A GROUNDED THEORY OF WOMEN'S EATING PATTERNS

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I am submitting herewith a dissertation written by Rebecca W. Robinson entitled "A Grounded Theory of Women's Eating Patterns." I have examined this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Nursing.

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ABSTRACT

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This study addresses the lack of knowledge that exists regarding the way women eat. The purpose of the study was to generate a tentative theory of women's eating patterns from women's experiences within the full context of their life history and environment.

Theoretical sampling identified the 20 women who participated in the study. They came from varying educational backgrounds and social strata. They ranged in age from 30 to 70 and weighed from 125 to 265 pounds. An unstructured interview guided the participants through an examination of both past and current eating patterns.

The findings were compared, contrasted, and analyzed using grounded theory methodology. A regulated pattern was typical of childhood and women living within a family situation. A variation of this pattern labeled the farm family pattern was identified from the retrospectives of participants with a rural background.

In sharp contrast to the regulated pattern of women living within a family structure, a flexible, irregular pattern labeled the reflexive pattern emerged as unique to women who live alone. There was evidence of a reactive eating pattern among all participants. The manifestation of this pattern was highly variable among the participants and was characterized by eating changes related to such factors as emotions, availability of food, and perception of self as fat. Overweight women and normal weight women revealed distinct differences in reactive patterns. The final pattern identified was a proactive pattern characterized by an inner awareness of self and the design of a pattern of best fit between self and environment.

TABLE OF CONTENTS

COPYRIGHT iii

ACKNOWLEDGMENTS iv

ABSTRACT v

LIST OF TABLES ix

CHAPTER

I. INTRODUCTION 1

Statement of the Problem 3
Rationale for the Study 5
Purpose of the Study 8
Conceptual Orientation 8
Definitions and Explanation of Terms . 12

II. RELATED LITERATURE 14

Theoretical Literature 15
Human Pattern 15
Feminist Perspectives 19
Empirical Literature 25
Restrained Eating 26
Binge Eating 35
Bulimia 35
Anorexia 36
Weight Management 36
Theoretical Sensitivity 38

III. METHODS AND PROCEDURES 40

Research Questions 41
Research Purpose 42
Delimitations of the Study 42
Limitations of the Study 43
Selection of the Sample 43
Conduct of the Interview 45
Protection of Human Participants . . . 46
Analysis of Data 46

IV. FINDINGS OF THE STUDY 52

Characteristics of the Sample 52
Grounded Theory Analysis 57
Effects of Analysis on the Process . 57
Analysis of Past and Current Patterns 62
Farm Family Eating 62
College Eating 67
Single Eating 68
Eating in Relationships 72
Eating as Reaction 77
Planned Eating 82

V. INTERPRETATION AND DISCUSSION 90

The Theory 90
The Reflexive Pattern 91
The Regulated Pattern 95
The Reactive Pattern 97
The Proactive Pattern 101
Implications for Women and Nursing Practice 103
Implications for Research 109
Methodological Research 110
Qualitative Research 110
Quantitative Research 112
Conclusion 114

REFERENCES 115

APPENDICES 122

APPENDIX A: Interview Guide 124

APPENDIX B: Demographic Survey 126

APPENDIX C: Informed Consent 128

APPENDIX D: Permission to Tape Record Interview 131

APPENDIX E: Institutional Permissions 133

APPENDIX F: Concept Clusters and Categories . 137

LIST OF TABLES

Table		Page
1.	Demographic Characteristics of the Sample (*n* = 20)	53
2.	Eating Patterns and Related Categories	91

CHAPTER I

INTRODUCTION

The domain of study, women's eating patterns, evolved from my initial exploration of "restrained eating," conceptualized by Herman and Mack (1975) as an eating behavior related to weight. Study of this concept and its relationship to weight was motivated by my personal struggle with adult-onset obesity. I also became concerned that the majority of women in my social and professional reference groups spent an inordinate amount of time, energy, and money in futile attempts to bring their body into some socially prescribed size by restraining their eating.

Restrained eating is a pattern of eating characterized by the cognitive suppression of eating alternating with unrestrained eating or counterregulation. It is often preceded by one's perception of self as fat; however, it is an eating pattern that has been identified in both obese and normal weight individuals. Though usually initiated as a weight management strategy, restrained eating does not result in long-term reduction of weight. It is more likely to be associated with what

is commonly referred to as the "yo-yo cycle" of repeated weight loss and weight gain (Berdanier & McIntosh, 1991; Goodrick & Foreyt, 1991). There is evidence that for some individuals restrained eating may be antecedent to more problematic eating patterns such as binging, bulimia, and anorexia (Polivy & Herman, 1985; Tuschl, 1990; Ruderman, 1985).

Restrained eating, bulimia, and anorexia are the eating patterns or behaviors most clearly defined conceptually and operationally in the literature. These patterns are a major focus of eating behavior research and their conceptualizations have emerged from a priori assumptions about eating and eating behavior based on clinical knowledge and experience (Bruch, 1979; Hawkins, Fremouw, & Clement (eds.), 1984; Stunkard & Wadden, 1990). The description of other eating patterns is confined to a few studies which attempt to identify methods of weight management among normal weight women (Allan, 1989; Stallings & Wolman, 1992). These are quantitative studies that do not fully develop the idea of eating patterns but rather describe isolated behaviors that are components of a pattern such as skipping meals and avoiding certain foods or beverages.

Other than the assumption that the opposite of restrained eating is a phenomena called "free eating" there is no literature conceptualizing normally occurring eating patterns. Knowledge of free eating as a pattern is very limited and has not been defined conceptually or operationally (Stunkard & Messick, 1985).

This study is based on my belief that women have many patterns of eating and that eating patterns are very complex behavioral phenomena embedded in a woman's physical, developmental, social, and emotional essence. This study is an attempt to discover the meaning of eating for women and describe eating as it exists in women's reality. This work will contribute to future research examining the relationship between eating pattern and women's health. Such research knowledge is valuable to nurses and other health care providers as they work with women in a proactive, holistic way.

Statement of the Problem

Weight, body image, and eating are dominant issues for women in contemporary western culture. Women tend to be judged and valued first on the basis of beauty while men's worth emerges from work and productivity. Beauty is inextricably tied to body size and shape.

Women are held to a very narrow definition of slimness and body type. Feminist writers suggest that the definition of beauty and worth as slimness is the oppression of the nineties, replacing the domestic oppression of the fifties as a barrier to self actualization and professional and economic advancement (Chernin, 1982; Wolf, 1991). In a survey of 33,000 women Wooley and Wooley (1984) found that most women would rather loose 10-15 pounds than achieve success in their profession or their relationships.

This oppression has led women to spend thousands of dollars individually and millions of dollars collectively on diet programs designed to change eating patterns by restraint, often to the point of starvation, with the promise of attaining some mythical ideal weight (Chernin, 1982; White, 1991; Wolf, 1991). I believe the assumption has been that naturally occurring eating patterns are the reason we gain weight and are, therefore, innately bad and need changing. This assumption has been promulgated without benefit of definitive knowledge of natural eating patterns and often ignoring the interaction of age, developmental, biologic, and metabolic differences. It is time for a new paradigm for eating, weight, and beauty; a paradigm that views women's eating

in the full context of their environments and life experiences and celebrates women's differences. Until the full spectrum of women's eating patterns is described, research that could contribute to such a paradigm shift cannot proceed. There is no research that has fully explored these issues in a field setting. This methodological gap can best be bridged by investigating women's patterns of eating as described and defined by women within the full context of their life experiences.

Rationale for the Study

The rationale for this study is substantive and methodological. Substantively, there is a gap in knowledge regarding women's eating patterns as naturally occurring phenomena. Those eating patterns which have been defined, namely, restrained eating, bulimia, and anorexia are grounded in clinical and social concern with weight and weight management. Research on these patterns has contributed little to the knowledge of health promoting eating patterns. There are no descriptions of eating patterns emerging from, or related to women's life experiences and life stages. Such descriptions are a needed addition to women's health literature.

Most previous research has been couched in terms of eating "behavior." This study is based on my belief that eating should be examined as pattern. This is not the same as the more single dimensional notion of eating behavior. Newman (1986) defines pattern as "a fundamental attribute of all there is (as) unity in diversity" and as "information that depicts the whole, understanding the meaning of all the relationships at once (p. 13)." Pattern denotes movement, diversity, and rhythm. Pattern is ever-changing and transforming as person and environment interact (Newman, 1986). Eating pattern may be one of those manifestations of the individual whole as theorized by Newman and should be studied in a manner that allows its full emergence from the whole person-environment universe.

A research methodology relying on women as active participants, recognizing the importance of women's experiences as sources for research and social analysis was needed to allow these patterns to emerge and address the methodological gap in eating research. Feminist research methodology met this criteria and provided the rationale and conscience for the selection of the research design.

Feminist methodology incorporates the concept of consciousness raising of the researcher as well as the participant with an emphasis on outcomes that have the potential to empower and transform involved individuals and society. The traditional separation of the investigator and the participant is rejected in favor of an attitude of equality incorporating dialogue and feedback between the investigator and the participant throughout the process. Ethical principles of fairness and complete honesty with participants is demanded (Harding, 1987; Nielsen, 1990). Grounded theory, the qualitative research approach used for this study works with feminist methodology. This dual approach is uniquely useful in generating new theory and filling knowledge gaps by studying phenomena within a naturalistic setting among women who experience the phenomena. Participants are further involved with constant comparative analysis of data and validation of interpretations and findings (Glaser, 1992; Glaser & Strauss, 1967; Strauss & Corbin, 1990).

Purpose of the Study

The purpose of this study is to generate a substantive theory of women's eating patterns. The meaning of eating and eating patterns emerged from women's own narratives of their experiences within the full context of their self-defined developmental stages and environments.

Conceptual Orientation

Two theories served as a basis for the development of the research idea and the selected methodology. Set Point Theory addressed the complexity of eating and its relation to weight and post modern feminist theory explains women's differences as positive and necessary.

Nisbett (1972), in his seminal article on Set Point Theory, questioned the assumption of a direct relationship between eating and obesity. Set Point Theory basically states that body weight is a direct function of the number and size of fat cells or adipocytes. Heredity and early feeding determine the number of adipocytes, however, the reason for the differences in fat cell storage capacity is unknown. The adult who diets reduces fat cell storage, but does not alter the number of fat cells.

Each individual has a baseline adipose tissue mass that is defended by the central nervous system (the hypothalamus). In some individuals this baseline or ideal adipose mass may "look like" overweight, for others the ideal may "look like" normal weight. If the individual set-point correlates with a weight that is socially and culturally unacceptable, as perceived by the individual, the result may be an attempt to willfully (cognitively) suppress eating, an alteration of one's natural pattern. The physiological result is nourishment of the adipocyte below the set point requirement, i.e. cell deprivation, and a state of chronic hunger.

This theory suggests a unique and individual physiologic norm with regard to weight instead of universal ideal weight ranges according to height. It further suggests that eating patterns and alterations in eating patterns are responses to the sociocultural environment as well as responses to physiologic stimuli, Most important is the suggestion that there may be many patterns of eating both natural (to maintain set point) and unnatural (to counter and defend set point).

Set Point Theory stimulated investigation of unnatural eating patterns and based on Nisbett's (1972) work, Herman and Mack (1975) identified restrained eating,

which was later conceptually defined by Stunkard and Messick (1985) as "the tendency of some persons to restrict their food intake in order to control their body weight (p. 71)." This is a pattern of eating exhibited by both obese and normal weight people, directly related to one's perception of self as fat and a desire to reduce weight. Research on restrained eating has continued over the past 20 years but it has been plagued by a lack of definitional specificity and consistency, and disputed construct validity of instruments designed to measure restrained eating (Stunkard & Wadden, 1990).

While Set Point Theory stimulated my thinking regarding the existence of natural and unnatural eating patterns and the exploration of the theoretical and research literature related to identified patterns of eating, it was post modern feminist theory that provided the inspiration for this study and the selection of methodology. Post modern feminism celebrates women's differences and denounces any attempt at a unified explanation of feminine and feminism. Any such pursuit of conformity is in and of itself wrong and inconsistent with feminism (Tuana, 1991). This position may seem in conflict with a study proposing to develop theory, which by definition is a set of unifying concepts,

propositions, and principles with historical roots in patriarchal thinking. I believe, however, that the two theories are complimentary. Grounded theory methodology requires the investigator to openly approach the phenomena without preconceived ideas which might force the data into a previously invented structure. The structure is allowed to emerge from the participants' reality and both individual similarities and differences are explicated.

Whereas everyone comes into research with preconceived ideas and biases, the grounded theorist must recognize and acknowledge her bias. This initial and constant recognition will allow her to fully develop the requisite skills of abstract thinking and critical analysis of information. The feminist paradigm is my bias. It provides a framework not only for celebrating women's ideologic, philosophical, and intellectual differences, but also women's physical differences. It is consistent with grounded theory methodology in that women and their experiences must be approached without valuing, allowing their experiences to speak for themselves. The extent to which women's experiences are different can be set out and the extent to which they are the same or similar can be described. Both

of these descriptions will add to the validity of women's reality. Both are described without the linear and dichotomous thinking that has historically characterized male reality and quantitative research. No experience can be labeled good or bad, normal or abnormal; even the idea natural and unnatural which drove the development of this study must be abandoned. The search for direct causality is replaced by the search for process and pattern (Harding, 1987; Nielsen, 1990).

Grounded theory methodology is designed to generate theory, therefore, the theoretical considerations I have described are not intended as a framework for the study. Set point theory and post modern feminist theory are presented only as an explanation for the genesis of the study and my personal philosophical orientation.

Definitions and Explanation of Terms

The following definitions relate specifically to this study:

Eating, eating pattern. For the purpose of this study these terms are not defined. The definition and interpretation of these terms was left to the individual participant and emerged in the course of the study.

Developmental period. The maturational and transitional milestones defined by the experiences of the individual woman.

Low and middle income was differentiated based on the score on the Hollinghead's Two-Factor Index of Social Position (Hollinghead & Redlich, 1958).

