Women's Experiences of Comfort Eating:

An Interpretative Phenomenological Analysis

Thesis submitted for the degree of

Doctorate in Clinical Psychology

University of Leicester

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2013

1. Declaration

I, Jessica Close, declare that the research reported is my own work and has not been submitted for any other academic award.

<div align="right">

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Women's Experiences of Comfort Eating:
An Interpretative Phenomenological Analysis

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2. Abstract

Literature Review

Emotional eating is being increasingly considered in the understanding of obesity and weight change (Ganley, 1989; Buckroyd, 2011). This review examined qualitative research grounded in emotional eating being a key factor of obesity and weight change. Six electronic databases were searched between August 2012 and January 2013. Included articles were published between 2000 and 2013 from the USA and Western Europe. Twenty-one articles were analysed using thematic analysis to integrate findings and generate relevant themes. Four core themes were identified: Vulnerability; Triggers; Function; and Emotional Aftermath. The findings indicated how emotional eating formed a cyclical pattern of behaviour with weight gain implicated as a primary consequence. Implications for future research and clinical practice are discussed.

Research Report

Emotional eating was defined as van Strien *et al*. (2007) by 'the tendency to overeat in response to negative emotions such as anxiety or irritability' (p.106). The study aimed to explore women's experiences of comfort eating, a form of emotional eating which provides self-comfort or self-soothing. Seven semi-structured interviews were conducted and analysed using Interpretative Phenomenological Analysis (IPA), finding three superordinate themes: 'The private experience of comfort eating'; 'My emotional relationship with comfort eating'; and 'Mind-body connection'. Themes linked to comfort eating being used to mask (Polivy & Herman, 1999) or escape (Heatherton & Baumeister, 1991) negative emotion,. Vulnerabilities to comfort eating included restrained eating (Herman and Mack, 1975) childhood eating patterns and critical parental rules around food. Implications for research and clinical practice are discussed.

Critical Appraisal

The processes involved in conducting a research project are discussed reflectively in the critical appraisal section. This includes: personal reflections; limitations in terms of data collection and analysis; and implications for research and clinical practice.

3. Acknowledgements

I would like to thank my supervisor Dr Sheila Bonas. Your help and support has made this project possible. I really appreciate the time and energy you have given to help me with my research.

To my interviewees, thank you for sharing such honest and detailed reports of your comfort eating experiences. My appreciation goes to my family, friends and colleagues who have listened tirelessly and helped me stay motivated.

Finally, to my Husband Jas. You always know what to say to make me see the rational side of things especially when I'm living in the whirlwind of thesis chaos. Thank you.

4. Word Counts

Overall Abstract: 295

Literature Review Abstract: 300

*Literature Review: 6611 (6911 including abstract)

Thesis Abstract: 298

Main Research Report: 11608 (11906 including abstract)

Critical Appraisal: 2431

Total Appendices: 7331

    Appendices (Mandatory): 4381

    Appendices (non mandatory): 2950

*Total Word Count for Main Text: 21545 (22144 including contents lists)

    + Non-mandatory appendices:25926 (26525)

    +All appendices: 28876 (29475)

*Excluding Tables, References, Diagrams and Appendices

5. Table of Contents

6. List of Appendices

7. Addenda

Transcripts provided on CD

*Mandatory Appendices

8. List of Tables

9. List of Figures

10. Literature Review

A Qualitative Review of Emotional Eating within Obesity and Weight Change

A Qualitative Review of Emotional Eating within Obesity and Weight Change

Jessica Close

11. Abstract

Introduction

Emotional eating is being increasingly considered in the understanding of obesity and weight change (Buckroyd, 2011). This review examined qualitative research grounded in emotional eating being a key factor of obesity and weight change. The review aimed to explore the construct of emotional eating, and how it is implicated in obesity.

Method

Six electronic databases (CINAHL, Medline, PsychINFO, Scopus, Web of Science, and the NHS Specialist Reviews Database) were searched between August 2012 and January 2013. Articles were included within the search if published between 2000 and 2013, from the USA and Western Europe. Studies were assessed for relevant content and quality. Thematic analysis was used to integrate the findings and synthesise them into relevant themes.

Results

The review analysed twenty-one articles that explored emotional eating within a context of obesity or weight gain. Four core themes were identified: Vulnerability; Triggers; Function; and Emotional Aftermath. The findings indicated aspects of emotional eating formed a cyclical pattern of behaviour. Weight gain was implicated as a primary consequence of frequent emotional eating.

Conclusions

The current literature review indicated that for some individuals a cyclical pattern of emotional eating could be a contributing factor of their obesity or weight gain. Childhood experiences of eating related to insecure attachment, such as food being used by caregivers to provide comfort, could increase the likelihood of vulnerability to emotional eating in adulthood. Future research is suggested with an aim of exploring how a cycle of emotional eating could contribute to obesity. Implications for clinical practice are discussed.

Search Terms

Search terms used were: 'Emotional eating'; 'Emotion*' AND 'Eating'; and 'Comfort Eating'; 'Food' AND 'Emotion*'; 'Food' AND 'Mood'; 'Food Addiction'; 'Overeating'; 'Binge eating'; 'Binge*'; and 'Compulsive eating'; AND 'Qualitative' OR 'Phenomenology'.

12. Introduction

12.1. *Emotional Eating*

Emotional eating is defined by van Strien *et al*. (2007) as 'the tendency to overeat in response to negative emotions such as anxiety or irritability' (p.106). A range of negative emotions are highlighted as being managed or regulated through emotional eating including stress, loneliness, anger, and sadness (Byrne *et al*., 2003; Adriaanse *et al*., 2011; Koball *et al*., 2012). Eating to balance or sooth negative emotion could also be associated with the perception of eating as rewarding or pleasurable (Adolfsson *et al.,* 2002; Macht *et al.,* 2005).

12.2. *Theoretical Understanding*

Greeno and Wing (1994) used psychosomatic theories to explain how 'stress-induced eating' originated as a difficulty in differentiating between stress related emotion and sensations of hunger (Kaplan & Kaplan, 1957; Bruch, 1964). The psychosomatic framework is useful to explore how emotional eating could develop. If negative emotion is misinterpreted as hunger, yet alleviated by eating, the association between emotional eating is reinforced (Greeno & Wing, 1994). The misinterpretation of negative emotion for hunger could lead to overeating and eventual weight gain.

Overeating can cause the individual to consume more food energy than is needed to keep their body working healthily. If not expended through physical activity, excess food energy is likely to be stored in fat reserves within the body (Goss, 2011, p.3). One way to combat potential weight gain would be to compensate for the consumption of excess energy through subsequent dietary restraint or additional exercise. Physical compensation for emotional eating may reduce the likelihood of weight gain and

emotional eating may cease to be perceived as a problem (Adriaanse *et al.*, 2011). However, this logic becomes complicated when taking psychosomatic theory into account. In addition, overeating foods laden with high fat or sugar content is often seen in emotional eating (van Strien, 2000). Foods which create a positive experience could help reduce the impact of negative emotion, which is supported by research indicating high fat and high sugar foods can produce pleasurable (Macht *et al.,* 2005) and even hedonic effects (Buckroyd, 2011).

The Stroebe *et al.* (2008) 'Goal conflict model of hedonic eating' reasoned how emotional eating using pleasurable foods could become reinforced over time. Stroebe *et al.* (2008) indicated that overweight individuals faced conflict between two desired goals: to lose weight or to eat pleasurable foods. An enforcement of dietary restriction is difficult to maintain therefore overeating pleasurable foods occurs and weight gain becomes more likely. Individuals who frequently gain weight are more likely to become overweight or obese (Goss, 2011, p.3).

12.3. *Obesity*

The Body Mass Index (BMI) is a standard measure for weight identification, divided into a minimum of five ranges: Underweight (≤18 kg\m²); Healthy weight (18.5-24.9 kg\m²); Overweight (25-29.9 kg\m²); Obese (30-39.9 kg\m²); and Morbidly obese (≥40 kg\m²) (WHO, 2006). Over 55% of all men and women in England were classed as overweight in 2011, with a significant increase in obesity rising from 16% to 26% for women and 13% to 24% in men between 1993 and 2011 (HSCIC, 2013). In the USA, adult obesity levels are reported as even higher at 35.7% (Ogden *et al.*, 2012).

Rising obesity levels are a concern across western populations (DH, 2013). The strain obesity places on the human body increases the potential development for several chronic health conditions including cardiovascular disease and type 2 diabetes (DH, 2013). Furthermore, obesity can complicate potential health conditions such as childbirth. Conditions related to obesity caused approximately 40,000 people to die last year making obesity a key topic on the political health agenda (DH, 2013).

In the UK, the Department of Health produced several educational campaigns promoting improved health. Providing the general population with accessible information regarding healthy eating and improved physical activity aimed to increase weight loss and reduce obesity levels (DH, 2003; DH, 2008). While campaigns provide useful practical knowledge, information regarding the psychological or emotional reasons for overeating have had limited exploration.

12.4. Emotional Eating and Obesity

Only two previous reviews were found which explored emotional eating within obesity. Ganley (1989) reviewed studies published between 1950 and 1989 finding that obese people were more likely to use emotional eating to manage negative affect than healthy weight people. Individual factors such as emotion type could influence how emotional eating was experienced. The second review by Buckroyd (2011) was included as part of the British Psychological Society's 'Obesity in the UK: A Psychological perspective' paper (BPS, 2011). Buckroyd (2011) reviewed literature around emotional eating in obese individuals who had a BMI of 35 or above. In line with Ganley (1989), Buckroyd (2011) found a high proportion of obese individuals used emotional eating to manage negative affect. It was noted that current weight loss

programmes tended to focus on the use of cognitive-behavioural strategies and rarely included emotional exploration, however cognitive-behavioural strategies alone had limited success in maintaining weight loss long-term. Buckroyd (2011) identified several predisposing factors to emotional eating connected to childhood development difficulties e.g. attachment difficulties to primary caregivers, childhood abuse, neglect, poor mental health and household violence. In adulthood, factors such as stress, limited social support and anxiety all precipitated emotional eating and linked with obesity. Parallels were drawn between the elements of emotional eating involved in obesity and binge eating disorder. Buckroyd (2011) concluded that it would be helpful to consider emotional development as part of weight loss strategies.

Buckroyd's (2011) identification of attachment as a factor in the development of emotional eating in obesity is supported by several studies. D'Argenio *et al*. (2009) which suggested any perceived traumatic childhood experience could increase the likelihood of obesity in adulthood, but the severity of trauma did not necessarily predict a vulnerability to obesity. Anxiety caused by inconsistent life stressors could also factor into the development of childhood eating patterns as Olson *et al.* (2007) found experiences such as food insecurity reinforced patterns of overeating and restrained eating which continued into adulthood. Interestingly however, Kiesewetter *et al*. (2012) found that insecure attachment levels within an obese study sample were reflective of the normal population. Nevertheless, obese individuals with secure attachments were more successful with weight loss indicating the potential influence of secure relationships within weight management. Comfort is a key provision by caregivers during childhood development and therefore in context with the connection between emotional eating and attachment it is unsurprising that the terms of 'comfort eating' and

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'emotional eating' are used interchangeably, with 'comfort eating' being used more in lay literature, and 'emotional eating' being used in academic literature.

12.5. *Emotional Eating and Weight Management*

The complex relationship between emotional eating, obesity and weight management is underexplored. Although Buckroyd (2011) found cognitive-behavioural strategies were limited in maintaining long-term weight loss, the development of a deeper understanding of obesity can be beneficial for some individuals. In a review of the effectiveness of psychological interventions for obesity, Shaw *et al*. (2005) found Cognitive-Behavioural Therapy (CBT) for overweight or obese individuals, increased weight loss significantly more than exercise or diet alone.

12.6. *Review Rationale*

The two previous reviews (Ganley, 1989; Buckroyd, 2011) provide a reasonable background to the literature, however both mainly focused on quantifiable measurements of emotional eating behaviour. Qualitative research can bring a depth of exploration not accounted for by quantitative methodologies, by examining emotional eating experience and how individuals make sense of it. The value of exploring lived experience using qualitative methods has been highlighted throughout health psychology research (Reid *et al*., 2005). In addition the most recent article included in the Buckroyd (2011) review was from 2009 and therefore did not capture recent research exploring emotional eating in relation to obesity. As interest within this area has increased it was deemed appropriate to review qualitative literature review exploring emotional eating within a context of obesity.

12.7. Review Aims

The current review aimed to explore current qualitative research to enhance the existing knowledge base on emotional eating within a context of obesity and weight change. Articles focused on eating behaviour consistent with weight gain, therefore articles examining Anorexia Nervosa type behaviour or food abstinence were omitted. Articles focused on pregnant participants were not included due to the additional flux in eating patterns. Articles using an adult-only population were used with the aim of identifying established eating patterns which may differ or be less evident during childhood. Potential cultural diversity was acknowledged therefore the review focused on western populations such as the USA and Western Europe as these areas identified obesity as a problem.

12.8. Research Question

How is emotional eating experienced within a context of obesity or weight change?

13. Method

13.1. Review Strategy

Searches for literature were conducted between August 2012 and January 2013 using six electronic databases: CINAHL; Medline (including EMBASE); PsycINFO; Scopus; Web of Science; and the NHS Specialist Reviews Database (including the Cochrane Database of Systematic Reviews). The selected databases provided an extensive search across psychological, medical and healthcare literature (Appendix A).

13.2. Search Terms

The literature was searched using the key terms (Emotional eating) OR (Emotion* AND Eating) OR (Comfort Eating) AND (Qualitative). Key terms were expanded through identification of MeSH headings from relevant articles: (Food AND Emotion*) OR (Food AND Mood) OR (Food addiction) OR (Overeating) OR (Binge eating) OR (Binge*) OR (Compulsive eating) AND (Phenomenon*).

13.3. Inclusion and Exclusion of Articles

The database searches were limited to reduce the results to literature relevant to the review rationale and aims. The time period of 2000-2012 was used as the majority of seemingly relevant literature occurred within this range. Additional limiters were applied including: English language; Adult population (18+); Journal article; Peer-reviewed; and Human. Exclusion criteria imposed included: Non-journal (i.e. Book chapters; Comments; Dissertation abstracts; and Review articles); Non-English language; Non-Western population; Quantitative research; Child/ adolescent population

(<18); and Pregnancy. It is acknowledged that the search may not be exhaustive; however it aimed to provide an extensive literature search within academic time restraints.

The review procedure elicited a total of 658 articles and is illustrated in Figure 1. The large number of articles was thought to be due to being unable to refine searches using the terms 'Obesity' and 'Weight change' as preliminary searches had found the terms limited the results too extensively and some relevant articles were not captured. Despite imposing limiters, initial manual scanning of the titles and abstracts of articles found the search results included articles within the exclusion criteria, therefore all 658 titles and abstracts were scanned manually to refine the results further. Duplicate articles were also removed at this stage. Non of the articles found using the search criteria were reported to have a focus specifically on emotional eating. A total of 44 articles were included for further review. An additional article was found by searching article reference lists (Burke *et al.*, 2009) and a second through the Research Supervisor's academic knowledge (da Silva & da Costa Maia, 2012). The data extraction form was used to summarise salient points of 46 full articles (Appendix B). On further examination an additional 25 articles were excluded: Two used quantitative methods; Eight focused on anorexia or food abstinence; and despite referring to emotional eating in the abstract fifteen articles did not expand the discussion emotional eating in detail, other than to report its existence. Twenty-one articles were included in the final review as although non specifically focused on emotional eating, all had aspects of this behaviour relevant for the review.

Figure 1: Shortlisting process

Initial search using exclusion criteria in search terms articles ⟹ **658**

Titles and abstracts manually scanned for relevance. Articles excluded if exclusion criteria identified e.g. focused on a non-western sample population ⟹

Pregnancy = 1
Dissertation = 1
Animal = 2
Quantitative = 2
Non-English language = 4
Child = 15
Non-western = 35
Non emotional eating focus = 130
Duplicate = 424
Total excluded = 614
Total for further review = 44

Two additional articles found through supervisors knowledge and reference lists ⟹ **Total for further review = 46**

Full articles reviewed and exclusions made ⟹

Quantitative methodology = 2
Anorexia/ Food abstinence focus = 8
Emotional eating not discussed in detail = 15
Total excluded = 25
Total for further review = 21

CASP quality assessment applied ⟹ **Total included in final review = 21**

13.4. Quality Assessment

Twenty-one articles were included for quality assessment prior to analysis of the data, using the Critical Appraisal Skills Programme (CASP) Qualitative Research Checklist (CASP UK, 2010) (Appendix C). Markers of quality were recorded using three scores: 'Yes' if definite evidence was provided; 'No' if evidence was not provided; and 'Unclear' if evidence needed clarity. Using CASP, all articles were found to outline clear research questions appropriate for qualitative methodology, presented key findings clearly, and made valuable contributions to the existing literature. Overall quality was judged to be adequate for the purposes of the current review however limitations were noted. Although the majority of articles (n=16) stated ethical consideration, 10 only acknowledged that ethical approval had been granted, but not how this was obtained. In addition, the majority of articles (n=18) showed inadequate consideration of the researcher-participant relationship. The quality limitations outlined were not considered an adequate basis for exclusion in the review. Nevertheless, interpretations drawn from analysis should be cautiously considered within the context of these limitations.

13.5. Review Analysis

Twenty-one articles were reviewed using a detailed inductive thematic analysis following the guidance of Braun and Clarke (2006). Articles were initially analysed individually. Articles were read and re-read, thoroughly to increase familiarisation with the data. An initial line-by-line coding procedure then commenced to code themes with similar codes being grouped together to form initial themes. A 'spider' diagram was drawn for each article to produce a thematic map showing the themes and thematic

relationships related to emotional eating (Appendix D). Individual thematic maps were compared and reviewed to identify thematic coherence across articles as described in Braun and Clarke (2006). Themes were included if illustrated within a marked number of articles and were coherent to the overarching thematic map. Themes were discussed and clarified through supervision with regard to validity and plausibility. Quotations were selected to exemplify the findings of thematic analysis. Information pertinent to each of the twenty-one articles is summarised in Table 1, including the study aims; the methodology used; explicitly named themes; and the focus of emotional eating.

