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Before and after : an exploratory study of the positive and negative effects of significant weight loss

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Before and After: An Exploratory
Study of the Positive and Negative
Effects of Significant Weight Loss

ABSTRACT

This mixed-methods exploratory study was undertaken to better understand both the positive and negative ways in which significant weight loss is experienced by people who have intentionally undertaken the process of weight loss. Ninety-two people completed an online survey which contained both quantitative and qualitative items. Four in-depth phone interviews were conducted with respondents who completed the online survey and contacted the researcher to offer further commentary. Survey respondents noted the amount of weight they had lost, the methods used and their reasons for deciding to lose weight. Other quantitative questions asked respondents to identify how dissatisfied with their bodies they were before they began, whether they had imagined a certain body for themselves and whether their hopes and expectations were realized post-weight loss. Respondents were asked to specify the most positive or negative effects of their weight loss. They were also asked to identify any ways in which they felt that their personal images of themselves had not caught up to their new body sizes. Findings of the study showed that the experience of significant weight loss is indeed a complex and incompletely understood phenomenon. Vivid and evocative qualitative responses reinforce the well-known positive aspects of weight loss such as increased confidence, improved health, and becoming able to fit into smaller-sized clothing, but also shed light on the lesser-known negative aspects -- such as now having excessive amounts of loose skin, experiencing increased sexual attention, and constantly being preoccupied with regaining weight.

BEFORE AND AFTER: AN EXPLORATORY STUDY OF THE POSITIVE AND

NEGATIVE EFFECTS OF SIGNIFICANT WEIGHT LOSS

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This paper is dedicated to my mother, Christine E. Valle, whose life and memory have inspired me to become a social worker.

First and foremost, thanks to the people who participated in this study and so freely shared their deeply personal stories. I would also like to thank my wonderful thesis advisor Gael McCarthy, who provided unending support and encouragement. To my dear friends Sophia, Sam, Jaime, Blake, and Beth: thank you from the bottom of my heart for being in my life, and for believing in me. I would also like to thank my Boston Terrier, Christopher, to whom it doesn't matter whether I finished this thesis or not.

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CHAPTER I

Introduction

Mainstream American culture could be described as weight-obsessed. The phenomenon, with some variation, crosses race, social class, ethnicity, age, sex, gender identity and sexual orientation, especially now that obesity and its potential health risks are commonly addressed and treated in health care settings. In addition, the media are oversaturated with weight-related news and information regarding obesity, fitness, nutrition, and commercial diet plans. Popular TV shows like *The Biggest Loser* reinforce a voyeuristic opportunity to witness people losing drastic amounts of weight at all costs, even when the methods used to obtain the weight loss are extremely dangerous and unrealistic for most people, and when little thought is given to the outcome of such extreme emotional, mental and physical stress.

Of course, not all people approach weight loss like *The Biggest Loser*. Weight loss, however, is often seen as a marker of personal strength and physical and emotional health. Weight loss is understood to be a problem solver: lose weight and you will look better, feel better, and actually be healthier. In many cases, one or more of these are true, but these assumptions don't provide a complete picture of the potential impacts of weight loss on one's mental health, which can also be negative. A better understanding of the complex ways in which weight loss impacts one's self-esteem and social identity would be beneficial to social work clinicians who will undoubtedly work with clients who have experienced a major weight loss.

CHAPTER 2

Literature Review

Weight loss is a venture undertaken by a large population of men and women in the United States every day. The expectation that weight loss will change one's life for the better is often rebutted with the reality that, while some moderate improvements to one's life may result from the weight loss, life does not instantly and dramatically improve, and in some cases weight loss can lead to depression and other mental health problems, which the research to be discussed below shows. Further study of these effects can help clinicians work with clients through difficult personal processes related to weight loss and help them temper expectations, and better adapt to emotional/social realities and ways of being in a new physical body. The literature reviewed here offers a theoretical perspective from Heinz Kohut's self-psychology model, examines existing research on the impacts of weight loss on mental health, and explores the media influences which impact identity and self-esteem development.

Kohut's theory of self-psychology has special relevance to weight loss because of its focus on self-esteem and the ways in which it develops. Kohut's theory offers a tri-polar self, which when all aspects are complete and aligned, provide a healthy, cohesive sense of self. He outlines three poles which correspond with self-objects: mirroring, idealizing, and twinship self-objects. The mirroring self-object reflects and identifies one's unique characteristics, talents and individuality; the idealized self-object is someone "strong, calm, and wonderful to idealize and merge with in order to feel safe and complete within the self"; and the twinship pole enables one to feel a sameness and sense of belonging – derived from a sense that there are others out there like the self (Berzoff,, Flanagan, & Hertz, 2011, p.172).

I was unable to find any previous research material that applied this theory to weight loss specifically, which is not surprising, since there is not much research that examines the post weight loss concept of identity. I have, however, formulated a preliminary application that deepens the way we can examine the phenomenon of significant weight loss.

Application of self-psychology as a lens through which to examine weight loss effects would question the strength of each pole in the development of identity in the participant pre-weight loss and post-weight loss. When weight loss occurs, a rupture in any of the poles could take place. For example, post-weight loss, mirroring self-objects may begin to reflect back qualities that the person does not identify with because they are new or even inaccurate qualities that the person has not internalized as part of the self. The incongruity of hearing and feeling from others that they are fundamentally different persons could potentially cause identity confusion in those who have undergone weight loss. Twinship self-objects from pre-weight loss may no longer feel as attuned if, for example, new eating or exercise behaviors exist, or if the self-object suddenly feels no longer an appropriate focus for identification by the person who has lost weight. Alternatively, the reverse could happen; positive outcomes of weight loss could strengthen relationships with self-objects resulting in a strengthened identity. A client working with a therapist post-weight loss would benefit from a treatment informed by Kohut's concept of mirroring transference "within which the patient can begin to feel more seen, more real, and more internally substantial" (Mitchell & Black, 1995, p. 161).

Granberg's (2006) "'Is That All There Is?'" Possible Selves, Self-Change, and Weight Loss" offers three theoretical frameworks as she explores participants' experiences with weight loss expectations: theories of possible selves, identity control theory, and narrative psychology. Granberg's highly theoretical paper examines participants' expectations going into weight loss

and finds that most are essentially unrealistic and ultimately create disappointment. Likewise, Gilmartin's (2013) study shows that her participants were deeply affected in troubling ways by major weight loss. Gilmartin, though, studies people who have experienced major weight loss, which is defined in her paper as more than 50% of body weight lost. In these extreme cases, excess skin often leads to the most significant factor in participants' identifying emotionally painful and physically problematic repercussions of weight loss. Other core themes identified are body image ugliness, feeling socially marginalized, feeling depressed, and sexual and intimacy difficulties post weight loss. An interesting finding in Gilmartin's article points out that nearly all of her participants found that losing weight brought up childhood trauma and abuse, which compounded the other negative effects experienced. Granberg's study did not specifically focus on excess skin, though likewise it looked at body dissatisfaction.

In contrast, Epiphaniou and Ogden (2010) present findings that show a nearly opposite result. In this study, the participants felt a sense of liberation after weight loss and that it shifted focus away from their negative body image and reinforced a positive sense of self. Factors leading to greater satisfaction included participating in a wider variety of activities and work experiences, which ultimately developed into improved self-efficacy. One thing each study reinforced, though, is the emotional devastation that a person who perceives herself to be overweight can feel. The fact that people who are significantly overweight and seek to lose weight generally are unhappy with their bodies to begin with is reason enough to study this topic further.

Fernandez and Pritchard (2012) examined the relationships between drive for thinness, self-esteem, and media influence among a sample of two hundred and ninety four undergraduate students, 172 female and 122 male. All of the students were from a psychology course and

received course credit for participating. The study used a series of four materials: the Texas Social Behavior Inventory, the Sociocultural Attitudes toward Appearance Scale-3, the Drive for Thinness Subscale from the Eating Disorder Inventory-3, and a component created by the experimenter which involved questions to specifically assess the influence of media models on body image using a 5-point Likert scale. The study found that media influence did, in fact, have a significant impact on body image and drive for thinness in both men and women. Obvious limitations to this study include that the population comprised exclusively college students and only from one university.

Another study in the same vein by Engeln-Maddox (2005) looked at college aged women's responses to idealized media images to explore "whether generating counterarguments and/or social comparisons in response to idealized media images is associated with appearance-related dissatisfaction, internalization of the media ideal, or importance of appearance" (p. 1120). Engeln-Maddox's sample was also made up of a university psychology student population; in this study, 202 women participated. As part of this study, the participants were shown images of models in advertisements and asked to record their thoughts as they looked at the images. Responses were broken down into counterarguments (e.g., "Ugh, she's way too skinny"), negative social comparisons (e.g., "She is so perfect, I wish I had her body") and positive social comparisons (e.g., "My nose is cuter"). These responses were then correlated with a series of scales designed to measure internalization of the thin ideal typically seen in mainstream media. Results showed that "generating social comparisons in response to these images was associated with higher levels of body dissatisfaction and internalization" (Engeln-Maddox, 2005, p. 1130). Very few positive social comparisons were made.

In addition to the academic literature, a vast, growing, and pertinent number of internet articles, weight-loss websites, and documentary films are rapidly accumulating personal testimony from the scores of people undertaking significant weight loss. This material comes directly from the hearts of people who are living a reality that is often bound by expectations, restrictive eating, and exercise; their stories reflect the complex and sometimes dangerous journey to achieve what some call "health" or "fitness," but many package as "thinness," "skinniness," or "normalcy."

Media influence, while not wholly responsible for a person's desire to lose weight, can certainly impact body satisfaction and be a major influence on the decision to lose weight. In looking at experiences of weight loss through a self-psychology lens, one might draw a relationship between the media's lack of positive mirroring self-objects for people who are overweight, leading to the desire to lose weight.

CHAPTER 3

Methodology

The purpose of this study was to explore the ways in which significant weight loss impacts individuals who undertake it in both positive and negative ways. How does weight loss improve or complicate the way one operates in the world? Have participants experienced significant changes in how they see themselves and how they perceive others see them? Do participants feel better or worse after losing weight, or has nothing changed? Do the participants' expectations of what life would be like post-weight loss measure up with the reality?

For the purposes of the study, significant weight loss was defined as an intentional undertaking to lose weight resulting in a loss of at least 20% of the participant's original body weight. Participants must have maintained the weight loss within 15 pounds for at least 6 months, though the participants could reflect on a prior weight loss as long as they had met all of the other inclusion criteria. The study was a mixed method exploratory study; I created a mixed-methods survey instrument via Survey Monkey which contained both quantitative questions and dialogue boxes where participants were offered the opportunity to elaborate on some quantitative responses, and some questions were entirely qualitative in nature (see Appendix A for the Smith College Human Subjects Review Committee approval letter for the study as designed, and Appendix B for the Informed Consent materials presented to participants before they could begin the survey. Appendix C contains the survey questions themselves.) The survey was reviewed by two social work professionals, one of whom has undergone significant weight loss and offered feedback on question content. At the end of the survey I also offered participants the opportunity

to participate in a 30-50 minute interview in person, by telephone or by Skype to gather more in-depth qualitative data (for interview questions see Appendix D).

The first four questions of the survey were intended to find out how much weight the participants had lost, why they decided to lose weight and by what means. The next several questions asked participants about pre-weight loss body satisfaction, whether they had pictured what their body would look like post-weight loss, and whether they felt they had achieved the body they imagined. Additional questions asked whether participants were overweight as children, had experienced trauma or eating disorders, and whether they had developed a "fat identity." Other questions asked participants to rate improvement or worsening of physical and mental health, self-image and self-esteem and relationships with family, friends and romantic or sexual partners. Participants were also asked to indicate whether they had experienced a list of potential weight-loss side effects as distressing, enjoyable, or both enjoyable and distressing. Finally, participants were offered three qualitative dialogue boxes to identify 1) whether they had experienced a period of "catch up'' where their brains' images of what they looked like did not match up to the reality of their current body sizes, 2) what were the most positive effects of weight loss on their identity, if any, and 3) what were the most negative effects of weight loss on their identity, if any. Race and gender identity questions were asked as well. (Again, Appendix C contains the full list of survey questions.)