CHAPTER II

RELATED LITERATURE

This study was undertaken after an extensive review of literature on weight, obesity, and restrained eating. This literature will be reviewed to the extent that it influenced the development of this study and to confront any assumptions and biases I had prior to or as a result of the literature. Strict interpretation of grounded theory methodology suggests that a review of the literature done prior to the study does not serve the same purpose as one done in preparation for a quantitative study (Glaser 1992; Glaser & Strauss, 1967). I believe that grounded theory analysis is initiated after synthesizing and presenting this information as a detailed background for the study. My acknowledgment of previously read philosophies, frameworks, and research findings not only heightens awareness of potential bias but also provides a basis for initial theoretical sensitivities by presenting concepts, categories, and frameworks with which to begin the data comparisons (Glaser, 1978; Strauss

& Corbin, 1990). The literature was revisited during final data analysis and interpretation.

This chapter will provide an overview of the literature influencing the development of this study. Both theoretical and empirical literature on human pattern, feminist philosophy, and eating patterns are presented.

Theoretical Literature

Human Pattern

Nurse theorist and scientist, Martha Rogers (1970) first brought to nursing theory the view of the person as a unitary being, an open system that is more than the sum of its parts. She theorized that change in unitary beings is not a linear process but is transformative in nature. The unitary being is identifiable by unique energy fields recognizable as patterns within an environment of energy fields. Therefore, the relationship between person and environment is not causal but one of complex interconnectedness characterized by energy exchange between and among human and environmental systems. Rogers first challenged the dichotomous view of a health-illness continuum saying that within the framework of human field patterns, health

and illness must be viewed equally as expressed patterns of a total life process and the identification of patterns emerges from an understanding of a total life process.

Newman (1994) continued work on human patterns with the view that they evolve through the process of expanding consciousness, "the person does not possess consciousness--the person is consciousness (p. 33)." Consciousness is the capacity to interact with the environment; and health is expanded consciousness. Consciousness is complex and diverse information systems such as the genetic code, endocrine system, immune system, thought, and feeling, all of which interact with environmental systems. Expanded consciousness implies the existence of levels of consciousness. If consciousness is the ability to interact with the environment, it is through such interaction that information systems are broadened and deepened and a more complex person evolves; consciousness is expanded; a new level of system organization is achieved; and patterns change.

Health is expanded consciousness and human patterns are health indicators. There is an implicate order of patterns which provides a ground or basis for all things. It is multidimensional and unobservable. There are also

patterns that are tangible and observable. These patterns comprise the explicate order which arises from time to time as temporary manifestations of implicate patterns. Examples of such explicate patterns are blood pressure, heart rate, exercise, neoplasms, relationships, and diet. Person-environment interactions that transform can be viewed as pattern disturbance, even chaos, which evolves into new patterns representative of expanded consciousness. That which we label health and disease are but patterns of the evolving consciousness. The mind and body are likewise not separate but interactive; the manifestations of a larger reality. One does not cause or control the other. This framework provides an imperative to view eating as an explicate pattern and changes in eating as a transformative process of expanded consciousness evolving from person-environment interaction.

The prevailing view focuses on eating as behavior and obesity as disease (Lowe, 1993; Olson, 1993). The implication is that there is a causal relationship between eating and environmental or external factors, and between eating and mind/emotion. This viewpoint also proposes a direct relationship between eating and obesity. The extension of such thinking leads to the premise that

changing eating is a matter of finding the problem and fixing it to "return to" or attain a predefined "normal" way of eating, and that eating is a behavior that can be controlled by the mind. This viewpoint is implicit in calorie restricted diets, fat restricted diets, and behavior modification programs. The failure of such strategies is invariably blamed on an inherent lack of "willpower" or mind power.

Newman's theory is in contrast to the prevailing theory. Her theory has liberated me to view eating as an explicate human pattern within the complexities of the human system and the person-environment interaction. Changes in eating patterns may evolve from the person-environment interaction and over time the evolution of a new eating pattern may be representative of health as expanded consciousness. Changes in patterns perhaps cannot be imposed by the mind or prescribed by others but must be a result of expanding the total consciousness.

Newman speaks of the person's potential to exchange energy with the environment as sometimes balanced or unbalanced, realized or not realized. Achieving health is related to the awareness of our patterns. An unawareness and conscious inattentiveness to a pattern evolves into a more unconscious manifestation of this

pattern which is often labeled maladaptation or disease. I believe that obesity may be such a manifestation. The very physical nature of obesity as excess fat storage may really be a manifestation of blocked energy patterns. This could be blocked physical energy, emotional energy, sexual energy, biochemical energy, and so forth. The natural pattern of energy outflow in its most holistic sense is blocked and manifests as obesity.

Newman (1994) posits that methods guiding research on human patterns must be consistent with this paradigm, thus quantitative methods are inadequate. She calls for methods that solicit from participants that which is most meaningful in their lives where they tell their stories in their own ways and investigators authenticate interpretations with them. Data should be organized chronologically to identify evolving patterns and consciousness.

Feminist Perspectives

Emerging feminist thought is based on the assumption that current social reality is incomplete as is current scientific knowledge. This incompleteness is due in large part to the omission and distortion of the experiences of women, i.e. women have been defined through

the eyes of white male reality (Schaef, 1981; Stanley & Wise, 1983). A prevailing conceptual strand in feminist theory is the oppression of women. This oppression takes many forms and there is diversity of thought as to its origin. However, the elimination of oppression and the attainment of autonomy, self-determinism, and social, political and economic equality is a key theme in feminist theory. Many frameworks are used to explain, predict, and remedy this oppression. For example, liberal feminism is characterized by "the problem with no name," i.e. the societal handicaps of woman's place in the home, subservient to the bread-winning male and the under-valuation of work that is done in the home. A theory of androgyny is called for where genders are blended and women are freed into the workforce. Marxist feminism places less emphasis on oppression by men and more emphasis on oppression by an economic system that values only paid labor, therefore, discounting household labor. Radical feminism examines a societal structure characterized by male oppression through sexuality and reproduction. It challenges oppression through a sexual double standard and the sexual objectification of women. Post modern feminism calls for a critical analysis of conventional assumptions and concepts and an

acknowledgment of multiple viewpoints. It calls into question the privileged view, even a privileged view that may have arisen from the white middle class feminist movement. Scientific logic is not rejected nor is it valued over intuition, feeling, and emotion. Post modern feminism embraces the influences of environmentalism, ecology, and spiritualism (Donovan, 1985; Tuana, 1991).

Throughout history oppression has taken many forms and progress has been made in freedom from political, economic, and role oppression. However, Wolf (1991) describes the "beauty myth" as the last frontier of female oppression, a myth that has gained strength and scope since the feminist movement of the seventies. It is the quest for beauty that leads women to restrict their eating to the point of starvation. There are pseudo-health issues entangled in this myth. For example, the "ideal weight" that has emerged from the medical establishment since the 1920s links obesity to morbidity but there is little empirical data to support this direct linkage (Norsigian, 1986; Olson, 1993; Wolf, 1991). It is an association, however, that has proven useful in marketing diet programs legitimizing the otherwise vanity laden quest for the slim body (McBride, 1988; Rossi, 1988, White, 1991). The oppression of a beauty

standard prescribed by society has replaced the domestic oppression of the fifties as a barrier to self-actualization and professional and economic advancement. The quest for slimness and beauty depletes energy that could otherwise be directed toward business, politics, social reform, and so forth.

Radical feminism might view this as an oppression by men and a further objectification of the woman's body as a beautiful possession with the beauty standard being set by the possessor. Remedies for the less than perfect beauty also fall within the male medical domain, i.e. surgery, psychiatry, and medicine. Marxist thinkers might emphasize the economic system's contribution to the beauty oppression which supports a 33 billion dollar per year diet industry, a 20 billion dollar cosmetics industry, a 300 billion dollar cosmetic surgery industry, and a 7 billion dollar pornography industry (Wolf, 1991). There is no economic gain from a woman being comfortable with her size and shape. Within the framework of psychoanalytic feminism is the explosion of the myth that "beautiful" women are more sexually successful. The quest for beauty and slimness makes aging, personified by our mothers and older "sisters," the enemy. This establishes a young-old antagonism which in effect

separates both young and old women from a real source of mutual power, strength, and identity in each other. Post modern feminists would abhor a myth that forces us into a sameness. Just as our ideological, philosophical, and intellectual differences should be tolerated, examined, and indeed celebrated, so should our physical differences. We should accept in each other greater diversity in body, mind, and spirit.

Exemplary of the oppression of beauty is the quest for the slim body and drastic alterations in eating behavior to attain slimness. Personal success and failure are measured in terms of slimness and to be less than slim is to be a failure with all of the attendant feelings of guilt and inadequacy. This quest for beauty is quite independent of and overrides personal success in business, politics, the arts, mothering, and so forth. It is an old paradigm that says overweight is unhealthy, the overweight overeat, dieting is the treatment of choice, and losing weight is a matter of will power. This paradigm has seeded over 20 years of biological, psychological, and to a lesser extent, sociological research. The research has been of a traditional positivist, reductionist nature and has notably failed to support the paradigm.

The formulation of a feminist paradigm requires new research and drastic changes in research methodologies. Obesity, eating behavior, and eating disorders must be "demedicalized." It must be what Allen, Altman, and Powers (1991) term "generative" research "leading to the creation of new information about women" (p. 50). Research on women's issues, such as weight and eating, must be feminist inquiry which validates women's experiences, ideas and needs; recognizes the existence of ideologic, structural, and interpersonal conditions that oppress women; and brings about social change of oppressive constraints through criticism and political action (Hall & Stevens, 1991; McBride, 1988; Parker & MacFarlane, 1991; Rossi, 1988).

Much of the current obesity research has sought only to validate standard medical and psychological thinking. Obesity has been viewed as a self-imposed or genetically imposed handicap and the desired outcome has been attaining slimness rather than promoting self-acceptance and societal acceptance. Qualitative methodologies are more likely to allow a new paradigm to emerge. Current feminist philosophy and anecdotal information suggest that a new paradigm would certainly press the boundaries of current thinking. It would be

characterized by a greater level of acceptance of differences in women by women and ultimately by society; it would shift women's locus of control from external to internal strength. Vitality would be valued over slimness and there would be the freedom to be fat if one chooses.

Empirical Literature

Eating Pattern

Research on eating as a pattern of human behavior is not evident in the literature. By far the largest body of research is based on a single human behavior, restrained eating, which is really a pattern of behaviors. Anorexia, bulimia, and binging as eating patterns are only briefly described in this chapter. These are generally defined as pathological patterns and I did not consider an extensive review of this body of literature germane to the development of a study of normal eating patterns. Finally, there have been studies which address the eating patterns of people related to weight management. These studies will be summarized in this section.

Restrained Eating

The theory of restrained eating was derived from Nisbett's Set Point Theory and focused on the hypothesis that many people cognitively suppress eating because they perceive themselves as fat relative to the prevailing cultural norms. Since this perception of self as fat is not necessarily associated with true physiologic obesity, restrained eating was hypothesized as an eating "behavior" found in all weight categories, i.e. restrained eating is independent of actual weight. Inherent in the definition of restrained eating is the existence of unrestrained eating or "counterregulation" which is a paradoxical overeating which often follows restraint. The first instrument to measure restrained eating was the Restraint Scale developed by Herman and Mack (1975) and later revised by Herman and Polivy (1980). Two factors have been identified in both scales: weight fluctuation and concern for dieting (Heatherton, Herman, Polivy, King, & McGree, 1988).

Early research (1970s) using the Restraint Scale focused on replication of former studies comparing the normal weight and the obese to determine if the findings were explained more fully as differences in restrained eating and unrestrained eating. For example, Herman and Polivy (1975),

in a study of 42 college-age females, found that the overeating associated with anxiety, formerly thought to be a characteristic of the obese, was really a function of restrained eating. They concluded that dietary deprivation rather than obesity per se accounted for this overeating behavior.

Up until this time alcohol consumption had been considered as a disinhibiting factor leading to overeating among the obese. Herman and Mack (1975) demonstrated that restrained eaters ate more after drinking alcohol and also after drinking a placebo labeled as alcohol. This lead them to conclude that there is an interactive effect between alcohol, cognition, and restraint. Alcohol had no effect on unrestrained eaters and the findings were independent of weight. Similar studies found that restrained eaters reacted more emotionally with caffeine consumption while caffeine had no effect on unrestrained eaters (Polivy, Herman, & Warsh, 1978). Herman, Polivy, Pliner and Threlkeld (1978) found that environmental distractions impaired the concentration of restrained eaters and enhanced the concentration of unrestrained eaters.

Restrained eaters were found to eat more than unrestrained eaters after they received a milkshake

"preload" and also after they were just told that they were receiving a high calorie preload. This led to the conclusion that once one perceives that restraint is broken, overeating takes place. This seemed to validate the existence of counterregulation, another pattern that had previously been attributed to the obese, but was now found in individuals of all weight categories and directly related to dietary restraint (Herman & Mack, 1975; Spencer & Fremouw, 1979).

Knight and Boland (1989) studied the extent to which 84 college-age females classified foods as permitted or forbidden. Not surprisingly they found that the number of avoided foods correlated with restraint scores. In a second study, intended to replicate Herman and Mack's preload study, they found that it was not the calorie content of the preload that was related to disinhibition of control, but the perception that a "forbidden" food had been eaten. Finally, Knight and Boland, in a third study, found that even the anticipation of a forbidden food lead to disinhibition of restraint or counterregulation, while there was no effect on unrestrained eaters.

Studies of depressed patients exploded the belief that only the obese eat when depressed. In separate

studies Polivy and Herman (1976) and Zielinski (1978) found that dietary restrainers gain weight when depressed and the unrestrained lose weight.

By the mid-80s, Herman and Polivy (1982) began to synthesize their research into The Boundary Model for the Regulation of Eating. This model largely abandoned the physiologic considerations of number and size of fat cells and physiologic deprivation first identified by Nisbett (1975) in favor of a model dealing exclusively with the effects of cognitive control. The boundary model basically states that people restrain eating when they perceive themselves as fat. They start eating when physiological deprivation is manifested by adverse physiological sensations such as hunger and consequent susceptibility to external cues to eat. Eating ensues followed by physiologic sensation of satiety which again inhibits eating. Hunger and satiety are the boundaries of eating. These boundaries for dieters consist of cognitive rules for establishment of boundaries. Nondieters have no such cognitive rules and respond to physiologic cues.