Table 1: Summary of Review Articles

ID	1st Author(s), Year and Country	Study exploration	Methodology		Explicitly named themes
			Data collection	**Data analysis**	
1	Adolfsson (2002) Sweden.	Important factors of obesity/ weight loss programme.	Individual interviews at three time-points.	Thematic analysis.	Five main themes: • Eating habits • Weight change • Other factors to hunger • How the programme affected weight • Practical factors
2	Barberia (2008) UK/ Spain.	Obesity beliefs of obese weight-loss seeking Spanish women.	Individual interviews.	Theory of Planed Behaviour (not clear).	Three main themes: • Behavioural beliefs & relationship with diet attitudes • Normative beliefs & subjective norms • Control beliefs

ID	1st Author(s), Year and Country	Study exploration	Methodology		Explicitly named themes
			Data collection	**Data analysis**	
3	Bove (2006) USA.	Obesity in low-income rural women, vulnerable to becoming obese.	Individual interviews	Constant comparative analysis.	Three main themes: • Physical activity • Eating patterns • Body image
4	Burke (2009) USA.	Self-monitoring during weight loss. Randomized control trial for weight loss intervention.	Diaries and individual interviews	Inductive content analysis.	Eight common concepts across cases: • Accuracy • Seeing it in black and white • A tool for staying on track • Everyone played 'catch up' • Group support • Being part of a research study • New knowledge and skills Three different types of participant emerged: • Well-disciplined • Missing-the-connection • Diminished support

ID	1st Author(s), Year and Country	Study exploration	Methodology		Explicitly named themes
			Data collection	**Data analysis**	
5	Byrne (2003) UK.	Exploring the success of weight maintenance.	Individual and group interviews	Mixed methods analysis: Used NUD*IST software to analyse. Results presented as qualitative themes and statistics.	Defined categories which showed clear differences between people who maintained or regained weight across three main areas: • Behavioural • Cognitive • Affective
6	Childers (2011) USA.	Freshman college students: factors that guide eating decisions.	Audio diary and focus group interviews.	Inductive Phenomenological Analysis.	Two main categories: • Influences of food choice (Campus life; Emotional Issues; Parental/ family factors; Accessibility of food; Consumption consistency; and Weight control) • Implications (Physical health; Mental health; and Emotional health)

ID	1st Author(s), Year and Country	Study exploration	Methodology		Explicitly named themes
			Data collection	**Data analysis**	
7	da Silva (2012) Portugal.	The characteristics and knowledge of obesity and treatment in obese individuals prior to bariatric surgery.	Individual interviews	Grounded Methodology.	Three core processes: • Obesity • Eating behaviour • Treatment.
8	Grant (2005) USA.	The experiences and difficulties of weight loss from and obese individuals.	Individual interviews	Hermeneutic Phenomenology Analysis.	Five main contexts: • Context of obesity • Embodied self • Dieting • Reasons for eating • Experience of interview
9	Green (2009) UK	The experience of diet failure	Individual interviews	Interpretive Phenomenological Analysis.	Five main themes: • Dieting mode • Multi-me • Not-me • Modern life • The challenges of emotional and social eating

ID	1st Author(s), Year and Country	Study exploration	Methodology		Explicitly named themes
			Data collection	**Data analysis**	
10	Jeppson (2010) USA.	Binge-purge behaviours as experienced by women with Bulimia Nervosa.	Individual interviews	Inductive analysis (describes the process but doesn't clarify a specific name).	Five main themes: • General attempts to cope and control • Attempts to improve social and self-regard through thinness • Attempts to regulate emotion • Physiological reinforcement • Less typical responses
11	Macht (2005) Germany	The experiences and characteristics of hedonic eating.	Individual interviews	Unsure about analysis (just states qualitative).	Identified eight components of hedonic eating within three categories: • Stimulus conditions (foods; physical environment; and social factors) • Organism variables (somato-psychic state; and attitudes towards hedonism) • Response elements (predatory activities; eating behaviour itself; and subjective experiences)

ID	1st Author(s), Year and Country	Study exploration	Methodology		Explicitly named themes
			Data collection	**Data analysis**	
12	McIver (2009) Australia	The experiences of binge-eating women attending a yoga intervention programme.	Personal written journals.	Existential phenomenological analysis.	One overarching theme: Disconnection Vs connection. Two core themes: • The changing body (including force Vs ease) • The changing palate (including food as the comforter; and food as the isolator)
13	McNamara (2008) Australia.	The thoughts of adults with eating disorders when viewing food.	To state emotional response to food during individual interviews (semi-structured, open-ended questions).	Framework approach.	One central theme of 'Control'. Eleven subthemes: • Emotional reactions • Avoidance • Purging • Safety • Quantity • Power • Self-esteem • Weight • Obsession • Femininity • Knowledge

ID	1st Author(s), Year and Country	Study exploration	Methodology		Explicitly named themes
			Data collection	**Data analysis**	
14	Ogden (2011) UK	Successful weight-loss experiences.	Individual interviews	Interpretative phenomenological analysis.	Four themes (processes) attributed to weight-loss failure: • Operation failed • Cheating the band • Emotional regulation • Neglected mind
15	Olson (2007) USA.	Influences of childhood deprivation on obesity in adulthood.	Three annual individual interviews	Constant comparative method.	Three main themes: • Experiences of poverty-associated food deprivation in childhood • Long-term consequences • Contemporary parent practices
16	Rørtveit (2009) Norway.	The mental challenges of women with eating disorders.	Interviews with focus groups.	Hermeneutic content analysis	One main theme: Balancing between mental vulnerability and strength. Three subthemes: • Struggling with emotional ambivalence • Being cognitively aware of limitations • Experiencing an existential sense of being lost and frozen

ID	1st Author(s), Year and Country	Study exploration	Methodology		Explicitly named themes
			Data collection	Data analysis	
17	Seamoore (2006) UK	Evaluations of a group intervention for women who binge-eat or compulsively overeat.	Interviews prior and following the group. Unclear whether individual or focus groups.	Thematic analysis.	Key theme: Changes in eating behaviour Four subcategories: • Changes in dichotomous thinking • Changes in awareness of eating behaviours • Changes in nutritional choices • Emotional and cognitive detachment from food
18	Stewart (2006) Canada.	Exploring commonalities in heavy alcohol use and binge-eating.	Individual and focus group interviews.	Mixed methods design Quantitative analysis: standardised measures and statistical analysis. Qualitative analysis: did not mention specific type of analysis methods other than 'qualitative'.	Two main themes: • Relief from negative emotions • Enhancement of positive emotions

ID	1st Author(s), Year and Country	Aims of study	Methodology		Explicitly named themes
			Data collection	**Data analysis**	
19	Vue (2008) USA	Mid-life women's experiences of eating as defined as need-states	Focus groups using guided interviews.	Thematic analysis used to develop a hypothetical framework	Defined eight need states: • Mindless past-time • Habitual • Low effort • Pursuing health • Soothing • Nurturing • Social • Celebratory
20	Wasson (2010) USA	The experiences of individuals who relapse in Bulimia Nervosa	Focus groups and individual interviews.	Constant comparative analysis and grounded theory.	Two main themes: • Managing internal emotional states (Responses to negative emotional states; Responses to positive emotional states; Test personal control; Cravings and urges; Switching and substitution) • Dealing with interpersonal relationships (Discomfort with intimacy and closeness; Coping with frustration and powerlessness; Coping with interpersonal conflict/ anger)

ID	1st Author(s), Year and Country	Study exploration	Methodology		Explicitly named themes
			Data collection	**Data analysis**	
21	Welch (2009) Australia	Exploring the barriers and supports to healthy weight maintenance in low social-economic status women.	Focus groups and in-depth interviews.	Mixed methods design: Quantitative and qualitative analysis: NVIV08 software and hand analysis	Overall concept: Weight maintenance is additional work. Three main themes defined: • Need to manage responsibilities • Need to manage emotions • Influence of weight messages and family background.

14. Results

14.1. Demographic and Methodological Summary

The articles used a range of qualitative methodologies encompassing individual and group environments to offer a diverse theoretical exploration of emotional eating (Smith *et al*., 2003). As demonstrated by Heffron *et al*. (2009) references are cited as bracketed numbers in adherence to word limitations.

Demographic information is summarised in Appendix E including: the total number of participants; gender; marital status; weight variance; and age range. Where stated, the majority of participants were described as female, white, overweight or obese, and either 'married' or 'living with a partner'. All participants were aged between 18 and 68 years old with average ages between 29 and 42 years old. Half the articles did not describe participant ethnicity (n=11). Variance of ethnicity, marital status or age was not discussed within any of the studies, however some recognised potential gender differences including: support needed for diet maintenance [4]; weight change for desirable body shape achievement [6]; and the enjoyment of eating alone [11].

All articles examined aspects of emotional eating, however none explored it exclusively.   Two articles explored specific eating experiences, hedonic [11] and needs states [19]; Two examined weight management and binge-purge disordered eating [12, 17]; Five considered binge/ binge-purge disordered eating [10, 13, 16, 18, 20]; and twelve explored weight management factors [1, 2, 3, 4, 5, 6, 7, 8, 9, 14, 15, 21].

14.2. Thematic Analysis

Thematic analysis identified four core themes pertinent to the aims of the review: Vulnerability; Triggers; Function; and Emotional Aftermath. The themes were indicated to form a cycle of emotional eating which is illustrated in Figure 2.

Figure 2: The Cycle of Emotional Eating
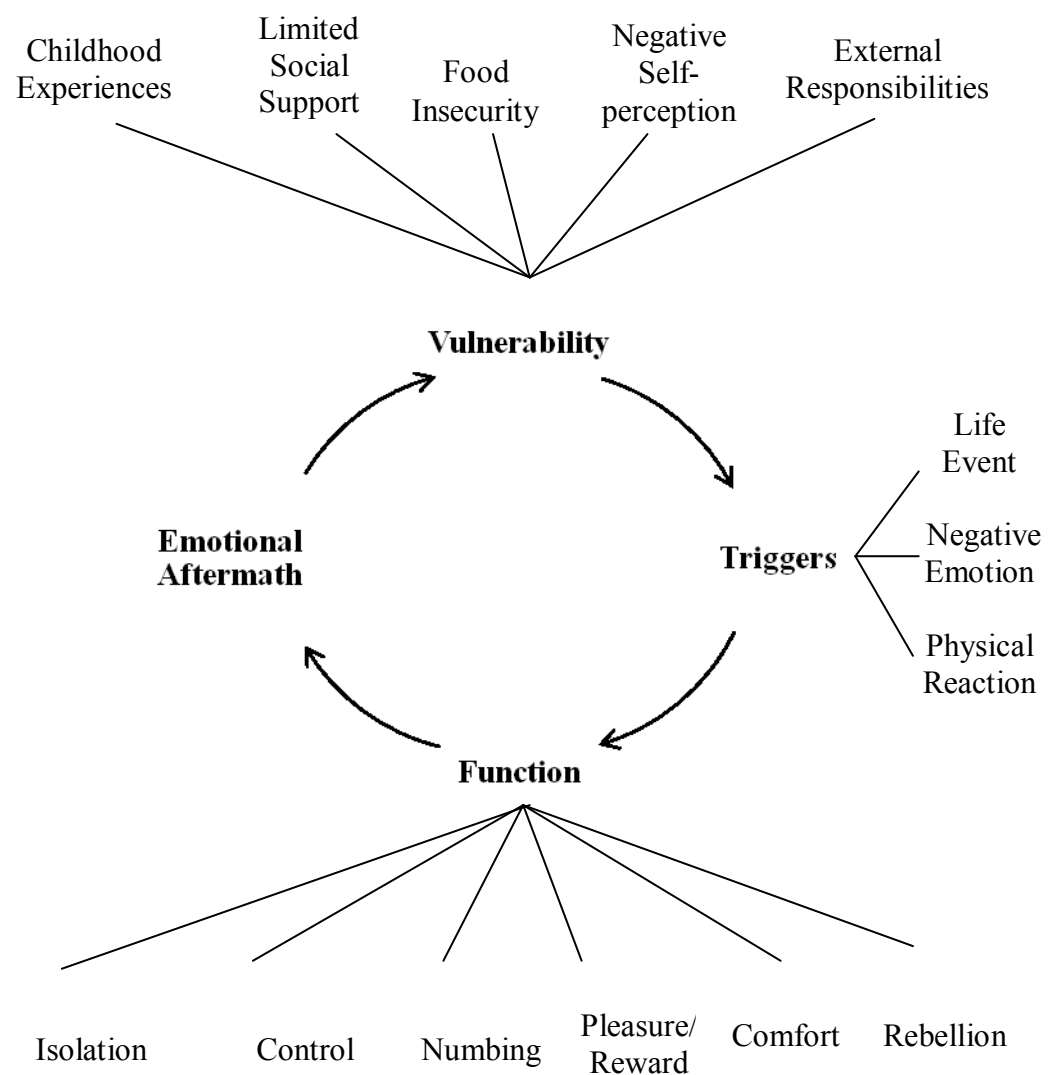
14.3.   The Cycle of Emotional Eating

The pattern of emotional eating varied according to an individuals' past experiences (vulnerability), current events (triggers) and purpose it served (function). Emotional eating as a way to transform negative emotional response into a more manageable experience was reported across all articles. A negative emotional aftermath may follow the short-term relief emotional eating provided, as all articles suggested weight gain was associated with emotional eating, with five implicating it as a primary consequence [1, 3, 4, 5, 6, 8].

14.4.   Vulnerability

Five key subthemes generated the core theme of 'Vulnerability': Childhood eating experiences; Limited social support; Food insecurity; Negative self-perception; and External responsibilities.

14.4.1. Childhood Eating Experiences

The way families eat together during childhood could have an important impact on the development of emotional eating:

> *(...)two broad categories: those that were warm and nurturing*
>
> *and those that were difficult and hurtful.* (8, p.215.)

Positive eating experiences strengthened perceptions of food as pleasurable [1, 7, 11, 13, 20], treat [2, 6, 8] or rewarding [1, 6, 18, 19], increasing the likelihood of emotional eating:

> *(...)[the participant] connected the warm, loving close family of*
>
> *her childhood with the foods her family had enjoyed together.*
>
> (8, p.216.)

If insecure relationships with food are developed the status of preferred foods during adulthood may be inflated. One participant commented:

> *(...)food excites me because I had so little of it growing up,*
>
> *being deprived of it for so many years (...)* (18, p.419.)

Parental restrictions on food also encouraged food insecurity, where the child took a rebellious stance:

> *Difficult mealtimes were characterized [sic] by control battles*
>
> *between parent and child, with six participants reporting this*
>
> *pattern. Several spoke of being forced to eat foods they didn't*
>
> *like which escalated into a battle of wills. These control battles*
>
> *became internalized [sic] and food later became associated with*
>
> *control issues.* (8, p.215.)

Emotional eating was also linked with daily structures such as eating after returning home after school as a way to transition to home-life:

> *Situational triggers for binging also became apparent, such as*
>
> *coming home to emptiness, or regularly being "ready" to binge*
>
> *by four o'clock in the afternoon (...)* (12, p.1241.)

Repeated childhood eating patterns (10), including emotional eating (14) are likely to be an ongoing problem:

> *(...)This form of emotional eating [binging/ out of control*
>
> *eating], which occurred only among informants who had been*
>
> *food insecure previously, seemed to relate to these women's*
>
> *especially strong emotional attachments to food(...)* (3, p.68.)

14.4.2. Limited Social Support

Limited social support increased the vulnerability to emotional eating:

(...)for many eating became a way to compensate for loneliness

and a longing for relationships(...) (8, p.216.)

Emotional eating was understood to be a substitute for social contact (8, 9, 21) and to promote intimacy through food:

Journal entries noted how the lack of physical pleasure can be

compensated for by the sensory pleasure of eating(...)

(12, p.1240.)

Individuals vulnerable to a reduction in social support were found to be more likely to self-blame (4, 5), less able to 'self-nurture':

(...)the [participant group] [were] unable to focus on their own

health-related needs when faced with competing

responsibilities(...) (4, p.833.)

Some participants considered themselves to be a low priority:

It is like, if it is for yourself, it is not as high a priority for the

day. (4, p.821.)

Limited social support made it more difficult for some individuals to maintain diet plans:

Several of the missing-the-connection participants [type of

participant who found it difficult to maintain weight loss]

received little support from significant others or co-workers.

(4, p.821.)

However, supportive spouses made weight loss easier*:*

> *It was positive because my husband helped me…so when we*
> *cooked I didn't feel like I was a salmon swimming upstream.*
> (4, p.820.)

Although participants had healthy eating knowledge, they *'(…)lack[ed] support when trying to use this knowledge in daily life(…)'* (1, p.254).

14.4.3. Food Insecurity

Food insecurity develops when the consistency of food availability or variety (3) became unpredictable or inconsistent. Emotional eating was indicated to develop through childhood experiences of food insecurity:

> *Informants who perceived they had experienced food*
> *deprivation and had their food choices severely limited by or*
> *gone without food due to financial constraints during childhood,*
> *seemed to have developed an emotional attachment to having*
> *adequate food available(…)* (15, p.203.)

Financial factors limiting food accessibility included paycheque or food stamp deliverance (3), regularity of work (1) and in rural areas, isolating environments (3). Inconsistent access to food appeared to fuel overeating in more affluent times and therefore impose restrictions when food were scarcer:

> *As the food supply fell, informants and partners restrained their*
> *own food intake to make food available for their children.*
> (3, p.65.)

When food then became available, eating sugary and high fat food was more likely to occur:

'Eliza, who also was food insecure throughout the study, noted that she binged on sweet foods when she had extra money available.' (3, p.69).

Most commonly reported food types eaten during emotional eating were those that were high fat, high sugar, and high salt (6, 17, 19):

It [the food] had to provide a sense of anticipation and absorb the individual's attention through delivering high gratification...Therefore the food selected on these occasions [soothing] tended to be rather indulgent and calorific. (19, p.381.)

Strong social support appeared to reduce the impact of food-insecurity:

(...)other informants did not perceive their deprivation [food] because they had dependable buffers to alleviate their food deprivation(...)grandparents living next door to whom children ran when they wanted a bite to eat. (15, p.203.)

14.4.4. Negative Self-perception

Self-perception of 'shape and weight' was important to individuals with weight management problems (10). Individuals who engaged in emotional eating were likely to have a low or negative self-perception including fearing intimacy and having low-self-esteem:

(...)common triggers for both [binge eating and binge drinking] included issues with relationships, fear of intimacy, fear of failure, feelings of low self-esteem and inadequacy, feeling hurt by others or conflict with others. (18, p.418.)

Weight gain was perceived negatively and unattractive, influencing self-perception:

> *The majority of Regainers [weight gaining participants]*
> *reported that their weight and shape unduly influenced their*
> *self-worth and they described a high degree of preoccupation*
> *with weight and shape.* (5, p.959.)

and *(...)others described despair, feelings of worthlessness,*
   disappointment, betrayal by the body, and an accompanying
   anxiety(...) (12, p.1239.)

Weight gain could be seen as a way of testing relationship commitment to an 'unattractive' partner:

> *(...)extra weight was [also] mentioned as providing [emotional]*
> *protection, and how it could serve as a test of love(...)*
> (12, p.1240.)

14.4.5. External Responsibilities

Individuals who perceived they had too many external responsibilities such as work (1, 21) or significant others (1, 8, 21) were vulnerable to emotional eating. External responsibilities often left individuals' minimal time for pleasure, but emotional eating was identified as providing a quick pleasure inducing stimulus (3, 12). Excessive responsibilities also impacted on weight management:

> *(...)'competing priorities', 'having no time to myself' and 'putting*
> *others first' were seen as barriers to effective dieting(...)*
> (9, p.1003.)

Looking after children was reported as a key responsibility and a factor in finding weight management difficult (1, 7, 21):

> *My children don't love vegetables. I cook what my children like*
>
> *to eat which is not what I should eat. I feel stuck in old habits*
>
> *and don't know any alternatives.* (1, p.254.)

14.5. Triggers

The core theme of 'Triggers' was generated by three subthemes which were reported as emotional eating triggers: Life events; Negative emotions; and Physical reactions.

14.5.1. Life Events

Major life events were likely to induce strong emotion and potentially trigger emotional eating in those vulnerable to it. Triggering life events often involved transition or induced stress, such as such as job change (1), death (1), or starting university:

> *Transitioning from a traditional family setting to being on ones'*
>
> *own can illicit negative feelings and anxiety among young*
>
> *people.* (6, p.313.)

Relationship or family issues (1, 14, 18, 20), returning home late from work (21), and nightfall (21) were regularly indicated as triggers for emotional eating:

> *(...)in particular situations, such as tiredness, darkness and*
>
> *getting home from work late, they [female participants] were*
>
> *unable to muster the energy necessary to cook a healthy meal or*
>
> *get outside and exercise.* (21, p.13.)

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14.5.2. Negative Emotions

Negative emotion accounted for the majority of factors indicated as emotional eating triggers including: Loneliness (3, 6, 7, 8, 10, 17, 18, 20); Stress (1, 5, 6, 8, 10, 17, 19); Anger (1, 5, 10, 18, 19, 20); Anxiety (7, 6, 10, 18, 19, 20); Boredom (3, 6, 10, 17, 18, 19); Depression (1, 10, 14, 18, 20); Sadness (1, 3, 5, 7); Hurt (3, 9, 18); Offended (2); Rejection (10); Guilt (10, 18, 20); Shame (10, 18); Worry (1, 20); Powerless (18, 20); Nervous (3); Disappointment (1); Fear (20); Upset (17); Unhappiness (6); Frustration (20); Overwhelmed (3); Deprived (1); Inadequacy (8); and Conflict (with others) (18). Emotional eating was typically non-mealtime eating:

> *(...)Emeline ate "everything that I can that's not good for me" "because I get so nervous"; Eliza "overindulges" "if I'm hurt or offended"; Aggie "munch[es] constantly" when feeling stressed; and Kylie "snack[s] more" on "anything that's bad for me." (3, p.68.)*

Some participants used binge eating (and binge drinking) to

> *(...)escape from painful or difficult emotions such as depression, anxiety, shame, guilt and anger(...) (18, p.418).*

Negative emotion is also likely to be linked with food insecurity (3, 6, 8, 15, 19), having too many responsibilities (1, 3, 7, 8, 9, 12, 21), having limited time for the self (1, 6, 7), and not feeling in control (9, 13, 20). When emotional eating is restricted, participants reported finding emotions difficult to manage:

> *Previously I used to compensate by purging...But now that I no longer do it, so many feelings come up. I have to deal with them in other ways. (16, p.321.)*

14.5.3. Physical Reactions

Physical responses such as pain [1], tiredness [1, 21], visual stimulus [1, 21], and fatigue [1, 14] were acknowledged as emotional eating triggers:

> *Eating was expected to decrease stress or contribute to relaxation. It was also expected to soothe feelings of aggression, sorrow, tiredness, worry or pain(...)* (1, p.252.)

Links between stress and physical illness were also noted:

> *The physical illness[es] were often related in the diaries to emotional health issues. That is, feeling physically bad, missing classes and meal times seemed to lead to stress. The stress, in turn, leads some students to stress-related eating and drinking.* (6, p.318.)

14.6. Function

The core theme of 'Function' explored the functionality of emotional eating, consisting of six subthemes: Isolation; Control; Numbing; Pleasure/ Reward; Comfort; and Rebellion.

14.6.1. Isolation

Weight gain, as a consequence of emotional eating, could be used to emotionally isolate the self and avoid intimacy with others [20]. Weight gain could increase a negative sense of self-worth and promote a belief of being unworthy to engage in relationships. The expectations and responsibilities created by relationships can feel emotionally overwhelming:

(...)Participants reported they often isolated themselves from others to avoid personal discomfort associated with trying to meet expectations and responsibilities in interpersonal relationships(...) (20, p.83.)