Sample

In order to participate in the survey, respondents had to be at least 18 years old and had to have lost at least 20% of their body weight intentionally and maintained that weight loss within 15 pounds for at least six months. Participants also had to have access to the Internet and a Facebook or email account.

Recruitment

      Non-probability, purposive snowball sampling methods were used to find respondents who fit the criteria for the study. In order to recruit participants I posted a brief message and a link to the survey as a "status update" on my personal Facebook page. I also posted it to three "Group" pages that are populated by Smith School for Social Work Students with a request to take or disseminate the survey if the readers thought they or someone they know might be eligible to participate. In addition, I sent an email to my personal email contacts briefly describing the study with a link to the survey embedded.

      Several people shared the link on Facebook, and one person put me in touch with a person who she thought could participate via Facebook message. Many people replied to my email stating that they would pass the information on to a colleague, friend, or loved one who might fit criteria. A colleague of mine at my internship placement runs a Weight Watchers at work meeting each week and she agreed to share the information with her group and enlist their participation if she was able.

      I also posted flyers on community bulletin boards in Franklin and Hampshire County in Western Massachusetts, and in Windham County, Vermont. The flyers briefly described the purpose of the study and outlined eligibility criteria. They had a tear-off portion with an email address I created for the study: SmithWeightLossStudy@gmail.com. The email was set up so that an automatic response was received by anyone who sent an email to the address. The automatic response thanked the sender and supplied the link for the survey and also supplied a prompt for those who had reached the email address trying to set up an interview.

Limitations

I acknowledge my own personal bias in the study as I have lost a significant amount of weight and have endured both positive and negative changes in my own identity and self-esteem in the process. In qualitative interviews I planned to only reveal that I had also lost weight in order to facilitate a more comfortable space for participants to share their own stories. After the interviews were complete I offered a reflection of my own experience if the participant expressed interest.

The study was also limited by the fact that participants needed access to a computer and an email address or Facebook account to participate, which potentially excluded a number of people who have lost weight but were unable to learn about or access the survey.

Ethics and Safeguards

The study was approved by the Smith College Human Subjects Review Committee. (Again, the approval letter appears in Appendix A.) The study had the potential to offer a benefit to participants, namely the opportunity to share their experience, which is most likely nuanced and sensitive, with a caring other who wants to help provide the best quality treatment for people who struggle with this transition. In the case that participants were distressed by reading or answering any of the question in the survey, a list of mental health resources was provided in the informed consent form displayed at the beginning of the survey and before the participant clicked to exit it.

Data Collection

The online survey was accessible to potential participants from January 18, 2014 until April 12, 2014. The **FINDINGS** chapter following details the number of participants who

opened the survey, the number who answered only one or a few questions, and the number who completed the survey. Four in-depth interviews were conducted with participants who contacted the researcher after taking the survey; a prompt at the end of the survey invited participants to do so if interested. One interview was conducted in person in the participant's home, one was conducted over the telephone, and two were conducted via Skype. The four interviews were recorded on audio tape, transcribed and analyzed or common and divergent themes.

Data Analysis

Survey data were analyzed by Smith College School for Social Work data analyst Marjorie Postal. Marjorie uploaded data as an excel file from Survey Monkey and used it to create an SPSS file with response frequencies. Marjorie then sent the resulting frequencies to me for my use in preparing the quantitative portion of the **FINDINGS** chapter following. Narrative, qualitative data analyzed derived from both written comments participants made in the dialogue or comment boxes provided in the survey itself, amplifying the number responses to the survey items, and from the limited number of post-survey interviews. I analyzed the narrative responses for common themes many participants mention as well as for themes that seemed to differ from those of most respondents. My thesis adviser assisted with the qualitative analyses as a check on validity of these assessments.

CHAPTER 4

Findings

The data analyst removed 15 files from those who said no to the informed consent and an additional 34 who said yes to the inclusion criteria but did not answer any other questions. The resulting sample is 98. However, six people stopped after the first question (weight loss) and others dropped out along the way and did not answer all questions. Sixty-nine participants (70.4%) identified as female, eight participants (8.2%) identified as male, one participant (1%) chose the "Other" option and identified as butch and one participant (1%) chose the "Other" option and identified as genderqueer. Twenty-one participants (21.4%) did not respond to this question.

Seventy-three participants (74.5%) identified as Caucasian/white, four (4.1%) identified as Hispanic/Latino, two (2%) identified as American Indian/Alaskan Native, one (1%) identified as African American/Black, two (2%) identified as East Asian (including China Taiwan, Japan, Korea, Mongolia), two (2%) identified as Middle-Eastern/Northern African, one (1%) identified as Southeast Asian (including Burma, Thailand, Laos, Cambodia, Vietnam, Indonesia, Malaysia, Singapore, East Timor, Brunei, and the Philippines), one (1%) chose the "Other" option and identified as European, and finally one participant (1%) chose "Other" and identified as Armenian.

Participants were given an opportunity to "check all that apply" with regard to the reasons for which they chose to lose weight (Table 1). Despite being offered no fewer than 12 defined responses, 25 participants in this research chose the response "Other, please specify," and provided narratives about their reasons for losing weight that were, evidently, not completely covered in the defined responses provided. The reasons offered in the survey instrument were, in

order of frequency chosen, "To improve general health" (72, 73.5%); "To look better in clothing" (61, 66.3%); "To be able to identify as normal size" (45, 48.9%); "To be more attractive to romantic or sexual partners" (43, 46.7%); "To decrease mental health symptoms like depression or anxiety " (27, 29.3%); "To reach a specific fitness goal" (26, 28.3%); "To address a specific diagnosed medical condition" (15, 16.3%); "To be able to identify as 'skinny/thin' " (14, 15.2%); and "To address pressure from concerned family/friends" (9, 9.8%). Interestingly, the offered response "To look more like a specific celebrity" was an answer not checked by any participants.

Samples of the interesting "Other" reasons offered are as follows:

To be treated as a human being and not livestock.

To stop being bullied and feel like I belong.

To be happier.

To avoid health problems of my obese parent.

Because my eating disorder was robbing me of my life -- physically, mentally and emotionally.

To feel comfortable in my own skin and clothing.

To be taken more seriously professionally and to have a healthier second pregnancy.

To keep my job in the military.

Clearly, as might be imagined with respect to an issue like weight loss, the reasons motivating it were very likely not single ones, but multiple, yet the ones given by respondents to this survey could perhaps have been condensed a bit further. For example, "To improve general health" and "To address a specific diagnosed medical condition" might have been combined, and some other responses that focus on appearance or responses from family/friends and potential or

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actual sexual and romantic partners may belong together. Similarly, some of the narrative

responses might be classified under one or another of the defined response categories.

Table 1

Reasons Participants Gave for Choosing to Lose Weight

Reason Given	Number	% of Responses
Improve General Health	72	78.5
Look Better in Clothing	61	66.3
Be Able to Identify as "Normal" Size	45	48.9
Be More Attractive (to Partner)	43	46.7
Decrease Mental Health Symptoms	27	29.3
"Other"	25	25.5
Reach a Specific Fitness Goal	26	28.3
Address Diagnosed Medical Condition	15	16.3
Be Able to Identify as "Skinny/Thin"	14	15.2
Address Pressure from Concerned Friends/Family	9	9.8
Get Back at Someone	3	3.1
Look Like Specific Celebrity	0	0.0

Respondents were asked to identify the method they used to lose weight. They were

offered the following options as well as the opportunity to identify an "Other." Options offered

in the survey and responses in order of frequency are as follows: "Attention to diet and exercise"

(74, 75.5%); "Weight Watchers Online" (15, 15.3%); "Weight Watchers Meetings" (14, 14.3%);

"Myfitnesspal" (14, 14.3%); "Weight loss surgery" (10, 10.2%); "Supervision from a registered

dietician or nutritionist" (6, 6.1%); "Supervision from a primary care physician" (6, 6.1%);

"Weight loss supplements or other pills" (6, 6.1%); "Crossfit" (4, 4.1%); "Overeaters

Anonymous" (4, 4.1%); "Sparkpeople" (4, 4.1%); "Jenny Craig" (3, 3.1%).

Other methods participants identified include:

Cohen Lifestyle.

Hypnosis.

Purging and starvation.

Yoga.

P90X.

Increased happiness after a breakup.

Isagenix nutritional cleansing.

Herbalife.

Overexercising.

Personal trainer.

Scarsdale diet.

Table 2

Methods Participants Used to Lose Weight

Method	Number	% of Responses
Attention to Diet and Exercise	74	75.5
Weight Watchers Online	15	15.3
Myfitnesspal	14	14.3
Weight Watchers Meetings	14	14.3
Weight Loss Surgery	10	10.2
Supervision From a Registered Dietician or Nutritionist	6	6.1
Supervision From a Primary Care Physician	6	6.1
Weight Loss Supplements or Other Pills	6	6.1
Crossfit	4	4.1
Overeaters Anonymous	4	4.1
Sparkpeople	4	4.1
Jenny Craig	3	3.1

Participants were asked how dissatisfied they were with their bodies before they lost weight on a Likert scale ranging from "Not at all" to "Extremely" (Table 3). Not surprisingly, nearly half (42.9%) of respondents to the question said they were extremely dissatisfied with their bodies prior to weight loss. What's more, 82.7% said that they were either extremely, more than moderately, or moderately dissatisfied with their bodies. No participants chose "Not at all."

Table 3

Weight Dissatisfaction Before Weight Loss

Response	Number	% of Responses
extremely	42	42.9
more than moderately	27	27.6
moderately	12	12.2
only mildly	9	9.2
not at all	0	0.0

Participants were asked if they had an image of what their bodies would look like after they lost weight when they began their weight loss on a Likert scale ranging from "Not at all" to "Definitely" (Table 4). Twenty-three (23.5%) participants chose "Definitely" or "Fairly clear." Fifty-four participants (55.1%) chose "Somewhat" or "Very little." Fifteen (15.3%) participants chose "Not at all." They were also asked if they felt they had achieved the body they had imagined on a similar Likert scale (Table 5). Thirty-two (32.7%) participants chose "Definitely" or "Mostly." Forty-one (41.8%) participants chose "Somewhat" or "Only slightly." Four participants (4.1%) chose "Not at all." Additionally, participants were asked to quantify how closely the achievement of the imagined body was like or not like what they had pictured (Table 6). Thirty-six (36.7%) participants chose "Exactly like" or "Mostly like." Thirty-four (34.7%) chose "Only somewhat like" or "Much less like." One participant (1%) chose "Not at all like."

Table 4

Preconceived Image of Body Appearance After Weight Loss

Response	Number	% of Responses
definitely	5	5.1
fairly clear	18	18.4
somewhat	41	41.8
very little	13	13.3
not at all	15	15.3

Table 5

Achievement of Imagined Body

Response	Number	% of Responses
definitely	8	8.2
mostly	24	24.5
somewhat	24	24.5
only slightly	17	17.3
not at all	4	4.1

Table 6

Body Is Like or Not Like What Was Pictured

Response	Number	% of Responses
exactly like	1	1.0
mostly like	35	35.7
only somewhat like	26	26.5
much less like	8	8.2
not at all like	1	1.0

In addition, participants were offered the opportunity to identify specific differences from what they pictured their bodies to look like post weight loss. While a small number of respondents stated that they either hadn't pictured their body or that the reality of their new body

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was far better than they had imagined, most responses were either ambivalent or indicated that the participants were to some extent disappointed in the reality of their new body. Many people remarked that they hoped they would look different, and excess loose skin and flab were mentioned frequently. The following are a sample of their responses:

> I didn't picture my body. I was hoping to achieve health, and I did. I feel amazing.

> It's not necessarily what I pictured - it's WAY better.   I have a lot more muscle than I thought was possible.   And I thought that even if I lost weight, I'd have heavy legs. Not so.

> I lost more weight and gained more muscle definition than I ever thought was possible for me. I surpassed my initial goal significantly.

> Although I was warned about excess skin, I was not prepared for the severity of it.