In addition to identifying characteristics of restrained eaters, this early body of research on restrained eating documented the prevalence of

restrained eating in all weight categories. Herman and Mack (1975), in a study of 45 college-age females, found that normal weight and obese persons were identical with respect to measured restraint, i.e. there is variability within each group and it is restraint, not weight, which accounts for overeating following a high calorie preload.

Spencer and Fremouw's (1979) study included 20 overweight females, 20 underweight females, and 20 normal weight females. While restraint was more prevalent in obese persons than normal weight persons, and more prevalent in normal weight persons than those who are underweight, it existed in people of all weight categories and the findings regarding overeating after a preload were not related to weight category but to restraint.

This initial research gave way to further instrument development in the early to mid-80s. The validity of the Restraint Scale came under criticism largely because the validity of a factor related to weight fluctuation was challenged. Stunkard and Messick (1985) developed the Three Factor Eating Questionnaire with subscales related to cognitive control, disinhibition of control, and susceptibility to hunger. Dutch researchers, Van Strien, Frijters, Bergers, and Defares (1986) developed the Dutch Eating Behavior Questionnaire which contained

the restraint scale items plus additional items related to food intake control as a means to regulate weight. The debate regarding the relative validity of these instruments was conducted in the literature (Dreunowki, Riskey, & Desor, 1982; Heatherton et al., 1988; Herman & Polivy, 1982; Laessle, Tuschl, Kotthaus, & Pirke, 1989; Stunkard & Messick, 1985). This debate provided evidence that the three instruments may measure different constructs.

Current research is seeking clarification and specificity regarding restrained eating. In addition to administering the Restraint Scale, Lowe, Whitlow, and Bellwoar (1991) asked participants if they were currently dieting. They identified a group of restrained dieters and a group of restrained nondieters. Up to this point, the literature tended to use the terms diet and restraint interchangeably. They repeated previous designs which measured ice cream consumption after a milkshake preload and found that restrained nondieters ate more following the preload than when a preload was not received. Restrained dieters ate more in the absence of a preload and reduced their intake when receiving a preload. The investigators concluded that restraint and dieting are associated with two different eating

regulation patterns and influence disinhibition or counterregulation in fundamentally different ways. This conclusion was confirmed in a study by Hetherington and Rolls (1991) who compared food intake of bulimics, anorexics, normal weight nondieters, normal weight dieters, and overweight dieters. Both normal weight dieters and anorexics ate significantly less food after a preload than did the other groups. Lowe and Kleifield (1988) identified two additional groups of restrained eaters: those who had suppressed weight at or below desired level for 1 year or more and those who had failed to do so. Contrary to their prediction restrained weight suppressors ate far less following a preload.

Laessle et al. (1989) concluded that concerns about shape and weight that lead to dietary restraint are components of the Restraint Scale, Dutch Eating Behavior Questionnaire, and the Three Factor Eating Questionnaire. Only the Restraint Scale measures the phenomena of counterregulation, and it contains the items related to weight fluctuation which critics maintain is not a factor of restrained eating and can occur without restrained eating. While all three instruments address the actual restriction of food, only the Three Factor Eating Questionnaire and the Dutch Eating Behavior

Questionnaire include items related to the consequences of restricted food intake.

Stunkard and Wadden (1990) reviewed the development of the Three Factor Eating Questionnaire, renamed The Eating Inventory, as the one instrument that measures what it purports to measure restrained eating as the tendency of certain persons to restrict their food intake in order to control their body weight. The fact that there are such differences among instruments purporting to measure the same construct is indicative of problematic construct validity. I believe this is related to two factors. Restrained eating was not clearly defined prior to instrument development and there was no consensus evident in the literature as to the core defining attributes of this construct. The extent to which it was defined was based on a priori assumptions about the way people eat and more specifically the way they diet. The majority of the studies previously cited were conducted with samples of women, so it is logical to conclude that these assumptions were more specifically based on the way women eat and diet. Women have never been asked if this is what eating and dieting are. The exclusion of men from much of the research is suggestive

of the assumption that controlling eating and weight is a woman's problem.

In addition to the debate regarding measurement of restrained eating, the most current literature reflects a return to theorizing and a synthesis of what has been discovered regarding this phenomena. Lowe (1993) begins to approach the idea of pattern when he critically reviews what is currently known about restrained eating and questions whether dieting is a single process or a group of interrelated processes. First, Lowe enters into the fray of measurement debate by acknowledging that while the Three Factor Eating Questionnaire and Dutch Eating Behavior Questionnaire have similarities, neither measure the same eating pattern as the Restraint Scale. He concurs with Herman and Polivy (1982) that the weight fluctuation factor is indicative of a past history of restraint and that disinhibition is characteristic of restrained eaters. However, the Restraint Scale does not distinguish between chronic and acute dieting. Lowe's model provides such a distinction and presents dieting and eating behavior as an interactive pattern related to past frequency of dieting and overeating (chaotic eating) and current dieting as an effort to lose weight. He views this as an expansion of the restraint model,

incorporating the difference in dieting and restraint identified by his and others' research.

Binge Eating

The counterregulation described in restraint theory has been considered the experimental analog to binge eating. However, in light of Lowe's beginning differentiation between dieting and restraint the assumption that counterregulation, disinhibition and binge eating are the same may be flawed. Stunkard (1959) was the first to define binge eating as the consumption of enormous amounts of food in a short period of time. This eating pattern typically followed periods of restraint and was operationalized as the rapid ingestion of approximately 20,000 calories. Counterregulation or disinhibition may mean something far different. It may mean simple eating one or more of the "forbidden foods" albeit in normal quantities, or eating an unplanned snack, or eating a larger amount but far less than 20,000 calories. Binge eating is also characterized as eating to the point of acute abdominal discomfort followed by extreme feelings of remorse (Tuschl, 1990).

Bulimia

The additional behavior of self-induced vomiting following a binge, or cycles of binging and purging

is defined as bulimia. This is viewed as an unnatural, pathologic pattern. It is a pattern that is found in all weight categories. Bulimia is characterized as a syndrome of chaotic eating followed by guilt, depression, and self-condemnation coupled with an intense preoccupation with weight, body shape, and food (Miles, 1988; Tuschl, 1990; Wardle & Beinert, 1991). It is operationalized by Smith and Thelen's (1984) Bulimia Test, a self-report scale measuring the symptoms of bulimia, Ondercin's (1979) Compulsive Eating Scale, and Garner, Olmstead, and Polivy's (1983) Eating Disorders Inventory.

Anorexia

While binging and bulimia are often viewed as behaviors included in the anorexia pattern, anorexia nervosa is additionally characterized and operationalized by restraint of eating to the point of weight loss of at least 25% of original body mass. It is accompanied by an extreme fear of becoming fat and often extreme and excessive exercise patterns (Anderson, 1983).

Weight Management

Clusters of eating behaviors associated with weight management have been the focus and outcome of a few studies. Allan (1989) interviewed 21 women regarding

their weight history, experiences with weight management, the process of selecting particular diet methods and reasons for initiating weight loss. Participants described dieting as short-term, e.g. fasting, Weight Watchers, diet pills. "New life style" was a theme involving a cluster of routines such as regular exercise, "new eating patterns" and reduced alcohol intake. Disappointingly these new eating patterns were not fully described. Selection of dieting tactics was influenced by mass media, peers, and personal experimentation. Two categories of reasons for losing weight emerged: self-focused and other focused (doing it for someone else). The more successful in terms of long-term weight loss were self-focused. Stallings and Wolman (1992) studied the weight maintenance techniques of 99 white, normal weight (body mass index between 18.0 and 24.9) women. Data included an extensive 24-hour diet recall questionnaire and a lifestyle questionnaire. A majority of participants had a regular exercise regimen; had 3.9 food encounters (meals or snacks) per day; and never skipped meals. Mean carbohydrate, protein, and fat intake were calculated at 49%, 16%, and 36% of total calories per day respectively. In a longitudinal study of 141 college women, Hesse-Biber and Marino (1990) focused

on changes in eating behavior and self-concept over the 4-year college period. "Eating patterns" were assessed using the Eating Attitudes Test, a scale designed to identify eating disorders such as anorexia and bulimia. The data demonstrated a connection between diminished self-evaluation of physical attractiveness, social self-confidence, assertiveness and popularity, and eating problems. The transition between high school senior and college freshman was the time of greatest vulnerability. If eating problems persisted over time, so did diminished self-esteem. While a causal relationship was not an appropriate conclusion, researchers stated that there is an interaction effect between disturbed eating patterns and disturbed self-concept during this period of life. These studies are also evidence that women can articulate eating patterns and that these patterns and alterations in patterns may change over time and may be related to life transitions.

Theoretical Sensitivity

The literature yielded many themes and concepts with which to begin the process of constant comparison. Theoretical sensitivity comes in part from the knowledge of existing constructs, concepts and relationships and

the comparison of individual events in the interview data with these existing abstractions (Glaser, 1978). From Roger's and Newman's work came the concepts of explicate pattern, implicate pattern, energy, blocked energy, and expanded consciousness. Feminist literature yielded the concepts of oppression, human diversity, and fat acceptance. The concepts of restrained eating and counterregulation are products of Set Point Theory and Restraint Theory. Other constructs directly addressed or alluded to in the literature are binging, chaotic eating, new lifestyle, self-focused dieting, other focused dieting, and forbidden foods. Extreme caution was exercised to use these only for comparison, never forcing a fit of the data with a particular concept of conceptual relationship.

CHAPTER III

METHODS AND PROCEDURES

Grounded theory is the qualitative approach and the method of data analysis selected for this study of women's eating patterns. This methodology is uniquely useful in describing concepts and conceptual relations within a naturalistic setting, thus generating new theory regarding phenomena and filling knowledge gaps (Glaser, 1992; Glaser & Strauss, 1967). The purpose of grounded theory is to generate substantive theory that is easily understood and indeed can be validated by study participants themselves (Atwood & Hinds, 1986; Corbin & Strauss, 1991; Glaser & Strauss, 1967). A retrospective design guided the process of interviewing participants. Participants were asked to reflect on eating patterns at various periods in their life as well as current eating patterns. The demarcation of these life periods emerged from each woman's own retrospective definition.

Research Questions

Grounded theory precludes forcing data to answer preconceived research questions (Glaser, 1992). However, there were specific questions that prompted the development of the study. The basic question I sought to answer was: How do women describe their eating and eating patterns? A beginning interview guide was structured to answer more specifically the following initial research questions:

1. How do women describe their eating patterns?

2. What people, events, and attitudes influence their eating patterns?

3. How do women define major developmental periods in their life?

6. How do they describe eating patterns during these periods?

7. How are the descriptions of eating patterns common for obese and normal weight women? How are they different?

8. How are the descriptions of eating patterns common for lower and middle income women? How are they different?

Research Purpose

The purpose of this study was to address the knowledge gap with regard to women's patterns of eating. This research was consistent with feminist theory as the information was generated from narratives of women's experiences, perceptions and descriptions, and the phenomena were examined within the full context of women's life histories and environment. The ultimate goal of this research was to begin development of a substantive theory of women's eating patterns.

Delimitations of the Study

Initial parameters of the study were:

1. The study would include women of middle and lower socioeconomic status, born between 1934 and 1954 residing in the southwestern portion of the United States.

2. The study would include only women who chose to participate in the study.

3. Women with a diagnosed eating disorder would be excluded.

Parameters were altered as a result of the data and emerging categories. The alterations are defined and discussed in Chapter IV.

Limitations of the Study

The study was subject to the following limitations:

1. The data were representative only of a single geographic setting and the selected participants at single points in time for them.

2. Factors such as outside commitments, ease with the recorded interview, and rapport established with the interviewer may have imposed constraints for some women thus affecting the quantity and quality of the interview data.

Selection of the Sample

The study was conducted in a southwestern city in the United States with a population of 170,000. The population from which the participants were recruited was adult women who were geographically convenient and who volunteered for the study.

Only initial decisions were made regarding the selection of a beginning sample. Subsequent decisions regarding numbers of participants and their characteristics were guided by the emerging data and theorizing. The study began with the selection of women who were between the ages of 40 and 60. This birth cohort was selected because it represents middle age and it

is during this period of life that people tend to naturally become more introspective and reflective of their lives. They are more likely to see patterns in their lives and are more willing to engage in conversation about their pasts and presents. Beginning with middle age people start to view time within the context of their own lives rather than chronological age and they tend to demarcate time by life events or transitions (Murray & Zentner, 1989). I initially defined four groups for comparison: (a) women who are low income and describe themselves as overweight, (b) women who are low income and describe themselves as normal weight, (c) women who are middle income and describe themselves as overweight, and (d) women who are middle income and describe themselves as normal weight.

Socioeconomic status was determined by occupation, occupation of spouse, and education. Changes in the birth cohort and comparison groups were a result of the analysis of data, the emerging categories and efforts to achieve data saturation. This is discussed further in Chapter IV.

Conduct of the Interview

Participants were recruited from among staff, faculty, and students of the local university, women in the community, and clients of public health clinics. I accomplished this through announcements made in classes, faculty meetings, club meetings, and through informal discussions with students, faculty, staff, and friends. I elected not to include in the study anyone with whom I had an ongoing social or professional relationship or anyone who was my student at the time. However, these people were asked to refer potential participants. Network sampling was also used in that participants were asked to suggest others who might volunteer. After agency permission was obtained (see Appendix E), volunteers were recruited from local public health clinics.

I initially approached potential participants in person or by telephone with a brief verbal description of the study and their rights and responsibilities as participants. If they were willing to be interviewed, a mutually agreeable time and place for the interview was scheduled. My university office, the participant's home, or a private place at the participant's work place were options. At the beginning of the interview I again described the study including details of participants'

rights and issues of confidentiality. Documents of informed consent were signed (see Appendices C and D).

After obtaining written informed consents, I conducted the recorded interview. Upon completion of the interview, participants were ask to complete the demographic survey (see Appendix B). A period of unrecorded debriefing followed each interview guided by the participant's questions and comments. Tapes were transcribed for analysis.

Protection of Human Participants

Permission to conduct the study was obtained from the Texas Woman's university Human Subjects Review Committee, the local university Human Subjects Review Committee, and the director of the public health clinics. Prior to the interview I discussed the protection procedures outlined in the informed consent and obtained the participant's signature granting permission to interview and permission to tape record the interview.