Emotional eating could also be used as a way to punish (3) or self-harm:

(...)binge eating when lonely, when powerful emotions were present at times of stress where food acted as a pacifier or sometimes a form of self-harm(...) (17, p.342.)

Weight gain was reported to be a *'test of love'* (12 p.1240*)* and enabled a *'deflection of power...manifesting as pushing others away(...)'* (12, p.1240) before the individual felt rejected. Emotional eating was also reported to promote self-intimacy (12) and *'compensate for feelings of emptiness'* (10, p.121).

14.6.2. Control

The battle between being in control and losing control themed highly within the text (1, 4, 8, 9, 10, 13, 14, 20). Even after weight loss surgery, participants reported finding it difficult not to use food for emotional regulation:

Some participants battled with themselves as they continued to use food to manage their moods(...) (14, p.956.)

Many of the individuals reported wanting control in most areas of their life (8) and experienced powerful negative emotion when control was lost (9, 13, 20):

(...)it's all about control[...] when I'm in control I feel really good[...] you just feel better about yourself[...] but when you're out of control...and your eating habits are crap, you look in the

mirror and you feel out of control and you feel horrible about

yourself. (9, p.1002.)

External factors were likely to be attributed to limiting control and triggering emotional eating e.g. genetics (8), death (1), too many external responsibilities (14) and a lack of time for oneself (1):

(…)Jenny interpreted the use of food to regulate her emotions as

a 'loss of control' over her eating and so she saw her dieting as

vulnerable to anyone who might upset her(...) (9, p.1005.)

Losing control through emotional eating is linked to the theme 'Emotional Aftermath' as it increased the likelihood of an individual developing self blame (8), negative self-perception (13) or the belief they had a lack of willpower (13):

(…)and feeling that I am an educated woman, how can I be so

stupid to not have control?(...) (13, p.119.)

14.6.3. Numbing

Emotional eating was said to provide a sedative effect (5, 17, 18) to aid the individual in numbing (18) and disconnecting the mind (10, 18) when they needed to escape their thoughts (17). It was acknowledged that emotional eating could occur without concentrated thought (1) and helped redirect the conscious focus away from difficult emotions (10):

Food is like a sedative to me. It knocks me out, like a drug.

When I feel any little bit of sadness or anger, I eat. It's almost

like being fed as a baby. I will eat and eat until I can't move

and then I go and lie down and I sleep. It's almost like, 'Here

baby, come to mother. (5, p 960.)

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14.6.4. Pleasure/ Reward

Eating was viewed as pleasurable [1, 7, 9, 11, 20] or reward capacity [1, 6, 18, 19]:

> *Most participants gave very clear accounts of eating as a means*
>
> *of emotional coping.   This ranged from hedonistic*
>
> *rationalization of eating as a source of pleasure in an*
>
> *unpleasant world(...)* (9, p.1005.)

Studies found: *Food is the only thing that makes me [the participant]*

> *feel good. It's always there and it comforts me(...)* (20, p.80.)

Eating for relaxation [1, 2], to treat oneself [6, 2] or even as a prize [2] were also noted as reasons to use food for self-reward:

> *I love food (...)...the only treat that my husband and me have is*
>
> *food. Food is our small prize.* (2, p.963.)

Individuals stated using food to induce or prolong positive feeling [20] such as Euphoria [18], Happiness [18], Joy [18], Pleasure [1, 7], Hedonism [9], Enjoyment [20], Excitement [18] and Confidence [18]:

> *(...)women described feeling happy, confident or euphoric when*
>
> *binge eating or heavy drinking.   Some women mentioned*
>
> *enjoying the sugar rush from binge eating 'junk food' and*
>
> *likened this to the intoxication or high they desired from heavy*
>
> *drinking. (18, p.419.)*

Factors such as 'a feeling of hunger' and a 'feeling of calmness, relaxation and physical wellbeing' were indicated as being important to fully enjoy the eating experience [11], however, factors such as *'tension, pain, cramps, extreme hunger, stress and nervousness'* were noted to *'diminish or even eliminate pleasure'* (11, p.145). In contrast, *'coping with stress can be a further motive of hedonic eating'* (11, p.145)

indicated some dispute over the pleasurable experience of eating during emotional eating. Eating for pleasure could be influenced by childhood experiences explicitly in food-insecure families:

> *Immense excitement and pleasure sometimes accompanies the influx of food into these food-insecure households following the arrival of food stamps, a paycheck [sic], or a gift of food. Both adults and children appeared to increase their intake of food once it became available again.* (15, p.204.)

14.6.5. Comfort

Using food for self-comfort was identified by eight of the articles (1, 6, 8, 9, 10, 14, 17, 20) with 'soothing' (1, 3, 10, 19) and 'nurturing' (10, 19) being reported as key factors:

> *(...)eating this way is my way is my comfort when the going gets tough.* (1, p.253.)

Food offered individuals short-term relief (5, 10, 17, 18) and was an accessible method of emotional regulation (9, 14):

> *(...)All I wanted was some comfort food so I had a big bacon cheeseburger, French fries. I'll be feeling it later, but it tasted really good then. (6, p.314.)*

Using food for comfort appears linked to having limited support due to being unable to rely on others for emotional containment:

> *(...)similarly Emma said: "I've been very aware that food has become an emotional crutch, if you like...I eat my emotions."*
> (14, p.956.)

14.6.6. Rebellion

In response to a control battle over food, individuals likened the experience of emotional eating to a rebellion (4, 9) and an *'internal battle'* (9, p.1001):

> *(...)here Barbara described emotional regulation through eating*
> *as a rebellion against those people who 'caused' the 'horrible'*
> *emotions; eating was understood to be a means to which she*
> *could control her emotions herself, and others could not*
> *influence that.* (9, p.1005.)

Individuals reported emotional eating occurring outside the structure of mealtimes (3, 6) even when not hungry (6) or feeling physically full (6). Compensation of weight gain caused by emotional eating was made through dietary restraint or weight-loss surgery (14) with the effect of sometimes increasing negative feelings and inducing emotional eating due to wanting to rebel against self-imposed boundaries:

> *The use of 'rebellion' and 'pushing the boundaries' illustrate an*
> *almost adolescent reaction to the surgery with participants*
> *wanting to control to be taken away but yet simultaneously*
> *resenting and reacting against this when it happens.* (14, p.955.)

14.7. Emotional Aftermath

A negative emotional aftermath often followed the short-term functions of emotional eating, generating feelings of: hate, agony, anxiety, and regret (7, 13); frustration (8); or guilt (3, 7, 8, 13):

> *(...)food makes you feel better. Then you overeat, you don't feel*
> *very comfortable and you feel worse. Then you say why do you*

keep doing this to your body?   But it becomes ingrained, it's

very hard to break out of that. (8, p.216.)

Individuals were likely to set unattainable, rigid and inflexible dieting rules (20), and then felt ashamed and embarrassed when these rules could not be maintained (13). As discussed in 'Control', emotional eating gives a short term release, but then the awareness of 'losing control' gives rise to self-loathing for failure to maintain control. If extreme control is used as a defence against anxiety, then loss of control could also lead to an increase in anxiety. Increased control could suggest why the studies also discussed the difficulties of sharing emotions with others, perpetuating the cycle of emotional eating (8, 10, 20):

(...)my greatest problem is not speaking up and expressing my

feelings when I am angry.   I've made great inroads in

relationships, but I'm still stuffing me feeling with food at

times(...) (20, p.84.)

15. Discussion

The current literature review aimed to provide a qualitative exploration of emotional eating within a context of obesity and weight change. Qualitative articles specifically exploring emotional eating were not found, however aspects of this behaviour were implicated in all articles. The review found four themes of emotional eating which could form a cyclical pattern: Vulnerability; Triggers; Function; and Emotional Aftermath. It is acknowledged the emergent themes are interwoven across the cycle and complexity is likely to vary according to individual experience.

15.1. *Thematic Summary*

'Vulnerability' highlighted factors throughout the lifespan which could increase individuals' susceptibility to emotional eating. The review is supportive of previous research indicating the development of emotional eating through childhood eating experiences (Buckroyd, 2011) including food perceived as reward [8], or food-insecurity [18].

The theme of 'Triggers' suggested the likely precipitating factors which would initiate emotional eating. Experiencing negative emotion was a strong predictor of emotional eating, along with life events or physical sensations which could cause or be misinterpreted as negative emotion. These triggers concurred with previous research (Koball *et al.,* 2012). The difficulty in describing emotion (alexithymia) and instead identifying practical or environmental triggers could make it difficult for individuals to give a true representation of their experiences of emotional eating. Evidence to support a connection between alexithymia and obesity is conflicted and needs further exploration (Elfhag & Lundh, 2007; Noli *et al.*, 2010), however has potential

implications for weight loss programmes including an emotional exploration of weight gain.

The theme of 'Function' describes the purpose of emotional eating which varied according to individuals' experiences. Participants managed difficult feelings through numbing or replacing them e.g. reward or comfort. The consequential weight gain of frequent emotional eating could be used as a barrier to isolate or protect participants from emotional relationships. Control and rebellion were linked with a pattern of eating restriction, with participants reporting ambivalence over whether subsequent overeating was uncontrolled eating or rebellious eating.

'Emotional aftermath' indicated that while emotional eating provided short-term relief from difficult feelings, participants often berated themselves for using it to cope. These negative feeling such as shame (McNamara *et al.*, 2008), guilt (Bove & Olson, 2006) could commence quickly and start further cycles of emotional eating.

Grant and Boersma (2005, p.216) similarly identified an emotional eating cycle which included experiencing negative emotion, eating to feel better, but later feeling guilty. The review indicated similar themes across several articles using individual interviews [1] and focus groups [19], despite recognising the potential for 'group-think' bias [20]. Similar themes of emotional eating could suggest commonalities between individuals, but these speculations are treated with caution as a socially-accepted narrative around emotional eating, could also be implied.

15.2. *Review Limitations*

The articles included within the review are judged to provide a reasonable exploration of emotional eating within existing qualitative literature, however the review is not accepted as exhaustive and limitations are acknowledged. The inclusion/

exclusion criteria may have disqualified relevant studies which either didn't fit within the stated timeframe (2000-2012) or did not explicitly state they examined emotional eating. Unpublished articles were not included but it appears to be a growing area of research.

Methodologically the review was constrained by the lack of specific focus on in papers on emotional eating; therefore all relevant articles were included despite cautious awareness of minor quality limitations. The author was new to thematic analysis and therefore followed published guidance (Braun & Clarke, 2006) maintaining a reflective journal to support transparency. It was hoped that increased transparency would assist future replication of the review. The analytic process was discussed during supervision in an attempt to reduce learner error.

A lack of demographic participant diversity meant the majority of studies explored the experiences of Caucasian women from low to middle socio-economic backgrounds. Comparative restrictions included: the diversity of using in-patent, out-patient or sub-clinical participants; intervention or lived experience study; methodological differences.

15.3. *Clinical Implications*

The review indicated that emotional eating is linked with weight gain and obesity and therefore weight management programme should potentially contain an element of emotional exploration. It is understood this could impact further on the desire to lose weight as emotional eating is used in place of discussion around emotions, nevertheless emotional reasons for eating should not be ignored.

Several of the themes were connected with experiencing limited social support therefore the group aspect of weight management group could be one of the most useful aspects of many existing programmes.

15.4. Research Implications

The experience of emotional eating should be studied further in order to identify how emotional eaters make sense of their eating and the implications this could have for weight loss. While highlighted in terms of obesity, there is scope for exploration of how emotional eaters who don't gain weight manage the potential consequence of overeating and whether they perceive emotional eating as a problem. Future studies should consider widening the scope of recruitment to a breadth of cultural background to explore demographic variance.

15.5. Conclusions

The current literature review supports the relevance of emotional eating as a factor in weight gain or obesity. The literature found emotional eating can follow a cyclical pattern. A range of factors can make individuals vulnerable to emotional eating. If they experience trigger events that elicit negative emotions, emotional eating can be used to self-sooth through various functional routes. However, the negative emotional aftermath can reinforce vulnerability and hence set up a vicious cycle.

Childhood experiences of emotional eating are likely to increase an adulthood vulnerability to using eating as a way to manage difficult emotions. Future research should examine the cycle of emotional eating with a focus on the aspects of vulnerability, triggers, function and emotional aftermath.

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17. Research Report

Women's Experiences of Comfort Eating:

An Interpretative Phenomenological Analysis

Women's Experiences of Comfort Eating:
An Interpretative Phenomenological Analysis

18. Research Report Abstract

Introduction

Obesity is an increasing problem in the UK and health education approaches seem to be failing to address this. One possible barrier to healthy eating could be emotional eating, where individuals eat in response to difficult feelings. A literature review found limited data on how people experience emotional eating. The study aimed to explore a specific form of emotional eating, comfort eating, which was taken to be the function of eating to provide self-comfort or self-soothing. Given gender differences in body image, possible differences in relationships with eating, and other physiological differences between men and women, this study focuses on one gender. The study aimed to explore how it is to experience comfort eating and how women made sense of it.

Method

Seven women with a BMI of 25 or more; engaging in weight management practices; and identifying that comfort eating was a problem were interviewed. Interpretative Phenomenological Analysis (IPA) was used as in-depth approach to analyse the significance of lived experiences.

Results

IPA found three superordinate themes: 'The private experience of comfort eating'; 'My emotional relationship with comfort eating'; and 'Mind-body connection'.

Conclusions

The current study found comfort eating was a complex and often private experience related to individual cognitive, emotional and physical factors. Themes linked to comfort eating being used to mask (Polivy & Herman, 1999) or escape (Heatherton & Baumeister, 1991) negative emotion,. Vulnerabilities to comfort eating included restrained eating (Herman and Mack, 1975) childhood eating patterns and critical parental rules around food. Weight management plans which focus solely on monitoring cognitive and physical aspects of weight loss, miss the equally import but not necessarily as explicit factor of emotion. Implications for future research, health promotion and clinical practise are discussed.

19. Introduction

19.1. Introduction Outline

Current lay media, such as newspapers and magazines, have frequently used the term 'comfort eating' to describe managing negative emotion through eating, often linking it to weight gain (Now Magazine, 2009; Closer, 2011). The academic literature has limited exploration of comfort eating and tends to refer to these experiences within a broader term of 'emotional eating'. This introduction summarises the existing understanding around emotional eating within a context of weight change and obesity. Rationale is provided for the premise of the current study and the value it could bring to the knowledge base.

19.2. Obesity

Within England, obesity rates are rising having 'more than tripled in the last 25 years' (DH, 2013). Body mass index (BMI) is a common measure used in the UK to assess whether an individual's weight is within the healthy range, i.e. between 18.5 and 24.9 kg\m² (WHO, 2006). In England, the percentage of adults within the healthy range fell from 50% to 39% in women and 41% to 34% in men between 1993 and 2011 (HSCIC, 2013). Obesity (<30 kg\m²) in England, significantly increased from 13% to 24% in men and from 16% to 26% in women (HSCIC, 2013).

Obesity is caused by repeated weight gain, often through frequent overeating where more food energy is consumed than needed for the body to function. If additional energy is not physically compensated by exercise, it is likely to turn to fat. Reserving fat when food was more plentiful was a helpful survival strategy in times of frequent food scarcity (Goss, 2011, p.3). In modern western society, filling energy fuelled foods are inexpensive and readily accessible meaning fat reserves are not

needed to the same extent. Overeating however still occurs and frequent weight gain is likely.

Obesity can directly increase the likelihood of developing several chronic health conditions including Type-2 diabetes, colon cancer, and cardiovascular problems (DH, 2013). Indirectly, obesity can also add difficulty to pre-existing conditions e.g. aggravate musculoskeletal problems, or complicate future health conditions such as childbirth. Latest figures from the Department of Health suggest there will be around 40,000 people who die yearly from obesity related conditions (DH, 2013).

19.3. *Healthy Eating Campaigns*

In England, past government obesity reduction strategies have centered mainly on healthy living education campaigns(DH, 2008). Subsequently, food labels in England were used to aid informed food choice and became more explicit about nutritional value often stating calories, fat, sugar and salt content (NHS choices, 2011). The 'Change4Life' campaign focused on a simple statement of 'eat well, move more, live longer' combining the ideas of healthy eating and increased exercise (DH, 2008). Conversely, Piggin and Lee (2011) noted that the final campaign omitted explicit mention of obesity, contradicting the premise of education promoting informed choice. The DH justified omitting 'obesity' due to families perceiving the term as insulting, but were criticised as health professionals are encouraged to use it clinically to define weight measurement (Piggin & Lee, 2011). The latest DH white paper 'Healthy Lives, Healthy People: A call to action on obesity in England' (DH, 2011), raised an awareness of obesity however did not directly address the potential psychological or emotional factors of weight gain.

19.4.   Emotional Eating

Emotional eating is defined by van Strien *et al*. (2007) as *'the tendency to overeat in response to negative emotions such as anxiety or irritability'* (p.106). In an attempt to reduce the experiential impact of negative emotional states, an individual will eat food as a strategic coping mechanism. Emotional eating in the broader sense is likely to be triggered by a combination of emotional, physical and situational factors including: sadness (Adolfsson *et al*., 2002; Bove & Olson, 2006); stress (Adolfsson *et al*., 2002; Childers *et al*., 2011); fatigue (Ogden *et al*., 2011); loneliness or shame (Zeeck *et al*., 2012; Chao *et al*., 2012) or life events which trigger negative emotion, such as the stress caused by the transition to university (Childers *et al*., 2011). Arnow *et al*.'s (1995) emotional eating scale similarly quantified twenty-five potential negative emotions (e.g. to sadness, anxiety, stress, and anger) which triggered emotional eating. The diversity of different triggering negative affect types goes some way to indicating reasons why the experience of emotional eating can be different for each individual. For the purposes of the current study, comfort eating is taken to be emotional eating with the specific aim of providing self-comfort through soothing unpleasant emotions.

19.5.   Theoretical Understanding of Emotional Eating, Obesity and Weight Gain.

Several theories are implicated in the theoretical understanding of emotional eating and obesity. Increasing obesity rates suggest that despite greater access to knowledge around healthy eating and weight maintenance, some individuals still make unhealthy choices regarding food type or portion size. The psychosomatic theoretical framework explains how 'stress-induced eating' could originate as a difficulty in differentiating between stress related emotion and physical sensations of hunger (Greeno & Wing, 1994). Pseudo-hunger is alleviated through eating reinforcing the

association between emotional eating and hunger. If done regularly, is likely to lead to weight gain (Greeno & Wing, 1994). The Health Belief Model (Rosenstock, 1974) suggests the interaction of several factors are needed prior to successful weight loss, including weight gain being perceived as a health threat and diet modification being perceived as beneficial, (Deshpande *et al.*, 2009). Glanz *et al.* (1998) found food is frequently selected on taste preference, but weight loss was the least preferred reason. Foods with strong taste often contain high sugar, fat or salt content are likely to have high calorie content.

Emotional eating often involves eating high fat or high sugar foods (van Strien, 2000). Indications that these foods can produce pleasurable (Macht *et al.*, 2005) and even hedonic effects (Buckroyd, 2011) suggest how emotional eating could reduce the impact of negative emotion in the short-term. The 'Goal conflict model of hedonic eating' reasoned how overweight individuals who wanted to lose weight faced conflict between two desired goals: to lose weight or to eat pleasurable foods (Stroebe *et al.*, 2008). Dietary restriction is difficult to maintain, especially when, as in many weight loss programmes, the restriction of foods with high sugar fat contents is encouraged therefore overeating pleasurable foods ultimately occurs and weight gain is more likely.

The Restraint Scale (Herman & Mack, 1975; Fay and Finlayson, 2011) noted that restrained eating was a key indicator in obesity as obese participants who habitually restrained their eating were more likely to overeat when starting a meal with high calorie food. Unrestrained eaters were more likely to adapt their intake to refrain from overeating. The impact of restrained eating is a key factor in the Masking Hypothesis (Polivy & Herman, 1999) which indicated that individuals who regularly restrained eating, were significantly more likely to use eating to distract or mask the true cause of their negative emotional state. When restrained eating participants were led to believe

they had failed a cognitive task they were more likely to attribute eating as the reason for their distress. Identifying practical or environmental triggers rather than emotional triggers could also indicate a difficulty in describing emotion (alexithymia), however evidence around alexithymia and obesity is conflicted (Elfhag & Lundh, 2007; Noli *et al.*, 2010). In addition, the Escape Theory (Heatherton & Baumeister, 1991), suggested individuals used binge eating to escape from high levels of critical self-awareness felt when unable to meet high internal and external demands. By reducing awareness to the immediate surroundings, eating provided an escape of the critical cognitive evaluations.

Suggestions that eating masks, escapes, or reduces self-awareness implies that the underlying emotions cause distress. Emotional eating is used to manage difficult feelings and may have developed in place of the provision of comfort from secure attachments with primary caregivers. Buckroyd (2011) found consistent emotional overeating in obese adult individuals was often linked to insecure emotional attachments during childhood.