> I always thought if I lost enough weight my body would suddenly form into what I wanted it to be, not realizing that there are certain things that will always be true about my body. I'm a pear shape, I have pretty large thighs, no matter how much weight I lost there were some things that were just genetic about my figure. I have fairly small breasts. The more weight I lost the smaller my breasts would get. I couldn't have it both ways, be thin and have a large chest.

> I think I pictured I would look like a model and feel beautiful, but my weight has always been very centered in my stomach, and even when thin, I still had a little tummy.

> I have a lot of excess skin. My upper thighs sag, my upper arms sag, my breasts sag, and my midsection (especially my pelvic area) sags an incredible amount. I did not really consider this aspect of weight loss. At my lowest weight I felt much healthier and was happy with the new things my body could do (running! fitting into "large" and size 12 clothing!) but the extra skin was a huge let down.

> I never imagined I would become so fit, or be the size that I was. I had never been that size in my life. However, I never felt as small as other people viewed me. It took a lot for me to get used to my new body. I also still seemed to focus on little imperfections I remained with, even though overall I looked good.

> I thought I would just return to being who I was before I got pregnant. I didn't realize I would have SO much sagging skin that wouldn't go away. Even after three years I still have a sagging lower belly that resembles the jowls of a dog. Also, my DD breasts have completely disappeared, leaving me with deflated tube-socks. But on the other end of the spectrum, I have never been this fit or muscular before in my life. My arms/shoulders/abs/and legs are so much more defined than they used to be. I definitely didn't expect that.

I thought my "love handles" would go away more.

I hoped I'd be thinner.

Less muscle tone.

I still had 'thunder thighs," although, I now know they are genetic.

I thought I would have a flatter stomach and a more shapely butt.

I wasn't 100% sure what my body would look like since I had never been anything but overweight as an adult …I would have guessed that at [minus[65lbs, my body would be firmer and I would feel more satisfied by my accomplishment.

Sagging skin was unexpected. And there is lots of it.

Skin remains flabby even if fat is gone. Stretch marks are easily visible, too.

Smaller upper body than I pictured. Not as strong looking.

Lean and muscular. I think it intimidates and makes some people react differently to me.

My stomach is not as flat as I had hoped and the cellulite didn't really go away.

My belly was still big, even at my smallest and extra skin was unattractive.

Still so lumpy...and chubby!

So much flab!

I thought losing weight would make me beautiful and perfect. Instead, it was me with extra skin on my belly and my breasts really sag.

Not small enough yet.

I find that I want to lose more weight but have "plateaued." I continue to critique my body.

Participants were also asked to quantify to what extent their lives had changed on a Likert scale ranging from "Much worse" to "Much better" (Table 8). Fifty (51.1%) participants indicated that their lives were "Much better" or "Somewhat better." Seventeen (17.3%) participants indicated that post weight loss life was "About the same." Six (6.1%) participants indicated that their lives were "Somewhat worse" or "Much worse."

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Table 7

Did Participant Have an Image of How Life Would Be Different?

Response	Number	% of Participants
definitely clear image	10	10.2
fairly clear image	17	17.3
somewhat clear image	24	24.5
only slightly clear image	25	25.5
no image	12	12.2

Participants were also asked to quantify to what extent their lives had changed on a Likert scale ranging from "Much worse" to "Much better" (Table 8). Fifty (51.1%) participants indicated that their lives were "Much better" or "Somewhat better." Seventeen (17.3%) participants indicated that post weight loss life was "About the same." Six (6.1%) participants indicated that their lives were "Somewhat worse" or "Much worse."

Table 8

Ways in Which Post Weight-loss Life Was Like or Not Like What Was Pictured

Response	Number	% of Participants
much better	23	23.5
somewhat better	27	27.6
about the same	17	17.3
somewhat worse	5	5.1
much worse	1	1.0

Participants were offered the opportunity to identify specific differences from how they pictured their lives to be different in a dialogue box. The following are a sample of participant responses to ways their post-weight loss life was like or not like what they had pictured.

Some mostly positive responses included:

> Complete absence of the former (constant) negative self-talk. I thought I'd be a happier person day-to-day if I were thinner/healthier. I'm vastly happier than I even anticipated. I go places/do things/have experiences that I wouldn't if I were still heavy. I don't feel like I'm taking up too much space in the world. I don't walk through life silently apologizing.

> For the post part at my highest weight, 679, I was nearly immobile and definitely homebound. I couldn't fit behind the wheel of my car and was being abused by my former spouse. Losing weight gave me more confidence, mobility, and the self-esteem to leave an abusive marriage as well as an abusive dysfunctional family of origin, seek out healthy living and self-care, including regular doctor's visits and psychotherapy, as well as addressing agoraphobia from being afraid of persecution for my former size.

> I found a huge amount of confidence in myself, especially during my weight loss and immediately after reaching my goal of 179lbs. I got a full-time job, I entered into my first romantic relationship in 10+ years, and I applied to and was accepted into grad school. I have been treated different (better) by others in public, whether because of my change in appearance or my change in attitude, and have enjoyed my post weight-loss life immensely so far (even if I have gained some weight back).

> I never thought fitness would be a part of my life that I enjoyed and embraced, but now I'm a group fitness instructor and work out not only for myself, but also to inspire others who are on a similar journey to the one I took.

> I'm off diabetes medication. My arthritis is gone. I can walk for miles and it feels great. I sleep so much better and wake up completely refreshed.

> My life is better than I could have ever imagined - great friends - great relationships - out of debt - clear head - confident – employable.

> My post weight-loss life helped me gain a self-confidence that I had never experienced. I had to work hard to lose all that weight and maintain it, but knowing that I accomplished that kept me motivated.

> Working the 12 steps in OA has given me a sense of peace in my relationship with food and my desire to control my body size. All my relationships are more authentic, loving and balanced.

> I can walk a little better. I am not in so much pain and I have alleviated two health problems. My cholesterol is normal now and my glucose is normal. I am now off the medications for those ailments.

Other more ambivalent responses included:

Other than being able to wear different clothing, I wasn't aware of all the ways losing weight would affect my career, my love life, confidence overall, and sense that I can set and achieve my goals.

Another huge realization after losing weight was that it does not suddenly solve any other problems that I associated with weight--- that actually had nothing to do with my weight. After losing the weight it was time to face those other things. Losing weight solves some problems, but it does not equal happiness. With that said-- I am happy now. Losing weight was part of it, but not a cure all.

I am more appealing to romantic partners, but it doesn't always make me feel any more confident, as I thought it would.

I thought of looking better in smaller sizes of clothing now and I actually can wear size 6 now! I used to wear size 10! :) But I still don't look too fab in bikinis/swimsuits.

Perhaps clothing sizes have changed, but I never pictured being able to wear a size 8 anything. I was shooting to be the size 12 that I wore in high school. I never pictured myself running in 5K races, and I'm doing that, too.

It's complicated I was fairly young when I was in the process - late 20s. I thought I would be beautiful, that my problems would disappear and I would be instantly happy. Instead, all my problems rose to the surface. I was in a lot of fear and pain. Ultimately, my life got better than I could have imagined, but only because I did a tremendous amount of psychological and spiritual work to address what came up   Thirteen years later I am still doing the work.

When you are fat, you tend to glamorize what being thin will be like. I'm still not there, but I'm already seeing that it doesn't fix everything and it doesn't make life perfect. BUT the things it improves--how I feel, my energy, my optimism, my sex life, my general sense of well-being...it improves them immeasurably.

I assumed that self-image and the number on the scale were more related. It's clear to me now that these are separate issues.

I pictured someone able to work out without feeling [like] collapsing, someone who could wear and feel good in cute clothes, and someone who felt attractive to sexual partners. I think I identify with those feelings most of the time now, but still have insecure moments or feel like I could still be thinner.

Some seemingly negative responses included:

> I always pictured once I hit a certain weight I'd get attention from men, and be really happy. I definitely got some more positive attention, but I wasn't happy. I always want to lose more weight and am never satisfied.

> I did not expect to have an ED/EDNOS [eating disorder/eating disorder not otherwise specified]. I also pictured the mental health concerns going away but they were only aggravated.

> I thought I would be happier and healthier but I ended up being hungry, tired, and grumpy all the time.

> I thought I would be much more confident, but I was still uncomfortable in my skin.

> I was not prepared for the psychological ramifications of how other people's treatment of me, post weight loss, would affect me.

> Jealous husband.

> My husband seems to be equally as un-attracted to me. I thought it would make him want to have sex with me more. It didn't work.

Participants were asked if they were overweight as a child on a Likert scale ranging from "Never" to "Very/almost always" (Table 9). Only 16 respondents (16.3%) reported that they were never overweight as children and the remaining 71 (72.4%) respondents indicated overwhelmingly that they had been overweight to some extent as children.

Table 9

Overweight as a Child

Response	Number	% of Responses
very/almost always	15	15.3
yes quite a bit	25	25.5
somewhat/occasionally	17	17.3
only slightly/rarely	14	14.3
never	16	16.3

Participants were asked to indicate the circumstances of their weight gain if they had gained weight later in life (Table 10). They were offered the following options and in order of frequency are as follows: "Poor food choices" (49, 50%); "Lack of exercise" (49, 50%); "Poor portion control" (45, 45.9%); "I was overweight in childhood and continued to be overweight into adulthood" (38, 38.8%); "Stress" (38, 38.8%); "Pregnancy" (15, 15.3%), "Eating disorder" (12, 12.2%); "Mental Illness" (11, 11.2%); "Trauma" (9, 9.2%); "Medication side-effect" (8, 8.2%); "Medical illness" (5, 5.1%); "Not sure why I gained weight" (5, 5.1%).

Table 10

Circumstances of Weight Gain

Response	Number	% of Responses
Poor food choices	49	50
Lack of exercise	49	50
Poor portion control	45	45.9
I was overweight in childhood and continued to be overweight into adulthood	38	38.8
Stress	38	38.8
Other	19	19.4
Pregnancy	15	15.3
Eating disorder	12	12.2
Mental illness	11	11.2
Trauma	9	9.2
Medication side-effect	8	8.2
Medical illness	5	5.1
Not sure why I gained weight	5	5.1

"Other" responses include:

Alcohol consumption and lack of sleep.

Binge eating disorder / compulsive eating.

College.

Depression - it wasn't diagnosed, but in hindsight I can tell now that I was depressed and sought comfort from food.

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Dissatisfaction in other areas of life - specifically professionally and romantically.

I was also in an unhealthy/unhappy relationship.

Postpartum depression.

Quit smoking and hysterectomy.

Wife's pregnancy weight gain--I gained weight too.

Participants were asked if they believed any traumatic event or ongoing trauma influenced their becoming overweight. Responses in order of frequency are as follows: "I did not experience any trauma that I believe contributed to my being overweight (47, 48%); "Verbal or mental abuse" (20, 20.4%); "Other" (20, 20.4%); "Sexual assault or abuse" (15, 15.3%), "Trauma associated with being a uniformed service provider" (2, 2%), "natural disaster" (1, 1%). No respondents chose "War atrocities."

Table 11

Trauma Contributing to Becoming Overweight

Response	Number	% of Responses
I did not experience any trauma that I believe contributed to my being overweight	47	48.0
Verbal or mental abuse	20	20.4
"Other"	20	20.4
Sexual assault or abuse	15	15.3
Trauma associated with being a uniformed service provider	2	2.0
Natural disaster	1	1.0
War atrocities	0	0.0

As seen in Table 11, a striking number of participants indicated that trauma had some way impacted their weight gain (58, 59.1%) Participants who responded in the "Other" category shared a range of difficult single and ongoing events including medical issues, life cycle events like divorce, death, devastating abuse, the birth of a child with disabilities, and family of origin issues. "Other" responses include:

Constantly cheating husband.

Death of best friend to suicide; complex trauma from perfectionist reaction to high school/undergrad/workforce overachievement. Death of my best friend. Death of my first child. Parents tried to control all situations.

Family difficulties (divorce, violent mother, being parentified).

Grew up in a home with domestic violence & mental illness.

I became extremely depressed after the birth of my first child who was born with profound disabilities. Food was comforting.