Analysis of Data

Analysis of data followed the guidelines initially outlined by Glaser and Strauss (1967). Recently the authors have published conflicting views as to the extent

preconceived codes exist. This analysis will follow the explicated guidelines of Glaser (1992) as the method more faithful to the original intent of grounded theory analysis i.e. allowing concepts and relationships to emerge from the data.

For the purpose of this analysis the following definitions were used:

> Concept: The underlying meaning, uniformity and/or pattern within a set of descriptive incidents.
>
> Category: A type of concept. Usually used for a higher level of abstraction of a group of concepts.
>
> Property: A type of concept that is a conceptual characteristic of a category, i.e. concepts used to describe or characterize a category.
>
> Open coding: The initial stage of constant comparative analysis before delimiting the coding to a core category and its properties. Open coding starts with no preconceived codes.
>
> Theoretical coding: A property of coding and constant comparative analysis that yields the conceptual relationship between categories and their properties as they emerge. Theoretical codes are the conceptual connectors. (Glaser, 1992, p. 38)

Techniques of open coding, writing and sorting memos, questioning, comparing data to data, and discovery of patterns recommended by Glaser (1978, 1992) for the beginning researcher were used to analyze interview and demographic data. The initial stage of constant comparative analysis was open coding, in which units

of experience from the women's narratives were used to identify concepts. This involved a reduction of transcribed data line-by-line, grouping units of experience according to underlying meaning, uniformity, and pattern. This grouping lead to identification of concepts. Once no new concepts emerged the next level of abstraction, identification, and labeling of categories proceeded. Through further comparison of units of experience to concepts, related concepts were grouped into categories (see Appendix F). Data were again examined for accuracy in conceptualization and assignment to category. To the extent that the data did not fit a concept or category it was considered indicant of a new category and additional data was sought to conceptualize and categorize the experience. Finally, theoretical coding was done which involved constant comparative analysis of women's narratives with concepts and categories to determine relationships between categories.

This entire process involved listening to audio tapes several times, and multiple readings of transcripts. I also continued reading literature (empirical, theoretical, and anecdotal) related to women's thoughts and experiences with eating. Relevant literature was

incorporated into the analysis and interpretation of findings.

Issues of credibility, transferability, dependability, and confirmability as qualitative analogues to validity and reliability in quantitative studies were addressed using techniques described by Lincoln and Guba (1985). Credibility is the honesty and accuracy with which data are interpreted and reduced. This was accomplished through peer debriefing, participant debriefing, and the ongoing process of negative case analysis. Negative case analysis was a part of the analysis from the first interview, i.e. hypotheses were generated from the beginning of data collection and were continually revised as new data were available until all cases were satisfactorily explained. Such revision continued until all cases were explained and data saturation was achieved. Peer debriefing was accomplished through meetings with colleagues and meetings with dissertation committee members. I met with 2 to 4 university faculty colleagues on a regular basis during data collection. One of these colleagues was engaged in feminist studies and another was engaged in grounded theory research. Data collection, conceptualizations and the emerging theory were discussed in these meetings

for the purpose of assuring honest interpretation of the data. In addition, I held at least one debriefing session with each dissertation committee member near the end of data collection for the purpose of reviewing interviews and memos to assure that I had accurately reconstructed women's eating patterns from the narratives and to assure that data saturation had been achieved. Finally, I spoke with 6 study participants near the end of the study to review the data and my interpretation of data. Each of these women related to at least one of the eating patterns and identified it as her primary pattern.

Transferability or the usefulness of the data in other contexts is left to future research in this area. I have attempted to provide a "thick" description of the context in which the phenomenon occurred, the concepts, and the categories and their properties. Initial evaluation of transferability was addressed by the peer reviewers and dissertation committee members. In addition, my findings were presented on two occasions to a master's level research class composed of women between the ages of 27 and 55. They attested to the fact that they could relate their own current eating patterns and past eating patterns to one or more of the

categories identified. I also asked them for input on the emerging theory. Their validation was further assurance of transferability and adequacy of my descriptions.

Dependability, or the logic and consistency of analysis, and confirmability was evaluated by peer debriefers, graduate student debriefers, and the dissertation committee. An auditable trail of my cognitive processes consists of numbered transcripts with marginal notes reflecting concept formation, field notes summarizing each interview coded to correspond with the transcripts , and memos which contain quotes from the transcripts as supporting data. There are also memos and notes on memos reflecting insights from debriefing sessions with the outside evaluators previously described.

CHAPTER IV

FINDINGS OF THE STUDY

The findings of this study represent my effort to interpret the narratives of 20 women and inductively produce a tentative theory grounded in the collective reality expressed by these women while maintaining the integrity of the individual experience. This chapter presents the demographic characteristics of this sample of women and the grounded theory analysis of the categorization of women's past and present eating patterns.

Characteristics of the Sample

The sample was comprised of a demographically diverse group of women. Characteristics of the participants are summarized in Table 1. The participants ranged in age from 31 to 70 with a mean age of 43.25 years. Thirteen of the women were married, 1 had never married, 2 were widowed, and 4 were divorced. All spouses of married participants were employed; 7 were laborers (1 of whom was retired) and 6 were professional.

The women in the sample had a variety of occupations including professionals such as nurses, and administrators; skilled laborers, e.g. clerks, secretaries, and laboratory technicians; and homemakers. All three of the unskilled laborers cleaned houses and offices for a living. Educational background ranged from a 6th-grade education to Ph.D. (mean number of years of education = 13 years). Although ethnicity was not self-reported, 4 of the participants acknowledged Hispanic descent during the interview.

Table 1

Demographic Characteristics of the Sample (n = 20)

Demographic	Frequency	Proportion
Age		
31-40	8	.40
41-50	10	.50
51-60	1	.05
61-70	1	.05
Marital Status		
Married	13	.65
Never Married	1	.05
Widowed	2	.10
Divorced	4	.20
Occupation		
Professional	8	.40
Skilled Labor	5	.25
Homemaker	4	.20
Unskilled Labor	3	.15

Table 1 (continued)

Demographic	Frequency	Proportion
Occupation of Spouse		
Professional	6	.46
Unskilled Labor	4	.31
Skilled Labor	3	.23
Education		
Less than elementary	1	.05
Elementary	3	.15
High School	5	.25
Some College	4	.20
College Degree	3	.15
Advanced Degree	4	.20
Weight (pounds)		
120-139	5	.25
140-159	4	.20
160-179	2	.10
180-199	2	.10
200-219	0	.00
220-239	2	.10
240-259	2	.10
260-279	2	.10
Not reported	1	.05
Adult Weight Range (highest weight minus lowest weight)		
10-19	2	.10
20-29	2	.10
30-39	1	.05
40-49	3	.15
50-59	1	.05
60-69	1	.05
70-79	0	.00
80-89	1	.05
90-99	3	.15
100-109	1	.05
110-119	1	.05
120-129	2	.10
Unreported	2	.10

Table 1 (continued)

Demographic	Frequency	Proportion
Perception of Weight		
Normal Weight	6	.30
Somewhat Overweight	10	.50
Very Overweight	4	.20

Questions were asked regarding weight, weight variation, and perception of degree of overweight. Weights ranged from 125 to 265 pounds with a mean weight of 173 pounds (*SD* = 47). One participant did not report her weight although she stated she perceived herself as very overweight. Weight in this sample, albeit small for reliable statistical analysis, was not associated with age, education, or marital status (r = .092, r = .075, r = .29; $p < .05$, respectively); however, current weight was positively correlated with range of weight through adult life (r = .744, $p < .05$). Fifteen of the women reported a pattern of weight gain for each 5-year interval of age since age 16. The range of weight gain varied from 17 pounds to 125 pounds. One woman did not answer this question and one woman experienced a 40-pound weight loss in her late teens and had maintained that weight loss for 20 years. Only three

women in this sample reported a "yo-yo" pattern of weight loss and weight gain throughout their adult lives.

None of the women reported that they perceived themselves as "very thin"; 6 women reported that they are "normal weight", 10 perceived themselves as "somewhat overweight", and 4 reported that they are "very overweight." There was no overlap in the actual weights or the calculated body mass index of women who perceived themselves as normal weight and those who perceived themselves as somewhat overweight; however, there was considerable overlap in the actual weights and body mass index of women selecting the "somewhat overweight" and "very overweight" categories indicating unclear boundaries between these two categories. The women who reported themselves as normal weight ranged in weight from 125 to 155 pounds and ranged in body mass index from 21 to 25; those who perceived themselves as somewhat overweight weighed between 150 and 165 pounds with a body mass index between 26 and 40; and the weight of women who reported that they are very overweight ranged from 245 to 257 pounds with a body mass index between 32 and 40.

Grounded Theory Analysis

The analysis of data began with the first interview and continued throughout the process of coding, categorizing, and reducing data to patterns of eating. From the beginning the emerging concepts and categories guided the course of the sampling and interviewing. This initial emergence and its effect on the data collection process will be discussed first. The remainder of the chapter will present the analysis of women's past eating patterns as a part of their retrospective of the periods of their adult lives and an analysis of their current eating patterns. Direct quotations from the interviews are used to support the findings. The parenthetical number associated with such quotes refers to the participant code number.

Effects of Analysis on the Process

The study began with a plan to solicit a sample representative of both overweight and normal weight women and both lower income and middle income women. All women were to come from a 1934 to 1954 birth cohort. After four interviews there was evidence that whatever the current eating pattern a woman described, she had "settled" into that pattern by the time she was in her 30s. During reminiscence of periods prior to their 30s

women described different patterns and changes in patterns. I decided to check this hypothesis by extending the age criteria beyond the parameters (40-60) established at the beginning of the study. I interviewed three women in their 30s and one woman aged 70. These women described eating patterns much like women in their 40s who were otherwise demographically similar, and their reflections on patterns of younger adulthood were similar to the reflections of women in their 40s. As a result I extended the age parameters of women accepted into the study.

Women described certain periods in their life primarily in terms of important relationships and to a lesser extent their work. For example, women identified the beginning of adulthood as when they left their parents' home to marry, go away to college or get a job. Typical life stages for married women were "early marriage," "when the children were little," "while the children were in school," and "when the children left home." Divorce or widowhood were important life markers for the previously married. Within these major periods some women had life periods that were marked by such events as "when I went back to school," "when I went to work," "when I quit work," and "when we moved." Single women marked their lives by job and location changes,

and being in a committed relationship or ending a committed relationship. Each life change represented changes in eating patterns; especially the major changes which changed committed relationships, and family structure or composition.

There were early differences in the data obtained from overweight and normal weight women. From the beginning interviews of overweight women tended to last from $1\frac{1}{2}$ to $2\frac{1}{2}$ hours while interviews of normal weight women were completed in 45 minutes to 1 hour. Stories of eating among overweight women were interwoven with stories of loss, sadness, stress, family difficulties, personal struggles, and trauma, while stories of normal weight women were very straightforward descriptions of what was eaten, when, and sometimes why. This difference remained consistent throughout the analysis process so I continued to recruit women of diverse body weights.

No differences emerged in the comparison of low income and middle income women. Three of the low income women stated that money impacted what types of foods they ate and how often they ate out. Middle income women also talked about a food budget and the high cost of eating out, especially for a family. I continued,

however, to sample for diversity of occupation and education.

A productive group category emerged as a result of constant comparison of data. The first single woman interviewed described an eating pattern very different from any of the married women interviewed. In order to determine if this was a pattern of "singleness," I recruited other single women for the study. Single women with diverse occupations were included in the sample as well as single women who perceived themselves as normal weight and overweight. This change in sampling provided sufficient evidence that the patterns of women who were single had more in common with each other than they did with women who were married, and likewise, the married women's patterns had more similarities among each other than they did with the single women's patterns.

In summary, the analysis of data and the emergence of pattern altered the sampling process to become less concerned with socioeconomic group and more concerned with interviewing both single and married women. The initial idea of sampling for differences in overweight and normal weight women was retained.

Data analysis affected the interview schedule throughout the study. The first three women interviewed

talked about the eating patterns of their childhood even though the question was not asked directly. They related these childhood eating patterns to their current patterns and expressed strong opinions regarding the effect of these patterns on their current eating. A question regarding childhood patterns was added to elicit this information for the purpose of comparison.

According to the literature up to 40% of all women are dieting (Stallings & Wollman, 1992). This was not evident in this group by the time the data collection/ analysis process progressed to include 10 women. To check this out I began to ask women about their dieting experience. While they reported past dieting, only one woman was dieting in the conventional sense of suppressing calories by eating small meals, skipping meals, and taking appetite suppressants. Dieting as a pattern in this sample will be explored more fully later in the chapter.

Initially the interview schedule included a question asking women to describe what they saw when they looked into a magic mirror that showed not only what they look like but who they really are. Analysis of answers to this question showed no explication or expansion of eating pattern so I omitted it from the interview at about the midway point in sampling.

Analysis of Past and Current Patterns

The following categories were defined from the participants' accounts of their past and present eating patterns during self-defined life stages. Women in the sample were at differing stages in their lives. However, the recollections of women regarding the definition of a life stage and the eating patterns associated with that period were very similar to the pattern described by other women currently in the specific life stage. This enriched the data and added confidence in the integrity of the data.

Farm Family Eating

Most of the women interviewed grew up on a farm or in a rural area. From their retrospectives there emerged a pattern of eating which they related to this life style and which was different from the childhood patterns of participants reared in an urban area. Farm family eating was presided over by the mother and in two cases the grandmother. Many women assumed their mothers enjoyed cooking and believed that their mothers viewed their primary role as providing nourishment for the family. Even more specifically, their mother's role was to provide nourishment for the men of the family

who had to go off and do hard physical work, usually in the fields and in one case, in the oil field.

This pattern is characterized by an abundance of food. One participant posited that since her parents had come through the depression when food was rationed, they were determined to always have plenty and see that their children had plenty. The pattern started with a large cooked breakfast of meat, eggs, bread, hot cereal, and potatoes; an equally large cooked dinner at midday; and supper in the evening.