It has also been noted that there are links between emotional binge-eating and parental control and criticism (Hernandez-Hons & Scott, 2012; Rommel *et al.*, 2012) Positive associations with certain foods (van Strien, 2000; Macht *et al.*, 2005), could trigger eating to feel positive. Buckroyd (2011) recommended emotional factors were considered in more depth in weight management programmes in addition to the more common practical based behavioural approach. Although programmes using cognitive-behavioural approaches have been found to support weight loss in the short-term (Shaw *et al.*, 2005) the evidence for these approaches are less effective at maintaining weight

19.6.   Rationale for the Current Study

Obesity is a major threat to health in the UK. Current approaches to health promotion focus on health education and behaviour change, but often neglect emotional triggers to unhealthy eating patterns. The understanding of how emotional eating is implicated in unhealthy eating is limited. In particular, there is little qualitative academic literature on emotional eating in overweight/ obese groups from which to draw evidence to inform enhancement of health promotion strategies. Despite this, the concept of 'comfort eating' seems to be a familiar construct in the lay media and in common discourse. Exploration of the experience of comfort eating within the overweight population could provide insight into how comfort eating became a problem.

The current study aimed to explore how overweight women experience and make sense of comfort eating using a qualitative approach. It was hoped that using qualitative research methods would elicit rich detailed information to inform health promotion and health interventions to aid people attaining a healthy weight. Developmental processes of how comfort eating started were explored to identify triggering and perpetuating factors.

19.7.   Research Question

The following research question was identified:

- How do overweight women experience and make sense of comfort eating?

20. Methodology

20.1. *Study Design*

A paucity of research examining the experiences of emotional eaters meant the current research needed an approach which would embrace individual difference and elicit detail rich enough to construct foundations for future exploration. Interpretative Phenomenological Analysis (IPA) (Smith *et al.*, 2009) met the necessary criteria as it had been demonstrated as a valid, in-depth, qualitative methodological approach to analyse the significance of lived experiences (Reid *et al.*, 2005). The idiographic nature of IPA suspends assumption that single theories could account for the diverse ways individuals make sense of their experiences. IPA focuses on specific individual phenomenological analysis of experiences, and therefore only cautious indications are proposed for wider populations (Smith *et al.*, 2009).

IPA is an iterative approach grounded in hermeneutics, requiring the analyst to consider *'the dynamic relationship between the part and the whole, at a series of levels'* (Smith *et al.*, 2009; p.28). Hermeneutic frameworks suggest participants filter and interpret their experiences during interview in order to make sense of them within their personal context (Smith *et al.*, 2009). Analytic interpretations made by the research interviewer (RI) are conjectures of how the RI makes sense of participants, making sense of their comfort eating.

IPA was chosen over alternative qualitative methods of analysis due to its focus on the specific individual experience rather than a broader exploration of concepts. Alternative methods at a more conceptual level (Grounded theory) focus more on the common aspects of experience to highlight theoretical understanding. Thematic analysis was also discounted due to the limited potential for detailed interpretative analysis. The detail of the IPA process within a hermeneutic framework allows for interpretation of the nuances between participant reports which could be missed by

thematic analysis. A key disadvantage of IPA in comparison to thematic analysis is the abundance of time necessary to conduct the analysis.

20.2.   Participant Sample

Maximising sample homogeneity is important when using IPA so emergent individual differences are less likely to be due to demographic patterning, and are more likely to be about how individuals relate to an event. This study focuses on female participants as a group, as men and women could differ in terms of body image and relationship with food. Furthermore, this attempts to limit possible gender differences around weight gain e.g. hormonally triggered weight gain during female puberty. Potential participants were also excluded if pregnant or within the first year of motherhood.

The potential recruitment sample was chosen from an adult overweight to obese population, with BMI selected as a clinically objective weight measurement. Participant engagement in weight management practices was selected as being suggestive of weight dissatisfaction including: attending non-clinical weight management groups (e.g. Weight Watchers); or following weight loss diet or exercise plans. Self-identification of problematic comfort eating was essential.

20.3.   Inclusion Criteria:

- Female

- Adult population (18+)

- BMI 25+ (overweight to obese)

- Engaged in weight management practices (non-clinical)

- Self-identification of comfort eating as problematic

IPA emphasises a depth of understanding rather than breadth, and studies with sample sizes of three participants have been deemed of publishable quality (Shaw, 2011). Smith *et al.* (2009, p.52) recommend recruiting between 4 and 10 participants for a masters level IPA research study, hence the current study aimed to recruit between 6 and 10 participants as appropriate for use in doctoral level research. The details of the seven participants who were included in the study are summaries in Table 2 below.

Table 2: Summary of Participant Demographics

Pseudonym	Age (approximate range given if not stated)	Ethnicity	Weight management
1. Annie	27	White-British	Personal diet plan
2. Sally	25	White-British	Slimming World
3. Nina	52	White-British	Tesco diet plan
4. Elaine	45-50	White-British	Slimming World
5. Jenny	20-25	White-British	Weight Watchers
6. Verity	28	White-British	Personal diet plan
7. Claire	24	White-British	Personal diet plan

20.4. Procedure

20.4.1. Research Proposal and Ethical Submission

The study adhered to University of Leicester coursework guidelines and assessment regulations. An initial research proposal was reviewed by the University review panel and members of the University Service User reference group. Suggested amendments were made by the RI in collaboration with the Academic Supervisor. The

finalised research proposal was submitted to the University of Leicester Ethics committee who agreed ethical approval (Appendix F). Gaining NHS ethical approval was not necessary as the study recruited from a non-clinical population.

Ethical considerations included consideration that weight could be considered a sensitive subject for many individuals. If the interview revealed difficult emotions and participants became distressed they would be advised to talk to their GP.

20.4.2. Participant Recruitment

Following ethical approval the RI initiated three recruitment strategies. Strategy A involved initial telephone contact with weight management group leaders to gain permission to advertise the study within the group (Slimming World and Weight Watchers). The RI sent leaders a 'Leaders Information Leaflet' (LIL, Appendix G) and asked them to disseminate a 'PIL-pack' of information to potential participants including the 'Participant Information Leaflet' (PIL, Appendix H), BMI charts (Appendix I), and a consent form (Appendix J). The RI intended to present the study during a group session to further advertise the study; however Strategy A proved to be problematic. Difficulties included: Leader contact information being unavailable; Group access denied by leaders; and Time restrictions during group sessions.

Strategy B followed a similar process advertising the study through fellow students via presentation at the University of Leicester. Students were asked to disseminate the PIL-pack to individuals who potentially fit the criteria and were likely to be interested in the study. Strategy C recruited through 'snowballing', by encouraging recruited participants to disseminate PIL-packs to further potential participants. All strategies required potential participants to volunteer for the study by contacting the RI directly via telephone or email. Strategies B and C were more

successful with a total of twelve potential participants recruited. Once volunteered, potential participants were sent a second PIL-pack to ensure they had full details of the study and had time to consider participation.

Telephone contact was used to screen participants using the inclusion criteria and to discuss any participant queries. Two participants were excluded: one participant had recently given birth and the second was within the healthy BMI range. Three participants withdrew consent prior to interview: one became unwell; one had childcare difficulties; and one withdrew stating work commitments. Confidentiality and anonymity were explained. The RI arranged a mutually agreeable interview time, date and location with recruited participants. Interviews took place in participants' homes, following the lone-working policy (LPT, 2012).

20.4.3. Interview Procedure

At the interview, participants were requested to re-read the PIL-pack to provide opportunity for further questions, and then sign the consent form. Participants were reminded consent could be withdrawn at any time until transcripts were anonymised. The interview followed a semi-structured schedule (Appendix K) but remained flexible to participant information. The schedule incorporated two main questions: one focused on the general exploration of participant eating patterns, to assist interview rapport and outline context; the second centred on how participants made sense of their own individual experiences of comfort eating. After two interviews, the interview question order was changed to in an attempt to enhance the depth of participant information. Interviews lasted for approximately one hour per participant and were audio-recorded using a digital recorder.

20.4.4. Transcription and Analysis

The RI recorded anonymised reflections triggered by interviews into a reflective journal to be used as part of a reflexive process. The audio recorder was securely kept and data files encrypted soon after interview, being deleted as soon as transcription was completed. The RI familiarised herself with the data by personally transcribing interviews. Personal identifiers were removed from transcriptions to retain confidentiality.

Transcripts were analysed using IPA following a six stage case by case method recommended by Smith *et al*. (2009). The reflective journal was consulted throughout to enhance the interpretative process. The RI immersed herself in the data by reading and re-reading transcripts before making initial descriptive and interpretive exploratory codes (Appendix L). These codes were later written out separately (on sticky notes) to assist code connections to generate subthemes and were later clustered into larger groups of superordinate themes. Supervision was used to check interpretations were plausible and enhance thematic validity. Preliminary analyses were made prior to the commencement of new interviews (Smith *et al*. 2009). The process was repeated within each individual transcript prior to moving into a tentative integrative analysis which allowed for common themes across participants to be identified for comparison. The RI and the Academic Supervisor agreed that an adequate number of participants had been interviewed for purposes of the current study following seven interviews and recruitment was suspended.

20.5.   Epistemological Position of the Researcher

The epistemological position adopted by the RI is within a social constructionist framework (Appendix M). The position assumes that participants' understandings of

their comfort eating experiences will have developed through the way they interpret and consolidate these experiences within the context of their lived worlds. The RI used reflexivity (Shaw, 2010) and supervision to address the impact of her own 'experiences and assumptions' (Larkin & Thompson, 2003, p.103) as this position acknowledges the RI's personal understanding of comfort eating could affect the interpretation of the participant experience.

20.6.   Quality Issues

The current study used the four 'characteristics of good qualitative research' to evaluate quality (Yardley, 2000): Sensitivity to context; Commitment and rigour; Transparency and coherence; and Impact and importance.

20.6.1. Sensitivity to Context

Prior to the study, the RI reviewed the literature around emotional eating and comfort eating to explore context. The literature was reviewed further to reflect and contextualise the emergence of analytic themes. Potential participants were recruited through gatekeepers for pragmatic reasons; but in addition this hoped to reduce the potential for arousing more embarrassment sometimes associated with weight management by limiting the initial contact to someone who they were already talking to about weight matters.

Sensitivity to context was demonstrated during the interview by following the guidelines provided by Smith *et al*. (2009, pp.56-78). This included remaining empathic and flexible to how the participant made sense of their experiences while being prompted by the interview schedule. Confidentiality and anonymity procedures were reiterated to remain sensitive to participant data. The RI recognises that being

new to IPA could have hindered detail elicitation in some of the earlier interviews. Reflections on learning are discussed in the critical appraisal section.

The relationship between RI and participant is acknowledged as having a potential impact on the data elicited from participants. In terms of interviewing around the female experiences of comfort eating, the RI found being female enhanced the interview process as the commonality helped develop rapport between RI and participant.

20.6.2. Commitment and Rigour

The Smith *et al.* (2009) IPA method provided an established framework to explicitly guide data collection and analysis. Reflexivity was used to protect rigour with the RI maintaining a reflexive journal throughout the study and discussing her thoughts during supervision (Shaw, 2010). The RI considered her own prior experience, beliefs and values in relation to the study, in an attempt to avoid inappropriate bias. Regular supervision with the Academic supervisor and the peer supervision group were used to check themes were plausible. Representative quotations were selected to illustrate themes.

20.6.3. Transparency and Coherence

The RI aimed to remain transparent and coherent throughout the study by providing sufficient information the reader to have a clear account of the research process. Analysis is described in detail, and the use of verbatim quotes to support the analysis enhances 'trustworthiness'.

20.6.4. Impact and Importance

The study provides future implications for both research and clinical areas which are indicative of the study's impact and importance within the academic literature. Implications are examined further within the discussion section.

21. Results

Seven female participants were interviewed for the purposes of the current study and analysis of their interview transcripts generated 28 subthemes (Appendix N). The initial themes were reduced by linking subthemes similar in meaning and content into three superordinate themes: 'The private experience of comfort eating'; 'My emotional relationship with eating'; and 'Mind-body connection'. In concordance with the previously stated aims of this study, this report focuses on themes pertinent to the personal experience of comfort eating as stated in Table 3.

Table 3: Themes

Superordinate themes	Subthemes
The private experience of comfort eating	Battle in my head The effort of thinking and not thinking Secret Eating
My emotional relationship with comfort eating	I woke up feeling blue The paradox of self-punishment Food as a friend
Mind-body connection	Mind-body balance Hunger intolerance Weight correlates with emotions

21.1. *The Private Experience of Comfort Eating*

Three subthemes around personal subjectivity or private experience generated the superordinate theme of 'The private experience of comfort eating': 'Battle in my head'; 'The effort of thinking and not thinking'; and 'Secret eating'.

21.1.1. Battle in My Head

'Battle in my head' emerged from reported experiences of an inner mental battle of conflicted decision-making thoughts around eating. The desire for food appeared to trigger a chain of opposing thought processes around whether or not to eat. Jenny described her battle as being conflicted between physical need and food desire:

> *Well to begin with it starts off with like 'oh yeah I could have pizza' and then it's like 'No. Try and have something else. Don't have a pizza'(...)it's a torn between wanting and not wanting because like in my head I'm like you know 'you don't need pizza' but then there's a part of me that's like 'you do need pizza. It will be really nice.' Yeah. So it's you don't need it, but you want it. It's just an ongoing little battle in my head really.* (pp.7-6, 151-156.)

Jenny explained how the battle changed from initial non-committal thoughts *'I could have pizza'* to thoughts declaring an absolute need. Being 'torn' indicates the division in Jenny's mind suggesting polarised thoughts of eating. Similarly, Sally also highlighted polarised thoughts which became cognitively consuming as her battle turned constant:

> *(...)I'm thinking about it constantly because I just want it and I'm thinking 'No!' also just because I really like the taste of it and I like pizza so then I think 'oh, one bit won't hurt' and I'm constantly having this sort of battle with myself in my head thinking 'No, no, no. You're not having that'.* (p.11, 250-252.)

Persuasive arguments are provided for both eating choices highlighting the difficulty of Sally's decision. The argument for eating encourages desire with 'one bit won't hurt' minimising potential consequences through veiled kindness. The conflicting thoughts deny Sally permission to eat the pizza, forcibly stating 'you're not having that'. Nina described how she became self-critical of her behaviour when she started comfort eating:

> *(...)'You're fat! And you shouldn't be eating this, that and the other. You shouldn't be doing it.' Erm so, I would castigate myself, and then go onto [eat] the oranges and the apples. But these things don't last long, because then, the feelings that I'm not particularly, it's kind of a spiral. Then I feel guilty so I think 'You're just weak and you're erh' and then I start eating the chocolate again.* (p.4, 72-77.)

Nina's spiralled pattern of comfort eating suggests how emotion generated though comfort eating also forms parts of its trigger. Attempting to relieve herself of guilt Nina eats more, reinforcing comfort eating as a coping method for her emotional pain however then feels further guilt for doing so. Verity reflected how her comfort eating guilt developed into shame:

> *(...)I think I just felt crap about myself and I think I felt, I know it's overdramatic, but I'd let myself down by eating it and you know, that hasn't made me feel that much better. It's just made me feel more guilty for eating it in the first place(...)and I was still being...miserable. Erm, but no, I don't think the guilty feelings went. So maybe they developed a bit more into shame or something?* (p.5, 105-111.)

Verity said she felt she had 'let [herself] down' by comfort eating and paradoxically it hadn't made her 'feel that much better'. Verity later linked these thought battles with eating patterns experienced during childhood reflecting *'a meal doesn't feel complete unless I have something sweet'* (p.24, 546). Sweet foods symbolised the meal ending but appeared to have transferred into other areas of her life as a reward for completion of tasks (p.14, 305-312).

Like Verity, several other participants reported parental restrictions over their eating habits restrictions during childhood including: not eating desert until dinner was fully consumed (Elaine, Verity); not leaving the dinner table until all food was consumed (Annie, Elaine, Verity, Claire); and having limited access to preferred food whilst the same foods were being used by families as 'treats' (All). Elaine described her parental rules around completing her evening meal:

> *(...)I think it was a fairly common thing the 'clean plate club',*
>
> *that was, you eat what you're given and you finish what's on*
>
> *your plate.* (p.26, 126-127.)

Elaine related the impact of this rule to her adult life stating she was *'not very good at throwing things away or wasting things'* (p.27, 649-650). During Elaine's adulthood, conflicted messages oscillated between wanting to lose weight and not wasting food. Similarly, Claire showed how she received parental conflicting messages as her Mother restricted food yet her Father would 'sneak' it to her later:

> *(...)my Mum would never let me have biscuits in the bedroom,*
>
> *but my Dad would sneak me a bourbon biscuit erm and I would*
>
> *love that(...)'Here's a chocolate biscuit, don't tell your Mum'*
>
> *you know, kind of thing.* (p.18, 410-413.)

Claire later linked secret eating to adulthood where she had hidden eating chocolate from her husband (p.8, 184-185). Nina mused how conflicted eating thoughts could encourage her to be defiant if she perceived others as trying to limit her food intake:

> *Sometimes I think it's a defiance as well, you know like I used to go to a 'fat club' as they call them these days or a slimming club and it was like, 'Nobodies looking. Right where's the Mars bars?'(...) I'll be good the rest of the week. But I must have me [sic] mars bar, now!' So... again in fact, naughty little...the demon, the demon in the head that's 'so, yeah you can do it. You can get away with it. You'll be alright.'* (p.6, 131-137.)

Defiance emphasized polarisation of Nina's thoughts and unpinned positions of good or bad foods. Nina associated desiring the Mars chocolate bar with being encouraged by a 'demon' therefore positioning the Mars bar as 'bad'.

In summary, the subtheme of 'Battle in my head' represents the battle between the desire for food and the desire to lose weight, or between doing as they 'should', and doing what they wish. Restrictive childhood eating patterns inadvertently reinforced thought conflict which participants continued to battle with during adulthood. The battle of thoughts is an internal experience and essentially private within participants own minds.

21.1.2. The Effort of Thinking and Not Thinking

Many participants identified all-or-nothing type experiences where they either thought continuously about comfort eating or not at all. Annie reported finding it

difficult to think about eating when her boyfriend didn't share the responsibility of thinking about dinner:

> *I'll think 'right, what have we got? What shall we have for tea?'*
> *Where as if I ask **** [boyfriend] he's like 'I'm not bothered'*
> *(sighs). So I'm constantly having to think about what we're*
> *having because he won't think about what he wants.*
> (p.19, 427-430.)

The added effort of thinking became particularly difficult for some participants in relation to weight management plans which actively encouraged increased eating thought awareness. Sally used food diaries reporting while at the start of the week she thought 'about everything' to do with her eating, later she 'goes off track' and doesn't think about eating at all:

> *(…)we have a group on a Monday (laughs) then I start off and*
> *I'm really good and I think about everything I eat until about*
> *Wednesday(...)then it's just so much effort that I go off track by*
> *the time it gets to the weekend as well. Then I don't really*
> *think about it after that.* (p.2, 30-33.)

Sally later described finding it easier not to think about food:

> *(...)so you just think 'Oh sod it!' It's too much effort to eat*
> *healthily (laughs). And it's not like I eat bad [sic] anyway, it's*
> *just once I've lost track I'll think, 'I'll just have a chocolate bar,*
> *it won't hurt' and then because I'm not keeping track and I'm*
> *not having to be mindful about everything, I'm eating, erm I just*
> *eat things without thinking(...)* (p.4, 83-87.)

Publically Sally presented herself as being conscientious about her weight management yet privately her desire to eat preferred foods often overrides. When Sally found it too difficult to think, she minimised the impact of her eating by telling herself 'it's not like I eat bad anyway'. Elaine reported self-criticisms of her comfort eating as she didn't think it was logical:

> *Erm, it's when the logic has been able to click back in. Then, then obviously its self-criticism that comes in because it was an illogical thing to do, and the logical thing is to really enjoy two or three. The illogical thing is when you are not actually hungry, to hoover through the whole lot and kind of enjoy them at level two, but not at level ten.* (pp.22-23, 547-551.)

Elaine's description of being like a 'hoover' suggests diminished eating enjoyment , reflecting how this was illogical as not enjoying eating didn't make sense for her. Varying levels of enjoyment were also noted by Claire who identified different levels of thinking about comfort eating:

> *(...)so a way of comforting, a short-term way of soothing myself. Making me feel a bit better. Erm, and very immediately. Yeah, I guess that's how I would define it. But when I, I don't, when I'm actually doing it I don't think about it at that level. I think about 'Ooo chocolate, ooo sweets'* (p.1, 7-11.)

Claire retrospectively provided a description of her comfort eating thought processes and emotions, acknowledging how at the time she would be unable to think about her behaviour in the same level of detail. Claire's use of the terms 'immediate' and 'short-term' indicate how she understood comfort eating as a quick process, leaving her little time to assess her experiences 'in the moment'. Claire's levels of thinking

could also indicate diminished cognitive awareness when eating. In contrast, Jenny described a heightened awareness of conflicted thoughts throughout her experience of comfort eating:

> *(...)so then erm, then I have the same battle when it comes to do*
>
> *I want to eat the whole pizza or whether I'm going to leave a few*
>
> *slices.* (p.8, 160-161.)