I developed narcolepsy and had no energy to take care of myself. (Cook healthy meals, or exercise.) When diagnosed, I had a bad reaction to a medication, and the "side effect" was gaining 60lbs in 5 weeks. Later, I was told that the rapid weight gain then could have triggered my PCOS, which I am dealing with now.

I was very introverted and depressed as a child, as a result of a stressful home and school life, but without any particular traumatic event causing anything. I think that general depression and sadness in an over-observant child with fighting parents, limited friends, and social anxiety can be taxing on someone young.

My work is very stressful. That may have contributed to need to rest and nurture myself with food.

Not sure to what extent any PTS factored into weight gain -- 32 years in public safety? Also had a significant family loss as a child which also caused some PTS. Worth thinking about.

Parents split up. Separated from three siblings.

Ritual sexual abuse.

Teased in school.

While not abusive, I did come from a very challenging childhood home and in my early twenties learned I was adopted (adoptive father raised me as his own with my bio mom). This increased feeling that I was not worthy of love.

Participants were asked if they had ever been diagnosed with an eating disorder or suspected they had an eating disorder and were given a range of options as well as an opportunity to identify an "Other" response (Table 12). Their answers in order of frequency are: "I have not been diagnosed, nor have suspected I have an eating disorder or body image-related disorder" (41, 41.8%); "I have not been diagnosed, but have suspected I have an eating disorder or body image-related disorder" (28, 28.6%); "Binge eating disorder" (6, 6.1%); "Eating disorder

not otherwise specified" (6, 6.1%); "Bulimia" (5, 5.1%); "Anorexia" (3, 3.1%); "Other" (5, 5.1%). No participants chose "Body dysmorphic disorder." It is notable that (28, 28.6%) of respondents indicated that they suspected they had an eating disorder. Combined with the number of diagnosed eating disorders in the data, 53 (54.1%) participants either had been diagnosed or suspected they had an eating disorder.

Table 12

Eating Disorders Among Participants

Response	Number	% of Responses
I have not been diagnosed, nor have suspected I have an eating disorder or body image-related disorder	41	41.8
I have not been diagnosed, but have suspected I have an eating disorder or body image-related disorder	28	28.6
Binge eating disorder	6	6.1
Eating disorder not otherwise specified	6	6.1
Bulimia	5	5.1
Anorexia	3	3.1
"Other"	5	5.1
Body dysmorphic disorder	0	0.0

"Other" responses include:

I eat in my sleep.

I was officially diagnosed with bulimia but I would purge after eating very little, and I would also starve myself for as much as 5 days, so there was anorexia present as well, but I wasn't officially diagnosed with it.

No diagnosis; compulsively overate, not sure if I met criteria for binge eating or Eating D/O, NOS.

Purging disorder.

Participants were asked if when they were overweight, did they develop a "fat identity," thinking things like, "This is who I am," "I'm meant to be a heavy person," "I'm just the fat

one," etc., or if they developed other talents or personal characteristics to compensate for being overweight (Table 13). Thirty-six (37.7%) respondents chose "Very much/almost always" or "Yes, quite a bit." Twenty-five (25.5%) chose "Somewhat" or "Slightly." Twenty-one (21.4%) chose "Never."

Participants were also asked if they continued to hold those "fat identity" beliefs after weight loss (Table 14). Twenty-seven participants (27.6%) chose "Very much/almost always" or "Yes, quite a bit." Twenty-nine (29.6%) chose "Somewhat" or "Slightly." Six (6.1%) chose "Never."

Table 13

"Fat Identity" Beliefs Held Before Weight Loss

Response	Number	% of Responses
very much/almost always	15	15.3
yes quite a bit	22	22.4
somewhat	16	16.3
slightly	9	9.2
never	21	21.4

Table 14

"Fat Identity" Beliefs Held After Weight Loss

Response	Number	% of Responses
very much/almost always	4	4.1
yes quite a bit	23	23.5
somewhat	15	15.3
slightly	14	14.3
never	6	6.1

Participants were asked to rate how the following areas of their life have improved, become worse, or had not been impacted by their weight loss on a Likert scale ranging from

"Much improved" to "Worse" (Table 15). Participants also had an option to choose "No change." The findings in Table 15 show that many of the people who responded to the question noted that most of the areas were improved or much improved, especially in overall physical and mental health, aerobic fitness, medical markers, self-image and self-esteem, and relationships with romantic or sexual partners. A small number of participants, however, actually experienced a worsening in self-esteem and relationships with family, friends and sexual and romantic partners.

Table 15

How Areas of Life Have Improved, Worsened or Stayed the Same

Response	Worse		Somewhat Worse		No Change		Improved		Much Improved	
	Number	%	Number	%	Number	%	Number	%	Number	%
Physical health	2	2	0	0	5	5.1	35	35.7	42	42.9
Mental health	2	2	3	3.1	18	18.4	41	41.8	19	19.4
Aerobic fitness			3	3.1	6	6.1	37	37.8	37	37.8
Medical markers	1	1	0	0	30	30.6	27	27.6	25	25.5
Self-image	2	2	1	1	11	11.2	40	40.8	29	29.6
Self-esteem	2	2	4	4.1	16	16.3	39	39.8	23	23.5
Academic/vocational progress			1	1	50	60.2	13	13.3	11	11.2
Relationships with family	4	4.1	3	3.1	58	59.2	13	13.2	6	6.1
Relationships with romantic or sexual partners or significant others	3	3.1	2	2	38	38.8	20	20.4	21	21.4
Relationships with friends	1	1	7	7.1	53	54.1	18	18.4	5	5.1

Participants were offered a long list of potential "side-effects" that many people who have lost weight identify as meaningful to their experience (Table 16). Some of these side effects may be experienced as positive, negative, or both positive and negative. Participants were asked to rate the side effects on a Likert scale ranging from "Very distressing" to "Very enjoyable" with options to mark "Neutral," "not applicable and "Both enjoyable and distressing" in Table 16.

The most distressing side-effects, with participants marking either "very" or "somewhat distressing" are listed here in order of frequency: "Worrying about regaining weight" (64, 68.3%); "Having noticeable loose skin" (49, 50%); "Being constantly preoccupied with food intake" (47, 47.9%); "Feeling colder than usual" (38, 38.8%); "Noticing friends become jealous, subtly or overtly, of your success" (23, 23.5%); and "Hearing unsolicited comments about your weight loss from others" (22, 22.4%).

The most enjoyable side-effects, with participants marking either "Somewhat" or "Very enjoyable" are listed here in order of frequency: "Experiencing an increase in energy" (64, 65.3%); "Looking more like a normal sized person" (64, 63.2%); "An increase in your own flirtatious behavior or sexual activity" (43, 42.8%); "Feeling you are more in control of your life" (56, 57.1%); and "Making healthier food choices" (57, 58.2%).

The most chosen side-effects participants found to be "Both enjoyable and distressing" are listed here in order of frequency: "Feeling that people treat you differently (more positively) as a physically smaller or lighter person" (19, 19.4%); "Hearing unsolicited comments about your weight loss from others" (16, 16.3%); "An increase in flirtatious behavior from strangers" (12, 12.2%), "Noticing friends become jealous, subtly or overtly, of your success" (8, 8.2%); and "Consuming fewer excess portions of food" (8, 8.2%).

Table 16

Weight Loss Side-effects Experienced

Response	Very distressing		Somewhat distressing		Neutral		Somewhat Enjoyable		Very Enjoyable		Both Enjoyable and Distressing		N/A	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Making healthier food choices	1	1	1	1	15	15.3	20	20.4	37	37.8	4	4.1	4	4.1
Consuming fewer excess portions of food	2	2	2	2	14	14.3	21	2.4	29	29.6	8	8.2	6	6.1
Exercising regularly	1	1	9	9.2	13	13.3	13	13.3	32	32.7	5	5.1	9	9.2
Experiencing an increase in energy	1	1	0	0	6	6.1	16	16.3	48	49.0	2	2	9	9.2
Having noticeable loose skin	16	16.3	33	33.7	9	9.2	0	0	1	1	0	0	23	23.5
Feeling colder than usual	9	9.2	29	29.6	19	19.4	3	3.1	2	2	2	2	18	18.4
Feeling smaller and thus more physically weak or helpless	3	3.1	12	12.2	16	16.3	4	4.1	0	0	0	0	47	48
Not recognizing yourself when you walk by mirrors or reflective surfaces	3	3.1	3	3.1	13	13.3	15	15.3	25	25.5	1	1	22	22.4
An increase in flirtatious behavior from strangers	5	5.1	8	8.2	10	10.2	24	24.5	12	12.2	12	12.2	11	11.2
An increase in your own flirtatious behavior or sexual activity	1	1	3	3.1	16	16.3	26	26.5	17	17.3	6	6.1	13	13.3

Table 16 Continued

Weight Loss Side Effects Experienced

Response	Very distressing		Somewhat distressing		Neutral		Somewhat Enjoyable		Very Enjoyable		Both Enjoyable and Distressing		N/A	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Being constantly preoccupied with food intake	12	12.2	35	35.7	11	11.2	4	4.1	2	2	5	5.1	13	13.3
Being constantly preoccupied with exercise	7	7.1	18	18.4	21	21.4	6	6.1	4	4.1	5	5.1	21	21.4
Worrying about regaining weight	31	31.6	36	36.7	7	7.1	0	0	1	1	1	1	5	5.1
Feeling more powerful	0	0	1	1	14	14.3	19	19.4	37	37.8	5	5.1	6	6.1
Enjoying sexual activity more	1	1	2	2	15	15.3	13	13.3	36	36.7	3	3.1	12	12.2
Feeling you are more in control of your life	1	1	1	1	10	10.2	16	16.3	40	40.8	1	1	10	10.2
Looking more like a "normal-sized" or "thin" person	1	1	3	3.1	4	4.1	11	11.2	51	52.0	6	6.1	6	6.1
Hearing unsolicited comments about your weight loss from others	7	7.1	15	15.3	9	9.2	19	19.4	12	12.2	16	16.3	3	3.1
Feeling that people treat you differently (more positively) as a physically smaller or lighter person	8	8.2	9	9.2	8	8.2	14	14.3	18	18.4	19	19.4	6	6.1
Noticing friends become jealous, subtly or overtly, of your success	9	9.2	14	14.3	8	8.2	12	12.2	7	7.1	8	8.2	23	23.5

Many people who have lost weight describe a period of "catch up," where their brains' images of what they look like and who they understand themselves to be does not match up with their current body sizes. Participants were asked to describe any such experiences they'd had in a text box. Responses to this question revealed that most respondents experienced some form of dissonance between how they experienced their bodies after weight loss and how they perceived themselves to look. For some people this meant feeling that they were still larger after they had lost weight, and for others that they never felt like themselves when they were heavier. Many responses indicated that it took years for peoples' images of their bodies to catch up with the new reality. An overwhelming number of participants remarked that they still don't see their bodies clearly or objectively, an issue that surely impacts identity in a large number of ways. Regardless of whether people stated they didn't feel "at home" in a larger body or in a smaller body, the same type of dissonance between perception and a more objective reality was noted frequently. The responses to this question were so compelling that a large number are presented here:

> I knew what I wanted my body to look like and am thrilled.

> Actually, when I was heavier, I felt thin and never realized what I really looked like. The "skinny" person I became was what I always felt like.

> I had the opposite effect. I never saw myself as the overweight person. I'm feeling more like myself again.

> My brain always pictured me as the thin version, even before I lost weight.

> I didn't experience much of this. I did have periods where I [would] wear the same clothes over and over, not thinking I now fit in smaller clothes.

> I do not believe I experienced this.

> That didn't really happen. I couldn't relate to myself when I was bigger, not when I was smaller.

> I've only experienced this to the extent that I would consistently buy clothes that were too large for me.

Initially, I had difficulty picking clothes that were the correct size but it has been 14 years since I lost the weight and I now easily identify myself as a normal or slender person.

I have not had any experiences like this. The majority of my life I was only slightly overweight, so the way I look now is "normal" to me. I think I probably experienced it in the other direction, where my brain thought I was smaller than I was.