> Daddy always had to have breakfast . . . Mother would get up and fix oatmeal and stuff like that. (3)

> My mother and daddy were reared on a farm and they had a farm. I was reared on beans and corn bread . . . we had little money but all we needed to eat. (1)

> We lived on a farm and we'd get up and eat breakfast and lunch and a good evening meal . . . you <u>did</u> eat three meals a day. (5)

> Meals were very regular . . . you sit down to a meal with salad and a vegetable, and a meat and bread and dessert . . . we'd sit down to dinner for six of us and there was enough food for Cox's Army. She still enjoys cooking. (18)

> I was raised a farm girl and my parents were typical for that period. They were married in 1939 and a lot of things were rationed. After the depression and the war when things became plentiful, my dad said let them eat what they want whenever they want and we were stuffed. (12)

> (Mother) had breakfast at 7:00 in the morning, we had lunch at noon and we had the evening meal at 6:00. Mother was a good cook--just a plain basic cook. We always had dessert after we cleaned our plate. My dad was a hard worker. He was in the oil patch. He planned his days around his meals. Mother would be up early to fix his lunch--a good lunch like if there was left-over roast--a good lunch. (19)

Participants viewed the farm family pattern as high fat and high calorie. Dessert was a routine part of the meal but processed snacks were not routine. Meats, vegetables, eggs, milk, and butter came from the farm. Breads and pastries were homemade. The only foods that were purchased retail were staples such as flour, sugar, coffee, and spices.

> (My mother) thought it was really bad to have snacks around the house so we never had soft drinks at the house and we never had candy maybe once a year around Christmas. (1)

> . . . growing up we made our own butter. We killed our own chickens, picked the feathers, put them on the fire you know, all day to get to that chicken and I said I don't care if I ever eat another chicken as long as I live. We grew up with milk cows; you strained the milk through a cloth and that was it. We saved the cream and churned it. But you didn't know what those cows had eaten in the pasture, what kind of weeds or rag weeds or whatever they ate that caused the milk to have a really bade taste to it--we had to drink our milk, no matter how bad it tasted and to this day I don't even smell milk. (19)

The most expansive version of this eating pattern was given by a woman who identified herself as Norwegian:

> I come from a large family of Norwegian extraction . . . they eat all the time and I think that comes from the farm background. They eat breakfast, then you took what they call lunch out to the field at 10:00 in the morning, and that was cinnamon rolls and stuff like that, then you had the main meal, which was fried chicken--that kind of thing, and you have a 3:00 lunch like bologna sandwiches or homemade bread and Karo syrup sandwiches, and then a big heavy meal with potatoes and gravy . . . and then ice cream and brownies before you go to bed at night. It's a lot of food, but they worked hard when they were in the fields but they're not on the farm any more so everybody tends to have a weight problem. (14)

Those women not reared in the country described a regular pattern of three meals a day prepared by a mother or grandmother. The main difference was that more foods were purchased retail and there was a greater use of snack foods and processed foods. A cooked breakfast was important though they didn't describe the quantities of food described by the farm family participants. Women who grew up in urban areas had earlier and more frequent experiences with eating out, while the farm family seldom, if ever, ate at a restaurant.

> With three homemade meals a day, I was probably a senior in high school the first meal I ate out. I can never remember going to a restaurant. (19)

One participant had experience with both the farm family pattern and the urban pattern. She contrasted the pattern which emerged for her after her family moved to the city when she was 12 years old with their earlier pattern when they lived on a farm:

> I grew up on a farm and everything was homemade and home grown . . . I didn't know what a store-bought cookie was. Except at Christmas time you know you got your orange and apple and candy cane. Mother cooked wonderful cookies and cakes and my grandmother who I was very close to taught me to cook. She could open her freezer and she had half gallon ice cream containers of cookies. You could pick what kind you wanted. Both sides of the grandparents cooked meat, potatoes, salads, and dessert, you always had dessert . . . we moved to the city and my mother started working in a factory. Then she went to instant potatoes, and instant gravy--quick stuff and that's when I started putting on weight . . . the bus got off at a place called the little store . . . I'd go in and I'd buy a Coke and maybe an ice cream sandwich and a Hostess cupcake or Hostess cherry pie--every day before I went home and then supper was ready when I got there--you see I wasn't exposed to that before, you know maybe twice a year when we would go to the Tastee-Freeze and every once in a while my dad would give us a dime and take us to town when they bought groceries and we would buy penny candy. (17)

Women identified the patterns of their childhood as heavily influencing their current pattern although not necessarily in a positive way. Some considered it an obsolete pattern given today's more sedentary lifestyle and a pattern they needed to break, especially the

quantities of high fat foods. One participant said it influenced the foods she likes and dislikes. Because of her early childhood experiences she cannot stand the taste of milk and butter.

College Eating

Women who left home to go to college described an abrupt change in the three-meal-a-day pattern they had growing up. The first thing to go was breakfast.

> I didn't eat any breakfast in college, I didn't eat at all well, one day we would eat, you know we had a ticket and we'd go over when they had fried eggs because we like those, they made those really well, but I never went any other day. If I did eat something it was like a Ding Dong, in my room, on the run . . . . (2)

This also illustrates another characteristic of the college pattern: eating on the run and eating "junk food." "We would grab a hamburger or a corn dog or something at school." (8)

> We had a pot for coffee and we had another one that was for soup, and then we had a pop corn popper that was actually for pop corn . . . we ate in the cafeteria a couple of nights a week but we thought that food was too fatty--well it just wasn't very good. In the dorm if one was eating, everyone was eating. I was a group eater--still am--I'm a social eater. (9)

The college pattern is a social pattern in that eating takes place with someone, usually roommates,

classmates, or friends, and it takes place whenever the mood or hunger strikes. There is an aversion to the college's attempt to emulate the family pattern by providing three cooked meals a day in the cafeteria. For the first time these women had freedom to control their own time and the choices they made regarding meals and meal time were exemplary of this greater freedom.

> I went to college at 17 and I had been on a diet the last 2 years that I was in high school--went to college and went crazy, just absolutely crazy with food. You know, pizza with friends, going down town and having beer, and pop corn in the dorm at night and all of this stuff and it was wonderful fun. (14)

Women who went to a less traditional college, i.e., a hospital-based nursing school, women who lived at home while in college, and women who went to college later in life did not describe this pattern or an abrupt pattern change.

Single Eating

The college pattern in some sense represents a type of single pattern in that the women were no longer dependent on, or influenced by the pattern of their family of origin. There is another single pattern that represents freedom from family patterns but it is the freedom from the dependence of others on the women for food. This pattern was described by single working women,

widowed women, and divorced women living alone. This pattern was evident in the recollections of married women and the description of current patterns by single women. To explore the pattern further I asked married women how they thought their pattern would change if they were suddenly single. Their speculations were very similar to the patterns articulated by the currently single women.

Women describe a pattern of eating when they are alone that is akin to demand feeding. They talk about eating what they want, when they want it, without adherence to traditional meal times. Most do not like to take the time to cook just for themselves and express the desire to do other things with their time besides spend it in the kitchen cooking and cleaning up. They talk about eating on the run or eating at odd hours.

> When I was single working, I would eat a piece of toast on the way to work and drink a glass of Tang. I didn't have lunches like I do now. I could live on a package of peanut butter and crackers and a Coke and when I would come home, I just don't remember ever fixing dinner. I don't know what I did for dinner. I either skipped it, or got one taco at Taco Bell or something. I don't remember cooking. I remember sitting down and eating a box of vanilla wafers. I had other things to do. I was thinner--probably 30 pounds lighter. (5)

> I work from 3:30 to midnight. I don't go to bed till 5:00 and I'll wake up about noon.

> Like I got up today at 11:30 and had to have a soda by 12:30. I'll have another soda as soon as I get to work at 3:30 and come 7:00 or 7:30 it's time to eat. I'm usually the one to go get the food . . . we all kind of eat together and it's usually fatty food like a burger. When I get home I'm tired and it's time to have something. Now I don't want to worry about fixing it . . . a couple of pieces of ham and a thing of instant mashed potatoes and that's it. (9)

> I don't eat breakfast as a rule. I will sometimes eat lunch if someone where I work says let's go eat or get a hamburger or something. If I have to eat alone I find I don't eat very well. (16)

> There are no routines. I eat when I get hungry and that may be at 3:00 in the morning when I let the dogs out--I had a Pop Tart at 4:00 this morning . . . I eat whatever I can find whether it's a piece of toast, a Pop Tart, or a fried egg--it's just whatever is here and is handy. (18)

The quantity of food and composition of meals is different from women who eat regular meals with other people. Meals are typically a single food or two at the most. They may consume a large quantity of a single food, e.g. a box of vanilla wafers or a very small quantity, such as a single taco. They express concern that they might eat too much junk food, however, it was also common for them to abandon eating meat favoring vegetables, fruits, and grain products. Many of the women, including the overweight associated this

single-woman pattern with weight loss or weight stabilization.

They prefer eating with someone when it is possible and they expressed the insight that meals are probably more important as social events than a means of nourishment. Any "regular" meals they have are with work groups or regular arrangements with friends, such as Sunday lunch, or a lunch or evening meal with friends, usually in a restaurant. Eating alone is viewed as eating to meet a need, usually hunger, but sometimes it is responsive to an emotional state. This was expressed most often by overweight women. The most compelling characteristic of this pattern is its flexibility and they love the flexibility; they love not being responsible for anyone's eating but their own; they love freedom from the kitchen.

> (If I were single again) I don't think I would eat. See, I don't really like to fix dinner, it's a hassle for me, but I know they're going to expect it so I think I'd go back to just snacking . . . . (7)

> It's a relief now (since the divorce)--I don't have to go home now and fix meat and potatoes and beans and corn and all this stuff at 8:00 at night--I'm tired. When I get home I've got studying to do and then get up and start over again--it's a big relief--I don't have to mess with it. (16)

> I haven't had a dinner plate out since he left except when my son comes to visit and then I cook, it's great. All my dishwasher ever has in it are coffee cups and spoons, it's great. (18)

One woman expressed more melancholy associated with her divorce and viewed her "singleness" as loss of an important role rather than as freedom:

> There was no reason to cook anything because you had nobody to please and nobody to make love you because you cooked it. (19)

Eating in Relationships

In sharp contrast to the pattern described by single women is the pattern described by women who are in a family relationship. Married women initially described a very regular pattern of meals and usually did not mention husband or children. Only when they were asked to recall different periods in their life did they identify this pattern starting with marriage. It was startling to hear all of the women who had lived both as single and married talk about how quickly their pattern changed when their status changed. It was virtually instantaneous. Women who were widowed or divorced did not gradually change their pattern; they instantly abandoned the three-meal-a-day pattern. Likewise, immediately upon getting married, women started the pattern that will be described in this section.

This is a pattern of very regular eating, typically three meals a day and the composition of the meals tends to be routine. If there were exceptions to the three meals a day, it was because this was not the husband's pattern and the wife accommodated him:

> My ex-husband, I think that's where I picked up my eating habits. Like he wouldn't eat breakfast and I stopped eating breakfast. (5)

> I don't eat all day but when my husband comes home I make supper and eat. (8)

Sometimes this pattern was a result of the overt demands of the husband:

> (My husband) wasn't physically abusive but he was very mentally abusive--always putting me down. The only thing that I could ever do was cook. So I did, I had to get up and pack his lunches and get him off to work with breakfast and when I'd get home from work, I still had to cook a full supper--so my whole life revolved around cooking three meals a day. (8)

More often it was more of a perceived role:

> Then I married and I think when you're newly married you want to be a really good wife so you get up in the morning and make bacon and eggs and toast and all of this kind of stuff. He'd come home for lunch, I'd make a big lunch, and he'd come home for dinner and I'd make a big dinner. I made desserts and you know did all of this kind of thing which was bad for both of us and he has never had a weight problem and he started gaining weight so he said listen, you don't need to do this, a sandwich at lunch time is fine and don't make breakfast, a

> bowl of cereal is fine and then fix us dinner. (14)

Even though this husband simplified meal composition, he still directed it. They related this regulated pattern to their childhood pattern and role-modeling their mothers:

> I went from mother's home to his home . . . my husband has always been a big eater. He wanted a good breakfast at 4:00 or 5:00 in the morning--he'd have to get up and go to work in the feed lot. So I always got up and made the bacon and biscuits and gravy just like my mother did--always something fairly substantial and then in the evening as soon as he came home from work he would be starved. If I have to cook it I'll eat it. If its just me I won't mess with it. (16)

There were usually variations on weekends but even those variations were routine, i.e. there was a week-day pattern and a weekend pattern:

> On Saturdays I'll cook a meal for my husband (breakfast) and we'll have bacon and eggs or sausage. (1)

The weekend pattern included special foods not routinely eaten during the week or "eating out." The most common meal eaten in a restaurant on the weekend was Sunday lunch.

All of the women interviewed had some awareness of the fat content of food and the need to limit fats to promote health. Three women were very consciously trying to prepare low fat meals for their family although

they tended to "let up" on the weekend and on special occasions.

There were three variants in the family eating pattern. One pattern was related to marriage and providing food for a husband or husband figure as previously described. The second was a variation when the woman became responsible for feeding children. The third variation occurred with one single woman who described a very regular eating routine quite unlike that of the other single women.

Children in the family seem to bring minor variations in the husband-wife pattern. First, without exception, when there are children, their nutrition and feeding was the responsibility of the mother. If anything the women's commitment to providing regular nourishing meals intensified. Couples who had eaten out fairly regularly cut back due to the expense and the difficulty of handling young children in a restaurant. As children grew into teenagers mothers expressed some relief from responsibility for their eating as the teenagers began to eat out more by themselves and became proficient at preparing food for themselves. Women said that the addition of children increased their own snacking:

> Basically meals were about the same (with children). I was still cooking three meals

> a day and they were hungry constantly. I think I ate more when they were growing up than even when I was pregnant. I did more eating . . . they were hungry all the time and I ate when they ate. It just became a habit, but I had to cook three meals for my husband. (10)

The extent to which the single women developed any traditional meal patterns was related to the development of eating buddies. These sounded like friends with whom they enjoyed eating and the primary occasion for seeing these friends was to eat together. One single woman described a family-like relationship with two other single women. These three women daily cooked dinner for each other or ate out together. The participant ate her breakfast and lunch with other teachers and students in the school cafeteria where she worked. In essence she had developed a family of eating buddies among her friends and colleagues. Others had a less frequent but equally regular pattern of eating with close friends:

> I don't get much enjoyment out of eating except with friends. I like to eat with my friends. We have church activities where we get together and bring a covered dish and we listen to music or just visit. Every Sunday I'll go to church and then get something to eat with some friends. (12)

> I had a girl friend who worked the same hours . . . we'd get off and go to I-Hop or to the Waffle House every morning for breakfast. (8)

Eating as Reaction

Interwoven within both the single pattern and the family pattern was a category I labeled reactive eating. These were concepts which were categorized as eating in reaction to external conditions and stimuli.