The subtheme of 'The effort of thinking and not thinking' indicated how the effort of attempting to think more mindfully about eating behaviour could trigger the desire for eating preferred foods. During comfort eating, the experience was sometimes a 'mindless' sensory pleasure, deferring for a short period the need to think about feelings. These thought processes are rarely voiced making it a private experience.

21.1.3. Secret Eating

The complex nature of comfort eating emotions, forced some participants into a position of hiding it from other people. Verity described how 'it wouldn't feel the same' to comfort eat during lunchtime at work:

> *(...)do you know, it wouldn't feel the same like if I had something*
>
> *naughty, like say if I had a treat, it wouldn't feel the same if I*
>
> *had it at lunchtime at work or(...)I think it would be to do with*
>
> *not being private. I know I sound like a secret eater! (laughs)*
>
> *(...) Yeah there's something about it being private and just, yeah*
>
> *that's a bit scary, but yeah that's just me.* (p.10, 203-210.)

Verity uses potentially conflicting terms such as 'naughty' and 'treat' to describe her comfort eating which can only be done privately. These terms suggest comfort

eating is thrilling or exciting for Verity, but the environmental context is important to maintain the same impact. When Verity recognised that 'secret' eating was an important part of her comfort eating process, she seemed slightly embarrassed and described it as 'a bit scary'. Verity later reflected how even when comfort eating became more open between herself and her boyfriend, she still found it difficult to talk about the emotions that had initially triggered her comfort eating:

> *I would literally be like 'don't mention' like literally really defensive like 'don't talk about what I am doing.* (p.22, 506-508.)

Restrictive eating also triggered comfort eating to be hidden. Claire and Nina recognised how they felt defiant against restrictions imposed by parents (Claire) and the Slimming Club (Nina). Claire described hiding the evidence of her eating by camouflaging the wrappers with tissue before placing in the bin:

> *We never had something chocolaty or anything like that for pudding. So I probably snuck into the cupboard in defiance and thought was going to have a couple of chocolate bars, knowing that was completely in secret, no one knew about it. I threw the chocolate wrappers in the bin, hidden in a bit of tissue. No one would need to know and I was going swimming anyway so it didn't really matter, that's how I justified it to myself.* (p.19-20, 451-456.)

Claire justified her secret eating by bargaining with herself and minimising the extremity of her behaviour, however this also reinforced the idea fo shame and being secretive. Similarly, Nina justified eating with a promise of 'being good' for the rest of the week but notion also reinforced a position where the Mars bar is 'bad' (see 'Battle in

the head').   The strength of desire to eat foods defined as 'naughty' or 'bad' is summarised by Claire when she ate chocolate used in life threatening emergencies by her Mother who was a diabetic:

> *(...)when I think about that, that's awful. You know, my Mum's emergency chocolate for when she's struggling and I'm there justifying to myself that I can steal a bit and eat it and then hide the evidence. Nobody would know. I remember my brother catching me and being completely mortified with me*(…)   (p.20, 473-476.)

Claire's shame for having eaten the chocolate is emphasised by her brother's mortification in having witnessed her actions. If her brother had been unaware of Claire's eating it is questioned whether she would have felt the same level of shame. Elaine described the level of secret eating she faced as a child when her Mother controlled all food consumption in the house:

> *(...)when I was a teenager and lived at home, I would actually eat dog biscuits(...)Because she would notice if the digestives had gone down in the barrel (laughs) she'd just think I fed the dog biscuits to **** [dog], so. So ermm yeah. I have to say Bonios are better than Winalot (laughs). If ever faced with that choice yourself, go for the Bonios.(...)but because Mum was watching what I was eating. She was very aware of how, you know, of those sorts of things, then, if I eat dog biscuits she wouldn't have noticed it had gone, so(...)* (p.10, 227-238.)

Elaine masked the extent of her embarrassment by joking about her preference of dog food. In order to hide her eating from her Mother she ate the only food she knew was not being monitored and restricted.

The subtheme of 'Secret eating' is in some ways the most obvious 'Private experience of comfort eating'. Participants reported having to hide their eating from others not only through shame and embarrassment, or defiance or having difficulty expressing emotion. Annie contradicted the idea of private comfort eating as when asked if comfort eating was *'something you do privately?'* Annie responded *'oh no, I'm not bothered'* (p.20, 461-462). Many experiences identified as comfort eating were described as being shared experiences with significant others e.g. Sunday dinner. Nevertheless, experiences of comfort eating in reaction to strong negative emotion were often a more private affair.

21.2. *My Emotional Relationship with Comfort Eating*

'My emotional relationship with comfort eating' encompassed participants' emotional experiences of comfort eating. It comprised of three subthemes: 'I woke up feeling blue'; 'The paradox of self-punishment'; and 'Food as a friend'.

21.2.1. *I Woke Up Feeling Blue*

All participants described a 'feeling blue' moment where negative mood was identified as a primary trigger for comfort eating. The cause of the negative emotion could often be identified as a specific preceding event including: the death of a loved one (Sally, Nina, and Verity); the weather (Nina, Sally); being alone (Nina, Jenny); having an argument (Claire); or being annoyed at being unable to sleep (Elaine). Jenny described how she used comfort eating as protection against negative life events:

> *I've been bullied a lot of my life. And again I s'pose [sic] food*
>
> *was an emotional blanket in my life, a comfort blanket.*
>
> (p.12, 257-259.)

Sometimes, as in the case of Verity, 'feeling blue' occurred without an identifiable trigger. Verity described comfort eating being an automatic initial coping strategy when she experienced negative emotion:

> *I think I woke up feeling...quite...just really blue. I think that's*
>
> *the best way to describe it but(...)I wanted sugary, stodge,*
>
> *porridge, you know rather than whatever else I had in the house.*
>
> *So it probably started straight away really (laughs). (p.4, 74-*
>
> *77.)*

Later Verity noted eating for both positive and negative reasons, placing boredom as somewhere in the middle (p.16, 344-354). Elaine compared having clinical depression to boredom describing how she experienced them similarly:

> *(...)when the depression is there, you know, the brain says*
>
> *'everything is pointless and stressful and too much effort and I'm*
>
> *worthless' and all of those things that pile, pile through your*
>
> *mind, and the world is colourless.(...)I suppose, they are sort of,*
>
> *in some ways they are sort of mini depressions those sort of*
>
> *boredoms. (p.9, 208-217.)*

While Elaine classed 'mini boredoms' as a similar experience to depression in contrast, Annie didn't associate her boredom with negative emotion and instead connected it more with tiredness (p.22, 504).

Stress was reported by several participants as comfort eating triggers. Jenny described comfort eating to manage her stress for a number of years:

> *(...)especially at like coz obviously at uni, I was stressed so I*
>
> *was comforting eating. You know I was comfort eating through*
>
> *uni and not, like doing uni things anyway.   And then since*
>
> *leaving uni my job has been quite stressful and have had*
>
> *several...(sighs) housing issues and money worries and my way*
>
> *of escaping it all is eating.* (pp.17-18, 377-382.)

The subtheme of 'I woke up feeling blue' identified several negative emotional responses which participants identified as being comfort eating triggers.

21.2.2. The Paradox of Self-punishment

The subtheme of 'The paradox of self-punishment' highlights the paradoxical way in which comfort eating is implicitly a form of self-punishment. Despite wanting to eat for self-comfort, many participants experienced further negative emotion triggered by the comfort eating itself. Several participants identified having thoughts similar to 'it won't hurt' if you eat a desired food (Sally, p.4, 86; p.11, 251; Nina, p.7, 142).   Verity identified how the shame and regret of comfort eating kept her stuck in 'crappy feelings':

> *(...)then after I've eaten it, then more towards the shame and the*
>
> *regret sort of end of it. Because I've done it and there's nothing*
>
> *I could do...I couldn't rewind and not eat it sort of thing. Umm,*
>
> *so yeah, just stuck in the crappy feelings of not feeling too good.*
>
> (p.6, 120-124.)

Verity's comfort eating reinforced the triggering negative emotion.   Some participants reported how comfort eating triggered self-criticism and by way of punishment promoted stricter engagement with weight management plans, often to

unrealistic and unsustainable levels. Sally described restricting her food intake as being punishing (p.2, 38-39). Only Jenny explicitly acknowledged how comfort eating was a potential form of self-punishment explaining how it amplified an already complex connection with food:

(...)I think food is my one way of thinking about myself. Even though I'm not because I'm almost punishing myself. So it's just very strange. Very complicated, I have a very complicated relationship with food I think. (p.23, 512-514.)

Jenny appeared to have a deep level of insight into her eating behaviour as she later described consciously using food as a form of self-harm:

(...)I think I've always ate, always overeaten and I've always struggled with it and it makes me feel, I don't know if it's kind of like my (sighs) I think it's like my self-harm almost. It's kind of a compulsion(...) (p.10, 220-223.)

Jenny had ambivalent feelings towards her comfort eating as she stated she used it to 'think about herself' however it was also a form of punishment. The 'Paradox of self-punishment' indicated a complex emotional relationship with eating, where comfort sometimes became a 'punishment'.

21.2.3. Food as a Friend

Feeling alone triggered comfort eating for many of the participants and food was used to replace human companionship. Jenny said '*(...)I am just very lonely. But I think food is...a friend to me, almost.*' (p.20, 440-441). Some participants identified comfort eating as a way of managing loneliness when they perceived comfort was lacking from

significant others. Nina described having extreme negative emotional reactions to being alone:

> *(...)Erm and I love people; I'm a people person really. Erm and*
>
> *I never feel better than when I'm surrounded by people. I hate*
>
> *being alone. Erm and if I feel like I'm being deserted, or have*
>
> *been deserted, or I've got to be alone for any particular period*
>
> *of time, that is...a trigger. (p.4, 90-92.)*

Nina reflected on her childhood with a physically present but emotionally absent Mother due to her Mother's alcoholism. Even if her mother was physically present, Nina may have felt emotionally abandoned. Nina remembered how she would often buy takeaway or snack foods on her way home from school as she knew it was unlikely her Mother had made dinner. Nina's experiences changed each Sunday when all the family would eat together and her Mother would make additional effort to cook and provide food for her family. Thus, a happier day was linked to an over-indulgence of food:

> *Yeah. But mainly, the majority of all of our eating actually was*
>
> *done at the weekend because I used to love Sunday's. Sunday*
>
> *was my favourite day of the week, coz we'd get a cooked*
>
> *breakfast, we'd get a big Sunday lunch, with a pudding usually,*
>
> *erm sometimes we'd have a bit of chocolate as well, or*
>
> *afterwards when we'd watch a bit of telly, erm and then tea-time*
>
> *would come, the sandwiches, the salmon, the tuna, occasionally*
>
> *she [Mum] got tuna, salmon, cheese, ham, the trifle, sometimes*
>
> *she [Mum] used to make a trifle. (pp.16-17, 372-378.)*

Similarly, several participants described experiences in which they had enjoyed social eating: shared large family dinners (Annie, Nina, Elaine); eating chocolate with the family (Annie, Nina, Claire); or eating with restrictions removed (Annie, Verity). Verity described her family eating experiences:

> *(...)every Saturday we'd have a takeaway and it would be like a something we could look forward to and it would be like a family thing and it would often be, we were allowed to eat in the front room as opposed to the dining table and then like on a Sunday we'd all have like Sunday dinner together as well. But most of the week it was us girls at the dining table and Mum would eat later on.* (p.22, 483-487.)

Despite the similarities between the 'treat' food used in adulthood comfort eating, some participants didn't associate childhood family eating experiences as comfort eating experiences. Claire described eating chocolate whilst watching a film with her family during childhood:

> *I remember as a family my dad used to buy big bars of chocolate and we used to sit and eat them while we were watching a film and things like that, growing up, but I don't think that was comfort eating, that was just, that was like a treat. It was a treat to have chocolate in the house, growing up.* (p.20, 459-463.)

Sally and Jenny commented on how they had taken on additional responsibility during childhood within the traditional female role of cooking the dinner. Sally's Mother moved from the family home after her parents divorced. As a consequence, she often felt frustrated by her Father's lack of ability to provide healthy meals. Jenny

explained how her Mother was seriously ill throughout her childhood so family time revolved around the limitations of the illness:

> *(...)yeah he [Father] wasn't around very much and when he was it was kind of weird, so to do stuff like big shops round Tesco's coz my Mum couldn't do it on her own...we didn't really do much as a family when I was younger much.* (p.24, 526-529.)

Using food to fill the void left by uncomforting relationships or from feeling alone was experienced by several participants, however only Nina made explicit reference to her belief that her Mother used food as a substitute for love:

> *(...)and I'm saying this now in hindsight as now I've obviously grown up, I've got to realise why she felt the way she did. So her own feelings of guilt it was 'I've got to make you feel good. I've got to make you feel valued. I've got to make you feel loved. So I'll give you something sweet.' And I guess that is...something that has stuck with me(...)* (p.12, 261-266.)

Using food to comfort the loneliness left by unsatisfactory human relationships appears key to many of the participants' relationships with comfort eating and suggest participants engage in a complex emotional relationship with food.

21.3. *Mind-body Connection*

The superordinate theme of 'Mind-body connection' emerged from three subthemes: 'Mind-body balance', 'Hunger intolerance' and 'Weight correlates with emotions'. This explored how participants perceived their patterns of comfort eating fitting within a more holistic examination of their emotional, physical and thought processes from an embodied position.

21.3.1. Mind-body Balance

The subtheme 'Mind-body balance' explored how some participants experienced comfort eating as a way to reconnect their cognitive and emotional minds with their physical body. The majority of participants were employed (excluding Nina who was unemployed) in roles which involved regularly using a great deal of mental energy to be cognitively creative and adaptive throughout the day. These participants noted using food at the end of their working day to transition their minds into home life after work. Elaine identified how for her, comfort eating was a very sensory fuelled process and had realised that comfort eating helped her reconnect her body to the headspace:

> *It may well be if there is something missing. So at work... It takes a lot of mental energy. So I suppose what the, it's sort of filling that gap(...)a lot of head space stuff is actually divorced from the senses. I think, I think it's a different thing. Thinking isn't it about it now I almost wonder if going off into the headspace leaves the other sense kind of starved or needing input so we need to find ways to do that(...)* (pp.23-24; 566-577.)

The impact of mental stress on the body leaves the body feeling physically tired despite not actually engaging in strenuous activity. Jenny said her job involved emotional stress without being physically busy:

> *(...)I think the problem with my job sometimes is that it can be stressful without being, being busy and that's when the comfort eating comes in(...) yeah like emotionally stressful without being physically busy and I think that's when the comfort eating comes*

in the most because you are sitting down and you are getting

stressed(...) (p.4, 80-85.)

Many of the participants reported eating during transitional times such as coming home from work where they would eat small snacks such as crisps (Claire), a sandwich (Annie) or biscuits (Elaine). Annie highlighted her association between 'switching off' her mind as a way to relax and not thinking about eating:

(...)I always eat at the same time as switching off, but then I'm

not really thinking about what I'm eating because I'm watching

something, so I'm getting the sensation of the satisfaction (RI

yeah) without really tasting what I'm having (RI mm 'k) if you

see what I mean(...) (p.16, 365-369.)

Associating food with relaxation and not thinking, Annie moved from the 'mental' domain at work, to the sensory 'physical domain'. Eating to reconnect mind and body also highlighted the added difficulty needed to maintain restrictive weight management plans.

21.3.2. Hunger Intolerance

Hunger was mentioned by several participants (Annie, Sally, Elaine, Nina, Claire) however only Elaine and Verity reported comfort eating specifically occurring when not being hungry:

I wouldn't have said I was in anyway hungry, and I certainly

didn't think 'Am I hungry? (p.1, 23-24.)

Elaine also described rarely feeling hungry as she consistently overate (p.3, 66-67). Other participants reflected on how hunger was intolerable, directly linking hunger to triggering comfort eating. Claire described feeling hungry when following a diet:

> *(...)because you then still have this little bit of hunger and you have to be carrying on with that and it's an effort to carry that round with you.(...)when you're a little bit hungry it's hard work. Coz you are always battling this feeling of being... you're always battling this feeling of being hungry(...)* (p.15, 346-351.)

Difficulty in tolerating the physical sensations of hunger questions participants' overall ability to endure any unpleasant feelings, either physical or emotional. Annie noted the emotional impact of feeling hungry:

> *(...)I was getting really irritable with my Mom, but my stomach wasn't growling but my head was starting to feel tired and I was getting really irritable because I was hungry, and erm, so sometimes, you now...I get that kind of sensation... erm (coughs) Then sometimes like I'll go to bed and erm, I'll have not long eaten, so I'll go to bed quite content* (p.7, 141-145.)

Eating stopped Annie's hunger and provided her with emotional reinforcement as she stopped feeling irritable with her Mother. Nina and Sally used the word 'hate' to describe the strength of their dislike for the sensation of hunger. Sally preferred to end her hunger by eating as quickly as possible:

> *I get fed up of being hungry all the time. I hate the sensation of being hungry. Erm and I just feel like I have to eat. So I'll get to the point where I think 'I'm fed up of this, this is so strict' and I can't, it's just so much effort. I think that's what it is with me and food.* (p.9, 210-213.)

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Sally identified a pattern of food restriction which became 'too much effort' and feel fed up so she overate to compensate.

21.3.3. Weight Correlates with Emotions

Participants' appraisal of their weight appeared linked to emotional factors with several participants noting a direct connection to inconsistent weight management. Many participants identified distinct periods of weight loss and weight gain (Nina, Elaine, Jenny, Verity, Claire). Jenny regarded her weight as a battle she had endured throughout her life:

I've battled my weight all my life...and I've done various

different things to try and lose weight but then it just goes back

on again erm. (p.15, 321-323.)

Jenny later described how all her weight management plans had focused on food energy value e.g. calories or amount of exercise. Little attempt appeared to have been made to address the need for comfort in terms of restricting food intake, therefore reducing comfort further. Weight gain at times of stress is a visible mind-body link. Verity identified how her weight gradually increased in line with how stressed she felt:

Coz I'm thinking of yo-yo, with my weight going up and stuff and

down (...)obviously there have been times where I've been bigger

has been around stressful times in my life where I've not been

able to keep that in check because I know you can have a

stressful time and still manage your weight. But for me so far, I

haven't done that. So, yeah. (p.20, 445-451.)

The association between weight gain and comfort eating alludes to the phrase 'wears her heart on her sleeve' where in Verity's case, she wore her feelings on her

body. Jenny acknowledged ambivalent feelings around her increased weight as her confidence had reduced. She stated how she would have preferred not to be noticed yet at the same time she disliked feeling alone and invisible:

> *Yeah...And I think. I know I'm more confident when I lose weight because I feel better with myself erm...... at the minute my confidence is shocking and would do anything like to not be noticed but obviously being this size it's hard not to notice(...) Yeah. I think because, I think my confidence grew and bit and then [when lost weight] like I got noticed more for right sort of reasons erm...so yeah, I spose [sic] yeah. I do feel quite invisible at the minute.* (pp.14-15, 308-315.)

Elaine said she thought the comfort eating itself wasn't a problematic behaviour as she believed everyone needed comfort. Instead she thought the problem lay with not completing exercise to effectively combat the additional energy consumed:

> *(...)in some ways it [comfort eating] wouldn't be a problem, if it hadn't made me overweight. So if... if I was either so...physically active and had such muscle mass that I was burning off everything I ate, then it wouldn't be an issue.* (p.12, 285-288.)

Weight gain could be a primary consequence of comfort eating. It appears to affect how participants perceived themselves and may have influenced how effectively they coped with negative emotion.

21.4.   Summary

The themes describe an experience of comfort eating that is a largely private matter, either the domain of 'battles of the mind' or done secretly. The participants describe a complex relationship with food as a source of self-soothing that is intended to moderate difficult emotions, but paradoxically it ends up creating more guilt or shame. There are accounts of a splitting of mind and body, where comfort eating allows a 'switching off' of thinking and transition to a more embodied sensory state. A low tolerance for hunger (or other difficult emotional states) is evident. Perhaps this is connected to the lack of a secure developmental experience of learning to tolerate difficult feelings, or to self-soothe, as some of the accounts detail mothers who may not have been able to offer their child a concept of containment as they had problems with alcoholism, or illness.

22. Discussion

The current study aimed to explore women's comfort eating experiences using IPA. A review of the literature found previous qualitative explorations of comfort eating were limited, therefore a phenomenological approach was chosen to explore comfort eating at a detailed experiential level. The current study focused on female individuals who had recently engaged in non-clinical weight management practices. The findings of the study are in line with research which explore theories of restrained eating (Herman & Mack, 1975), eating to mask emotions (Polivy & Herman, 1999) and eating to escape emotions (Heatherton & Baumeister, 1991). Due to the paucity of previous research the findings are fairly novel in terms of explicit comfort eating explorations, however share similarities with research examining emotional eating, binge-eating, and restrained eating. The study is discussed within the context of current literature with implications for research and clinical practice given.