I never felt like a "fat" person when I gained weight, I felt like my "normal" self trapped in a fat body. Or so I thought - but when I lost weight, I still had an idea of myself as "fat," so when I would wear certain things or get compliments that made me realize I was thin, it was a very bizarre experience. Part of the eating disorder NOS was still thinking of myself as overweight during this period.

I don't focus on this as much since my husband made me so much more comfortable with myself. I am just me not skinny me or fat me. He just wants me healthy. I do sometimes realize I can shop in normal stores now. Not embarrassed to eat in front of people. Still comes back once in a while trying on clothes.

I experienced this "catch up." I lost 90 lbs. over 10 months, so I was dropping sizes quickly. I found that while trying on clothes, even though if at the time I was a size 10, I would always try on the 10 AND the 12, in case the 10 didn't fit and I was "still a 12." I got down to a size 4, and my current size is a 6. I still sometimes try on the 8..."in case the 6 doesn't fit."

I got my hair done at the salon--something that I usually only do every six months or so--and I remember being shocked when she spun me around to see myself in the mirror because my face looked so different.

At first I felt different, but now I feel exactly the same as I did before weight loss.

Buying pants...looked in mirror and said aloud "Where's my ass"? I was alone in a changing room.

I continued to be surprised by things - not needing a seatbelt extender, shopping for regular sized clothes (not in the big men's section of the store). I struggled a bit with old eating habits -- some situations would arise where I thought I could or wanted to eat more than I was comfortable with.

Still, to this day, only pictures show me how far I have come. Sometimes here or there I'll look in the mirror and I see that I'm obviously smaller. But putting on smaller clothes and watching clothes become bigger is how I know I'm becoming smaller.

Trying to navigate a world in which my "fat identity" is not something I need to hold onto for dear life has been something that I have struggled with, mostly in my work environment, but in other areas as well. Realizing that I am a "normal"

person and not having to cling to my sense of humor and over-dressed style has been nice but at the same time terrifying.

When people compliment or acknowledge my weight loss, I tend to minimize it and respond with "Well, I am trying to lose more." I have had a few people tell me that I look great at my current weight and then I wonder if I ever or will ever be out of the "catch up" period.

When shopping for clothing, I still instinctively reach for larger sizes than I am, or just look for the largest size a store carries and assume that they will fit. I also had the same habits of covering my body (holding a pillow while sitting on the couch, covering up in a swimsuit) as before weight loss.

I wanted to comment on the last section - none of those answers are black and white, they are all mixed. Yes, it was positive to get thin and I loved the attention -- and I was terrified and paralyzed by it. All of those answers are mixed.   Yes, there was a catch up period and in some ways, I'm still not sure what my body really looks like. I still have a fantasy that my body is more perfect than it is and I see pictures and I think, wow, that's really me? And I am disappointed. Sometimes, later, I'll look at those same pictures and think, "What was wrong with me thinking I look bad? I am so thin and adorable there." But it took years for me to see my reflection in a window and recognize myself. Probably five years.

It probably took me two years before I felt comfortable in my smaller body.

It took a long while to not think of myself as "the fat one." I'm still chunky, and it's still hard to not call myself fat.

It's been very hard for me to accept the fact that I no longer look like the "heavier" me that I was in high school. At times I definitely feel as if I still look the same.

My mental image of myself has not changed much yet. I do find myself surprised sometimes to catch my reflection in mirrors, windows, etc. My journey started as a size 30 and now I am a 14/16 but mentally do not feel that size. I used to pretty much be the "largest person in the room" everywhere I went, but that is not the case anymore and I haven't adapted to that yet despite the time that has passed.

Yes, I still do a double take when I look at pictures of my face because it is way skinnier than it ever was. Then I remember what it used to look like and can't believe that it didn't take more than six months to get there. I still am getting used to it. And if I eat too much over the course of a week it can feel like I gained 40 pounds back even though that is physically impossible.

Although I was heavy for several years before I successfully lost weight, I was very thin for the earlier part of my life, including a good part of adulthood. I never realized how heavy I was until I had become grossly obese. When I saw a picture

of me taken the same week that I began my weight-loss regime, I was so shocked and felt ashamed of it. I hate to see it.

Countless times people told me how "tiny" I was. Though I knew I had lost quite a bit of weight I never viewed myself as a tiny person. I was down to a size 4. I would look at other girls that size and think, "I'm not that small."

Even though I've lost 30 pounds or so, I still feel overweight, even though I have a BMI of 24. My goal is to lose another 36 pounds.

I actually felt like the more weight I lost, the more I started criticizing my body and identifying myself as "too large."

I always have a hard time shopping for clothes, no matter what my body is like, if I've lost weight recently I pick out sizes that are too big.

I believe that this phenomenon has not gone away. I find myself still planning out activities as if I [were] a heavy individual.

I definitely feel that I have body dysmorphia. This is the third time I've lost over 40 pounds and I literally cannot see a difference when I look in the mirror. I feel just as fat. When I step on the scale I'm worried that it will say I gained 10 pounds overnight, I am very out of touch with what a certain amount of weight loss or gain would look on me.

I don't feel as small as I look. As a man I feel this makes me appear less strong. I am often surprised to see myself looking so slight. I look at clothes I might have liked when I was huskier and think now they would look silly, even if they fit, on such a small man.

I find I can't gauge if clothes will fit, if a seat is too small, if I can squeeze through a space, how much room I need to sit down...I almost always think I need more room than I do.

I gained the weight back after a year. I was preoccupied with food intake and exercise which was interfering with my personal relationships

I had a professor notice that I was still walking like a fat person. He asked me to get massages to help me get used to my new body. I was mortified.

I had my first dating experiences with gay men during this period, which is a population that has inherent body image pressures/body-shaming behaviors. I was open with some sex partners about weight loss and adopting an identity of someone with an eating disorder, which in those particular combinations of personalities, was responded to with shaming behaviors/dialogue.

I have been at a relatively consistent (and healthy) weight for over a year now. I wear a size 0-2, yet I still think of myself as "chunky," "curvy," etc. and worry

about needing to tone my legs more. I look at other women and think of them as being so much smaller than I am, but I recently saw a photo of myself standing next to one of these people and for the first time I realized that I am actually smaller than she is. It made me realize that I still do not see myself clearly.

I know I have lost 100 pounds because the scale says so. Also, my clothes are very baggy, but I still see myself as large as I was. I don't notice much difference on my body when I look at it.

I like to say my eyes are broken, for I still have a distorted view on how my body looks.

I obsessed over looking at pictures of myself, particularly in yoga poses, to convince myself that the person in the picture is really me.

I still buy clothing online (or pick out clothes to try on in stores) that are much too big for me. I have a hard time not wearing them, although they hang on me, or discarding them. It's not because I fear gaining it back, but because I still think I'm bigger than I am. I also often ask a trusted friend if I'm bigger than another larger person that might be in our line of sight because I have very little 'feel' for spaces I can fit in (I can fit in booths and movie theatre seats now) so I depend on others' honesty by comparing my size to another heavy person's size to determine if I would fit. I'm often quite off and am told that the person I'm asking about is much bigger or shaped very differently so not applicable.

I still think of myself as bigger than everyone else around me. I have maintained my weight loss for 12 years now and I still think of myself as fat when I don't actually see myself in a mirror.

I think once you've lost weight you still always see yourself as having more weight to lose. I wear an American size 6/8 but in today's society that doesn't seem small enough.

I used to be kind of surprised catching myself passing by mirrors. This has dissipated over time. I still am surprised to see myself in pictures or video. I work in the fitness field now and am learning to cope with clients who see me as very fit and/or not understanding of their difficulties with weight and lack of strength.   I still (unintentionally) buy clothes that are too big for me.   I sometimes am made uncomfortable by people talking about (or touching) my body without my initiation or consent.   People don't openly talk about the details of how your body looks when you're heavy and undesirable/unenviable, but they can't seem to stop telling me (or telling others while in my presence, or posting comments on Facebook, or just reaching out to TOUCH my arms or stomach while I'm trying to hold an unrelated conversation with them...) how I look now that I'm fit and lean.

I've been this current weight for almost ten years - I would say the first year I was completely not aware of how I truly looked -- I still have moments where I think

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I'm still fat or "disgusting"-- and I still have a tough time not resorting to my old behaviors like - people pleasing - too worried about others' opinions - not feeling worth enough to set a boundary.

I've definitely experienced this. Even several years after losing most of the weight -- I was with a friend and she took a pic of me, when I looked at it I said, 'Wow, look how skinny I look in this pic,' and she looked and me and said, 'You ARE that skinny. It's not the picture.' I still see a much bigger person. This year, I gained 10 pounds after breaking my ankle. I'm about a size larger, but it panicked me. To me, being a size larger was like seeing me at two- three sizes larger. I realized that I rarely have an accurate impression of what my body really looks like.

I've experienced this. I don't think it will ever come to an end. I still associate myself as being "large". I'm almost 5'11" and I'm a pretty broad person, so I never feel small, but I'm lean now--very little fat, but sometimes I forget that and say things about how big I am and my friends and family look at me like I'm a little nutty.

I've had a different body for over a year and I'm still starting to see my body in new ways every day. I still think about my body as if it were fat and am reminded that it's not.

It never caught up and seven years and a baby later I've gained most of the weight back.

No matter how much weight I lost, it was never enough to get me to my goal weight or what I wanted to look like.

People who set out to lose weight often think it'll solve a majority of their problems. It does not. I can't say media/society caused the ED I suffer from to develop, but it did contribute to it ([along with] genetic predisposition, etc). Maybe being forced all these images of successful "thin" and "fit" people isn't truly bringing the success they are falsely marketing. There needs to be a shift from the strict physical aspects of health to the mental as well as a broader scope of numbers for BMI tracking. I know thin people who eat extremely terribly and rarely exercise. I know heavier people who eat well and also enjoy treats now and then while maintaining an exercise routine. I believe a healthy diet and exercise are necessary for everyone, yet so much of the weight loss industry is caught up in fast fixes to look good. It's distressing. I am 20 years old and have been suffering ever since I started on this journey back around three - four years ago. It will get better, and I hope people who need help out there receive it.

Sometimes, when I thought I should look like someone, or be as skinny as my luckily petite sisters, and I don't see it in the mirror, I get depressed. Depending on my mood, I'd be positive and exercise and eat less and consume healthier food. OR be negative, and eat "happy [fast] food" and drink with friends… only to

weigh myself the next day and gain weight some more. Or I just give up and think I'd never be as skinny as them, I'm big boned, and just slouch on the couch. It's saddening.

When walking past a mirror, I still see my thighs as being larger than they should be. This happens even though my husband and my workout buddy both tell me, repeatedly, that it is not the case. It's been over two years.

Yup. I did a photo series of a photo a day for a while to get used to seeing myself differently. Very miserable.

Participants were asked what the most positive effects of weight loss on their identity were, if any. Their responses highlight a broad range of known benefits to weight loss, like improved health and fitness, improved confidence and self-esteem, being able to fit into smaller sized clothing.

Being able to buy clothes in the regular ladies section.

Being able to shop wherever I wanted.

Better health, more energy, gaining food consciousness and not having a "food coma" after I eat, physical appearance, spirituality, more happiness, gradual increase in self-esteem and confidence.

Better self-esteem. More confidence.

Fitness goals gave me a sense of accomplishment that I had previously never experienced. That has definitely spilled over into other aspects of my life. Other goals (specifically academic or career related) all seem within achievable in a way they never had before.

Dramatically improved health. No more chronic pain.

Feeling and looking younger.

Feeling healthier. Exercising regularly also helps me to manage my narcolepsy, which in turn gives me more energy. I enjoy being more active, and going out more either by myself or with others.

Feeling lighter, easier to pick up, people noticed I lost weight.

Feeling spryer, better able to crawl around the jungle gym with my child. Feeling good about taking her on walks. Not getting tired. I also notice that people in retail stores treat me better than when I was fat -- clothing stores especially. They see me as a normal person who can actually for into their clothing. And that

makes me feel more a part of normal... a part of something I had been missing my whole life.

Felt more outgoing and got into dating (which led to marriage). Being able to buy clothes that I feel represent my personality best. Feeling empowered to do and be more because I accomplished this.