Schedule and time had a big impact on women's eating pattern. Women described changes in pattern when they went to work outside the home. They attributed this change directly to a tightening of their schedule. There was a decrease in snacking and an increase in eating out, especially the meal that comes during the work day. For single women, this might be their "only real meal." However, sometimes the work load was so great that women did not take time to eat at all while at work. This was true of two women who worked second shift in a busy hospital and two women who worked as "cleaning ladies." Women who did not work outside the home reported a decrease in snacking and sometimes skipping a meal on the days when they had to be "out and running around all day."

Money influenced the way women ate and the foods they ate. Lower income women stated that they sometimes had to choose less nutritious foods because they were less expensive.

> I can run down to Toot'N'Totum and buy five packages of little chips for a dollar and bananas are like 45¢ a pound. You get four or five bananas and that's a lot out of your budget already. (12)

One newly poor woman (divorced) recalled a time when she could just go out and buy whatever she wanted to fix for dinner; now she couldn't always do that because there was just not enough money. Another single low-income woman, although she does eat out, states that she tends to choose "all you can eat places" and that she tends to overeat when she does this. Middle-income women talked about money influencing how much they ate out, especially if there were children.

I have come to view <u>restrained eating</u>, as described by Stunkard and Messick (1985), as a pattern of reactive eating. It is a conscious adjustment of eating pattern by restricting eating or dieting in reaction to body weight and perception of oneself as fat. Only one woman in the study described a current pattern of restrained eating. She stated that she had a large weight loss (40 lbs.) as a young adult and became "obsessed" with not getting fat again, therefore, she weighs every morning and every evening and "if I get over 133 pounds, I'll just go buy some Dexatrim and stop eating (18)." When not restraining she describes the single pattern

and when she was married it was the family pattern. Her restraint periods are not followed by binging unless she is visiting her mother where an abundance of good homemade food is available. She also stated that about the only time these days that she gains enough weight to have to diet is after one of her visits to her mother's home. This is consistent with the notion of counter-regulation in restraint theory.

Dieting was a part of the retrospective of many women, especially the overweight, but not a part of their current pattern. Some women reported thinking about dieting but coming to terms with the fact that dieting in the traditional sense doesn't work and isn't worth it.

> I'm sitting saying ok I can lose weight if I stay on my diet but I'm not gonna keep it off. So I think, is it worth it? (3)

> I yo-yoed for 20 years and that's not good and dieting doesn't work it just plain old doesn't work. (14)

> I just could never be as skinny as I want so I was constantly dieting or fasting and then something would happen and I would eat and then say 'what the hell' and end up overeating, always thinking I'd get back on the diet and make up for it. That is no way to live. (20)

<u>Moods and emotions</u> had the broadest affect on women's eating and accounts for the main difference in the

narratives between overweight and normal weight women. In general, women who were normal weight and whose weight has varied little throughout adulthood, if they talked about emotions at all, reported a loss of appetite when emotions intensified. Women who were overweight or reported struggling with weight identified emotions or moods as increasing appetite and activating overeating. The range of emotions discussed included stress, sadness, depression, and feelings of loss. Positive emotions did not emerge from any of the 20 narratives as impacting eating pattern. Work stress was the only emotion that most women, regardless of weight, described as decreasing the frequency of eating and how much they ate. One woman described work stress as energizing causing greater activity and sense of purpose such that she didn't have time to think about eating. Personal life stress, sadness, and loss were the emotions most often described as triggering eating in overweight women.

Holidays and celebrations (e.g. birthdays, Thanksgiving, Christmas) were cause to eat more and eat special foods for all women. Sometimes even the weekend was a mini-celebration in that the normal pattern was consciously allowed to vary. The most common weekend variance was with breakfast. Several family women cooked

a special breakfast on the weekends consisting of bacon or eggs or pancakes; foods that were "forbidden" on a daily basis or took longer preparation time. This was uniquely an alteration in family pattern and done by the woman for her husband and/or children.

Menstruation and pregnancy affected women's eating patterns in one common way. If there were food cravings they were more likely to be described in connection with the menstrual period or pregnancy. The most common food craving during menstruation was chocolate. There was no common food described during pregnancy. Women reported eating more the week prior to the beginning of menses as well as during pregnancy.

Two women described a daily need for chocolate, unrelated to pregnancy or menstruation, that they just had to satisfy. Interestingly one woman, who was normal weight, satisfied the need by carrying a chocolate bar in her pocket from which she pinched off nibbles all day. An overweight woman kept a jar of "M & Ms" or "Hersey's Kisses" on her desk and "grazed" on them. She was unaware of the quantity she ate on a daily basis and described herself as the chocolate source for the entire office.

Similar reactive patterns have been identified in current literature. In a study of urban Afro-American women, Lieniger (1988) found that obese women tended to eat more when food was available and when they felt "stressed out" or "upset." Lowe (1993) theorizes about mediating mechanisms that affect dieting. He defines three types of mechanisms: psychological, biological, and sensory. These mechanisms can inhibit or disinhibit eating and are similar to the concepts derived from narratives of women in this study. He posits that these mechanisms are more likely to be disinhibiting among restrained eaters.

Planned Eating

This is an eating pattern that is consciously designed as a change in pattern but a change that the woman feels she can "live with." Unlike restrained pattern as reactive, this planned pattern is not a reaction to weight or perception of oneself as fat although weight as a health issue may be a part of the woman's awareness. The women who described this pattern or attempts at transition into this pattern were not driven to be thin and in fact they seemed to be redefining what thin is for them. It was more a description of an inner awareness of self and a transcendence to the

person they really are and a new eating pattern explicative of this transcendence.

There was a consciousness of their reactive patterns and some women described the need to design strategies other than eating as a reaction to some of these external factors. There was a consciousness of health and well being as well as acknowledgment of food and eating as satisfying, social, and recreational. This pattern is not a pattern of deprivation, but a pattern consistent with Newman's (1994) idea of health as expanding consciousness. It is a change in eating evolving from a growing consciousness of the systems that make up the whole person, i.e., environmental systems, biologic systems, emotional systems. This eating pattern represents a transformational process into knowing and being that transcends the childhood pattern, environmental factors, and cultural norms.

One woman in the study fully exemplified this pattern. Several were probably in transcendence expressing a struggle with understanding who they are and an eating pattern that fits them. The following quote is representative of this beginning transcendence:

> Right now I'm trying not to eat just because it's here or something has gone wrong. I also know that I will never deprive myself again and I want to make peace with my body

> and feel really healthy and energetic. So I'm eating small meals every 2 or 3 hours and I hope to get to the place where I can just forget about food--not really but I'll only think about it when I'm hungry or my body is telling me I need something. I've also been exercising a lot for over a year now and that's really helped. (20)

The exemplary case identified her eating pattern as follows:

> Well about 3 years ago I made a conscious decision, I had a long talk with myself about what I needed to do and what I was willing to do. I decided to cut out the fats in my diet but I also knew there were certain things I was not willing to do. I mean this had to be for life and I've been on every diet but none of them could have lasted for life. You know I had to look at things that I was not willing to give up for the rest of my life. The thing I'm not willing to give up for the rest of my life is ice cream and that's just all there is to it. My goal now is that I don't buy ice cream any more. Like I used to go and buy a half gallon and then it's gone in two days. It's like it calls to me. Like it's in the refrigerator saying 'come to me'. But when I really am hungry for ice cream I will go to the Dairy Queen or I will go someplace and get it and then it's over with in one time and it's not there you know on days when you just ate it cause it was. I found that that's working for me because I yo-yoed for 20 years and that's not good and dieting doesn't work it just plain old doesn't work. I've been doing this particular thing for about 3 years right now. I've been pretty much following that as my life style I guess, and making permanent changes cause like I said I've been going up and down all my life. I probably started dieting when I was 16 and I kind of fluctuated from about 165 up to 209 all of my life. I used to starve and I would go on all those crash diets

like the Scarsdale diet and Pritikin--you name it, I did it. It's miserable--for 6 weeks you eat nothing and you go around tired and deprived and everything else. Then after you do that you go right back to the way you ate before--you gain it all back then you gotta do it again and I guess about 3 years ago I just said I can't do this. I tried to do that Scarsdale diet, which always worked for me--I mean I dropped weight like you wouldn't believe but then it just came right back. So I had to kind of sit and look and say ok I'm tired of doing this. I cannot face dieting one more time and be miserable and be depressed all the time so that's when I had to kind of sit back and look at what I could change and how I could change that cycle, and it isn't just me it's everybody in my family. My sister has the same problem. My sister right now I think is 250 and she has been down to 118 and I just see this in my family. Right now one of the things I do is I always eat breakfast. That's something that I have never done before. See I think that's when your will power is the strongest is in the morning. It's like I need to lose a lot and every Monday or every morning you get up and feel ok and like one of the meals you can skip is breakfast. But I also know now that that's what makes you feel hungry all day. So I eat breakfast and I eat lunch and I always eat at the same times. Now sometimes in the morning if I'm in a hurry--and I think that's one of the other things that keeps you from eating a good breakfast--so I keep like breakfast bars here in my desk at work. Those Snack Wells breakfast bars and low-fat Hostess Twinkies and I keep orange juice in the refrigerator, so if I didn't have time cause I was rushing to get to work on time when I've got something and if there's a break in the morning I'll go get it and eat those things in the morning. Lunch? I probably eat more at lunch than I used to so that I'm not starving at night cause I know that was my biggest problem was binging at night--then eating dinner, not feeling satisfied and then once I started eating I couldn't stop. So now I try to make myself do that--I have my breakfast in the morning, I

have lunch--there again I think part of my plan was a lot of times I didn't pack my lunch so I didn't eat. Now I do a different thing--when I shop on the weekend, I shop for things to bring to work that can go on the shelf in the back--low-fat soups, a variety of little things I can have back there if I forget to pack lunch or there's a temptation to have something else I know that's there and I know there are at least five or six different things so I have a choice cause I know that's another big thing. If you got only one choice and that doesn't sound like a good idea then yeah I'll go to Ruby Tequila's with everybody else. I have choices cause it depends on what mood I'm in as to what I feel like having so I have a variety of things back there and one might be a rice thing that you just add water to or soup or anything dried or canned I can keep in the back. I also keep like those Mr. Phipps sour cream and onion little low fat--there's always a box of those back there if I'm in a crunchy kind of eating mood. Then I always cook--that another big difference I've found out for me, I don't know if it is for everybody else, but I know in the past when I would diet I would eat like frozen TV entrees and I'd go home and like fix those and they weren't very satisfying, number one, and then I would start this snacking throughout the rest of the night. I found that for me cooking is part of my wind down from the day, so the more chopping and that kind of thing that I do the more relaxing that is and then I've wound down and then by the time I eat I think just in the process of making the food. I enjoy that, chopping vegetables and that kind of thing--and those are the foods that are good for you and that tends to reduce my stress level so that by the time I eat, I'm not stressed as much anymore and plus I think you know by reading things and things like that--all those things that we used to think were bad for us like pasta and all those kinds of things I know are really good for you cause they're low fat things. I'll make a tomato sauce with no meat in it and lots of bell peppers and celery and that kind of thing and then I buy all kinds

> of different pastas and colorful ones and boil that up and eat that and it's satisfying it really is. The old way we used to diet I think is not good at all cause it meant starvation and I tend to--now I fill up. I don't--I'm not hungry like I used to be with frozen entrees or whatever. I also think that part of the process is the cooking--the smells, the chopping and the dicing and all that and that just seems to work better for me. I really don't have any absolute rules about food because I think that's what makes you fail--it's what makes you feel bad. (14)

This pattern is related to the findings of a qualitative study of 21 women who successfully manage their weight (Allan, 1989). This study identified two categories of weight management. One was the short-term "dieting" tactics (restrained eating) and a second was "lifestyle changes." People who changed their lifestyle had come into an awareness that dieting does not work and had developed a more holistic cluster of behaviors, e.g. regular exercise, decreased alcohol consumption and new eating patterns. There was a realization that old patterns did not work and an experimentation with new patterns.

In summary, the concepts which emerged from the data formed six categories of eating patterns: college eating, single eating, farm family eating, eating in relationships, eating as reaction, and planned eating. College eating and single eating were very similar

patterns and indicative of a reflexive, almost involuntary, pattern of demand feeding described by women during single periods in their lives. Farm family eating and eating in relationships were categories representing very regulated patterns. These categories were unique to women in a family structure. Overlaying each of these patterns there was a secondary pattern of reactive eating that varied with individual women. It varied with respect to direction, i.e., some women "react" by eating more, some women "react" by eating less. Some women had a higher number of factors that triggered eating changes than did others. This category also varied with respect to the frequency and duration of reactive eating. Those factors triggering changes in eating occurred more frequently and were of longer duration in some women than others. Planned eating provided evidence of an emerging pattern that is reflective of transcendence and expanding consciousness. It is a pattern of interacting with the environment rather than reacting to it. It is a pattern characterized by conscious decisions regarding eating and the design of a life pattern that is proactive and representative of a woman who has determined who she is and what she wants. Thus, the categories of patterns were further analyzed and

clustered to form four major patterns of eating: the reflexive pattern, the regulated pattern, the reactive pattern, and the proactive pattern. These patterns are fully discussed and interpreted in Chapter V.

CHAPTER V

INTERPRETATION AND DISCUSSION

The purpose of this study was to generate a substantive theory of women's eating patterns. This chapter describes the theory and discusses its implications for women, for nursing practice, and for research. This is a substantive theory induced from the experiences of the 20 women who participated in the study. Abstractions on the participants' experiences are the products of my analysis and are presented in the form of hypotheses and related assumptions that are proffered for testing and further theorizing.

The Theory

Eating is a complex human pattern with many individual variations. This study revealed such variations but there were also similarities in the way women eat. These similarities served as the basis for theory construction. Table 2 summarizes the categories gleaned from the constant comparative analysis presented in Chapter IV along with the theoretical eating patterns induced from this data. Following the table is a

discussion of each of the theoretical patterns including women's differences as well as their similarities within each pattern.