22.1. 'The Private Experience of Comfort Eating'

Several participants described how their comfort eating experiences were private, rarely discussed with significant others and often completed in secret. Conflicted cognition around the decision to comfort eat within this private experience was described as an inner 'battle' with one side offering immediate satisfaction or comfort through eating while the other was critical and punishing. Similarly Ogden *et al*. (2011; p.956) found cognitive conflict where participants described experiencing an ongoing battle with the desire to use food as an 'emotional crutch' despite having weight loss surgery.

Some participants noticed a heightened awareness of cognition (Jenny) while others reported diminished self-awareness (Annie, Claire, Elaine) highlighting the

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additional mental effort identified to remain focused on weight loss plans. The effort of persistent conflicted eating thoughts made plans difficult to maintain and caused participants to grow weary, eventually ceasing to fight the 'battle'. The Escape theory (Heatherton & Baumeister, 1991) supports this as similarly binge eating is indicated to reduce increased self-awareness when experiencing heightened demands, therefore escaping self-critical cognitions.

After comfort eating, participants experienced feelings of loneliness, guilt and shame. which was turned inwards as self-punishing and could in itself trigger further cycles of comfort eating. Participant experiences are reflected by Zeeck *et al*. (2012) which found loneliness and shame to correlate highly with triggering binge eating episodes while Chao *et al*. (2012) found individuals experiencing shame were more likely to overeat. Grant & Boersma (2005) suggested 'emotional cycles of eating' with emotional eating being followed by negative affect. The secrecy around comfort eating appears connected with subsequent negative affect and is supported by Hetherington and MacDiarmid's (1993) findings where participants who ate chocolate in secret were more likely to experience negative emotion afterwards.

Internal criticism around comfort eating appear to reflect internalised childhood parental rules around food, where parents berated participants during childhood for not eating in a particular way e.g. eating vegetables. Hernandez-Hons and Scott (2012) found eating became secret to attempt to regain control reduced by parents and in later life partners who often attempted to exert control over them. In addition, Rommel *et al*. (2012) found parental 'overprotection' habitually reduced emotional awareness which when this became heightened later triggered emotional eating in obese patients.

Some participants implicitly identified strained emotional and critical relationships with their mothers during childhood which revolved around food. Critical

remarks about weight gain attempted to enforce stricter rules around eating, but appeared difficult for participants to as several defended the remarks with suggestions they were made to help them lose weight. Being unable to acknowledge difficulties in relationships supports the idea of comfort eating being used to mask negative or difficult feelings (Polivy & Herman, 1999) as it suggests it may be easier to blame difficulties on weight gain. In addition the potential link to difficult parental relationships could support indications that insecure attachments with caregivers during childhood is correlated with emotional eating and adulthood obesity (Buckroyd, 2011). Rommel *et al*. (2012) also supports this connection as obese patients were found to have reduced emotional awareness following a childhood of parental overprotection. Alternatively, Bove and Olson (2006) suggested restricting food could develop and insecure attachment to food, rather than be the product of insecure attachments to caregivers and this could be supported as participants reported times of food restriction during childhood.

The critical voice is reinforced by the restrictions of the weight management programme with some weight management programmes explicitly labelling high calorific food as 'syns' (Slimming World, 2013) providing negative connotation and potentially implying whoever eats the 'syn' is also bad. In line with the restraint theory (Herman & Mack, 1975) as a defence against eating 'bad' foods many participants reported applying eating restrictions to their diets following an experience of comfort eating. Eating restrictions made participants more vulnerable to overeating especially at the end of a stressful working day which is supported by findings from Fay and Finlayson (2011) who found emotional eating to be more likely in individuals who restricted eating and were 'vulnerable to disinhibited eating'. Ogden and Wardle (1991) found that those who restricted food intake were more likely to experience 'feelings of

rebelliousness and defiance' and therefore consume 'high-calorie foods', whereas those who were unrestrained were less likely to overeat. This is supported by Claire's acknowledgement of feeling defiant around her mother's rules around food.

22.2. *'My Emotional Relationship with Comfort Eating'*

Participants noted how comfort foods were used as both a response to negative emotion including stress, upset and anger, and as a form of pleasure or 'treat'. Similarly van Strein *et al.* (2012) found eating in response to 'sadness' or 'joy' was experienced differently with high emotional eaters tending to eat more in response to negative affect. In terms of comfort eating negative emotional triggers were found to reflect findings from previous studies exploring emotional eating (Arnow *et al.*, 1995; Adolfson *et al.*, 2002; Bove & Olson, 2006; Childers *et al.*, 2011). As with the cycle of emotional eating (Grant & Boersma, 2005) the complexity of comfort eating lies in the emotional aftermath. Paradoxically negative emotions masked (Polivy & Herman, 1999) or escaped from (Heatherton & Baumeister, 1991) using comfort eating were only reinforced when participants felt guilt, shame or regret, perpetuating the emotional eating cycle. The relationship between comfort eating and self-punishment stayed mainly unacknowledged prior to the initial comfort eating, despite this spiral having historically been repeated. Only Jenny explicitly reported using comfort eating as a form of self-harm. More generally, self-harm is seen as a way to release emotional pain, therefore associating it within a punishment context indicates how potentially Jenny feels unable to accept the comfort provided by food and perhaps feels she does not deserve it. Dunkley *et al.* (2010) demonstrated how high self-criticism in binge-eating disorder patients, connected to childhood emotional or sexual abuse and later adulthood body dissatisfaction. While it is not assumed participants in the current study

were abused as children, using food to provide comfort points towards potentially limited comfort or nurturing provision reflecting findings by Buckroyd (2011) connecting emotional eating and insecure attachment.   Indeed there were pointers towards this from reports that Nina's mother was an alcoholic and Jenny's mother had chronic disabling illness.

'Food as a friend' demonstrated how comfort eating helped participants who were feeling lonely or dissatisfied with the comfort provided by significant others as also found in research by Troisi & Gabriel, 2011.   Several participants associated eating large and satisfying dinners with family occasions reinforcing a relationship with food with the provision of comfort and happiness.   In line with research around insecure attachment and emotional eating (Buckroyd, 2011), times of feasting appears to develop more secure attachments.   As Nina acknowledged the Sunday dinner was a happy and predictable event where she felt loved and cared for which didn't occur at other times. As an adult, the need for support and love could trigger comfort eating through the re-creation of happier occasions.

22.3.   'Mind-body Connection'

Participants described busy lives in which they found it difficult to maintain connection between the mind, body and emotional processes.   Comfort eating reconnected both body and emotion whilst giving their minds a 'break' from thinking. The reduction of cognition could be linked to escape theories around the need to reduce self-awareness to cope with difficult emotions (Heatherton & Baumeister, 1991) which supports the need to 'break' from thinking after a stressful working day. When stressed the mind may misinterpret cognitive exhaustion as a physical tiredness and attempt to regain balance by supplying the body with additional energy i.e. comfort eating. Eating

for balance or relaxation could indicate why diets involving frequent thought monitoring of food are likely to discourage individuals who had mentally busy lives. The misinterpretation of cognitive stress or mental fatigue as hunger is supported by psychosomatic theories (Greeno & Wing, 1994). In addition, previous research notes physical stressors such as physical fatigue (Ogden *et al.*, 2011) triggered emotional eating.

Hunger was defined as an intolerable experience for some participants and in many ways mirrored experiences of being unable to tolerate negative emotion. Physical sensations of hunger such as fatigue, irritability and low mood are also associated with negative emotion e.g. stress. While this could support psychosomatic theories, an intolerance of hunger appears likely to be linked to the masking of intolerable emotions or a difficulty in distinguishing 'emotional eating' from 'disinhibited binge eating as a consequence of restraint'. Annie and Sally both reported to 'hate' and almost fear being hungry. In both cases 'hunger' was described within a context of difficult family relationships where a fear of disagreement with loved ones was hinted at. Under the masking hypothesis (Polivy & Herman, 1999) identifying relationship tensions could be intolerable therefore 'hunger' is more acceptable. Annie and Sally were also least able to provide detailed descriptions of negative emotion comfort eating triggers. Identifying non-emotional triggers could indicate a difficulty in describing emotion (alexithymia). Zeeck *at al*. (2012) found that binge eating individuals who expressed higher negativity during their daily lives were correlated highly with alexythemia, however evidence around alexithymia and obesity is conflicted and needs further exploration (Elfhag & Lundh, 2007; Noli *et al*., 2010).

Difficulties distinguishing 'emotional eating' from 'disinhibited binge eating as a consequence of restraint' could be illustrated by all participants. The behaviour of

comfort or emotional eating as defined by van Strien *et al*. (2007) as *'the tendency to overeat in response to negative emotions such as anxiety or irritability*' differs to several accounts provided by participants which would fit into a more disinhibited eating behaviour category. Despite being asked specifically about comfort eating participants reported periods of restrained eating which became intolerable and so overate . These accounts clearly fit with the restraint hypothesis (Herman & Mack, 1975) however aren't represented by a label of comfort or emotional eating even though this is how participants identified them.

Weight is more explicitly associated with the mind-body connection but remains a complex comfort eating factor. Balancing the ambivalence around weight loss involves identifying the threats (experiencing unpleasant emotional without comfort) in comparison to benefits (weight loss/ improved appearance) (Deshpande *et al*. 2009). In contrast to eating for hunger alone, emotional eating factors hinder weight loss efforts and if not addressed can make weight loss more difficult and failure of weight management plans more likely (Adolffson *et al*., 2002).

22.4. *Limitations*

The RI acknowledged her novice IPA ability had the potential to hinder rich data elicitation. In an attempt to address this limitation, the RI conducted trial interviews with fellow students prior to data collection to gain experience in IPA interviewing. Additionally, the RI also had regular supervision with an Academic supervisor experienced in IPA to a published level, and took part in IPA peer supervision with other students. Interview experience allowed the RI to alter the interview schedule to enhance data elicitation as it was found more effective to ask directly about comfort

eating early on in the interview. Supervision was also used to check thematic plausibility.

The study aimed to recruit from a population seeking to lose weight however as negative feelings such as shame are triggered by comfort eating; this may have reduced the potential recruitment sample. In terms of making it known to others (gatekeepers) that they were trying lose weight practice was necessary or else they would not have been approached with the information. Additionally, negative feelings triggered by comfort eating (e.g. shame) would needed to have been at a level which still allowed them to volunteer for interview.

All seven participants were female, of White British ethnicity however it is acknowledged that variance between participants e.g. age or weight, could mean differences in experiences were not identified explicitly during interview. In addition, the experience of comfort eating may be more varied in more diverse populations.

22.5. *Future Research*

The current study highlighted the complexity of comfort eating and future research deepening this understanding is needed. The findings contribute to the current knowledgebase by identifying some of the diverse and complex ways individuals experience comfort eating. Future research testing the commonality of findings in the wider population would be useful to explore conclusions at a population level. Several potential areas for future research using IPA were exposed including: recruiting a specific population e.g. those following a specific weight management plan; individuals who do not follow a weight management plan but still identify they comfort eat; and comparing obese populations with healthy weight populations. The current study also identified how comfort eating was associated with the need for company and

compassion from others. Future research exploring how weight management groups currently address this would be useful.

22.6. *Clinical Implications*

Further identification of how weight management programmes address individual's emotional relationship with food is needed. Current 'health education' approaches and cognitive-behavioural approaches can be undermined by emotional undercurrents, therefore the emotional consequences of eating restriction (dieting) need to be considered. If comfort eating functions to supplement needed compassion, restricting food is implicitly denying comfort and essentially self-punishing. Glisenti and Strodl (2012) found that Dialectical-behavioural therapy (DBT), which includes a focus on emotional dysregulation, was significantly more effective in supporting emotional eaters to lose weight than CBT. Weight management which includes exploration of the reasons for emotional eating could potentially increase effective weight loss.

22.7. *Conclusions*

The current study found comfort eating was a complex and often private experience related to individual cognitive, emotional and physical factors. Links are made to eating being used to comfort individuals through masking (Polivy & Herman, 1999) or escaping (Heatherton & Baumeister, 1991) negative emotion, sometimes in place of supportive relationships. Vulnerabilities to comfort eating included restrained eating (Herman and Mack, 1975) childhood eating patterns and critical parental rules around food.   Weight management plans which focus solely on monitoring cognitive

and physical aspects of weight loss, miss the equally import but not necessarily as explicit factor of emotion.

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24. **Critical Appraisal**

The Development and Learning Processes of Conducting a Research Project

Women's Experiences of Comfort Eating:

An Interpretative Phenomenological Analysis

Critical Appraisal
The Development and Learning Processes of Conducting a Research Project

24.1. Outline

Within this section I will appraise and reflect upon the methodology of my research. I will discuss the process of conducting an independent research project and the impact this will have for future research. My appraisal is founded on the reflective journal kept throughout the project.

24.2. Project Selection

Prior to starting the Clinical Doctorate I had an interest in obesity and the impact this had on individual lives. From a young age I became aware of a common narrative amongst family and friends of both genders where obesity is something to be feared, something to be mocked, or something to be ignored. As I have grown into adulthood I have noticed how the societal emphasis on the female appearance, obesity being something to 'fight against' and slimness being something to be revered, has become a common narrative amongst many of my female colleagues, friends and family members.

At the start of the course I felt drawn to exploring the female perception of body image and how it would obesity was experienced. I wanted to know more about causes of obesity including overeating and was directed by one of my supervisors to look at clinical diagnoses relevant to obesity such as binge-eating disorder. Initially I expected to follow a traditional route into doctoral research and select a project using a clinical population. My preliminary research proposal had centred around binge eating and through this I became more aware of the prevalence of obesity in general non-clinical populations became and wanted to investigate further. After discussing the idea with

colleagues, friends and family I realised the problem of combating weight gain existed in many people who would not be clinically classed as obese and some not even overweight.

Further exploration helped me gain several insights into a sub-clinical population of 'comfort eaters'. These individuals were people who identified that on occasion they would use food to alleviate the effects of a 'bad day' or 'binge on the weekend'. One particular conversation with a colleague highlighted the intensity of feeling around her comfort eating as we discussed how the night previously she had felt stressed and had therefore eaten 'lots of bad food' such as crisps chocolate and wine. The day after she felt extremely guilty and ashamed about what she had eaten and so was restricting herself to food she perceived as healthy such as salad and protein.

My colleague would probably be measured at the low end of the healthy range of the BMI scale and therefore would be unlikely to come into contact with NHS services for support with her 'binge' behaviour. She described the event as infrequent, however was careful with her eating to compensate as she knew she would be likely to put weight on if she made comfort eating a regular habit. I was also interested to find that she would also attend weight management groups (e.g. Weight Watchers) to help her maintain her weight, yet the compensatory behaviours she had in place still did not stop the overwhelming thoughts she had that she was 'doing something wrong'. The narrative around comfort eating captured my attention and I decided to explore this further.

24.3. Research Design

I wanted to capture what it was like to experience comfort eating and after preliminary discussions with my research supervisor, I struck upon the idea of using

Interpretative Phenomenological Analysis (IPA). I liked the idea of using a technique which would explore how this experience made sense to people, how they interpreted their experiences and in turn, how I made sense of their experiences within the context of a bigger picture; what did this mean in terms of obesity? Obesity has been high on the political agenda for a number of years and affects a high proportion of the population, yet what journey do people travel before they become obese?

I was interested to talk to overweight people who were actively trying to gain weight as this suggested that they perceived some aspect of their weight to be problematic. I decided to focus my study within overweight and obese populations to see if any factors around weight gain could be identified. However, after discussion with my supervisor I felt it useful to take the focus away from clinical populations and centre on a subclinical population as those in clinical treatment may be just the tip of a sub-clinical 'iceberg'. This meant recruiting potential participants who took part in weight management, but who had not been referred via the NHS for health reasons. The idea being to explore a behaviour on the potential cusp of becoming a health problem.

Preliminary literature reviews had suggested that comfort eating wasn't a term used readily in the academic literature, despite being frequently used in the media. Instead 'Emotional eating' was used which encompassed eating to manage or regulate the experience of negative emotion. It felt important to use terms which were familiar to potential participants and therefore comfort-eating was identified as the as the label to use in exploring this phenomenon.

24.4. Peer and Ethical Review

A research proposal was peer-reviewed through the university by university academic tutors and service users in the service user reference group. Some points were raised and discussed with my research supervisor. A study around the female experience of comfort eating was agreed in principal and then submitted for University ethical review. The study was chosen to focus on the female population as it had already been identified within the literature that weight management was a common problem for women. As the study intended to use IPA, it was important to increase homogeneity amongst participants to reduce any differences caused by gender differences. The study was not recruiting from a clinical population and therefore I did not have to submit to the NHS ethical committee. I was granted ethical approval quite quickly from the University ethics committee and felt confident I would be able to complete the project within the expected time-frame.

24.5. Participant Recruitment

My original plan had been to recruit potential participants from the same weight management programme to increase homogeneity across the sample. Despite my best efforts, this became incredibly difficult for a number of reasons. The first few group leaders I approached were particularly hesitant about allowing me to approach group members. One leader refused to allow me to attend the group to present my study, and another told me that none of her members would like to take part. I contacted several groups across the locality with varying responses. The process of this made me reflect on how it would feel for potential participants to try and find out information from some of the groups, when leaders did not return telephone calls or emails. I wondered if this was primarily to do with my strategy of cold-calling group leaders and hoped if I

was a person seeking more support with weight management, I would find the process more helpful.

Whilst I hadn't given up the idea of recruiting from weight management groups, I started my second option of recruitment as an on-going process. This involved presenting my study idea to fellow students at the University of Leicester and on placement, providing them with information to disseminate to interested parties. I was clear with my recruitment procedure indicating that for participants to take part they should volunteer by initially contacting me. The idea behind this was to improve recruitment rates, but protect potential participants' confidentiality if they happened to know the gatekeeper on a social level. Using this recruitment method was much more successful and quite quickly I had recruited a number of participants. The recruitment methods were discussed thoroughly in supervision as I was concerned about not being able to access participants through my preferred option through weight management groups. We agreed that as long as participants volunteered for the study and were given the opportunity to discuss confidentiality concerns, this would remain within the approved submission to the ethical committee.

Within the guidelines of IPA as suggested by Smith (2003) the potential marker for recruitment cessation was between six and ten participants. When seven participants had either completed interviews or meetings had been set I agreed with my supervisor to delay further recruitment in order to give myself time to analyse the interview transcripts already completed. IPA needs to be a process of depth rather than breadth.

24.6.   Participant Interviews

Initially I felt quietly confident about interviews due to having experience in the interview process through my clinical work. I had not expected to find research interviews difficult to conduct, however the format and purpose of the interviews made me decide to carry out a couple of practice interviews prior to data collection. This taught me that I would need to remain mindful throughout the process to only use prompts during the interview and avoid leading participants to talk about areas that had not originally been thought about by them. I discussed this with my supervisor after each interview and on some occasions, especially in the early interviews found that despite being mindful I had not give participants enough of an opportunity to word their experiences in their own language. To reduce this, if I made a slip in saying something leading, I would add that different people had different responses, and invite them to describe their response "in your own words".

24.7.   Data Analysis

I had not previously used IPA and therefore needed to borrow the expertise of my supervisor, who is very familiar and experienced with qualitative methods including IPA. The process of analysis took the most time within the research project as I wanted to really immerse myself in the data. I typed all interview transcriptions myself to assist with this process, following the Smith (2003) guidelines rather dogmatically at first. I followed a process of reading, then re-reading each individual transcript whilst listening to the audio recording to make initial notes. I followed this by writing initial codes and later summarising these into themes. At first I felt overwhelmed with analysis as I became lost in the detail. As I discussed the themes with my supervisor I noticed we were thinking along the same lines which helped my confidence in using IPA grow.

The next stage of analysis involved grouping my initial themes into larger subthemes and later superordinate themes. I found it helpful, although rather time consuming, to essentially write out the initial themes one by one onto post-it notes. This allowed me to see my themes on mass and arrange theme by linking similar ideas together. I think I am quite a visual person and using IPA in this way felt quite natural. The more my confidence grew the quicker I became, however the time was spent in questioning and re-questioning my reasons for linking themes together. Eventually I had a map of subthemes for each transcript. I found it helpful to write a summary of each individuals' story, including themes and background information I had been told which would help me extract themes which had come from the data or from myself. Once a thorough analysis of each transcript had been done separately, I began to tentatively look across cases to see where there was convergence and divergence.

Some of these themes connected together easily such as 'comfort' and 'numbing' which appeared to me to be a function of comfort eating. Other subthemes didn't fit so well with others and were either encompassed by others e.g. 'lack of time' into 'external responsibilities' or sat on their own as a superordinate theme 'Emotional aftermath'. My preliminary themes were discussed during supervision which provided further ideas for interpretation. I found it difficult to decide what information should be included in the write up during the process of analysis as I became almost too immersed in the data. At one point I remember thinking that all my subthemes were important and feeling annoyed that publishers would only accept word limits of around 5000 words. Using supervision to discuss minor frustrations such as these helped me to see my research in a more relative light.