Finding love, but more importantly it made me confident enough to date in the first place.

Having more mobility allowed me to address agoraphobia, seeking out medical care, dental care, psychotherapy, and socializing. It made me feel more 'human' and valuable.

Health. And my children are happier that I look more normal.

Healthier, stronger, more energy… feel like I am less pre-occupied with the yearning to lose weight.

Honestly, not many. I guess I feel that I get treated nicer by strangers and get more attention by men, but other than that, not much. My family compliments my weight more.

I am a happier person. Every day.

I can shop at any store and find clothes easily. I don't have to worry about my legs chafing when I run for long periods. I find dating to be easier. I don't have to worry about people looking at me because I'm overweight.

I desperately wanted to be able to identify as a thin person when I was fat and now I can.

I developed a passion for yoga. I loved that yoga was "my thing." Yoga became a major part of my identity. Finally, within my family, I was known for something unique to me.

I experience less stress and depression because exercise has become an outlet. I think overall I am happier since my weight loss.

I feel better about myself. I feel successful and more in control over my food choices. I feel healthier and that I have set a good example for my children.

I feel comfortable with myself, somewhat more confident, less fearful, more energetic, much less depressed. Joint and back pain, breathing problems have gone away.

I feel empowered, 20 years younger.

I feel less worried about my general health, decreased distress related to identifying as fat.

I feel more confident and have been able to be more assertive in several realms including dating and work/other settings where I meet new people.

I feel more flexible, my knee joints don't hurt as much, and that makes me feel better. I feel more confident in a wider variety of clothing and have broadened how I can present myself which has broadened how I see myself. I generally feel healthier.

I felt better about myself. I was more attractive. I enjoyed feeling younger than I was. I was more active without painful joints. I was no longer called names as [I was as] a child although the pain is still there especially as I see my daughter taking on weight.

I felt like someone who could exercise for the sake of exercise, not "A fat person trying to lose weight" (which sounds horrible, and I try not to judge others -- but that was my judgment of myself). Also, I thought of myself as sexually appealing, which heightened my own sex drive.

I felt more like myself.

I felt stronger and more in control of my life.

I have a confidence now that I never felt before. I'm also very goal oriented. If there's a goal I want to achieve I know that with dedication it can be done.

I have become much more confident and ambitious. I am more at ease with who i am and less concerned if people like me or not.

I have met my goals fitness-wise and believe in myself more now. I also have a personal yoga practice and it is one of the greatest gifts I have stumbled across. I speak up without being afraid as much as I used to in the past.

I have more confidence in myself because I was able to take charge of my life and make such a substantial change.

I haven't really noticed.

I knew I looked good.

I learned to embrace my own strength and to go outside my comfort zone. Best of all is that I learned that my struggles and my journey can be a gift to others who may just be getting started. People look up to me now as a role model and an inspiration since they know where I have come from. I love being able to use my story to change other people's lives for the good.

I like how I look in clothes. I'm able to buy clothes in regular stores. More variety of clothes to buy. My knees are less painful and I am able to move easier. Feel healthier.

I love being physically fit -- I love going to the dr. for my physical -- my blood results are amazing! I love fitting in "normal" sized clothes -- I love not having to worry about exercise and diet -- especially around the New Year!

I loved feeling more fit. Walking up stairs was easier and my selection of clothes was much broader than when I was overweight. I didn't have to wear old lady clothes and felt much more attractive.

I met my husband.

I now see myself as a healthy, fit, happy person. Looking back at photos of myself, I note that I now stand in the front of a photo, rather than behind others.

More social, better self-esteem, belief I am capable of having a "big" life.

Most positive effect was that I finally felt like the "real me" again. I tell people that for a long time I felt like I was "stuck in a fat person's body." I am so much happier and feel so much more "normal" as a thin person.

My weight loss has not changed my identity. I'm still the fat-girl. Need to lose about another 100lbs to be 'normal' size.

None.

The self-confidence! The ability to fit into [a] few sizes smaller than my usual size. Seeing collar bones and knuckles! And not having to feel the physical pain of being too fat that "Your body can't carry your weight that long."

This is tough, there are so many positive things, but on my identity? I guess I identify myself as someone who has been fat and has been an average size. I've been both places. I have a compassion for people and their weight that not everyone has. I think in general this experience has made me a very compassionate person. And not in the way where I need to "help" people lose weight because I did and they haven't yet, but just in the way, where I'm like "Hey, I'm with ya," if that makes any sense.

Participants were asked what the most negative effects of weight loss on their identity was, if any. The following is a sample of their responses.

After the weight loss, I was left focusing on other aspects of my life or self I wasn't happy with. When I was overweight, I could just pass everything off as the result of that. My skin was bad because I was overweight, people didn't find me attractive because I was overweight... after I lost the weight, my skin was still

bad, and I had to come to terms with the fact that not everyone will like me, whether I'm overweight or not.

Also, always identifying as a person who has lost a lot of weight. The weight thing is always a part on my history-- people who knew me then and know me now, know that history and people love a "success" story. It gets old after a while to have to identify with that.

Became more self-conscious about the way I look and how I present myself. Became hyper-aware of the way I look and what I'm wearing. Obsess about eating healthy/small portions [so] as to not gain weight.

Being made aware of who will treat you differently - or feel differently about themselves - because of the way you look.

Clothing being too big, having to spend money on new clothes.

Consistently thinking about what I'm eating, when I'm not exercising, etc.

Constant frustration that it remains so easy to gain.

Constantly thinking of food.

Depressed. Obsessed.

Family turned on me.

Getting easily depressed when gaining few pounds. Or when someone says anything about weight, and you get nervous that they're going to tell you that you lost and gained more, even though you KNOW you didn't. Just too scared people would notice a slight weight gain and pin you down for it.

Getting thin didn't fix my life, didn't make me more likable or datable. I had to look at the real me and see my fear, control, anger, resentment, and blame.

Had to come up with $$ for smaller pants.

Having friends think the only thing I can talk about is Crossfit and having them not want to hang out with me anymore.

Having to leave college early one year to go to treatment for an eating disorder. Becoming my eating disorder. Spending so much money on treatment and hospital visits and thinking I was only okay if I was losing weight.

I am somewhat unsettled by how people (co-workers, friends, strangers, etc.) are so much nicer/friendly to me now, invite me to events, as though my value has improved as a person because I've lost weight. Honestly, it makes me

uncomfortable with these people. Additionally I have excess skin which I expect to get worse as I am still working on losing another 60 pounds.

I became very absorbed into exercise and diet, at the expense of fun things (e.g., I wouldn't go out with people because I knew I would be expected to drink or eat fattening food). It made me a more serious person with less "depth." I also didn't like how judgey I became or how much pleasure I got from people being jealous of me.

I can be hard on myself about gaining weight and having episodes of relapse. Because my loss has been so public, I feel a lot of pressure and shame if I don't do well. I can become obsessive with food and sometimes restrict or make myself throw up because I am scared of gaining weight back.

I constantly felt like the more weight I lost, the more I needed to lose. I started feeling like I could never be perfect enough and felt like a failure in life.

I do feel a little more shallow these days. I think I am more quick to judge people who are the size I used to be.

I feel like for me to lose weight, I end up getting extremely obsessive. -- sometimes to the point of being very ill, such as purging many times a day or starving. It takes a lot out of me, and makes me very depressed. I wish I had never ever started making myself throw up, because although I don't do it very often anymore, the eating disorders still are something I struggle with and something that affects my relationships with others.

I find that my friends and relatives can be jealous of my success. Some still think I have become too thin and remark on my food choices or portions. I sometimes feel that friends and relatives knew me for so long as a heavy person that they are unable to see me as a normal sized person, now that I am at a healthy weight.

I find that people judge me out of jealousy, label me as "skinny" or assume that I don't know what it's like to be overweight.

I initially felt smaller and more exposed.

I minimize my accomplishment and want to lose more weight. I am always worrying about exercise and what I eat. I feel guilty when I indulge or treat myself.

I obsess too much about gaining the weight back and about my food choices and my exercise routines.

I still am considered morbidly obese by BMI even after losing almost 100lbs. That's a lot of work for society to still objectify and attack you.

I still had issues with how I looked. After all the work to lose the weight, I still felt unattractive. I had sagging skin and it was hard to adjust to the added male attention. I was not used to it and had to learn how to put up more walls to keep people at bay.

I thought that my self-esteem would improve and am disappointed that it has not.

I went through a period where I lost a lot of hair, daily. And my hair also went through a phase where it was a completely different texture, and not in a good way. It was very straw-like and "frizzy" almost -- which is odd to me because I have fine, pin-straight hair. It has gone back to normal, as my weight-loss surgery was three years ago. Another negative effect was that I discovered how truly social "going out to eat" is. I would want to get together with friends and everyone always wants to go out to eat! Can we do something else?! :)

I work with the public, and I am subjected to far more flirtatious behavior than before from strange men. Friends and family also regularly ask me about my weight loss, and as a private person I don't care for this. The difference in how people treat me is upsetting on a few levels, since I don't see why my losing weight has made me a person more deserving of positive treatment.

It changed many of my relationships with friends.

It costs a lot of money to buy new clothes in the right sizes. I definitely had friends who were envious and made comments. I think they meant well, but they had no idea what the impact was on me.

People still expect me to be this big personality and I don't always want to be anymore. My physical size just sort of made me the center of attention before and now I shy away from that kind of attention. It's also given me trust issues as people treat me much differently now.

It's making me miserable to hear from so many family and friends and strangers that I was apparently a fat, disgusting, gross person before, based on their commentary about my body now, and them feeling comfortable saying mean things about hating fat people now that I am not very fat anymore. I've never gotten as much praise for graduating high school, college, or grad school as I have for losing weight. It's so depressing. It's like finding out that everyone was just barely able to tolerate how fat I was before and that they were all assholes the entire time.

Jealousy. Preoccupation with making sure the weight stays off.

Knowing I would be treated worse with how I used to look.

Less care-free. Always feeling a little deprived of eating freely what I'd like.

Losing so much weight, and still feeling like "I have so far to go." I have to make sure that I don't become obsessive, as any even slight weight gain can cause me to become stressed or depressed if I am not careful. Also, feeling like "it's not fair" that I worked so hard to lose weight and look better, but then have to deal with sagging breasts and loose skin. The increase in unwanted male attention is also surprisingly troubling. I didn't have trouble forming relationships with the opposite sex in the past, but I was certainly not noticed as much as now, and it can be unsettling rather than flattering.

Loss of identity with family of origin -- I come from a very heavy family that eats A LOT -… I feel a little bit left out during holidays and other gatherings because I don't partake in eating massive quantities of food.

More anxious about gaining weight back.

None, other than mildly worrying that I would put back on the weight.

Now I have to keep it up lest I get angry at myself for going back up on the scale.

Obsession with food intake and exercise. Guilt over any weight gained back. I eventually gained the majority of the weight back.

People thought I was amazing for what I did. I never thought of myself as amazing. It added to the pressure to keep off the weight.

People who didn't want to be healthy were very unsupportive.

The biggest negative effect has been feeling uncomfortable and unattractive in my clothing. Since I am currently a college student on a tight budget, purchasing new fitted clothing according to the changes my body keeps making is not a luxury I can indulge in. Most of the clothing I wear is the clothing I owned pre-weight loss which now fits me very big, causing me to feel unattractive in the "baggy" clothing I have to wear.

The flirtatious feeling I have towards others knowing that I have a committed partner from before my weight loss.

The jealousy of some of my friends and family. Realizing how much I have spent so much time isolating myself or restricting myself from being social or achieving goals and dreams that I had wanted for feeling undeserving and too fat.

The worst was over-thinking eating and not being able to enjoy it -- being self-conscious at large gatherings.

There's this part of me that sort of feels like, "Well, I did all that work and I'm still not thin," and if I think about it like that for too long, then I totally spiral into an angry, self-destructive depression and end up binging.

Trying to find myself somewhere in there... Keeping up with the image.

Unsolicited comments about body, people who used to bully/dislike me in the past noticing me now and not being arrogant jerks, people treating me differently because I'm thinner now, aggravating depression/anxiety/etc., displacing my emotions into binge eating (which resulted from over-exercising initially, not enough food intake) and learning how to undo and work through all of that.