Table 2

Eating Patterns and Related Categories

Theoretical Pattern	Related Categories
Reflexive Pattern	1. College Eating Pattern 2. Single Eating Pattern
Regulated Pattern	1. Farm Family Eating Pattern 2. Eating in Relationships a. husband, b. children, c. friends
Reactive Pattern	1. Eating as Reaction a. Money b. Schedule c. Moods/Emotion d. Celebrations e. Pregnancy/Menstruation
Proactive Pattern	1. Planned Eating

The Reflexive Pattern

Women's primal eating pattern is a flexible pattern reflexive of their own needs and the availability of foods. Reflexive eating demands very little time or conscious planning. If the urge to eat is met with

external barriers, e.g. the food she wants is not available, she just puts off eating, or eats what is available without giving the whole event much thought. Evidence of this pattern was provided by the reflections of women on their pattern while in college and the patterns of women who were single, divorced, or widowed and living alone. Women emancipated from their parents home into college abdicated the three-meal-a-day pattern established by their family of origin and described eating "as catch can; on the run," or as a time to have fun with friends. Women divorced or widowed stopped their former regular eating patterns and just ate what they wanted when they wanted it. Reflections of women to periods when they were single and working were equally exemplary of this irregular, flexible pattern. Without any authority (e.g., husband or parent) or dependent (e.g. husband or children) dictating eating routine, women in this study stated that they automatically and immediately fell into a pattern of eating that consisted of undefined quantities of food irregularly spaced throughout the day. Their eating pattern primarily reflected only their needs and wants and was influenced to a lesser degree by how busy they were with their work and the food immediately available.

Typically women stated that they preferred to eat small amounts of foods throughout the day. Women in the workplace felt constrained to do this due to the lack of availability of food and a work schedule which allowed only for regular meal breaks. If the work setting allowed, they were apt to have a beverage or food item available while they worked. They were more likely to go for long periods of time without eating only if they were so absorbed in what they were doing that they did not want to take time to eat, or didn't even think about eating. Single women exhibiting the reflexive pattern enjoyed and took part in celebrations involving eating and found that eating is fun when they are with someone.

I believe the reflexive pattern is related to that of woman's evolutionary sister, the gatherer. The gatherer ate small amounts of food throughout her working and waking hours as she set about her primary job of gathering food. Her eating behavior was cued only by her wants and needs and was impinged upon only by the availability of food. The daily pattern was altered by the occasional feast or celebration when the male hunter returned, on which occasions she ate ravenously in the spirit of the festival (Farb & Armelagos, 1980).

Many women in the study described a natural preference for fruits, vegetables, and grains--the products of the gatherer--stating that they do not particularly like meat. A related assumption is that men as the evolutionary hunter developed a core pattern of less frequent eating of larger amounts of food, with a preference for meat. Such was the life of a hunter who fed voraciously from the meat he killed knowing the possibility of long hours passing between kills and the opportunity to once again eat. Farb and Armelagos (1980) called this the "hunter's appetite."

The reflexive pattern is a natural pattern for women and unencumbered by cultural or environmental influences is the pattern to which they return. This is evidence by how quickly women in this study abandoned the three-meal-a-day pattern when they left their parents' home to live alone or go to college and when they became widowed or divorced. It is a pattern that allows for individual variations in need for nourishment and variations in work and use of time. It is a pattern that responds to physiologic cues and prevents hunger. Women in this study described becoming cranky and irritable when hungry and most had come to the realization that alterations in eating pattern which lead to hunger

(i.e. restrained eating or dieting) are not patterns they can tolerate for extended periods. This intolerance may be the first evidence to the individual woman that there are patterns that contradict her natural drives and tendencies.

The Regulated Pattern

The natural reflexive pattern of women is overridden by the patterns of others for whom she assumes responsibility for nurturing or by eating to maintain and promote relationships. This was evident in the women's narratives of their childhood patterns and the eating routines established by their mothers to nurture their fathers. The women in this study also assumed the responsibility of providing the requisite meals at the requisite times for their husbands. Women described this pattern as modeling their mothers and meeting the expressed or perceived needs and expectations of their husbands. This pattern was also evident when single women are responsible for nurturing children. However, in the absence of a husband, women stated that meals for just them and the children were much simpler. Just as widowed or divorced women changed immediately from the regulated pattern established in their marriage to a reflexive pattern, so did single women change from

a reflexive pattern to a regulated pattern as soon as they were married. This study provides evidence that the family eating pattern is regulated by the man who establishes the eating routines. As the "hunter" he eats less frequently, thus becoming very hungry and requiring larger amounts of food to "hold" him until the next meal. This change was problematic for some women e.g. they often felt like they ate more and reported a weight gain after marriage. This was especially true if they continued their "snacking" throughout the day in addition to the regular meals. In order to adapt to his schedule they might consciously try to restrain the urge to eat and "wait until meal time" thus experiencing the discomfort of hunger and a preoccupation with food, resulting in eating larger quantities at meal time and eating throughout meal preparation.

The regulated pattern is a male eating pattern and is a part of male reality. According to Schaef (1981) male reality is the prevailing paradigm for western civilization and women have been forced into this paradigm often feeling abnormal, inadequate, or uncomfortable. This study provides evidence that this is true of eating patterns. Clearly the regulated pattern is the norm

for western culture and has been institutionalized in the family, work place, school, and so forth.

Because this pattern is considered the norm for family organization, when women maintain ongoing relationships with people who become "like family" this eating pattern becomes the group pattern. This was exemplified by the participant described in Chapter IV who had established a family-like relationship with two friends.

One can only imagine if the female reflexive eating pattern prevailed, restaurants, schools, and work settings would have buffets of fresh fruits, vegetables, and breads available whenever and in whatever quantities needed. The coffee break, lunch break, cocktail hour, happy hour, and dinner hour would never have come to be.

The Reactive Pattern

Either the reflexive pattern or the regulated pattern may be a woman's primary eating pattern depending on her family status; however, either can be altered and confounded by a complex network of intervening factors which affect appetite and/or the desire to eat. These factors include money to buy specific foods; an externally imposed schedule; perceptions of self as fat and the desire to be thin; emotional states, particularly feelings

of sadness, loss and stress; and periods of hormonal changes, e.g. menstruation and pregnancy. A woman's weight may change with changes from her primary pattern to a reactive pattern and vice-versa. The direction of the weight change depends on the individual reaction, e.g. some women will eat more during periods of stress, emotional strain, and so forth and some women will eat less. The extent of the weight change depends on the length of time the reactive pattern is operational. When one or more of these factors becomes a constant presence in a woman's life the reactive pattern may become the primary pattern, masking or subverting either the reflexive or regulated pattern. This means that the woman is no longer eating predominantly to satisfy physiologic need or exclusively in response to family or relationship demands. While weight will change when pattern changes, if the reactive pattern becomes the primary pattern, weight may stabilize. For women whose reaction is eating, weight will stabilize as overweight and for women who react by not eating, weight will stabilize as underweight. This assumes that the benchmark is the weight at which she has stabilized with either the reflexive or the regulated pattern.

Women in this study varied in their reaction to these factors; they often ate or didn't eat when one or more of these factors were present and some developed a long-term reactive pattern as their primary pattern. There were women who reacted differently to different factors, e.g. she ate less with job stress but ate more when feeling rejected. Women in this pattern reported eating more high fat, high calorie foods in reaction to a shortage of money to buy food. They also reported eating much larger quantities of food than normal in situations where food was abundant such as an "all you can eat" buffet.

Work or job stress, e.g. deadlines, tended to decrease eating for some women. Personal stress increased eating for some women and for others personal stress decreased eating. Just the imposition of a job schedule was related to eating changes, ("big lunches," "no time for breakfast," "no time to stop and eat") for some women.

Overweight women tended to report increased eating with increased feelings of personal stress, sadness, loss, and rejection. They also reported extended periods of emotional upheaval and or a series of events that amounted to a pile-up of stresses. Normal weight women did not report extended periods of emotional distress

and occasionally reported a decrease in eating with periodic periods of emotional distress. It is unclear whether these women really did not suffer these stressful events or whether their coping mechanisms did not include eating, therefore, their stories of emotional upheaval were not told in a discussion of eating.

Women in this study described increased eating with pregnancy and six of the women described increased eating the week before menstruation. The women did not express great concern over the increased eating during pregnancy. It was viewed as temporary and necessary for a healthy pregnancy. The women who ate more prior to menstruation were frustrated because they were unable to control this eating.

One woman in the study described a pattern of reactive eating related to her daily weight and intense desire not to be fat. Several women described this as a part of their past patterns in younger adulthood. The reaction to feeling fat might be temporary restraining of eating or it might be associated with sadness and self-loathing resulting in eating more.

The reactive eating pattern is a very variable pattern among women with many individual manifestations. The common element is that for some women eating or not

eating is a response to certain internal and external cues that are unrelated to hunger or intentional eating. Whether this reaction is a coping mechanism, a biological response or some combination of the two is unclear.

Based on the data in this study I believe that either the reflexive pattern, the regulated pattern or the reactive pattern can be a woman's primary pattern and remain so throughout life. There are other women who may experience more than one of these patterns and/or multiple changes in patterns throughout life. Changes among these three patterns seem to be related to changes in family status and pile-up of factors to which women react by eating or not eating.

The Proactive Pattern

Women may transcend their primary pattern to define a proactive eating pattern. The proactive pattern is defined by the individual woman and emerges from a heightened awareness of self, health, nutrition, environment, primary pattern, and reactive pattern. It is consistent with Newman's (1994) notion of an expanded consciousness of the self as a system interacting with environmental systems. It is an intentional pattern, not a forcing of a pattern that does not fit but rather a quest for a pattern of perfect fit. The goals of this

pattern are internal, e.g. health, well-being, energy, self-acceptance, and "making peace with one's body." It represents interacting with the environment rather than reacting to it and synchrony among "who I am," "what I want," and "what I like."

One woman in the study reported an awareness that her past eating patterns were reactive. She had studied her environment and how she reacted to different situations with a resulting awareness of interacting with her environment rather than trying to control herself or her environment. She expressed considerable awareness of herself as a person and what she was willing to do regarding eating pattern changes as well as what she was unwilling to do. She also came to the conclusion that her childhood patterns were not right for her and her current lifestyle. She sought information on nutrition and planned actions that were right for her but expressed a realization that her plan might not be right for everyone. Three women reported a desire to stop dieting as well as other reactive eating. They were searching for an eating pattern that was comfortable and healthy for them regardless of the weight that resulted. All four of these women had given a great deal of thought to their reactive pattern and those

factors other than hunger that caused them to eat. They had resolved never to diet again and were trying to just eat "healthy" (meaning low fat, low sugar) yet not feel hungry and deprived. Interestingly, even though these women were attempting a greater knowledge of what was right for them, they viewed a proactive healthy pattern as consisting of regular meals, further evidence that this is the cultural norm for healthy eating.

Women who evidenced this proactive pattern or movement toward a proactive pattern were women who weighed or had weighed at least 190 pounds and described a history of reactive eating. Their reactive patterns were typically dieting in reaction to feeling fat followed by eating and weight gain, and eating in reaction to emotions and personal stresses.

Implications for Women and Nursing Practice

At this point the existence of the reflexive eating pattern as the primal pattern for women, unadulterated by cultural demands and norms, remains largely hypothetical. Even the single women who inspired this hypothesis express doubt that their patterns were normal or healthy. It is not a pattern that women can easily define or evaluate for themselves nor does it lend itself

to intervention. It simply exists if allowed to exist. However, the identification of this pattern casts doubt as to whether the typical three-meal-a-day pattern of our culture is right for women.

There are many barriers to maintaining a nutritionally sound reflexive pattern. As previously discussed, in order to eat in this way a woman must run counter to the conventional eating patterns of the family and other social systems. The foods typically available that are quick to prepare and easily accessible are the high fat, high sugar, high sodium foods of vending machines and fast food restaurants. Unlike the gatherer we do not have fresh fruits, vegetables, and grains always at our fingertips. A truly health promoting pattern would be a natural pattern of demand feeding on nutritionally dense foods.

The regulated pattern embedded within the family system, is more identifiable but difficult to amend. It is a pattern that is necessary for maintenance of the organization of the family and a pattern imposed by other social institutions, i.e. we must conform to fit within the system. The extent to which the regulated pattern is valued as healthy or unhealthy and any consequent changes that are made require the consensus

of the greater system. Recognition of the regulated pattern as a family and societal pattern has implications for treatment of obesity and other disorders associated with diet and nutrition. Interventions with the "affected" individual seems doomed to failure especially if the individual is a woman. If her eating pattern reflects the family pattern, any changes must be family changes. Interestingly one woman in this study reported that she was put on a special diet and had to prepare a separate meal for herself, however, later when her husband was put on special diet the entire family changed their eating patterns to conform to his dietary needs. Needless to say, the husband was more successful in long-term dietary changes. Dietary changes and changes in eating patterns should involve family diagnosis and family intervention so that the family members reach a consensus regarding the need for changes and enter into negotiation as to what changes they are willing to make as a family. As with the flexible pattern, even when the regulated pattern is the primary pattern for women, it may be impinged upon by the reactive pattern. Women may have a regulated pattern in addition to eating between meals and/or larger quantities at meals in reaction to other

factors or they may stop or drastically reduce eating as a reaction to these factors.

I believe that the reactive pattern has the greatest potential for diagnosis and change for the individual. It is a pattern that operates for the individual within the framework of the flexible pattern or the regulated pattern. A diagnostic instrument could be developed to determine those factors to which a woman responds by altering her eating pattern. The direction of the eating change for specific factors could also be identified. Even in the absence of such an instrument, women could, using techniques such as journaling or the commonly used diet diary, identify those factors that occur before and during eating pattern changes. This could also be done with the support and assistance of a health care provider. Identification of this pattern and modification of this pattern is a giant leap and is not necessarily a linear relationship. It must involve treatment modalities (both self-care and care by the health care system) similar to those called for by feminists. It would in effect set into motion a proactive pattern. The proactive pattern is not a prescription, a diet plan, or a behavioral modification plan. By nature it is highly individual and must be arrived at as a

part of the life journey of the individual. Because of this, and based on the narratives of women in this study, I believe middle-aged women are more likely to seek a proactive pattern than younger women. The development of such a pattern must be part of a higher order search for the whole self and meaning of self within one's environment. With respect to eating, the goal of such a search and the consequent eating pattern is interaction with the environment not reaction to the environment. Women should not assume or be led to assume that the regulated pattern is the only healthy pattern. Awareness of the patterns identified in this study could provide such insight to individual women and health care providers.

