongoing cooperation throughout the study.

The University of Calgary Conjoint Health Research Ethics Board has approved this research study.

A signed copy of this consent form has been given to you to keep for your records and reference.

FACULTY OF MEDICINE | UNIVERSITY OF CALGARY

2006-05-16

OFFICE OF MEDICAL BIOETHICS
Room 93, Heritage Medical Research Bldg
3330 Hospital Drive NW
Calgary, AB, Canada T2N 4N1
Telephone: (403) 220-7990
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Email: omb@ucalgary.ca

Dr. Lorraine A. Watson
Faculty of Nursing
University of Calgary
PF 2270
Calgary, Alberta

Dear Dr. L. A. Watson:

RE: The Experiences of Adolescents with Overweight

Ethics ID: E-20188

Student: Ms. Eileen Pyra

The above-noted proposal including the Research Proposal, Information Letter (Version 1, dated: April 20, 2006), Consent Form (Version 1, dated: April 20, 2006), Letter of Invitation (Version 1, dated: April 20, 2006), and the Enrollment Log has been submitted for Board review and found to be ethically acceptable.

Please note that this approval is subject to the following conditions:
(1) appropriate procedures for consent for access to identified health information have been approved;
(2) a copy of the informed consent form must have been given to each research subject, if required for this study;
(3) a Progress Report must be submitted by May 16, 2007, containing the following information:
- i) the number of subjects recruited;
- ii) a description of any protocol modification;
- iii) any unusual and/or severe complications, adverse events or unanticipated problems involving risks to subjects or others, withdrawal of subjects from the research, or complaints about the research;
- iv) a summary of any recent literature, finding, or other relevant information, especially information about risks associated with the research;
- v) a copy of the current informed consent form;
- vi) the expected date of termination of this project.

4) a Final Report must be submitted at the termination of the project.

Please note that you have been named as the principal collaborator on this study because students are not permitted to serve as principal investigators. Please accept the Board's best wishes for success in your research.
Yours sincerely,

Ian Mitchell, MA, MB, FRCPC
Acting Chair, Conjoint Health Research Ethics Board

GG/sg
c.c. Child Health Research Office Dr. S. Evans (information) Research Services Ms. Eileen Pyra (Student)
Office of Information & Privacy Commissioner

FACULTY OF MEDICINE | UNIVERSITY OF CALGARY

June 11, 2007

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Dr. Lorraine A. Watson
Faculty of Nursing
University of Calgary
PF 2270
Calgary, Alberta

Dear Dr. Watson:

RE: The Experiences of Adolescents with Overweight - Ethics ID: 20188

Thank you very much for the progress report and the annual renewal request, which you have provided on the above-named protocol on June 4, 2007. Please be advised that this report has been reviewed and approved.

The research protocol's ethical approval has been continued by the Conjoint Health Research Ethics Board of the Faculties of Medicine, Nursing and Kinesiology, University of Calgary, and the Affiliated Teaching Institutions. The Board conforms to the Tri-Council Guidelines, ICH Guidelines and amendments to regulations of the Food and Drugs Act re clinical trials, including membership and requirements for a quorum.

The study continues to meet the requirements of the Health Information Act.

You and your co-investigators are not members of the CHREB and did not participate in review or voting on this study.

As Chair of the Conjoint Health Research Ethics Board of the Faculty of Medicine, University of Calgary, and the Affiliated Teaching Institutions, I am pleased to advise you that ethical approval for this proposal has been extended to **2008-05-16**.

Please note that this approval is contingent upon strict adherence to the original protocol. Prior permission must be obtained from the Board for any contemplated modification(s) of the original protocol.

A progress report and annual renewal request concerning this study will be required by **2008-05-16**. This report should contain information concerning:

(i) the number of subjects recruited;
(ii) a description of any protocol modification;
(iii) any unusual and/or severe complications, adverse events or unanticipated problems involving risks to subjects or others, withdrawal of subjects from the research, or complaints about the research;
(iv) a summary of any recent literature, finding, or other relevant information, especially information about risks associated with the research;
(v) a copy of the current informed consent form;
(vi) the expected date of termination of this project;

Please accept the Board's best wishes for continued success in your research.

Yours sincerely,

Margaret Chu
for Glenys Godlovitch, BA(Hons), LLB, PhD
Chair, Conjoint Health Research Ethics Board

c.c. Child Health Research Committee Dr. Sheila Evans (information) Research Services Ms. Eileen Pyra (Student)