Unwanted sexual attention has increased and is something I was not prepared for. The fact that most people I know are extremely comfortable discussing my body (especially putting down my former body) continues to shock me.

When people compliment me they often refer to the old me (body) negatively, but don't realize that I'm still that person. Over five years, I could probably teach ,nutritionists and bariatric counselors a thing or ten because they're so very wrong. Also, because I'm not yet thin (and might not ever get there, but thinner works for me too) people assume that the weight I am means I'm lazy, dirty, unhealthy, etc. and aren't working on my weight. There are a lot of assumptions made about me, when the truth is the only thing you can tell by looking at a fat person is how fat they are and perhaps your own bigotry. I will always identify as a fat person in a good way and advocate for treating people of every size as human beings, so even the negative has had a positive outcome. I do resent the 'atta girl' remarks. I don't like the approval of people; I didn't do it to please them. It's condescending.

Four in-depth interviews were also conducted which tended to corroborate the data collected from the surveys. Four women were interviewed, each with very different weight loss stories. One interviewee had lost weight through Overeaters Anonymous, a 12-step program, which for this particular participant involved a strict food plan. Her interview illuminated a very thoughtful and spiritual journey that she emphasized was an ongoing one. One interviewee had lost weight through Cross-fit, a commercial fitness program. Her experiences were almost entirely positive as she experienced an increase in physical strength, self-esteem, and the dissipation of negative beliefs about what she is able to accomplish. A third interviewee had lost weight through diet and exercise, but described becoming "obsessive," and ultimately being diagnosed with Eating Disorder NOS. Her experience was fraught with health problems associated with disordered eating, and difficulties navigating her social world because her restrictive eating prevented her from joining her friends on typical outings which revolved

around food or drinking. The fourth and final interviewee lost weight through gastric bypass surgery and spoke emphatically about the ways in which the world "treats her better" now that she is thin and attractive. Each of the women described very deep, personal connections to their weight loss experiences, though the methods they used and circumstances of their weight losses were vastly different. One thing that all of the women had in common was their willingness to share intimate details of their stories.

CHAPTER 5

Discussion

When I began creating this study, my intention was to illuminate the complexities inherent in undertaking significant weight loss. I wanted to expand our conceptualization of what it means to lose weight, and how the impacts of doing so can cause a person to change, for better or worse, in the context of that experience. How does weight loss improve or complicate the way one operates in the world? Do people experience significant changes in how they see themselves and how they perceive others see them? Do people feel better or worse after losing weight, or has nothing changed? Do the people's expectations of what life will be like post-weight loss measure up with the reality?

While I needed to identify criteria for participation in the study and quantified significant weight loss as 20% of body weight, I believe that self-perception and one's own experience of identity is extremely personal and can be impactful, and indeed significant, regardless of the specific number of pounds lost. It is for this reason that I did not focus on the number of pounds lost or changes in clothing size but rather on the subjective experiences referred to in the survey questions.

The findings of this study truly speak for themselves. The vivid and evocative responses from participants bring a depth of understanding to this little-studied phenomenon. This chapter will discuss key findings, strengths and limitations of the study, and the implications for social work practice.

Key Findings

The results of this research study suggest that 1) significant weight loss is indeed a complex and nuanced experience which, as a society, we tend to assume is almost entirely

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positive 2) identity and body size or weight are intricately connected and it can take years for individuals to reconcile their former body size with their current body size 3) mental health issues such as depression, grieving and loss, and trauma may contribute to weight gain and may be exacerbated – or relieved-- by weight loss 4) a large number of people who undertake weight loss may at some point experience some form of disordered eating 5) expectations of having a much better physical body are tempered with the reality that significant weight loss often leads to excess skin or flab, which can be disappointing.

The complexity of participants' responses reflected the complexity of their experiences. For example, many participants noted that they were pleased to be wearing smaller sized clothing, yet disappointed that they didn't look as good naked as they would like. A number of participants indicated that while increased sexual attention can be enjoyable, it can also be disconcerting.

I was not surprised to see the enthusiasm and ease with which participants shared their experiences., though experiences with other surveys would suggest that such detailed responses in the comment boxes are unusual. Participants in this study seemed impelled to share their stories. The rich narrative responses respondents provided point to a deeply personal issue in which a sense of self and a "fat identity" are almost inextricably bound together. Over and over again, qualitative responses pointed to feelings of "not feeling like myself," either because participants had lost weight but had for so long maintained a sense of being a fat person or because they had always pictured themselves as a thin person but felt trapped inside a fat person's body. An overwhelming number of respondents remarked that they had difficulty recognizing themselves, or didn't feel they had an accurate perception of how they look to

others. What are the implications of this jarring alteration in identity, especially when many respondents stated it took them years for their brains to catch up, if ever?

Strengths and Limitations

The survey instrument was successful in gathering a large amount of useful data, and served to support the exploratory nature of the study. However, some of the questions were repetitive and could have been pared down and redesigned to be less cumbersome and potentially confusing to participants. The survey instrument also did not collect age demographics, which may have been useful in mapping generational differences in responses. Also, only seven participants identified as male, though 21 participants did not respond to the question asking them to identify gender. The sample also overwhelmingly identified as white/Caucasian (74.5%), suggesting the need for a more comprehensive sample including a broader range of racial identities.

I acknowledge my bias in researching this topic, as I have lost over 80 pounds and experienced dramatic changes in the ways I think about myself and my identity as a result. When I was overweight, I myself had developed a "fat identity" which was wonderfully protective, yet limiting as well. I constructed a way of being in the world that included my best personality traits and emphasized my more appealing physical characteristics. But this identity also trapped me in a belief that I was less desirable, and in fact had less value than people who were of a "normal weight." Losing a large amount of weight, however, stripped me of the safety of that identity, and thrust me into a world I had never experienced. I was forced to reckon with a new identity, which was and continues to be a challenging undertaking. I continue to struggle with many of the

issues participants mentioned in their responses and felt very closely connected with their struggles and triumphs.

Literature and Theoretical Applications

The literature on this topic is scarce at this point. There are few studies which even acknowledge the potential negative impacts of significant weight loss, and focus instead on specific aspects such as media influence, weight loss method such as bariatric surgery, or positive aspects of weight loss. A more thorough application of self-psychology to this study's findings would require a survey instrument more specifically designed to address questions related to Kohut's three poles of mirroring, twinship, and idealized parent imagos.

Implications for Social Work Practice and Areas for Further Study

A deeper understanding of the ways in which weight loss can impact a person should be further discussed in the social work field and other clinical and therapeutic arenas. The clear struggles with identity, even within the larger context of the positive impacts of weight loss, can be painful and problematic, and potentially lead to other mental health issues. Also, the notable number of participants who had experienced trauma or had diagnosed or suspected eating disorders shows a clear need for these issues to be taken into consideration when working with populations who have experienced significant weight loss as well.

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Appendix A: Smith College Human Subjects Review Committee Approval Letters

SMITH COLLEGE

School for Social Work
Smith College
Northampton, Massachusetts 01063
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December 12, 2013

Jo Ann Valle

Dear Jo,

You did a very nice job on your revisions. Your project is now approved by the Human Subjects Review Committee.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished).   This requirement is met by completion of the thesis project during the Third Summer.

Congratulations and our best wishes on your interesting study.

Sincerely,

Elaine Kersten, Ed.D.
Co-Chair, Human Subjects Review Committee

CC: Gael McCarthy, Research Advisor

January 13, 2014

Jo Ann Valle

Dear Jo,

I have reviewed your amendment and it looks fine. This amendment to your study is therefore approved. Thank you and best of luck with your project.

Sincerely,

Elaine Kersten, Ed.D.
Co-Chair, Human Subjects Review Committee

CC: Gael McCarthy, Research Advisor

Appendix B: Informed Consent Materials

SMITH COLLEGE

SCHOOL FOR SOCIAL WORK

Consent to Participate in a Research Study
Smith College SSW ● Northampton, MA

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Title of Study: Before and After: An Exploration of Positive and Negative Effects of Significant

Weight Loss Investigator(s): Jo Ann Valle, Smith College School for Social Work

…………………………………………………………………………..

Introduction

- You are being asked to be in a research study of the positive and negative impacts of significant weight loss.

- You were selected as a possible participant because you have identified yourself as someone who has experienced significant weight loss. To participate in this study you must be at least 18 years of age, have lost at least 20% of your body weight intentionally, and have maintained that loss within 15 pounds for at least 6 months. Participants must have a working email address and access to a computer and the internet to complete the survey.

- I ask that you read this form and ask any questions that you may have before agreeing to be in the study.

Purpose of Study

- The purpose of the study is to better understand whether, and to what extent, there are both positive and negative impacts of weight loss on people. Many people who experience significant weight loss undergo an emotional transformation as well as a physical one. This information gained from this study will help mental health professionals gain a more nuanced picture of how weight loss can impact individuals who undergo such loss.

- This study is being conducted as a thesis requirement for my master's in social work degree.

- Ultimately, this research may be published or presented at professional conferences.

Description of the Study Procedures

- If you agree to be in this study, you will be asked to complete a short, anonymous online survey which will ask a variety of questions about whether weight loss has both positively and negatively

impacted you., and – if so – how. The survey should take no longer than 25 minutes to complete.

- You will also have the option to participate in a more in-depth personal interview with me if you are interested. A separate informed consent form will be mailed to you for you to sign and return in a stamped envelope I provide before such an interview can be scheduled.

Risks/Discomforts of Being in this Study
- The study has the following risks. It is possible that some of the questions in the survey may make you feel uncomfortable if your weight loss experience has had negative impacts on you. You will be provided with a list of resources which can help you navigate any unforeseen distressing consequences of participation.

Benefits of Being in the Study
- The benefits of participation include gaining insight into and being able to reflect upon your own experience of weight loss. You may also benefit from knowing that your participation is an opportunity to contribute to a better understanding of the weight loss experience for mental health professionals. Participants who choose to have a follow up interview might benefit from sharing their personal story with a caring other who has also experienced significant weight loss.

Confidentiality
- The Survey Monkey study is anonymous. Survey Monkey will not be retaining any information about your identity, and will remove all such information before sending me the survey results.

- The data will be kept for at least three years according to federal regulations. They may be kept longer if still needed for research. After the three years, or whenever the data are no longer being used, all data will be destroyed.

Payments
- I am unable to offer you any financial payment for your participation.

Right to Refuse or Withdraw
- The decision to participate in this study is entirely up to you. You may refuse to take part in the study *at any time* without affecting your relationship with the researchers of this study or Smith College. Your decision to refuse will not result in any loss of benefits (including access to services) to which you are otherwise entitled. You have the right not to answer any single question, as well as to withdraw completely at any point during the survey by simply exiting without submitting your answers. Your responses will be automatically deleted. Because I will never know which responses are yours once they are submitted to the survey, I cannot withdraw them once you click on the "submit" button at the end of the survey.

Right to Ask Questions and Report Concerns
- You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, Jo Ann Valle at xxxxx@smith.edu or by telephone at xxx-xxx-xxxx. If you like, a summary of the results of the study will be sent to you. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may

contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

Consent

- Clicking on the link below and entering the survey indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You should print and save copy of this form to keep.

Should you want to speak with somebody after completing the survey, the following websites provide resources for finding a mental health clinician.

1. http://www.apa.org/

   ○ Click on "Find A Psychologist" on the left side of the home-page.

   ○ Enter your zip code to find a psychologist near you.

2. http://www.naswdc.org/

   ○ Under the "Resources" Tab, scroll down to "Find A Clinical Social Worker"

3. http://www.helpstartshere.org/find-a-social-worker

   ○ There are several directories listed there to begin your search.

SMITH COLLEGE

SCHOOL FOR SOCIAL WORK

Consent to Participate in a Research Study
Smith College SSW ● Northampton, MA

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Title of Study: Before and After: An Exploration of Positive and Negative Effects of Significant Weight Loss

Investigator(s): Jo Ann Valle, Smith College School for Social Work

....

Introduction
- You are being asked to be in a research study of the positive and negative impacts of significant weight loss.