The literature is beginning to address similar treatment ideas in the search for permanent and livable solutions to eating disorders. This study would suggest that we identify past and present patterns and clues to pattern changes and consequences of pattern changes discarding the notion of disordered eating. Geary (1988) describes an holistic nursing model for the treatment of eating disorders as one that would take this phenomenon out of the medical illness model and use a lifestyle of wellness promotion as the foundation. She advocates

dealing with the whole person within the context of family and environment, and expanded treatment to deal not only with cognitive issues but also emotional and cultural issues. She emphasizes the role of the client in determining what behavioral, emotional, and environmental changes she wants to make to solidify the ownership of a new pattern.

Foreyt and Goodrick (1993) in recognition of the failure of dieting as treatment for obesity have proposed a plan that includes the development of a network of peer and professional support; cessation of all dieting and the "normalization of eating patterns" with a gradual reduction of fat consumption, a gradual increase of physical activity and transcendence of cultural bias to accept whatever weight one achieves via this strategy. Normalization of eating patterns in this case means adherence to the three-meal-a-day pattern identified as the regulated pattern in this study. While this plan is still very prescriptive in nature it does move toward a more holistic approach and emphasizes transcendence to self-acceptance of size and weight rather than conformance to cultural definition. Its major flaw may be the assumption that three meals a day represents normalization of eating for women.

Finally, Tenzer (1989), in her Fat Acceptance Therapy (F.A.T.), emphasizes this transcendence of cultural valuing of thinness to the acceptance of self. It is a treatment model that seeks to empower women through self-esteem building in a group therapy setting with a goal of physical wellness and self-acceptance. All dieting is stopped and women are supported and encouraged to know and enjoy their body, listen to their body, and eat in response to hunger. Issues far beyond diet and dieting are addressed such as how to handle relationships and reengaging with the environment e.g. going out socially, dressing attractively, and asserting a right to respect. It is a therapy uniquely designed for women recognizing women's unique issues.

Implications for Research

The narratives of the 20 women in this study are a rich foundation for further research and the hypotheses generated from the data can be developed for further testing. The remainder of this chapter is devoted to a discussion of the qualitative, quantitative, and methodological research implications of this study.

Methodological Research

The women's narratives could be used to generate items for the development of an instrument to measure eating pattern. Current instruments have disputed construct validity and purport to measure only restrained eating and counterregulation. An eating pattern instrument is needed with subscales to measure a greater diversity of eating patterns. This would be the first eating pattern scale developed from the experiences of women thus enhancing the potential for construct validity. The instrument development process would include factor analysis and should such an analysis yield factors like the four patterns hypothesized by this study, such findings would lend validity to both the methodological research and the findings of this study.

Qualitative Research

An ethnographic study of the farm family eating patterns could further define this pattern and determine if the findings of this study hold true for the contemporary farm family. This pattern emerged entirely from reminiscence and might not be representative of today's high tech farm life.

The women of Hispanic origin in this sample were not different as a group from the other women in the

study. Eating patterns should, however, be explored among different ethnic groups and ethnographic studies undertaken to determine if there are culture-specific eating patterns.

A full exploration of the college pattern using grounded theory or ethnography should be undertaken to fully explore this pattern for the single, traditional-age college student. This study suggests that this is the first drastic change in eating pattern for many women. Questions left to be answered regarding the college pattern include: How common is this pattern change? What influences pattern change? What are the different patterns of eating among college women? Are there women who do not change their pattern? Does the pattern continue to change over the course of the college years?

Conclusions drawn about men's eating patterns should be studied. This research should be replicated with a sample of men similar in demographic characteristics to this sample of women. It would be especially interesting to study the eating patterns of single men living alone to determine if the regulated pattern exists and if so, how men maintain the pattern.

The strong influence of the family on eating pattern revealed by this study suggests the need for qualitative

analysis of family patterns. A participant-observer strategy involving individual and group interviews of family members regarding individual and family eating patterns could expand and validate the findings of this study. This would be especially interesting research if it were focused on a sample of families whose adult female member is obese or families with obese children. Also, comparisons of families with children and without children or families in various developmental stages could be explored with regard to family eating patterns and changes in family eating patterns related to developmental changes in the family system.

Finally, women who have experienced long-term conscious eating pattern changes should be studied. Such a study could identify and more fully explain and validate the proactive pattern as a pattern of holistic transcendence.

Quantitative Research

The development of a valid eating patterns scale would open the door for numerous quantitative studies. Correlational studies to determine the association of eating pattern with various demographic, physiologic, and psychosocial characteristics could be undertaken.

There are many questions in the reactive pattern to be answered. Epidemiologic studies could determine the variables to which women react by eating or not eating, the prevalence of this pattern and the characteristics of the women who react by eating and who react by not eating. Comparative descriptive studies should be undertaken to compare these two groups of women on demographic, physiologic, and psychosocial variables.

Once a valid and reliable eating pattern scale is developed, quasiexperimental studies can be undertaken to test changes in pattern resulting from interventions. For example, if the reactive pattern could be identified and quantified using a scale, interventions such as Fat Acceptance Therapy could be tested using eating pattern as the dependent variable. Currently most studies of this nature use weight as the dependent variable.

There are nonmedical, nonnutritional therapies such as hypnotism and acupuncture currently available that purport to alter eating patterns especially the reactive pattern. These therapies are often costly and are accompanied by promises of miraculous results. Such therapies should be subjected to clinical trials. Other alternative therapies aimed at stress reduction, e.g. massage, meditation, yoga should be studied to determine

the direct affect on stress and the indirect affect on the reactive eating pattern.

Conclusion

The 20 women participating in this study gave openly and freely of their time and insights into the way they eat. Their narratives provided a rich field for analysis of the ways women are alike and the ways women are different. As a researcher I could identify personally with many of their experiences and felt validated and connected with them, but it was from their experiences that were new to me that I learned most. I had to confront personal biases and many of my preconceived ideas were dispelled, my own consciousness was truly expanded.

The insights gained by this study should be used to support women in their journey toward the health of expanded consciousness and subsequent research should focus on adding to our individual and collective awareness. It should never be used to prescribe to women what they must do nor to support research that is in any way manipulative or self-serving.

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APPENDICES

APPENDIX A

Interview Guide

Interview Guide

1. Many of us develop routines and patterns in our behavior as adults. Describe your eating and food routines and behaviors.

2. No matter how set we are in a pattern there are often events or situations that change our patterns and routines. Tell me what influences the way you eat or changes in the way you eat.

3. After we have reached the age of 40 it is often interesting to look back and see how we have changed. Certainly our behaviors often change as we mature. First of all, tell me about the different periods in your life.

4. Now describe your eating pattern during these periods. (Reiterate periods from notes as described by participant.)

5. If you were looking at a special picture of yourself that not only shows clearly and accurately what you look like, but also who you really are, how would you describe this picture?

APPENDIX B

Demographic Survey

Number_____

Please respond to the following questions. Please ask me for an explanation of any question that is unclear to you.

1. What is your date of birth?_____

2. What is your occupation?_____

3. If you live in a two-income household, what is the occupation of the other wage earner?_____

4. What is your current marital status or relationship with an adult partner?_____

5. How many years of education have you completed?_____

6. What is your current weight?_____
   Height?_____

7. Estimate your average weight at each age.
   16-20_____ 21-25_____ 26-30_____
   31-35_____ 36-40_____ 41-45_____
   46-50_____

8. Would you describe yourself as: _____underweight; _____normal weight; _____somewhat overweight; _____very overweight? (Check one)

APPENDIX C

Informed Consent

Participant Consent

Rebecca Robinson
Division of Nursing
Box 969 WT Station
West Texas A & M University
Canyon, Texas 79016

Phone: (806) 656-2629 (Office)
(806) 656-2632 (Fax)

Participant's Name: _____

This is to follow up on our conversation regarding my proposed research entitled "A Grounded Theory of Women's Eating Patterns." As we discussed, I am doing this research for my dissertation for the doctoral degree in nursing at Texas Woman's University. I am pleased you are willing to participate in this study.

As we discussed, the main source of data for this research will come from an interview with you and other women. The interview will last 1-2 hours. Additional data will come from information given during our initial conversation and a demographic data sheet. Data from these sources will be used in the final analysis, however, your identity will not be associated with the report of the findings. You may decline to answer any question. The interview or the recording of the interview will be discontinued at any time upon your request. No medical services will be provided to you by Texas Woman's University, West Texas A & M University, or by me as a result of injury from participation in research.

You will be given a copy of the transcript of your tape and you may have a copy of the tape if you wish. No other copies of the tape will be made. All tapes, transcripts, and demographic sheets will be retained by me until I complete all research on this subject, at which time they will be destroyed. You may be asked to volunteer to review my interpretation of the information as the study progresses. You are free to decline this type of participation if you wish. You may have a copy of the summary of the findings of the study if you wish. If at any time you have questions about the research and your participation in the research, you may reach me at the numbers listed above.

I would like to take this opportunity to thank you and to assure you that confidentiality will be upheld during the entire study process. It is hoped that information from this research will be useful in honestly examining the way women eat and will influence future studies regarding women's health.

If you choose to participate in this study would you please sign your name in the space below giving me permission to perform a recorded interview with you.

Participant Signature:_____
Date:_____

Investigator Signature:_____
Date:_____

IF AT ANY TIME YOU HAVE ANY CONCERNS ABOUT THE WAY THIS RESEARCH HAS BEEN CONDUCTED, CONTACT THE TEXAS WOMAN'S UNIVERSITY OFFICE OF RESEARCH AND GRANTS ADMINISTRATION.

cc: Participant

APPENDIX D

Permission to Tape Record Interview

Permission to Record Interview

I, the undersigned, do hereby consent to the recording of my voice by Rebecca W. Robinson, acting on this date under the authority of the Texas Woman's University. I understand that the material recorded today may be made available for research purposes, and I do hereby consent to such use.

I hereby release the Texas Woman's University and the undersigned party acting under the authority of Texas Woman's University from any and all claims arising out of such taking, recording, reproducing, publishing, transmitting, or exhibiting as is authorized by the Texas Woman's University.

Participant Signature:_____ Date:_____

****

The above consent form was read, discussed, and signed in my presence. In my opinion, the person signing said consent form did so freely and with full knowledge and understanding of its contents.

Investigator Signature:_____ Date:_____

APPENDIX E

Institutional Permissions

TEXAS WOMAN'S
UNIVERSITY
DENTON / DALLAS · HOUSTON

HUMAN SUBJECTS
REVIEW COMMITTEE
P.O. BOX 22939
Denton, TX 76204-0939
Phone: 817/898-3377

April 25, 1995

Rebecca Robinson
2309 Harmony St.
Amarillo, Tx 79106

Dear Rebecca Robinson: Social Security #: 239-78-5405

Your study entitled "A Grounded Theory of Women's Eating Patterns" has been reviewed by a committee of the Human Subjects Review Committee and appears to meet our requirements in regard to protection of individuals' rights.

Be reminded that both the University and the Department of Health and Human Services (HHS) regulations typically require that agency approval letters and signatures indicating informed consent be obtained from all human subjects in your study. These are to be filed with the Human Subjects Review Committee. Any exception to this requirement is noted below. This approval is valid one year from the date of this letter. Furthermore, according to HHS regulations, another review by the Committee is required if your project changes.

Special provisions pertaining to your study are noted below:

___ The filing of signatures of subjects with the Human Subjects Review Committee is not required.

___ Other:

_X_ No special provisions apply.

Sincerely,

Patsi Hamilton

Chair
Human Subjects Review Committee - Denton

cc: Graduate School
Dr. Patsy Keyser, Nursing
Dr. Carolyn Gunning, Nursing

West Texas A&M
UNIVERSITY

Department of Behavioral Sciences

November 30, 1994

Rebecca Robinson
Nursing
WTAMU

Dear Rebecca,

The Institutional Review Board has approved your research project entitled, "A Grounded Theory of Women's Eating Patterns".

We wish you good luck on this research project and your future research endeavors.

Respectfully

Don C. Johnson, Ph.D.
IRB Chairman

A Member of The Texas A&M University System

WTAMU Box 296 Canyon, Texas 79016-0001 806-656-2590

Texas Department of Health

An Equal Opportunity Employer

David R. Smith, M.D.
Commissioner

Carol S. Daniels
Deputy Commissioner
for Programs

Roy L. Hogan
Deputy Commissioner
for Administration

Public Health Region 1
1109 Kemper St.
Lubbock, Texas 79403
(806) 744-3577
Fax: (806) 741-1366

James K. Morgan, M.D., M.P.H.
Regional Director

Agency Permission

As DIRECTOR, of TEXAS DEPARTMENT OF HEALTH, REGION 1, I grant permission to Rebecca Robinson to recruit clinic clients to be interviewed for her doctoral research, "A Grounded Theory of Women's Eating Patterns".

I understand that participants will sign an informed consent form and that their participation is strictly voluntary.

Rebecca Robinson has thoroughly explained the research and answered relevant questions. Any further questions may be directed to Rebecca Robinson at 806-656-2629.

I further understand that if at any time I have any concerns about the way this research has been conducted, I may contact The Texas Woman's University office of research and grants.

Signature James K. Morgan, MD Date 11-28-94

Investigator Rebecca W. Robinson Date 11-29-94

APPENDIX F

Concept Clusters and Categories

Sample Worksheet of Concept Clusters and Categories

Retrospective Patterns
- Family-rural
- Family-urban
- College years

Single Pattern
- No routine
- Flexible
- Demand feeding
- No cooking
- Eating out

Eating in Relationships
- Husband
- Children
- Eating Buddies
- Regular
- Routine

Reactive Eating
- Emotions: sadness, loss, anger, frustration
- Work stress
- Time
- Schedule
- Menstruation
- Pregnancy
- Weight-Dieting

Proactive
- Lifestyle change
- Awareness of self
- Awareness of reactive eating
- Awareness of environmental constraints
- Planned pattern