24.8.   Learning Points

This research project has taught me how good planning and organisation skills are needed when conducting research as it can easily become overwhelming. Working to my own set of deadlines gave me the flexibility I needed to feel in control of my research, and gave me confidence in my own autonomy.   The benefit of regular supervision with someone who is willing to share their expertise and guide you throughout is extremely important when conducting qualitative research. At times I would have felt inundated if I hadn't been able to offload to my supervisor and feel supported in my progress. A key point I have learned is not being afraid to ask questions, not matter how ridiculous they might sound. Using the reflective journal to record those questions as they occurred ultimately helped contain my anxieties and then reduce them during supervision. Using supervision to reflect on my research enabled me to disentangle my personal thoughts from the themes that emerged from the data and maintain reflexivity.

In terms of conducting this particular research project I have remained interested in comfort eating and can see potential for future projects. In particular I would like to explore how participants who don't gain weight experience comfort eating as it could offer clues to different factors of obesity.

If using IPA in future, I have learned that it is beneficial to complete a good preliminary analysis before doing the next interview, as difficult as that was given the time restraints and my novice ability during this study. This helped me when I needed to change the two key questions around in the interview schedule as it meant I gained more rich data from the later five interviews. I have experienced how time consuming research can be and the difficulties in maintaining the process momentum. I believe this was one of my strengths in completing the study, however at times this became

anxiety provoking as a weakness of mine was not balancing hard-work with enough breaks. I have learned that although research of this calibre can become all consuming it is also important to take care of yourself mentally and physically.

24.9.   Conclusion

I have found the individual research project a challenging yet rewarding experience. I believe the findings from my research could provide a useful foundation for future research into comfort eating and emotional eating and go towards the understanding of weight management.

25. References

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26. Appendix A: Literature Search

The searches used the symbol * to encompass any known endings of the phrase. It became apparent that several of the additional search terms (Compulsive eating, Addict* eating, Mood, and phenomenon*) were not providing additional articles and therefore the search continued only using 'Qualitative' with the following terms: 'Emotion* eating'; 'Emotion*' AND 'Eating'; 'Comfort eating'; and 'Bing* eating'.

Table 4: Results of Literature Search and Omission Rate

Database	Search No.	Search terms	Total articles found	Reasons for Exclusion	Total Articles excluded	Total Articles included for further exploration
CINAHL	1	'Emotional Eating' OR 'Emotion* AND Eating' AND Qualitative	19	Non-Western population = 2 Pregnancy Focus = 1 Non-Relevant topic (topics that do not have emotional eating as part of their key focus of discussion) = 7	10	9
	2	Emotion* AND Eating AND Phenomenon*	3	Duplicate articles = 3	3	0
	3	Comfort Eating AND Qualitative	3	Duplicate = 1 Non-Relevant topic = 2	3	0

	4	Comfort Eating AND Phenomenon*	0	0	0	0
	5	Food Addict* OR Compulsive eating OR Overeating AND Emotion* AND Qualitative	0	-	0	0
	6	Food AND 'Emotion* OR Mood' AND Qualitative	1	Non-Relevant topic = 1	1	0
	7	Bing* AND Qualitative	4	Non-Western population = 2 Non-Relevant topic = 1	3	1
	8	Bing* AND Phenomenon*	0	-	0	0
		Total	**30**		**20**	**10**
Psychinfo	10	'Emotional Eating' OR 'Emotion* AND Eating' AND Qualitative	58	Duplicate Article = 13 Non-Western population = 4 Non-Relevant topic = 29 Methodology Queries = 1	45	11
	11	'Emotional Eating' OR 'Emotion* AND Eating' AND Phenomenon*	21	Duplicate Article = 6 Non-Relevant topic = 7 Child = 1	16	5
	12	Comfort Eating AND Qualitative	1	Duplicate Article = 1	1	0
	13	Food Addict* OR Compulsive eating OR Overeating AND Emotion* AND Qualitative	9	Duplicate Article = 5 Non-English = 1 Non-Western population = 2 Non-Relevant topic = 1	9	0
	14	Food AND 'Emotion* OR Mood' AND Qualitative	37	Duplicate Article = 37	37	0
	15	Bing* AND Qualitative	12	Duplicate Article = 4	8	4

				Non-English = 1 Non-Relevant topic = 3		
	16	Bing* AND Phenomenon*	1	Duplicate Article = 1	1	0
		Total	**139**		**119**	**20**
Medline	18	'Emotional Eating' OR 'Emotion* AND Eating' AND Qualitative	18	Duplicate Article = 18	17	1
	19	'Emotional Eating' OR 'Emotion* AND Eating' AND Phenomenon*	40	Duplicate Article = 35 Non-Relevant topic = 5	40	0
	20	Comfort Eating AND Qualitative	2	Duplicate Article = 2	2	0
	21	Food Addict* OR Compulsive eating OR Overeating AND Emotion* AND Qualitative	0	-	0	0
	22	Food AND 'Emotion* OR Mood' AND Qualitative	32	Duplicate Article = 29 Non-Relevant topic = 2 Non-Western = 1	32	0
	24	Bing* AND Qualitative	29	Duplicate Article = 29	29	0
		Total	**121**		**120**	**1**
Scopus	25	'Emotional Eating' OR 'Emotion* AND Eating' AND Qualitative	124	Duplicate Article = 60 Non-relevant topic = 37 Non-Western = 11 Review = 1 Non-English = 1 Child = 6	116	8

				Animal = 1		
	26	'Emotional Eating' OR 'Emotion* AND Eating' AND Phenomenon*	18	Duplicate Article = 12 Child = 3 Quantitative = 1	16	2
	27	Comfort Eating AND Qualitative	0	-	0	0
	28	Food Addict* OR Compulsive eating OR Overeating AND Emotion* AND Qualitative	1	Duplicate Article = 1	1	0
	29	Food AND 'Emotion* OR Mood' AND Qualitative	114	Duplicate Article = 66 Non-relevant topic = 29 Non-Western = 12 Child = 3 Animal = 1	111	3
	30	Bing* AND Qualitative	8	Duplicate Article = 7 Dissertation Abstract = 1	8	0
		Total	**265**		**252**	**13**
Web of Science	31	Emotional Eating' OR 'Emotion* AND Eating' AND Qualitative	62	Duplicate Article = 59 Non-relevant topic = 1 Non-Western = 1 Child = 1	62	0
	32	Emotional Eating' OR 'Emotion* AND Eating' AND Phenomenon*	28	Duplicate Article = 22 Non-relevant topic = 5 Child = 1	28	0
	33	Comfort Eating AND Qualitative	0	-	0	0
	34	Food Addict* OR Compulsive eating OR Overeating AND	0	-	0	0

		Emotion* AND Qualitative				
	35	Food AND 'Emotion* OR Mood' AND Qualitative	0	-	0	0
	36	Bing* AND Qualitative	13	Duplicate Article = 13	13	0
		Total	**103**		**103**	**0**
		Overall Totals	**658**		**614**	**44**

27. Appendix B: Data Extraction Form

Data extraction sheet No.	Database:
ID Number:	1st Author:
Article Title:	
Journal:	
Publication Date:	Country:
Participant Demographics Total No. Participants: Gender: Male Female Weight: Underweight Normal weight Overweight Obese+ Age Range: Ethnicity:	
Research Question/ Aims:	
Context (e.g. weight loss programme)	
Methodology Data Collection: Data Analysis: Level of detail (e.g. replicable?)	
Key Findings (Explicit themes stated):	
Key Notes about Emotional Eating	
Notes (others)	

28. Appendix C: CASP

Table 5: Results of the CASP Qualitative Research Checklist

Question	Yes	No	Unclear
Screening questions			
1. Was there a clear statement of the aims of the research?	**21**	0	0
What the goal of the research was	21	0	0
Why is it important	21	0	0
Its relevance	21	0	0
2. Is a qualitative methodology appropriate?	21	0	0
If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants	21	0	0
Detailed questions			
3. Was the research design appropriate to address the aims of the research?	**21**	0	
If the researcher has justified the research design (e.g. have they discussed how they decided which method to use)?	19	2 (2,4)	0

4. Was the recruitment strategy appropriate to the aims of the research?	21	0	0
If the researcher has explained how the participants were selected	21	0	0
If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study	21	0	0
If there are any discussions around recruitment (e.g. why some people chose not to take part)	5 (1,2,5,17,20)	16 (3,4,6,7,8,9,10,11, 12,13,14,15,16,18, 19,21)	0
5. Were the data collected in a way that addressed the research issue?	**21**	0	0
If the setting for data collection was justified	21	0	0
If it is clear how data were collected (e.g. focus group, semi-structured interview etc.)	21	0	0
If the researcher has justified the methods chosen	20	1 (7)	0
If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews were conducted, or did	19	2 (9,18)	0

| they use a topic guide)?			
If methods were modified during the study. If so, has the researcher explained how and why?	5 (4,5,8,16,21)	16 (1,2,3,6,7,9,10,11, 12,13,14,15,17,18, 19,20)	0
If the form of data is clear (e.g. tape recordings, video material, notes etc.)	19	2 (18,19)	0
If the researcher has discussed saturation of data	9 (1,2,4,7,8,10 ,12,19,20)	12 (3,5,6,9,11,13,14, 15,16,17,18,21)	0
6. Has the relationship between researcher and participants been adequately considered?	2 (8,16)	18 (1,2,3,5,6,9,11,12, 13,14,15,17,18,19, 20,21)	3 (4,7,10)
If the researcher critically examined their own role, potential bias and influence during: Formulation of the research questions o Data collection, including sample recruitment and choice of location	5 (4,7,8,10,16) 0 5 (4,7,8,10,16)	16 (1,2,3,5,6,9,11,12, 13,14,15,17,18,19, 20,21)	0
How the researcher responded to events during the study and whether they considered the implications of any	2 (1,8)	19 (2,3,4,5,6,7,9,10, 11,12,13,14,15,16, 17,18,19,20,21)	0

7. Have ethical issues been taken into consideration?	6 (7,12,13, 14,16,17)	5 (5,6,10,20,18)	10 (1,2,3,4,8,9, 11,15,19,21)
If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained	7 (7,11,12,13, 14,16,17)	13 (1,2,3,4,5,6,8,9,10 ,15,18,20,21)	1 (19)
If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)	8 (7,10,11,12, 13,14,16,17)	12 (1, 2, 3, 4, 5, 6, 9, 15, 18, 19, 20, 21)	1 (8)
If approval has been sought from the ethics committee	13 (1,2,3,4,7, 12,13,14,15, 16,17,19,21)	7 (5,6,8,9,10,18,20)	1 (11)
8. Was the data analysis sufficiently rigorous?	8 (6,7,11,12,1 16,19, 20,21)	4 (8,9,10,18)	9 (1,2,3,4,5,13, 14,15,17)
If there is an in-depth description of the analysis process	17 (1,2,3,4,5,7, 11,12,13,14, 15,16,17,18, 19,20,21)	3 (8,9,10)	1 (6)
If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data?	18 (1,2,3,4,5,6, 7,10,11,12,	3 (8,9,18)	0

	13,14,15,16, 17 19,20,21)		
Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process	3 (5,7,16)	18 (1,2,3,4,6,8,9, 10,11,12,13,14,15, 17,18,19,20,21)	0
If sufficient data are presented to support the findings	21	0	0
To what extent contradictory data are taken into account	8 (7,8,11,12, 16,19,20,21)	12 (1,3,4,5,6,9,10,13, 14,15,17,18)	1 (2)
Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation	3 (7,16,20)	18 (1,2,3,4,5,6,8,9,10 ,11,12,13,14,15,17 ,18,19,21)	
9. Is there a clear statement of findings?	15 (1,2,3,4,5,7, 10,11,12,15, 16,17,19,20, 21)	0	6 (6,8,9,13,14,18)
If the findings are explicit	21	0	0
If there is adequate discussion of the evidence both for and against the researcher's arguments.	6 (1,11,12,16, 20,21)	15 (2,3,4,5,6,7,8,9,10 ,13,14,15,17,18,19)	0
If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)	14 (2,3,4,5,7,10 ,11,12,15,16	7 (1,6,8,9,13,14,18)	0

	,17,19,20,21)		
If the findings are discussed in relation to the original research question	21	0	0
10. How valuable is the research?	21	0	0
If the researcher discusses the contribution the study makes to existing knowledge or understanding e.g. do they consider the findings in relation to current practice or policy, or relevant research-based literature?	21	0	0
If they identify new areas where research is necessary	21	0	0
If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used	21	0	0

Figure 3: Thematic Map
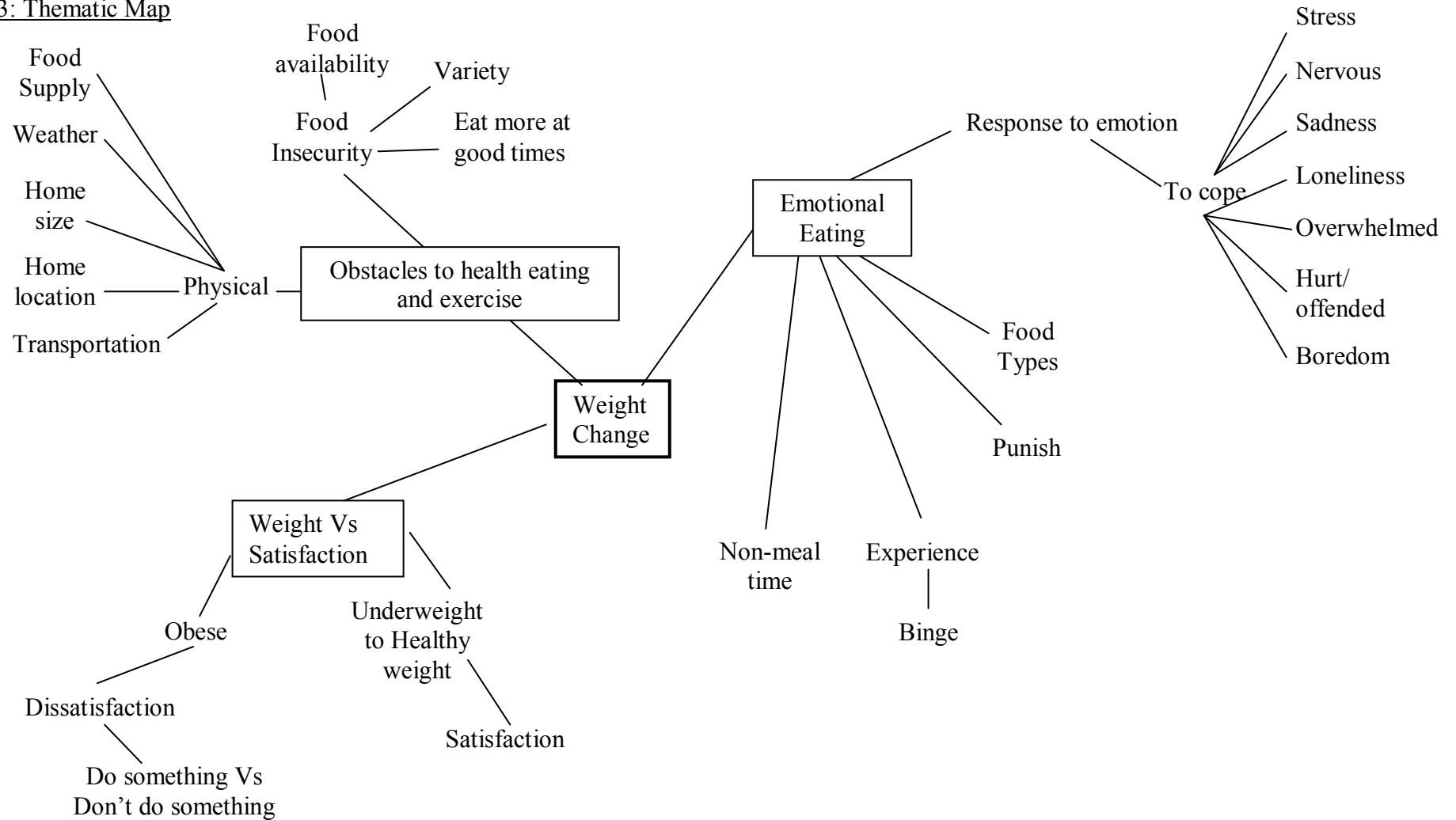
30. Appendix E: Demographic Results of Review Articles

Table 6: Demographic Results of Participants within the Review Articles

Article	Total participant No.	No. of female participants	No. of male participants	Ethnicity (using article descriptors)	Marital status	Weight Variance	Age (years)
1	15	12	3	NS	14 = Married; 1 = Single	All Obese (BMI = 29-40 kg/m²)	32-68 (average = NS)
2	17	17	0	All White Spanish	11 = Married; 5 = Single; 1 = Widowed	Obese or overweight	34-58 (average = NS)
3	28	28	0	25 = White; 1 = Black; 2 = Mixed	23 = Lived with partner; 5 = Lived alone (with children)	BMI - Underweight (≤18.5 kg/m²) = 2; Normal weight (18.5-24.9 kg/m²) = 9; Overweight (25-29.9 kg/m²) = 7; Obese (≥30 kg/m²) =10	19-48 (average = 41)

4	15	12	3	9 = White; 6 = not specified, assumed non-white	13 = Married; 1 = Single; 1 = Divorced	BMI 28.4 - 41.1 kg/m²	38-56 (average = 48)
5	76	76	0	NS	21% = Single; 66% = Married; 11% Separated/ divorced; 3% widowed	BMI 21.51 – 35.93 kg/m²	20-60 (average 41.14, SD 11.56)
6	102	48	54	72% = White; 19% = Black; 10% = Hispanic; 10% = Asian (oriental); 5.2% Multi-racial; 2.1 = other	NS	NS	18 -20 (average = NS)
7	30	20	10	NS	28 = Married; 2 = Divorced	BMI average = 47.50 kg/m² (SD = 8.20)	Average = 39.17 (SD = 8.81)
8	11	9	2	9 = Caucasian; 2 = Black	NS	BMI = ≥40 kg/m²	33-62 (average = NS)

9	10	8	2	9 = White British; 1 = British Pakistani	NS	Normal weight = 2; Overweight = 8	30-59 (average = NS)
10	8	NS	NS	NS	NS	NS	20-39 (average = NS)
11	16	9	0	NS	NS	Normal weight	18-53 (average = 36)
12	10	10	0	NS	NS	BMI – 14.08 - 40.75 kg/m² (average = 24.49 kg/m²)	18-36 (average = 29.1)
13	20	20	0	NS	10 = Married; 2 = Widow/ Divorced; 8 = Single	BMI 31.2 – 51.3 kg/m² (average = 35.6 kg/m²)	25-61 (average = 42)
14	10	8	2	9 = White British; 1= Black British	NS	BMI 26 - 49 kg/m²	38 – 56 (average = NS)
15	30	30	0	90% (27) = White; 3.3% (1) =	83.3 % (25) = Resided with a	BMI - Underweight	19-48 (average =

				Black; 6.7% (2) = Multi-racial	male; 16 of these = Married	(≤18.5 kg/m²) = 3 (10%); Normal weight (18.5-24.9 kg/m²) = 9 (30%); Overweight (25-29.9 kg/m²) = 9 (30%); Obese (≥30 kg/m²) =9 (30%)	NS)
16	5	5	0	NS	All in a relationship (not specifically defined)	BMI 14.9-33.1 kg/m² (average = 22.18 kg/m²)	18-48 (average = 35.8)
17	9	9	0	All White British	2 = Single; 3 = Married; 4 = Divorced	Obese to morbidly obese ≥34.8-40.3 kg/m²	24-56 (average = NS)
18	18	18	0	Caucasian = 21%; Non-Caucasian = 5%	NS	NS	18-64 (average = 38.5)
19	43	43	0	NS	NS	NS	35-55 (average = NS)

| 20 | 26 | 26 | 0 | NS | 6 = Live with parents; 8 = Spouse & children; 4 = single parents; 8 = lived alone | Hamwi formula (1961) = 90-125% of expected weight | 20-59 (average = NS) |
| 21 | 59 | 59 | 0 | NS | ¾ in domestic relationships | BMI ≥18.5≤ 25 kg/m² | 18-45 (average = NS) |

31. Appendix F: Copy of Email Notification of Ethical Approval

Retrieved 18th April 2013

Ethics - Application - from Dr. Robyn Holliday.
reh24@leicester.ac.uk [reh24@leicester.ac.uk]
Sent: 31 July 2012 14:28

To: jc438@leicester.ac.uk

From : Dr. Robyn Holliday.

Your application Project Ref: jc438-4572e has been approved.

Please click link to view application

https://wads2.le.ac.uk/ethics/MyApplications.aspx?AppID=ed91faaf-df7c-440d-9cff-6926fb04572e

N.B. If you are logging in from a remote device, you may need to use the word 'CFS' in front of your username. E.g.