- You were selected as a possible participant because you have identified yourself as someone who has experienced significant weight loss. To participate in this study you must be at least 18 years of age, have lost at least 20% of your body weight intentionally, and have maintained that loss within 15 pounds for at least 6 months. In order to participate in the interview you must have either a working telephone, access to a computer and an active Skype account, or be located within reasonable proximity to the researcher for an in-person interview.

- I ask that you read this form and ask any questions that you may have before agreeing to be in the study.

Purpose of Study
- The purpose of the study is to better understand both the positive and negative impacts of weight loss on people who undergo significant loss. Many people who experience significant weight loss undergo an emotional transformation as well as a physical one. This information gained from this study will help mental health professionals gain a more nuanced picture of how weight loss can impact people who undergo such loss.

- This study is being conducted as a thesis requirement for my master's in social work degree.

- Ultimately, this research may be published or presented at professional conferences.

Description of the Study Procedures
- If you agree to be in this study, you will be asked to participate in an in-depth personal interview with me. I will ask a variety of questions about whether weight loss has both positively and negatively impacted you, and -- if so – how. Interviews will take between 30 and 50 minutes.

- The interview will be conducted over the phone, via Skype, or in person per individual, mutually convenient arrangement.

Risks/Discomforts of Being in this Study
- The study has the following risks. It is possible that some of the questions in the interview may make you feel uncomfortable if your weight loss experience has had negative impacts on you. You will be provided with a list of resources which can help you navigate any unforeseen distressing consequences of participation.

Benefits of Being in the Study
- The benefits of participation include gaining insight into and being able to reflect upon your own experience of weight loss. You may also benefit from knowing that your participation is an opportunity to contribute to a better understanding of the weight loss experience for mental health professionals. Participants who choose to have an interview might benefit from sharing their personal story with a caring other that has also experienced significant weight loss.

Confidentiality
- The records of this study will be kept strictly confidential. Research records will be kept in a locked file, and all electronic information will be coded and secured using a password protected file. Audio recordings will only be accessible to me as the interviewer, only used for educational purposes, and will be destroyed by erasure after three years if no longer needed for research. I will not include any information in any report I may publish that would make it possible to identify you.

- The data will be kept for at least three years according to federal regulations. They may be kept longer if still needed for research. After the three years, or whenever the data are no longer being used, all data will be destroyed.

Payments
- I am unable to offer any financial payment for your participation.

Right to Refuse or Withdraw
- The decision to participate in this study is entirely up to you. You may refuse to take part in the study *at any time* without affecting your relationship with the researchers of this study or Smith College. Your decision to refuse will not result in any loss of benefits (including access to services) to which you are otherwise entitled. You have the right not to answer any single question, as well as to withdraw completely at any point during the study. If you choose to withdraw, I will not use any of your information collected during the interview for this study. You must notify me of your decision to withdraw by email or phone by 1/1/14. After that date, your information will be part of the thesis or final report.

Right to Ask Questions and Report Concerns

- You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, Jo Ann Valle at xxxxx@smith.edu or by telephone at xxx-xxx-xxxx. If you like, a summary of the results of the study will be sent to you. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

Consent

- Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep, along with any other printed materials deemed necessary by me or the Smith College School for Social Work's Human Subjects Review Committee.

Should you want to speak with somebody after completing the survey, the following websites provide resources for finding a mental health clinician.

1. http://www.apa.org/

   O Click on "Find A Psychologist" on the left side of the home-page.

   O Enter your zip code to find a psychologist near you.

2. http://www.naswdc.org/

   O Under the "Resources" Tab, scroll down to "Find A Clinical Social Worker"

3. Or, go to this direct link: http://www.helpstartshere.org/find-a-social-worker

   O There are several directories listed there to begin your search.

…………………………………………………………………………..

Name of Participant (print): _____

Signature of Participant: _____   Date: _____

Signature of Researcher(s): _____   Date: _____

…………………………………………………………………………..

1. I agree to be [audio or video] **taped for this interview:**

Name of Participant (print): _____

Signature of Participant: _____   Date: _____

Signature of Researcher(s): _____   Date: _____

2. I agree to be interviewed, but I do not want the interview to be taped:

Name of Participant (print): _____

Signature of Participant: _____   Date: _____

Signature of Researcher(s): _____   Date: _____

Appendix C: Survey Questions

1. **How much weight did you lose? [_____lbs]**
2. **If you lost weight over a long period of time or in several different weight loss episodes, please note the total amount lost from your heaviest weight to your current weight. [highest weight in lbs____ current weight_____]**

3. **Why did you decide to lose weight? Please check all that apply**

To look better in clothing
To address a specific diagnosed medical condition (please specify)
To improve general health
To reach a specific fitness goal
To decrease mental health symptoms like depression or anxiety
To be more attractive to romantic or sexual partners
To get back at someone
To be able to identify as a "skinny" or "thin" person
To be able to identify as a "normal" or "average-sized" person
To look more like a specific celebrity
Other reason (please specify)

4. **What method did you use to lose weight? Please check all that apply.**

Attention to diet and exercise
Crossfit
Jenny Craig
Myfitnesspal
Overeaters Anonymous
Sparkpeople
Supervision with a registered dietician or nutritionist
Supervision with a primary care physician
Weight loss supplements
Weight loss surgery
Weight watchers online
Weight watchers meetings
Other (please specify)

5. **How dissatisfied were you with your body before you lost weight?**
    0   1   2   3   4

**Not at all   Only Mildly   Moderately   More than Moderately
Severely/Extremely**

6. **Did you have an image of what your body would look like after you lost weight when you began your weight loss?**
    0   1   2   3   4

Not at all   Very little   Somewhat   Fairly clear   Definitely

7. Do you feel that you achieved the body you had imagined after losing weight?

0   1   2   3   4
Not at all   Only slightly   Somewhat   Mostly   Definitely

8. In what ways is your post-weight loss body like or not like what you pictured?

0   1   2   3   4
Not at all like   Much less like   Only somewhat like   Mostly like   Quite like

Please identify any specific differences from what you pictured:

9. Did you have an image of how your life would be different after weight loss?

0   1   2
3   4
No image Only slightly clear image   Somewhat clear   Fairly clear   Definitely clear
image

10. In what ways is your post-weight loss life like or not like what you pictured?

1   2   3   4   5
Much worse   Somewhat worse   About the same   Somewhat better Much Better

Please identify any specific differences from what you pictured:

11. Were you overweight as a child?

1   2   3   4   5
**Never   Only rarely/slightly   Somewhat/occasionally   Yes, quite a bit   Very/Almost
always**

**12. If you gained weight later in life (after childhood), what were the circumstances
of the weight gain? Please check all that apply.**

Stress
Medical illness
Mental illness
Medication side-effect
Trauma
Pregnancy
Eating disorder
Not sure why I gained weight
Poor food choices
Poor portion control
Lack of exercise
I was overweight as a child and continued to be overweight into adulthood
Other (please specify)

13. Did you experience a traumatic event or ongoing trauma that you believe contributed to your becoming overweight? Please check any that apply.

Physical assault or abuse
Sexual assault or abuse
Verbal or mental abuse
Natural disaster
War atrocities
Trauma associated with being a uniformed service provider (police, fire, EMT, correctional officer, military)
I did not experience any trauma that I believe contributed to my becoming overweight
Other traumatic event or circumstances (please specify)

14. Have you ever been diagnosed with or treated for an eating disorder or body image-related disorder? Please check all that apply

Anorexia
Bulimia
Binge eating disorder
Eating disorder not otherwise specified
Body Dysmorphic disorder
I have not been diagnosed, but I have suspected I have an eating disorder or body image-related disorder
I have not been diagnosed, not have I suspected I have an eating disorder or body image-related disorder
Other (please specify)

15. Did you develop a "fat identity," thinking things like, "This is who I am," "I am meant to be a heavy person," "I'm just the fat one," etc.? Or did you develop other talents or personal characteristics to compensate for being overweight?

1	2	3	4	5
Never	**Slightly**	**Somewhat**	**Yes, quite a bit**	**Very much/ almost always**

16. If yes, did you continue to hold the same "fat identity" beliefs after weight loss?

1	2	3	4	5
Never	**Slightly**	**Somewhat**	**Yes, quite a bit**	**Very much/ almost always**

17. Due to the weight loss, how the following areas of your life have improved, become worse, or have not been impacted in the following areas

1 Worse	2 Somewhat Worse	3 No change	4 Improved	5 Much improved

Physical health
Mental health
Aerobic fitness

Medical markers like blood pressure, cholesterol, glucose tolerance, etc.
Self-image
Self-esteem
Academic/vocational progress
Relationships with family
Relationships with romantic or sexual partners or significant others
Relationships with friend**s**

18. **The following is a list of potential "side effects" that many people who have lost weight identify as meaningful to their experience. Some of these side effects may be experienced as positive, negative, or both positive and negative. Please rate the following side effects on the following scale. If you did not experience the side effect, please choose not applicable.**

| 0 | 1 | 2 | 3 | 4 | 5 |

Very distressing somewhat distressing neutral somewhat enjoyable very enjoyable Both enjoyable and distressing n/a

Having noticeable loose skin
Not recognizing yourself when you walk by mirrors or reflective surfaces
An increase in flirtatious behavior or sexual attention from strangers
An increase in your own flirtatious behavior or sexual activity
Feeling colder than usual
Being constantly preoccupied with food intake
Being constantly preoccupied with exercise
Feeling smaller and thus physically weak or helpless
Worrying about regaining weight
Feeling more powerful
Feeling that people treat you differently (more positively) as a physically smaller or lighter person
Enjoying sexual activity more
Feeling you are more in control of your life
Hearing unsolicited comments about your weight loss from others
Making healthier food choices
Consuming fewer excessive portions of food
Exercising regularly
Experiencing an increase in energy
Looking more like a "normal-sized" or "thin" person
Noticing friends became jealous, subtly or overtly, of your success

19. Many people who have lost weight describe a period of "catch up," where their brains' images of what they look like and who they understand themselves to be does not match up with their current body sizes. Would you please share any experiences you've had like this in the text box below?

20. What were the most positive effects of weight loss on your identity?

21. What were the most negative effects of weight loss on your identity?

Demographic Questions: [In many previous health studies, researchers failed to discuss whether their participants were male, female, transgender, and did not accurately describe the race/ethnicity of those who volunteered for the study. If you are willing, would you briefly indicate how you identify on these characteristics, so that I may describe my sample accurately?]

What gender do you identify as?
☐ I identify as female
☐ I identify as male
☐ I identify as transgender
☐ I don't identify strongly with any gender
☐ I identify as fluid/gender non-conforming
☐ I identify differently than the options listed here (if you wish, please specify):_____

What race(s) and ethnicity(ies) do you identify as? Please check all that apply.
☐ African (Central, East, West, Southern African)
☐ African-American/Black
☐ American Indian/Alaskan Native
☐ Caribbean
☐ Caucasian/White
☐ East Asian (including China, Taiwan, Japan, Korea, and Mongolia)
☐ Hispanic/Latino
☐ Middle-Eastern/Northern African
☐ Native Hawaiian/Pacific Islander
☐ South Asian (including Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka)
☐ Southeast Asian (including Burma, Thailand, Laos, Cambodia, Vietnam, Indonesia, Malaysia, Singapore, East Timor, Brunei, and the Philippines)
☐ I identify differently than the options mentioned here (please specify), or I wish to further specific my race/ethnicity: _____

Appendix D: Interview Questions

In what ways has your relationship to yourself changed since losing weight?

In what ways have your relationships with important people in your life changed since losing

weight?

If you could change anything about your weight loss experience, what would it be and why?

Was there anything about your weight loss journey or your experiences post weight loss that

scared you? Please explain.

Was there anything about your weight loss journey or your experiences post weight loss that

inspired or motivated you? Please explain.

Was there anything you learned post weight loss that you wish you had known about before your

weight loss journey began?

If you could have had additional support navigating life post weight loss, what might you have

found helpful?

If someone close to you told you they were going to attempt a major weight loss like the one you

experienced, what advice would you offer them?

Is there anything else you would like to share about your experiences after weight loss?