Username: CFS\YourCFSName
Password: YourPassword

32. Appendix F (continued): Ethical Approval Sign Off Document

University of Leicester Ethics Review Sign Off Document

![University of Leicester logo]

To: **JESSICA CLOSE**

Subject: Ethical Application Ref: **jc438-572e**

(Please quote this ref on all correspondence)

31/07/2012 14:28:14

Psychology

Project Title: **Womenâ€™s experiences of comfort eating: An interpretative phenomenological analysis.**

Thank you for submitting your application which has been considered.

This study has been given ethical approval, subject to any conditions quoted in the attached notes.

Any significant departure from the programme of research as outlined in the application for research ethics approval (such as changes in methodological approach, large delays in commencement of research, additional forms of data collection or major expansions in sample size) must be reported to your Departmental Research Ethics Officer.

Approval is given on the understanding that the University Research Ethics Code of Practice and other research ethics guidelines and protocols will be compiled with

 http://www2.le.ac.uk/institution/committees/research-ethics/code-of-practice

http://www.le.ac.uk/safety/

The following is a record of correspondence notes from your application **jc438-572e.** Please ensure that any proviso notes have been adhered to:-

Jul 25 2012 3:58PM   The following documents are contained within the attached research proposal:
Covering letter to weight management programme leaders
Participant Information Leaflet
Healthy Weight Chart
Consent form
Semi-structured interview proforma

--- END OF NOTES ---

33. Appendix G: Leader Information Leaflet (LIL)

University of Leicester

Clinical Psychology Dept.
University of Leicester
104 Regent Road
Leicester
LE1 7LT

T: 0116 223 1639
F: 0116 223 1650

Date:

Dear (name of leader)

Re: Research Opportunity

Women's experiences of comfort eating.

I am a Trainee Clinical Psychologist currently studying at the University of Leicester. I am researching women's experiences of comfort eating and I was hoping to recruit participants from the weight management group you lead. The main aim of this research is to explore the emotional reasons women use food/ eating. I have attached a participant information leaflet which explains the study further. The research will form my thesis for the final part of my doctoral studies.

I am hoping to recruit female participants from local non-NHS weight management groups. I hope to leave information about the research for your group members and give them the option to volunteer to take part in the study. I would then like to arrange a convenient time to meet them at a later date to take part in the interview, which would last about an hour.

I would like to return to meet you on_____ after that days weight management meeting to discuss my research further with you. Alternatively, if you have any questions, please feel free to contact me on 07841122347 to discuss this further. Thank you.

Yours sincerely,

Jessica Close
School of Psychology – Clinical Section
University of Leicester
104 Regent Road
Leicester
LE1 7LT
Email: jc438@le.ac.uk
Tel: ***** ******

34. Appendix H: Participant Information Leaflet (PIL)

University of Leicester

Clinical Psychology
Department
104 Regent Road
Leicester
LE1 7LT
T: 0116 223 1639
F: 0116 223 1650

Participation Information Leaflet

Study Title

Women's experiences of comfort eating: An interpretative phenomenological analysis.

Researcher: Jessica Close, Trainee Clinical Psychologist, University of Leicester

Contact: E-mail: jc438@le.ac.uk   Telephone:***********

Purpose of the study

The definition of comfort eating in the current study is when people eat as a way to manage their feelings. People who are drawn to eat for emotional reasons such as feeling upset or stressed can be said to comfort eat. It is acknowledged that comfort eating can play a role in weight gain; however none of the existing UK health campaigns appear to focus directly on emotional reasons for overeating. The research currently available is limited in its exploration of how comfort eating is experienced. This study aims to provide a better understanding of why people eat for comfort and the emotional reasons for overeating. The study will explore how overweight women experience comfort eating.

Why am I being invited to participate?

The researcher is inviting women who are involved in weight management programmes due to being overweight, to talk about their experiences of comfort eating. A healthy weight chart has been attached to this leaflet to help you find out if you are currently overweight. If you are female, currently overweight and feel that comfort eating is a problem for you, you are invited to participate in the study.

If I wanted to participate in the study, what would you need me to do?

The researcher would like to talk to you about your experiences of comfort eating. The interview will last for about an hour to allow you enough time to share your story in full. You will have time before and after the interview for you to ask any questions or concerns. The interview will be arranged at a convenient time and place for yourself.

Confidentiality and Anonymity

You will only need to share the information you would like to share. The researcher would like to use as much of the valuable information you share as possible and therefore will need to record the interview on an audio recorder.

The recording will be typed into an anonymous written transcript with all information which identifies you removed. All the information will be securely stored. Some quotations from the interviews may be used in the final report but it will not be possible to identify individual participants.

Should I consider anything else before agreeing to take part in the study?

The study has been reviewed by the Ethics Committee at the University of Leicester. The Ethics Committee did not identify any significant risks to people who would like to participate in this study. It is important that you only share information that you feel comfortable in sharing. With this in mind, it is possible that discussing experiences of comfort eating could still be upsetting for some people. If you do become upset for any reason during or after the interview the researcher will provide you with information on sources of support.

Are there any other potential benefits in taking part in this study?

The study is providing an opportunity for individuals to share their experiences of comfort eating. It is hoped the findings from this study will allow health campaigners the opportunity to consider the emotional effects and reasons of overeating in order to help those who need support. The interview process could also give you an opportunity to explore your own feeling and thoughts with relation to food and comfort eating.

What happens when the study is completed?

The final report will be available from the researcher in Autumn 2013. You may request a copy from the researcher from Autumn 2013 onwards. The study will be submitted for publication to selected journals in Autumn 2014.

Who is funding the research?

The research is being funded by the University of Leicester and is sponsored by Leicestershire Partnership NHS Trust.

If you would like to take part in the study....

If you would like to take part in the study please contact the researcher on the following contact details: Jessica Close (email: jc438@le.ac.uk / telephone: ************). If you have any questions prior to agreeing to participate in the study you can ask the researcher directly. The researcher will arrange a convenient interview session with you. You will be given the opportunity to answer further questions on the interview day. You will also be asked to sign a consent form before the interview.

If you choose to participate, you retain the right to withdraw up when data is anonymised.

35. Appendix I: BMI Healthy Weight Chart

The diagram below will help you to find out if you are currently overweight.

Step 1: Find you height measurement on either side of the chart.

Step 2: Use the measurements along the top and bottom of the chart to find your current weight.

Step 3: Trace the lines from you height and weight until they meet in the middle. This will tell you the category your weight falls into.

Step 4: If your weight falls into the overweight or obese category then you could be one of the people we would like to talk to.

Chart removed due to potential copyright permission.

Chart retrieved from NHS choice (2011) from
http://www.nhs.uk/Livewell/healthy-living/Pages/height-weight-chart.aspx

36. Appendix J: Consent Form

University of Leicester

Clinical Psychology Department
104 Regent Road
Leicester
LE1 7LT
T: 0116 223 1639
F: 0116 223 1650

Consent form

Study Title: Women's experiences of comfort eating: An interpretative phenomenological analysis.

Researcher: Jessica Close, Clinical Psychologist Trainee, University of Leicester

Contact: E-mail: jc438@le.ac.uk   Telephone: ***********

Please read the information sheet prior to completing this consent form.

Please read the statements below and if you agree please initial the corresponding boxes. Thank you.

Please initial

I confirm have read the information sheet and understand the information contained within it.

☐

I confirm that I have been given the opportunity to ask questions about the study. If I have asked questions about the study I can also confirm that these have been answered to my satisfaction.

☐

I understand that participation in the study is voluntary and I can withdraw my consent up until the interview is anonymously transcribed.

☐

I understand that the interview I take part in will be audio recorded and anonymously transcribed.

☐

I understand that any information that could identify me to others will be removed from the transcript.

☐

I understand that after analysis, the information will be kept securely at the University of Leicester and kept for one year.

☐

I understand that my interview will be included as part of the researchers Doctoral thesis and that any results may be published within a selected journal.

☐

I (Participant name)_____agree to take part in the named study.

Signed: _____
Date:_____

Researcher:_____
    Date:_____

37. Appendix K: Semi-structured Interview Proforma

Semi-Structured interview schedule

Can you tell me a bit about your relationship with food?
Probes: - If it's hard to know where to start, can you tell me about what's today been like?
Has it always been like that or has it changed over time?
How has it changed, why do you think that happened?
How do you feel about food and eating, and the way it fits into your life?

Could you describe what comfort eating is like for you?
Perhaps you could think of the most recent time it happened and describe it?
Probes – Before it happened what were you doing, thinking, what were you feeling?
And while it was going on what were you (thinking, doing, feeling)?
And then after the event, what were you (thinking, doing, feeling)?
How did you make sense of it all?
Was that a typical episode?
How is it different sometimes?
Has it changed over time?
Are there any patterns to it that you have noticed?

38. Appendix L: Example of IPA coding

Initial themes	Transcript	Exploratory notes
	RI: So maybe if we start of generally thinking about your relationship with food. Maybe talk about a typical day, what might you be eating?	
New healthy eating routine New me Grab and go girl Plan v not plan – don't eat rubbish Simple + easy food Get up and go No time for prep **Don't think just go**	**Sally:** Ok. Well I try and be healthy, erm often I will start off with some kind of fruit in the morning and erm or a cereal bar, so I don't really have, I never used to eat breakfast. Erm, but I've started eating, I will try and have something so like a couple of pieces of fruit in the morning erm I'm a sort of grab and go girl when it comes to (laughs) dinner. But I've been trying to, since I've been doing slimming world, I've been trying to take something with me so I don't just end up eating rubbish. So it will be something really simple like leftovers from the day before or some kind of cous cous which is really easy to make up, Coz I don't, I don't. I get up, I get up and go and I don't spend any time in the morning preparing food or anything like that.	Try to be healthy – breakfast (new thing) Fruit=healthy 'grab and go girl' Take something or eat rubbish Really simple Easy Get up and Go No time preparing Plan V not plan – planned to a certain extend but not really thought about satisfaction?
	RI: So you don't have breakfast?	
Don't even think Eat on the go. Planned food Little then lots Don't even think I should but I don't	**Sally:** No. I eat it in my car actually (laughs) on my way to work. I'll have, I'll have all my stuff in my car, actually in my car, all my cereal bars and just a piece of fruit and eat in while I'm driving. Because I drive to **** (name of city) every day and then (...)	Humour? Plan to eat in the car Little Pressure from others

39. Appendix M: Epistemological Position of the Researcher

Epistemological and Personal Position of the Researcher

The social constructionist framework adopted by the RI assumes participants' understandings of their comfort eating experiences, have developed through the way they interpret and consolidate these experiences within the context of their lived worlds. This position is consistent with the use of IPA (Larkin & Thompson, 2012), but as described in Smith *et al*. (2009) p.196, it is a 'less strong' version of social constructionism that accepts that as humans we are shaped by social and cultural forces, also allowing for individuals to engage with that reflectively and make their own sense of it. With this is mind, the RI attended to participant narratives which emerged around comfort eating such as the participants own 'mental battles'.

The RI used reflexivity and supervision to address the impact of her own 'experiences and assumptions' (Larkin & Thompson, 2012, p.103) as this position acknowledges the RI's personal understanding of comfort eating will affect the interpretation of the participant experience. IPA is explicitly interpretive, but good reflexivity helps to challenge rigour and .trustworthiness in analysis. The RI had no experience working clinically in specific obese or overweight populations and recognises her prior knowledge to comfort eating was taken from an anecdotal social perspective. Through examining the literature around emotional eating the RI was able to enhance her knowledge although the actual knowledge around comfort eating was still limited. The RI wouldn't identify herself as someone who would regularly comfort eat although felt able to empathise with those in that position. In some respects the lack of personal experience of comfort eating enabled the RI to access the participant

experiences more easily as her own assumptions had not created a strong knowledge framework around the understanding of comfort eating.

References:

Larkin, M. & Thompson, A.R. (2003). Interpretative phenomenological analysis. In Qualitative Research Methods in Health and Psychotherapy. Harper, D & Thompson, A. (Eds.) Wiley. Blackwell: Chichester.

Smith, J.A., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, Method and Research*. London: Sage.

40. Appendix N: Initial Themes

Table 7: Initial Themes

Themes	Participant Names						
	Annie	**Sally**	**Nina**	**Elaine**	**Jenny**	**Verity**	**Claire**
Triggers	X	X	X	X	X	X	X
Influence of others	X	X	X	X			
Barriers to healthier living	X						
Typology of food	X		X	X	X	X	X
Experience of CE	X						
Not thinking		X					
Battle in my head		X	X	X	X	X	
I don't CE		X					
The diet plan		X		X			
Identity			X				
Food typology			X	X	X	X	
Alone			X		X		
Mind-body balance				X			
Family and food				X			
Pattern of eating				X	X	X	X
Description				X			
Function of CE				X			X
Experience of CE				X			
Control					X		X
Hunger					X		
Self-harm					X		
Reaction to my weight					X		
Wake up feeling blue						X	
Really proud I said no						X	
Pressure						X	
The effort of thinking							X
Weight							X
Secret Eating							X

41. Appendix O: Chronology of Work

December 2010	Initial meetings with Academic supervisor.
January - February 2011	Initial research idea decided.
April 2011	Draft research proposal completed
May 2011	The 1st draft of the research proposal was submitted to University of Leicester.
June 2011	Review of research proposal via UoL review panel and feedback given to RI.
June to September 2011	Amendments of research proposal completed
September 2011	Peer review
September 2011	Lay summary submittal to service user panel
September - July 2012	Practice interviews and initial literature searches. Completion of research plan for ethical submission.
July 2012	Research plan submitted to University Ethics committee
July 2012	Receive initial approval from University ethics committee
July-October 2012	Study promotion within weight loss groups
August-September 2012	Literature review
July-March 2012	Interviews and analysis
October 2012	1st draft of literature review completed (ongoing amendments and resubmitted to academic supervisor)
January 2012	2nd draft of literature review completed
February 2013	1st draft of research report completed (ongoing amendments and resubmitted to academic supervisor)
March 2013	1st draft of critical appraisal completed (ongoing amendments and resubmitted to academic supervisor)
April 2013	2nd draft of research report completed 2nd draft of critical appraisal completed Final amendments made Abstracts completed Submission of thesis

42. Appendix Q: Author Guidelines for Submission to the Journal of Health Psychology

Guidelines retrieved on 18th April 2013 from
http://www.uk.sagepub.com/msg/hpq.htm

Manuscript Submission Guidelines
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Further information

Journal of Health Psychology is an international peer reviewed journal that aims to support and help shape research in health psychology from around the world. It provides a platform for traditional empirical analyses as well as more qualitative and/or critically oriented approaches. It also addresses the social contexts in which psychological and health processes are embedded.

Peer review policy

Journal of Health Psychologyoperates a strictly blinded peer review process in which the reviewer's name is withheld from the author and, the author's name from the reviewer. The reviewer may at their own discretion opt to reveal their name to the author in their review but our standard policy practice is for both identities to remain concealed.
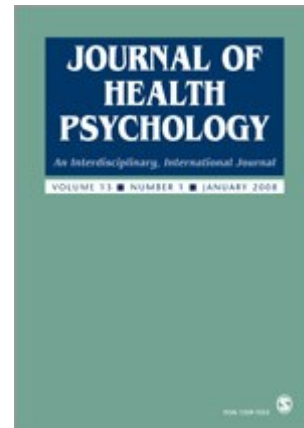
Article types

The Editorial Board of the **Journal of Health Psychology** considers for publication:

(a) Reports of empirical studies likely to further our understanding of health psychology

(b) Critical reviews of the literature

(c) Theoretical contributions and commentaries

(d) Intervention studies

(e) Brief reports

(e) Signed editorials (about 1000 words) on significant issues.

Intervention studies

Publication guidelines for intervention studies are published in volume 15, number 1, pages 5-7.The journal normally publishes papers reporting intervention studies of up to 8,000 words allowing 500 words per table and figure.

Please consult the Editorial concerning "Publication Guidelines for Intervention Studies in the Journal of Health Psychology" by David F. Marks J Health Psychol January 2010 vol. 15 no. 1 5-7: http://hpq.sagepub.com/content/15/1/5.full.pdf+html The criteria for publication include the application of the CONSORT, TREND and PRISMA statements.

Brief reports

The Journal also publishes Brief Reports of up to 3,000 words. Brief Reports should include an abstract of 100 words, and may include a table or figure in lieu of 500 words of the 3,000-word maximum.

Article length and house style

Articles should be as short as is consistent with clear presentation of subject matter. There is no absolute limit on length but 6,000 words, including footnotes and reference list, is a useful maximum. Longer articles will be considered at the discretion of the Editor. Tables and figures count as 500 words each which should be attached as separate pages at the end. "INSERT HERE" signs should be noted within the text. The title should indicate exactly, but as briefly as possible, the subject of the article. It is essential that your literature review is completely up to date. Please check recent issues of the **Journal of Health Psychology** and other key journals to ensure that any relevant papers are cited. Papers that fail to do this will be rejected. An Abstract should be at the start of the manuscript and not exceed **100 words** (in spite of what is stated on the ScholarOne website) accompanied by **five** keywords should be selected from the list provided on the JHP ScholarOne website. References are not numbered but appear in alphabetical order by first author surname.

To enable blind, impartial review, all documentation must be anonymized. A common error is to include the author's name in the Word document title, as in:

Smith (blind copy).doc

Such manuscripts will be rejected for re-submission in fully blinded fashion.

How to submit your manuscript

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Journal of Health Psychology is hosted on SAGE track a web based online submission and peer review system powered by ScholarOne Manuscripts. Please read the Manuscript Submission guidelines below, and then simply visit http://mc.manuscriptcentral.com/jhealthpsychology to login and submit your article online.

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Declaration of conflicting interests

Within your Journal Contributor's Publishing Agreement you will be required to make a certification with respect to a declaration of conflicting interests. **Journal of Health Psychology** does not require a declaration of conflicting interests but recommends you review the good practice guidelines on the SAGE Journal Author Gateway.

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Other conventions

The Journal requires authors to have obtained ethical approval from the appropriate local, regional or national review boards or committees. Of particular importance are the treatment of participants with dignity and respect, and the obtaining of fully informed consent. The methods section of the paper must contain reference to the forum used to obtain ethical approval.

Authors must follow the Guidelines to Reduce Bias in Language of the Publication Manual of the American Psychological Association (6th ed). These guidelines relate to level of specificity, labels, participation, gender, sexual orientation, racial and ethnic identity, disabilities and age. Authors should also be sensitive to issues of social class, religion and culture.

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Acknowledgements

Any acknowledgements should appear first at the end of your article prior to your Declaration of Conflicting Interests (if applicable), any notes and your References.

All contributors who do not meet the criteria for authorship should be listed in an `Acknowledgements' section. Examples of those who might be acknowledged include a person who provided purely technical help, writing assistance, or a department chair who provided only general support. Authors should disclose whether they had any writing assistance and identify the entity that paid for this assistance.

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Manuscript style

> **File types**
> Only electronic files conforming to the journal's guidelines will be accepted. Preferred formats for the text and tables of your manuscript are Word DOC, RTF, XLS. LaTeX files are also accepted. Please also

refer to additional guideline on submitting artwork and supplemental files below.

Journal Style

Journal of Health Psychology conforms to the SAGE house style. Click here to review guidelines on SAGE UK House Style.

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If you use EndNote to manage references, download the SAGE Harvard output style by following this link and save to the appropriate folder (normally for Windows C:\Program Files\EndNote\Styles and for Mac OS X Harddrive:Applications:EndNote:Styles). Once you've done this, open EndNote and choose "Select Another Style..." from the dropdown menu in the menu bar; locate and choose this new style from the following screen.

9.4. Manuscript Preparation

The text should be double-spaced throughout and with a minimum of 3cm for left and right hand margins and 5cm at head and foot. Text should be standard 10 or 12 point.

9.4.1 Your Title, Keywords and Abstracts: Helping readers find your article online

The title, keywords and abstract are key to ensuring readers find your article online through online search engines such as Google. Please refer to the information and guidance on how best to title your article, write your abstract and select your keywords by visiting SAGE's Journal Author Gateway Guidelines on How to Help Readers Find Your Article Online.

9.4.2 Corresponding Author Contact details

Provide full contact details for the corresponding author including email, mailing address and telephone numbers. Academic affiliations are required for all co-authors. These details should be presented separately to the main text of the article to facilitate anonymous peer review.

9.4.3 Guidelines for submitting artwork, figures and other graphics

For guidance on the preparation of illustrations, pictures and graphs in electronic format, please visit SAGE's Manuscript Submission Guidelines. Figures supplied in colour will appear in colour online regardless of whether or not these illustrations are reproduced in colour in the printed version. For specifically requested colour reproduction in print, you will receive information regarding the costs from SAGE after receipt of your accepted article.

9.4.4 Guidelines for submitting supplemental files

Journal of Health Psychology is able to host approved supplemental materials online, alongside the full-text of articles. Supplemental files will be subjected to peer-review alongside the article. For more information please refer to SAGE's Guidelines for Authors on Supplemental Files.

9.4.5 English Language Editing services

Non-English speaking authors who would like to refine their use of language in their manuscripts might consider using a professional editing service. Visit English Language Editing Services for further information.

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After acceptance

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E-Prints

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Further information

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David Marks PhD: jhpeditor@gmail.com

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